MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- August 24, 2017

PAYABLES AND PAYROLL

7/3/2017	Weekly Payables	380,112.49	
7/5/2017	McKesson Drugs	3,763.78	
7/6/2017	Weekly Payables	179,890.97	
7/6/2017	Patient Refunds	281.00	
7/10/2017	McKesson Drugs	3,293.35	
7/10/2017	Payroll	256,542.04	
7/10/2017	Payroll by checks	4,583.43	
7/11/2017	Weekly Payables	12,250.00	
7/11/2017	Patient Refunds	24,710.99	
7/11/2017	Nursing Home Transfers	14,260.38	
7/13/2017	Weekly Payables	23,235.32	
7/13/2017	Payroll Liabilities	97,212.12	
7/13/2017	Credit Card Invoice	4,253.74	
7/14/2017	Weekly Payables	247,206.46	
7/17/2017	TDCRS	174,879.16	
7/17/2017	McKesson Drugs	3,585.53	
7/18/2017	Weekly Payables	265,420.80	
7/20/2017	Weekly Payables	1,000.00	
7/24/2017	McKesson Drugs	3,513.38	
7/24/2017	Payroll	241,611.93	
7/24/2017	Payroll by Check	2,014.91	
7/24/2017	Credit Card Invoice	3,459.00	
7/27/2017	Payroll Liabilities	87,322.04	
7/31/2017	McKesson Drugs	2,750.21	
7/31/2017	Monthly Electronic Transfers for Payroll Expenses(not incl above)	427.62	
7/31/2017	Monthly Electronic Transfers for Operating Expenses	7,027.33	
	Total Payables and Payroll		**$ 2,044,607.98**

INTER-GOVERNMENT TRANSFERS

	Inter-Government Transfers for July 2017		
	DY6 DSRIP Round 1	346,982.72	
	DY6 DSRIP Round 1	41,077.40	
	Total Inter-Government Transfers		**$ 388,060.12**

SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS	**$ 2,432,668.10**
INDIGENT HEALTHCARE FUND EXPENSES	**$ 53,110.33**
NURSING HOME UPL EXPENSES FOR July 2017	**$ 1,911,737.06**
IGT July 2017 MPAP NH Program	**$ 2,550,665.00**
MMC Construction	**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED August 24, 2017	**$ 6,948,180.49**

From IBC Bank to Prosperity Bank

Date	Check#	Name	Amount
7/28/2017	13	MMC Private Waiver Clearing Fund	816,593.67
7/28/2017	3629	MMC Clinic Construction Account	100.00
7/28/2017	17	MMC NH Ashford	100.00
7/28/2017	18	MMC NH Broadmoor	100.00
7/28/2017	13	MMC NH Crescent	100.00
7/28/2017	14	MMC NH Fort Bend	100.00
7/28/2017	14	MMC NH Solera	100.00
7/28/2017	1	MMC NH Golden Creek	100.00
7/28/2017	10439	MMC CC Indigent Healthcare	3,170.36
7/28/2017	107	MMC Operating	100.00
		Grand Total	$ 820,564.03

APPROVED
AUG 24 2017
CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- August 24, 2017

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		186.92
Community Pathology Association		89.01
Richard Arroyo-Diaz		47.85
MMCenter (In-patient $13,951.35 / Out-patient $24,246.84/ ER $5,265.27)		43,463.46
Memorial Medical Clinic		3,826.43
Memorial Medical Center - OP Clinic		66.54
Port Lavaca Clinic		534.90
Regional Employee Assistance		170.01
Singleton Associates, PA		435.43
Victoria Anesthesiology Assoc		659.49
Victoria Eye Center		233.62
SUBTOTAL		**49,713.66**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	53,880.33
Co-pays adjustments for July 2017		**(770.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**53,110.33**

800 08242017 01 CALHOUN COUNTY, TEXAS

DATE: 8/24/2017

VENDOR # 852

CC Indigent Health Care

ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indigent Health Care			$53,110.33
	approved by Commissioners Court on 08/24/2017			
1000-001-46010	July Interest $0.00			$0.00
				$53,110.33

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON AUG 16 2017 BY CALHOUN COUNTY AUDITOR

THE ITEMS OR SERVICES SHOWN ABOVE ARE NEEDED IN THE DISCHARGE OF MY OFFICIAL DUTIES AND I CERTIFY THAT FUNDS ARE AVAILABLE TO PAY THIS OBLIGATION.

I CERTIFY THAT THE ABOVE ITEMS OR SERVICES WERE RECEIVED BY ME IN GOOD CONDITION AND REQUEST THE COUNTY TREASURER TO PAY THE ABOVE OBLIGATION.

BY: [signature] 8/24/17

DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----August 25, 2016

Nursing Home UPL

IN	OUT			ACH Deposits	ACH Transfers
Weekly Cantex Transfer					
6/27/17 - 6/30/17	7/6/2017	Ashford-4553		102,898.45	102,898.45
7/3/2017	7/6/2017	Ashford-4553		35,819.49	35,819.49
7/5/17 - 7/14/17	7/19/2017	Ashford-4553		175,898.47	175,898.47
7/18/17 - 7/21/17	7/26/2017	Ashford-4553		150,760.03	150,760.03
7/24/17 - 7/31/17		Ashford-4553		117,167.48	
6/29/2017	7/6/2017	Broadmoor-4596		27,885.58	27,885.58
7/3/2017	7/0617 - 7/10/17	Broadmoor-4596		80,359.98	65,733.48
7/11/16-7/15/16	7/10/2017	Broadmoor-4596			14,626.50
7/19/16-7/22/16	7/28/2016	Broadmoor-4596		198,493.07	198,493.07
7/25/16-7/29/16	7/26/2017	Broadmoor-4596		354,845.04	354,845.04
7/24/17-7/28/17		Broadmoor-4596		92,658.50	
6/27/17 - 6/30/17	7/6/2017	Crescent-4588		20,407.43	20,407.43
7/3/2017	7/6/2017	Crescent-4588		21,394.44	21,394.44
7/05/17 - 7/14/17	7/19/2016	Crescent-4588		93,657.94	
7/18/17 - 7/21/17	7/26/2017	Crescent-4588		244,094.66	244,094.66
7/24/17 - 7/31/17		Crescent-4588		96,749.22	
6/27/17 - 6/30/17	7/6/2017	Fort Bend-4618		47,183.40	47,183.40
7/3/2017	7/6/2017	Fort Bend-4618		20,911.11	20,911.11
7/7/2017 - 7/14/17	7/19/2017	Fort Bend-4618		58,921.13	58,921.13
7/18/17 - 7/21/17	7/26/2017	Fort Bend-4618		112,672.11	112,672.11
7/24/17 - 7/28/17		Fort Bend-4618		48,370.24	
6/27/17 - 6/30/17	7/6/2017	Solera-4561		36,294.98	36,294.98
7/3/2017	7/6/2017	Solera-4561		24,379.86	24,379.86
7/05/17 - 7/14/17	7/19/2017	Solera-4561		178,208.44	178,208.44
7/18/17 - 7/21/17	7/26/2017	Solera-4561		5,682.89	5,682.89
7/24/17 - 7/31/17		Solera-4561		597,942.30	
SUBTOTAL				2,840,757.79	1,897,110.56

NH Transfer to MMC

7/5/2017	Broadmoor		17	14,626.50
Total				14,626.50

		ACH Transfers
IGT July 2017 MPAP NHP		2,550,665.00
SUBTOTAL	**$** -	**$ 2,550,665.00**

TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS	**1,911,737.06**

MEMORIAL MEDICAL CENTER CONSTRUCTION ACCOUNT

COMMISSIONERS COURT APPROVAL LIST FOR ----August 25, 2016

PAYABLES

GRAND TOTAL DISBURSEMENTS APPROVED August 25, 2016	-

Issued 08/11/17

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 08/01/2017 through 08/01/2017
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	8,312.04	1,229.38
01-2	Physician Services- Anesthesia	3,120.00	659.49
05	Lab/x-ray	10.00	9.30
08	Rural Health Clinics	4,989.72	4,352.03
13	Mmc - Inpatient Hospital	26,323.32	13,951.35
14	Mmc - Hospital Outpatient	75,105.97	24,246.84
15	Mmc - Er Bills	16,453.96	5,265.27
	Expenditures	134,315.01	49,713.66
	Reimb/Adjustments	0.00	0.00
	Grand Total	**134,315.01**	**49,713.66**

Copays	<-770.00>
Expenses	4,166.67
Total	53,110.33

APPROVED
ON
AUG 16 2017
BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER

So Much...So Close!

815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 8/1/2017
Invoice # 6
For: July

Bill To:
Calhoun County

DESCRIPTION	AMOUNT
Funds to cover Indigent program operating expenses.	$ 4,166.67

Total $ 4,166.67

Jason Anglin
CEO

APPROVED
ON
AUG 16 2017
BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Calhoun County Indigent Account

Date Requested: 8/7/2017

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $770.00

G/L NUMBER: 50240000

EXPLANATION: To transfer indigent co-pays from the operating account to the indigent bank account.

July 2017

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

APPROVED
ON

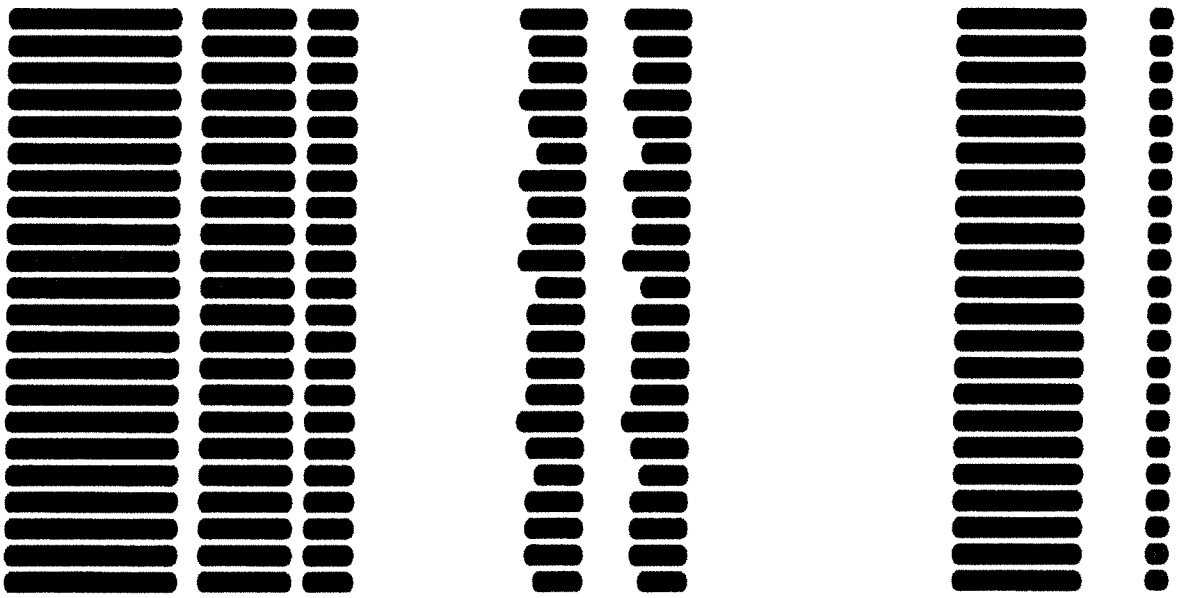
AUG 16 2017

BY
CALHOUN COUNTY AUDITOR

G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	07/10/17	467148	CA	[redacted]	10.00	10.00			00/00/00	ARK		2
50240.000	07/10/17	467157	CA	[redacted]	10.00	10.00			00/00/00	ARK		2
50240.000	07/03/17	466554	CK	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	07/05/17	466640	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	07/10/17	467100	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	07/11/17	467244	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	07/17/17	467698	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	07/17/17	467719	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	07/17/17	467745	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	07/18/17	467804	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	07/26/17	468599	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	07/27/17	468626	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	07/12/17	467388	CA	[redacted]	10.00	10.00			00/00/00	FAG		2
50240.000	07/14/17	467565	CA	[redacted]	10.00	10.00			00/00/00	JJG		2
50240.000	07/18/17	467843	CA	[redacted]	10.00	10.00			00/00/00	JJG		2
50240.000	07/24/17	468319	CA	[redacted]	10.00	10.00			00/00/00	JJG		2
50240.000	07/24/17	468321	CA	[redacted]	10.00	10.00			00/00/00	JJG		2
50240.000	07/24/17	468357	CA	[redacted]	10.00	10.00			00/00/00	JJG		2
50240.000	07/03/17	466516	MC	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/03/17	466560	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/05/17	466584	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/05/17	466593	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/05/17	466597	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/05/17	466602	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/05/17	466603	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/05/17	466617	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/05/17	466620	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	07/05/17	466695	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/05/17	466696	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/05/17	466701	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/06/17	466729	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/06/17	466882	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	07/07/17	466918	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/07/17	466988	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	07/07/17	466996	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/07/17	467003	MC	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/10/17	467073	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/10/17	467086	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/11/17	467180	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/11/17	467195	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/11/17	467197	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/12/17	467431	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/13/17	467463	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/13/17	467476	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/14/17	467561	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/14/17	467571	MC	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/14/17	467673	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/14/17	467674	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/17/17	467675	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/17/17	467695	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/17/17	467696	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/17/17	467787	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/17/17	467802	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/18/17	467806	V1	[redacted]	10.00	10.00			00/00/00	PLB		2

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	07/19/17	467949	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/19/17	467979	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/20/17	468083	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/20/17	468084	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/21/17	468156	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/21/17	468182	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/21/17	468192	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/21/17	468196	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/25/17	468397	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/25/17	468415	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/25/17	468506	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/28/17	468709	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/28/17	468713	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/28/17	468714	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/28/17	468717	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/28/17	468718	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/28/17	468739	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/28/17	468768	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/28/17	468797	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/31/17	468804	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/31/17	468819	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/31/17	468905	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/31/17	468915	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	07/10/17	467156	CA	[redacted]	10.00	10.00			00/00/00	SP		2
50240.000	07/07/17	466987	CA	[redacted]	10.00	10.00			00/00/00	TJC		2
50240.000	07/21/17	468157	CA	[redacted]	10.00	10.00			00/00/00	TJC		2
50240.000	07/10/17	467078	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	07/10/17	467119	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	07/12/17	467426	CA	[redacted]	10.00	10.00			00/00/00	VTT		2

TOTAL 50240.000 COUNTY INDIGENT COPAYS 770.00



Calhoun County Indigent Care Patient Caseload 2017

	Approved	Denied	Removed	Active	Pending
January	9	1	4	62	4
February	5	3	7	61	0
March	6	2	10	65	2
April	4	16	12	58	0
May	5	8	3	64	0
June	10	3	6	68	0
July	7	5	4	77	1
August					
September					
October					
November					
December					
YTD					
Monthly Avg	7	5	7	65	1
December 2016 Active		55			

06/30/2017
06:41

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/05/2017

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10288	SANDRA BRAUN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22160	EMPL RELATION	06/21/20	06/20/20	06/30/20		44.40	0.00	0.00	44.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10288	SANDRA BRAUN	44.40	0.00	0.00	44.40

Vendor#	Vendor Name	Class	Pay Code
10326	PRINCIPAL LIFE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22175	EMPL EXP	06/28/20	06/17/20	06/29/20		2,142.03	0.00	0.00	2,142.03

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10326	PRINCIPAL LIFE	2,142.03	0.00	0.00	2,142.03

Vendor#	Vendor Name	Class	Pay Code
10350	CENTURION MEDICAL PRODUCTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
92275258	INVENT	06/19/20	05/31/20	06/30/20		443.00	0.00	0.00	443.00
92278375	INVENT	06/19/20	06/05/20	07/05/20		555.80	0.00	0.00	555.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	998.80	0.00	0.00	998.80

Vendor#	Vendor Name	Class	Pay Code
10368	DEWITT POTH & SON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5053220	OFF SUPPLIES	05/31/20	05/30/20	06/29/20		35.38	0.00	0.00	35.38
5053940	OFF SUPPLIES	05/31/20	05/31/20	06/30/20		12.45	0.00	0.00	12.45
5055130	SUPPLIES	06/07/20	06/01/20	07/01/20		37.25	0.00	0.00	37.25
5058770	OFF SUPPLIES	06/16/20	06/05/20	06/30/20		17.34	0.00	0.00	17.34
5060120	OFF SUPPLIES	06/16/20	06/06/20	07/01/20		26.59	0.00	0.00	26.59
5063280	OFF SUPPLIES	06/16/20	06/08/20	07/03/20		11.48	0.00	0.00	11.48
5060860	INVENT	06/19/20	06/07/20	07/02/20		497.36	0.00	0.00	497.36

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	637.85	0.00	0.00	637.85

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3803507	OFF SUPPLIES	06/19/20	05/30/20	06/29/20		236.57	0.00	0.00	236.57

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	10372 PRECISION DYNAMICS CORP (PDC)					236.57	0.00	0.00	236.57
Vendor#	Vendor Name			Class	Pay Code				
10381	CAREFUSION 211, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	31153204		06/16/20	06/07/20	07/02/20		34.20	0.00	0.00	34.20
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10381	CAREFUSION 211, INC				34.20	0.00	0.00	34.20
Vendor#	Vendor Name			Class	Pay Code				
10411	TEXAS DEPARTMENT OF STATE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22173		06/28/20	06/23/20	06/29/20		500.00	0.00	0.00	500.00
		DUES AND SUBS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10411	TEXAS DEPARTMENT OF STATE				500.00	0.00	0.00	500.00
Vendor#	Vendor Name			Class	Pay Code				
10488	GE HEALTHCARE IITS USA CORP								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	030478756		06/16/20	06/07/20	07/02/20		860.92	0.00	0.00	860.92
		DUS / SUBSC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10488	GE HEALTHCARE IITS USA CORP				860.92	0.00	0.00	860.92
Vendor#	Vendor Name			Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1417303		06/21/20	06/16/20	06/30/20		67.91	0.00	0.00	67.91
		INVENT PHARM								
	1417055		06/21/20	06/16/20	06/30/20		44.39	0.00	0.00	44.39
		INVENT PHARM								
	1417054		06/21/20	06/16/20	06/30/20		9.65	0.00	0.00	9.65
		INVENT PHARM								
	1417601		06/21/20	06/16/20	06/30/20		2,791.75	0.00	0.00	2,791.75
		INVENT PHARM								
	1417304		06/21/20	06/16/20	06/30/20		928.49	0.00	0.00	928.49
		INVENT PHARM								
	1417305		06/21/20	06/16/20	06/30/20		288.28	0.00	0.00	288.28
		INVENT PHARM								
	1425266		06/21/20	06/19/20	06/30/20		29.30	0.00	0.00	29.30
		INVENT PHARM								
	1422923		06/21/20	06/19/20	06/30/20		35.71	0.00	0.00	35.71
		INVENT PHARM								
	1423793		06/21/20	06/19/20	06/30/20		2,292.62	0.00	0.00	2,292.62
		INVENT PHARM								
	1423794		06/21/20	06/19/20	06/30/20		121.38	0.00	0.00	121.38
		INVENT PHARM								
	1423795		06/21/20	06/19/20	06/30/20		901.34	0.00	0.00	901.34
		INVENT PHARM								
	1429825		06/28/20	06/20/20	06/21/20		206.16	0.00	0.00	206.16
		INVENT PHARM								
	1429898		06/28/20	06/20/20	06/21/20		8.04	0.00	0.00	8.04
		INVENT PHARM								
	1429897		06/28/20	06/20/20	06/21/20		37.13	0.00	0.00	37.13

1429827	INVENT PHARM 06/28/20 06/20/20 06/21/20	199.45	0.00	0.00	199.45
1429826	INVENT PHARM 06/28/20 06/20/20 06/21/20	38.12	0.00	0.00	38.12
1858	INVENT PHARM 06/28/20 06/20/20 06/21/20	-2.94	0.00	0.00	-2.94
1435869	INVENT PHARM 06/28/20 06/21/20 06/22/20	736.22	0.00	0.00	736.22
1433709	INVENT PHARM 06/28/20 06/21/20 06/22/20	281.38	0.00	0.00	281.38
1435868	INVENT PHARM 06/28/20 06/21/20 06/22/20	38.60	0.00	0.00	38.60
1435059	INVENT PHARM 06/28/20 06/21/20 06/22/20	5.63	0.00	0.00	5.63
1439134	INVENT PHARM 06/28/20 06/22/20 06/23/20	138.96	0.00	0.00	138.96
3323	INVENT PHARMQ 06/28/20 06/22/20 06/23/20	-4.99	0.00	0.00	-4.99
1441725	INVENT PHARM 06/28/20 06/22/20 06/23/20	663.97	0.00	0.00	663.97
3321	INVENT PHARM 06/28/20 06/22/20 06/23/20	-5.34	0.00	0.00	-5.34
3322	INVENT PHARM 06/28/20 06/22/20 06/23/20	-5.00	0.00	0.00	-5.00
3324	INVENT PHARM 06/28/20 06/22/20 06/23/20	-1.94	0.00	0.00	-1.94
1441726	INVENT PHARM 06/28/20 06/22/20 06/23/20	11.89	0.00	0.00	11.89
1441476	INVENT PHARM 06/28/20 06/22/20 06/23/20	1,401.66	0.00	0.00	1,401.66
1441475	INVENT PHARM 06/28/20 06/22/20 06/23/20	110.40	0.00	0.00	110.40
1441477	INVENT PHARM 06/28/20 06/22/20 06/23/20	434.13	0.00	0.00	434.13
1444998	INVENT PHARM 06/28/20 06/23/20 06/24/20	28.01	0.00	0.00	28.01
1445001	INVENT PHARM 06/28/20 06/23/20 06/24/20	350.21	0.00	0.00	350.21
1445068	INVENT PHARM 06/28/20 06/23/20 06/24/20	870.31	0.00	0.00	870.31
1445000	INVENT PHARM 06/28/20 06/23/20 06/24/20	166.03	0.00	0.00	166.03
1445066	INVENT PHARM 06/28/20 06/23/20 06/24/20	44.39	0.00	0.00	44.39
1445067	INVENT PHARM 06/28/20 06/23/20 06/24/20	123.58	0.00	0.00	123.58
1444999	INVENT PHARM 06/28/20 06/23/20 06/24/20	82.36	0.00	0.00	82.36
4061	INVENT PHARM 06/28/20 06/26/20 06/27/20	-187.13	0.00	0.00	-187.13
	INVENT PHARM				

1453696	06/28/20	06/26/20	06/27/20	68.22	0.00	0.00	68.22
INVENT PHARM							
1452416	06/28/20	06/26/20	06/27/20	8.11	0.00	0.00	8.11
INVENT PHARM							
1453015	06/28/20	06/26/20	06/27/20	8.01	0.00	0.00	8.01
INVENT PHARM							
1453694	06/28/20	06/26/20	06/27/20	2,900.26	0.00	0.00	2,900.26
INVENT PHARM							
1453695	06/28/20	06/26/20	06/27/20	576.14	0.00	0.00	576.14
INVENT PHARM							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC		16,840.85	0.00	0.00	16,840.85

Vendor#	Vendor Name	Class	Pay Code
10599	BKD, LLP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
BK00758901		06/15/20	05/31/20	06/30/20			5,262.40	0.00	0.00	5,262.40
	AUDITING FEES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10599	BKD, LLP					5,262.40	0.00	0.00	5,262.40

Vendor#	Vendor Name	Class	Pay Code
10627	TEXAS DEPARTMENT OF STATE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
24608		06/21/20	05/31/20	06/30/20			3,640.00	0.00	0.00	3,640.00
	DUES AND SUBS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10627	TEXAS DEPARTMENT OF STATE					3,640.00	0.00	0.00	3,640.00

Vendor#	Vendor Name	Class	Pay Code
10642	GLAXOSMITHKLINE PHARMACUETICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
33905024		04/30/20	04/12/20	07/01/20			1,088.66	0.00	0.00	1,088.66
	DRUGS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL					1,088.66	0.00	0.00	1,088.66

Vendor#	Vendor Name	Class	Pay Code
10645	REVISTA de VICTORIA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
06201726		06/21/20	06/16/20	06/29/20			240.00	0.00	0.00	240.00
	PUBL REL									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10645	REVISTA de VICTORIA					240.00	0.00	0.00	240.00

Vendor#	Vendor Name	Class	Pay Code
10720	LIFESOURCE EDUCATIONAL SRV LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
17033		06/28/20	06/12/20	06/17/20			1,120.00	0.00	0.00	1,120.00
	CONT ED									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10720	LIFESOURCE EDUCATIONAL SRV LLC					1,120.00	0.00	0.00	1,120.00

Vendor#	Vendor Name	Class	Pay Code
10768	VICTORIA MEDICAL FOUNDATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
155		06/28/20	06/21/20	06/29/20			650.00	0.00	0.00	650.00
	DUES AND SUNS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10768	VICTORIA MEDICAL FOUNDATION	650.00	0.00	0.00	650.00

Vendor# 10792 Vendor Name: CHS ATHLETIC BOOSTER CLUB INC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22174	PUBL REL ADV	06/28/20	06/26/20	06/29/20			450.00	0.00	0.00	450.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10792	CHS ATHLETIC BOOSTER CLUB INC	450.00	0.00	0.00	450.00

Vendor# 10810 Vendor Name: MMC EMPLOYEE BENEFIT PLAN ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22128	EMPL EXP	06/13/20	06/12/20	06/30/20			21,788.88	0.00	0.00	21,788.88 ✓
22161	EMPL EXP	06/21/20	06/19/20	06/30/20			16,913.84	0.00	0.00	16,913.84 ✓
22166	EMPL EXP	06/28/20	06/26/20	06/28/20			33,309.24	0.00	0.00	33,309.24 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	72,011.96	0.00	0.00	72,011.96

Vendor# 10868 Vendor Name: NOVA BIOMEDICAL ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
90380483 ✓	SUPPLIES	06/19/20	06/01/20	07/01/20			111.54	0.00	0.00	111.54 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL	111.54	0.00	0.00	111.54

Vendor# 10901 Vendor Name: GENESIS DIAGNOSTICS ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
47288 ✓	SUPPLIES	06/19/20	06/01/20	07/01/20			104.30	0.00	0.00	104.30 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	104.30	0.00	0.00	104.30

Vendor# 10915 Vendor Name: WAGEWORKS ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22171	ACCRUED FLEX SPENDING	06/28/20	06/22/20	06/29/20			2,226.31	0.00	0.00	2,226.31 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10915	WAGEWORKS	2,226.31	0.00	0.00	2,226.31

Vendor# 10938 Vendor Name: BANK OF THE WEST ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4183449 ✓	LEASE	06/21/20	06/12/20	06/30/20			6,145.37	0.00	0.00	6,145.37 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10938	BANK OF THE WEST	6,145.37	0.00	0.00	6,145.37

Vendor# 10943 Vendor Name: WALLER,LANSDEN, DORTCH & DAVIS ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net

10635780 ✓		06/28/20	06/09/20	06/29/20		1,012.00	0.00	0.00	1,012.00 ✓
	LEGAL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10943	WALLER,LANSDEN, DORTCH & DAVIS				1,012.00	0.00	0.00	1,012.00
Vendor#	Vendor Name				Class	Pay Code			
10950	ACUTE CARE INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
23204 ✓		06/21/20	06/20/20	06/30/20		1,400.00	0.00	0.00	1,400.00 ✓
	PURCH SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC				1,400.00	0.00	0.00	1,400.00
Vendor#	Vendor Name				Class	Pay Code			
10963	MEMORIAL MEDICAL CLINIC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22172		06/28/20	06/22/20	06/29/20		5.00	0.00	0.00	5.00 ✓
	EMPL EXP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC				5.00	0.00	0.00	5.00
Vendor#	Vendor Name				Class	Pay Code			
10972	M G TRUST ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22169		06/28/20	06/22/20	06/29/20		1,490.00	0.00	0.00	1,490.00 ✓
	EMPL EXP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10972	M G TRUST				1,490.00	0.00	0.00	1,490.00
Vendor#	Vendor Name				Class	Pay Code			
10985	THE COMPLIANCE TEAM, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
00001303		06/28/20	06/13/20	06/29/20		5,600.00	0.00	0.00	5,600.00 ✓
	DUES AND SUBS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10985	THE COMPLIANCE TEAM, INC				5,600.00	0.00	0.00	5,600.00
Vendor#	Vendor Name				Class	Pay Code			
10987	REVCYCLE+, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MLVAC25869 ✓		06/15/20	05/31/20	06/30/20		2,395.40	0.00	0.00	2,395.40 ✓
	PURCH SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.				2,395.40	0.00	0.00	2,395.40
Vendor#	Vendor Name				Class	Pay Code			
11011	DIAMOND HEALTHCARE CORP ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN20050807 ✓		06/21/20	05/31/20	06/30/20		19,166.67	0.00	0.00	19,166.67 ✓
	PURCH SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP				19,166.67	0.00	0.00	19,166.67
Vendor#	Vendor Name				Class	Pay Code			
11037	FIRST CLEARING ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22170		06/28/20	06/22/20	06/29/20		75.00	0.00	0.00	75.00 ✓
	EMPL EXP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	11037	FIRST CLEARING				75.00	0.00	0.00	75.00

Vendor# Vendor Name — Class — Pay Code

11050 BIRCH COMMUNICATIONS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
24221805 ✓		06/28/20	06/16/20	06/29/20			1,158.64	0.00	0.00	1,158.64 ✓
	PHONE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11050	BIRCH COMMUNICATIONS	1,158.64	0.00	0.00	1,158.64

Vendor# Vendor Name — Class — Pay Code

11062 AIRESPRING INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22186		06/28/20	06/16/20	06/29/20			1,907.26	0.00	0.00	1,907.26 ✓
	PHONE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	1,907.26	0.00	0.00	1,907.26

Vendor# Vendor Name — Class — Pay Code

11067 TRIZETTO PROVIDER SOLUTIONS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3A3X061700 ✓		06/28/20	06/01/20	06/26/20			319.00	0.00	0.00	319.00 ✓
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	319.00	0.00	0.00	319.00

Vendor# Vendor Name — Class — Pay Code

11100 THE US CONSULTING GROUP ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
340368024 ✓		06/16/20	06/07/20	07/02/20			1,174.58	0.00	0.00	1,174.58 ✓
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,174.58	0.00	0.00	1,174.58

Vendor# Vendor Name — Class — Pay Code

11103 STUDER GROUP, LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
088623 ✓		06/05/20	06/01/20	06/29/20			18,938.23	0.00	0.00	18,938.23 ✓
	ACCOUNTS PAYABLE ACCRU									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11103	STUDER GROUP, LLC	18,938.23	0.00	0.00	18,938.23

Vendor# Vendor Name — Class — Pay Code

11140 TEXAS ADVANTAGE COMMUNITY BANK ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22181		06/28/20	06/20/20	06/29/20			3,690.52	0.00	0.00	3,690.52 ✓
	LEASE RENTAL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11140	TEXAS ADVANTAGE COMMUNITY BANK	3,690.52	0.00	0.00	3,690.52

Vendor# Vendor Name — Class — Pay Code

11142 PAETEC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
69129348 ✓		06/28/20	06/22/20	06/29/20			8,589.72	0.00	0.00	8,589.72 ✓
	TELEPHONE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11142	PAETEC	8,589.72	0.00	0.00	8,589.72

Vendor# Vendor Name — Class — Pay Code

11166 WEST INTERACTIVE SERVICES CORP ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV001827515 ✓		06/28/20	05/31/20	06/29/20		379.66	0.00	0.00	379.66 ✓
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11166	WEST INTERACTIVE SERVICES CORP	379.66	0.00	0.00	379.66

Vendor# Vendor Name — Class — Pay Code

11169 TXU ENERGY ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
054003747103 ✓		06/28/20	06/23/20	06/29/20		28,820.67	0.00	0.00	28,820.67 ✓
	ELECTRICITY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11169	TXU ENERGY	28,820.67	0.00	0.00	28,820.67

Vendor# Vendor Name — Class — Pay Code

11183 FRONTIER ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22179		06/28/20	06/19/20	06/29/20		50.42	0.00	0.00	50.42 ✓
	PHONE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	50.42	0.00	0.00	50.42

Vendor# Vendor Name — Class — Pay Code

11195 PSYCHEMEDICS CORPORATION ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
491397 ✓		06/28/20	05/31/20	06/29/20		73.00	0.00	0.00	73.00 ✓
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11195	PSYCHEMEDICS CORPORATION	73.00	0.00	0.00	73.00

Vendor# Vendor Name — Class — Pay Code

11232 AMN HEALTHCARE ALLIED, INC. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2695821 ✓		06/21/20	06/08/20	06/30/20		1,445.85	0.00	0.00	1,445.85 ✓
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	1,445.85	0.00	0.00	1,445.85

Vendor# Vendor Name — Class — Pay Code

11240 REMI CORPORATION ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
955608 ✓		06/21/20	05/31/20	06/30/20		8,229.29	0.00	0.00	8,229.29 ✓
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11240	REMI CORPORATION	8,229.29	0.00	0.00	8,229.29

Vendor# Vendor Name — Class — Pay Code

11252 RX WASTE SYSTEMS LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1293 ✓		06/01/20	06/01/20	06/30/20		235.00	0.00	0.00	235.00 ✓
	PUCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11252	RX WASTE SYSTEMS LLC	235.00	0.00	0.00	235.00

Vendor# Vendor Name — Class — Pay Code

11284 EMERGENCY STAFFING SOLUTIONS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
35079 ✓		06/21/20	05/31/20	06/30/20		3,129.64	0.00	0.00	3,129.64 ✓

PROF FEES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	3,129.64	0.00	0.00	3,129.64

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5003	PURCH SERV	06/01/20	06/01/20	06/30/20		105.00	0.00	0.00	105.00
5002	PURCH SERV	06/01/20	06/01/20	06/30/20		505.00	0.00	0.00	505.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	610.00	0.00	0.00	610.00

Vendor#	Vendor Name	Class	Pay Code
11420	SUSIE HERNANDEZ		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22185	REFUND FOR PURCH OF SUP	06/28/20	06/27/20	06/29/20		15.79	0.00	0.00	15.79

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11420	SUSIE HERNANDEZ	15.79	0.00	0.00	15.79

Vendor#	Vendor Name	Class	Pay Code
11424	TMHP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22187	REFUND	06/28/20	06/27/20	06/29/20		13.56	0.00	0.00	13.56

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11424	TMHP	13.56	0.00	0.00	13.56

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
921825917	INVET	06/28/20	06/22/20	06/28/20		103.50	0.00	0.00	103.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	103.50	0.00	0.00	103.50

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9064128655	NITROUS OXIDE	06/16/20	06/05/20	06/30/20		186.01	0.00	0.00	186.01
9062932406	RENTAL	06/21/20	04/30/20	06/30/20		2,094.54	0.00	0.00	2,094.54
9944660635	O2 / SUPPLIES	06/21/20	04/30/20	06/30/20		413.79	0.00	0.00	413.79
9944660636	RENTAL	06/21/20	04/30/20	06/30/20		346.62	0.00	0.00	346.62
9945388044	O2 RENTAL	06/21/20	05/31/20	06/30/20		359.88	0.00	0.00	359.88
9945388043	O2 / RENTAL	06/21/20	05/31/20	06/30/20		420.84	0.00	0.00	420.84
9063978417	RENTAL	06/21/20	05/31/20	06/30/20		2,094.54	0.00	0.00	2,094.54

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	A1680	AIRGAS USA, LLC - CENTRAL DIV				5,916.22	0.00	0.00	5,916.22
Vendor#	Vendor Name				Class	Pay Code			
B1075	BAXTER HEALTHCARE CORP				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	55083533		06/16/20	06/02/20	07/02/20	2,767.00	0.00	0.00	2,767.00
		LEASE							
	55083372		06/16/20	06/02/20	07/02/20	190.50	0.00	0.00	190.50
		LEASE							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		B1075	BAXTER HEALTHCARE CORP			2,957.50	0.00	0.00	2,957.50
Vendor#	Vendor Name				Class	Pay Code			
B1220	BECKMAN COULTER INC				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	106373172		06/15/20	06/05/20	06/30/20	905.05	0.00	0.00	905.05
		SUPPLIES							
	106372674		06/15/20	06/05/20	06/30/20	410.46	0.00	0.00	410.46
		SUPPLIES							
	106372580		06/15/20	06/05/20	06/30/20	594.88	0.00	0.00	594.88
		SUPPLIES							
	106371926		06/16/20	06/04/20	06/29/20	9,531.29	0.00	0.00	9,531.29
		SUPPLIES							
	106372075		06/16/20	06/04/20	06/29/20	389.30	0.00	0.00	389.30
		SUPPLIES							
	106371885		06/16/20	06/04/20	06/29/20	30.96	0.00	0.00	30.96
		SUPPLIES							
	106375005		06/16/20	06/05/20	06/30/20	475.91	0.00	0.00	475.91
		SUPPLIES							
	106374963		06/16/20	06/05/20	06/30/20	13,069.58	0.00	0.00	13,069.58
		SUPPLIES							
	106378669		06/16/20	06/06/20	07/01/20	46.44	0.00	0.00	46.44
		SUPPLIES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC			25,453.87	0.00	0.00	25,453.87
Vendor#	Vendor Name				Class	Pay Code			
C1010	CABLE ONE				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	22183		06/28/20	06/16/20	06/29/20	48.03	0.00	0.00	48.03
		PURCH SERV							
	22182		06/28/20	06/16/20	06/29/20	418.86	0.00	0.00	418.86
		PURCH SERV							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		C1010	CABLE ONE			466.89	0.00	0.00	466.89
Vendor#	Vendor Name				Class	Pay Code			
C1611	CITIZENS MEDICAL CENTER				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	22165		06/28/20	06/22/20	06/29/20	5.00	0.00	0.00	5.00
		BLS CARD REPLACEMENT							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		C1611	CITIZENS MEDICAL CENTER			5.00	0.00	0.00	5.00
Vendor#	Vendor Name				Class	Pay Code			
C1730	CITY OF PORT LAVACA				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net

22178		06/28/20	06/15/20	06/29/20	8,529.54	0.00	0.00	8,529.54
	WATER SEWER							
22177		06/28/20	06/15/20	06/29/20	506.07	0.00	0.00	506.07
	WATER SEWER							
22176		06/28/20	06/15/20	06/29/20	1,128.09	0.00	0.00	1,128.09
	WATER SEWER							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA			10,163.70	0.00	0.00	10,163.70

Vendor#	Vendor Name	Class	Pay Code
C1970	CONMED CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
419930		06/19/20	06/05/20	07/05/20		547.12	0.00	0.00	547.12
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION				547.12	0.00	0.00	547.12

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1706061378		06/16/20	06/06/20	07/01/20		20,444.00	0.00	0.00	20,444.00
	SOFTWARE MAINT								
T1706091378		06/21/20	06/09/20	07/04/20		21,297.15	0.00	0.00	21,297.15
	PURCH SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C2510	EVIDENT				41,741.15	0.00	0.00	41,741.15

Vendor#	Vendor Name	Class	Pay Code
D1785	DYNATRONICS CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
950977		06/19/20	05/30/20	06/30/20		86.00	0.00	0.00	86.00
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION				86.00	0.00	0.00	86.00

Vendor#	Vendor Name	Class	Pay Code
F1100	FEDERAL EXPRESS CORP.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
582724014		06/21/20	06/08/20	07/03/20		119.73	0.00	0.00	119.73
	FREIGHT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.				119.73	0.00	0.00	119.73

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9688696		06/15/20	06/06/20	07/01/20		4,878.76	0.00	0.00	4,878.76
	SUPPLIES								
0240320		06/15/20	06/07/20	07/02/20		8,187.44	0.00	0.00	8,187.44
	SUPPLIES								
7813839		06/28/20	03/30/20	04/24/20		487.72	0.00	0.00	487.72
	SUPPLIES								
7948004		06/28/20	03/31/20	04/25/20		144.87	0.00	0.00	144.87
	SUPPLIES								
8764055		06/28/20	04/05/20	04/30/20		562.24	0.00	0.00	562.24
	SUPPLIES								

Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	4466880		06/19/20	06/05/20	07/05/20		750.47	0.00	0.00	750.47
		SUPPLIES								
	4481828		06/19/20	06/05/20	07/05/20		473.52	0.00	0.00	473.52
		SUPPLIES								
	4272457		06/21/20	06/01/20	07/01/20		170.56	0.00	0.00	170.56
		REPAIRS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				1,394.55	0.00	0.00	1,394.55
Vendor#	Vendor Name				Class	Pay Code				
M2470	MEDLINE INDUSTRIES INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1828665455		06/19/20	06/01/20	07/01/20		15.79	0.00	0.00	15.79
		INVENT								
	1828665454		06/19/20	06/01/20	07/01/20		371.58	0.00	0.00	371.58
		INVENT								
	1828742324		06/19/20	06/02/20	07/02/20		21.06	0.00	0.00	21.06
		INVENT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC				408.43	0.00	0.00	408.43
Vendor#	Vendor Name				Class	Pay Code				
M2650	METLIFE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	22180		06/28/20	06/28/20	06/29/20		258.52	0.00	0.00	258.52
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2650	METLIFE				258.52	0.00	0.00	258.52
Vendor#	Vendor Name				Class	Pay Code				
M2659	MERRY X-RAY/SOURCEONE HEALTHCA				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	32590551433		06/16/20	06/02/20	07/02/20		266.63	0.00	0.00	266.63
		MAINT CONT								
	8800068737		06/19/20	05/30/20	06/29/20		177.07	0.00	0.00	177.07
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA				443.70	0.00	0.00	443.70
Vendor#	Vendor Name				Class	Pay Code				
OM425	OWENS & MINOR									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2027829993		06/19/20	05/30/20	06/29/20		48.34	0.00	0.00	48.34
		SUPPLIES								
	2027829179		06/19/20	05/30/20	06/29/20		5.59	0.00	0.00	5.59
		INVENT								
	2027829186		06/19/20	05/30/20	06/29/20		69.29	0.00	0.00	69.29
		SUPPLIES								
	2027832557		06/19/20	05/30/20	06/29/20		283.81	0.00	0.00	283.81
		INVENT								
	2027832546		06/19/20	05/30/20	06/29/20		706.26	0.00	0.00	706.26
		SUPPLIES								

2027829453	06/19/20	05/30/20	06/29/20		11.44	0.00	0.00	11.44
INVENT								
2027921451	06/19/20	06/01/20	07/01/20		3.16	0.00	0.00	3.16
INVENT								
2027936001	06/19/20	06/01/20	07/01/20		31.96	0.00	0.00	31.96
SUPPLIES								
2027921983	06/19/20	06/01/20	07/01/20		36.79	0.00	0.00	36.79
INVENT								
2027923180	06/19/20	06/01/20	07/01/20		9.91	0.00	0.00	9.91
INVENT								
2027923186	06/19/20	06/01/20	07/01/20		45.64	0.00	0.00	45.64
SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR			1,252.19	0.00	0.00	1,252.19

Vendor#	Vendor Name	Class	Pay Code
P0706	PALACIOS BEACON	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
330429		06/21/20	05/03/20	06/29/20		220.00	0.00	0.00	220.00
PUBLIC REL									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P0706	PALACIOS BEACON				220.00	0.00	0.00	220.00

Vendor#	Vendor Name	Class	Pay Code
P2100	PORT LAVACA WAVE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22149		06/16/20	06/09/20	07/04/20		45.00	0.00	0.00	45.00
DUES /SUBS									
22156		06/21/20	05/31/20	06/30/20		1,012.12	0.00	0.00	1,012.12
PUBL REL / EMPL RECR.									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE				1,057.12	0.00	0.00	1,057.12

Vendor#	Vendor Name	Class	Pay Code
S1001	SANOFI PASTEUR INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
907947581		04/28/20	04/12/20	06/30/20		491.09	0.00	0.00	491.09
INVENT PHARM									
907985469		05/19/20	04/25/20	06/30/20		2,638.49	0.00	0.00	2,638.49
INVENT PHARM									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC				3,129.58	0.00	0.00	3,129.58

Vendor#	Vendor Name	Class	Pay Code
S2694	STANFORD VACUUM SERVICE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
867241		06/28/20	05/17/20	06/29/20		385.00	0.00	0.00	385.00
PURCH SERV									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2694	STANFORD VACUUM SERVICE				385.00	0.00	0.00	385.00

Vendor#	Vendor Name	Class	Pay Code
S2830	STRYKER SALES CORP	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
198926A		06/19/20	06/08/20	06/30/20		361.31	0.00	0.00	361.31
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	S2830	STRYKER SALES CORP				361.31	0.00	0.00	361.31
Vendor#	Vendor Name				Class	Pay Code			
S2896	DANETTE BETHANY ✓				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22167		06/28/20	06/23/20	06/29/20		561.94	0.00	0.00	561.94 ✓
		TRAVEL EMOs 2017 user conference 6/18/17 - 6/20/17								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2896	DANETTE BETHANY				561.94	0.00	0.00	561.94
Vendor#	Vendor Name				Class	Pay Code				
S3960	STERICYCLE, INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	4007109868 ✓		05/31/20	06/01/20	07/01/20		1,935.39	0.00	0.00	1,935.39 ✓
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S3960	STERICYCLE, INC				1,935.39	0.00	0.00	1,935.39
Vendor#	Vendor Name				Class	Pay Code				
T2303	TG ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22168		06/28/20	06/22/20	06/29/20		126.31	0.00	0.00	126.31 ✓
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2303	TG				126.31	0.00	0.00	126.31
Vendor#	Vendor Name				Class	Pay Code				
T2539	T-SYSTEM, INC ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	205EV25169 ✓		05/31/20	05/31/20	06/29/20		4,555.00	0.00	0.00	4,555.00 ✓
		MAINT CONT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC				4,555.00	0.00	0.00	4,555.00
Vendor#	Vendor Name				Class	Pay Code				
T2900	3M COMPANY ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	SC60506 ✓		06/16/20	06/01/20	06/30/20		18,679.03	0.00	0.00	18,679.03 ✓
		PRE PAID								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2900	3M COMPANY				18,679.03	0.00	0.00	18,679.03
Vendor#	Vendor Name				Class	Pay Code				
U1054	UNIFIRST HOLDINGS ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8150768362 ✓		05/31/20	05/30/20	06/29/20		34.42	0.00	0.00	34.42 ✓
		LAUNDRY								
	8150768273 ✓		05/31/20	05/30/20	06/29/20		60.66	0.00	0.00	60.66 ✓
		LAUNDRY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1054	UNIFIRST HOLDINGS				95.08	0.00	0.00	95.08
Vendor#	Vendor Name				Class	Pay Code				
U1056	UNIFORM ADVANTAGE ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	7821838 ✓		06/21/20	06/12/20	06/30/20		150.91	0.00	0.00	150.91 ✓
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	U1056	UNIFORM ADVANTAGE				150.91	0.00	0.00	150.91

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8400248069	LAUNDRY	05/31/20	05/30/20	06/29/20		132.94	0.00	0.00	132.94
8400248072	LAUNDRY	05/31/20	05/30/20	06/29/20		44.35	0.00	0.00	44.35
8400248068	LAUNDRY	05/31/20	05/30/20	06/29/20		90.99	0.00	0.00	90.99
8400248120	LAUNDRY	05/31/20	05/30/20	06/29/20		941.14	0.00	0.00	941.14
8400248070	LAUNDRY	05/31/20	05/30/20	06/29/20		124.85	0.00	0.00	124.85
8400248183	LAUNDRY	05/31/20	05/30/20	06/29/20		96.08	0.00	0.00	96.08
8400248111	LAUNDRY	05/31/20	05/30/20	06/29/20		44.32	0.00	0.00	44.32
8400248071	LAUNDRY	05/31/20	05/30/20	06/29/20		50.65	0.00	0.00	50.65
8400248421	LAUNDRY	06/01/20	06/02/20	07/02/20		151.47	0.00	0.00	151.47
8400248464	LAUNDRY	06/01/20	06/02/20	07/02/20		499.67	0.00	0.00	499.67
8400248677	LAUNDRY	06/16/20	06/06/20	07/01/20		923.50	0.00	0.00	923.50
8400248735	LAUNDRY	06/16/20	06/06/20	07/01/20		49.11	0.00	0.00	49.11
8400248626	LAUNDRY	06/16/20	06/06/20	07/01/20		133.29	0.00	0.00	133.29
8400248625	LAUNDRY	06/16/20	06/06/20	07/01/20		90.99	0.00	0.00	90.99
8400248628	LAUNDRY	06/16/20	06/06/20	07/01/20		50.65	0.00	0.00	50.65
8400248666	LAUNDRY	06/16/20	06/06/20	07/01/20		119.98	0.00	0.00	119.98
8400248627	LAUNDRY	06/16/20	06/06/20	07/01/20		124.85	0.00	0.00	124.85
8400248629	LAUNDRY	06/16/20	06/06/20	07/01/20		44.35	0.00	0.00	44.35
8400249023	LAUNDRY	06/16/20	06/09/20	07/04/20		842.70	0.00	0.00	842.70
8400248978	LAUNDRY	06/16/20	06/09/20	07/04/20		151.47	0.00	0.00	151.47

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	4,707.35	0.00	0.00	4,707.35

Vendor#	Vendor Name	Class	Pay Code
U2000	US POSTAL SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22143	POSTAGE	06/16/20	06/28/20	06/30/20		1,200.00	0.00	0.00	1,200.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	U2000	US POSTAL SERVICE				1,200.00	0.00	0.00	1,200.00
Vendor#	Vendor Name				Class	Pay Code			
V0552	VERATHON INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	866860 ✓		06/16/20	06/06/20	07/01/20		41.91	0.00	0.00	41.91 ✓
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V0552	VERATHON INC				41.91	0.00	0.00	41.91
Vendor#	Vendor Name				Class	Pay Code				
V0559	VERIZON WIRELESS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9787631906 ✓		06/28/20	06/16/20	06/29/20		218.97	0.00	0.00	218.97 ✓
		PHONE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V0559	VERIZON WIRELESS				218.97	0.00	0.00	218.97
Vendor#	Vendor Name				Class	Pay Code				
V1530	PAM VILLAFUERTE ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22163		06/28/20	06/19/20	06/29/20		2.67	0.00	0.00	2.67 ✓
		FREIGHT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1530	PAM VILLAFUERTE				2.67	0.00	0.00	2.67
Vendor#	Vendor Name				Class	Pay Code				
W1300	GRAINGER ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9466042778 ✓		06/16/20	06/07/20	07/02/20		23.89	0.00	0.00	23.89 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1300	GRAINGER				23.89	0.00	0.00	23.89
Vendor#	Vendor Name				Class	Pay Code				
Z0850	CARMEN C. ZAPATA-ARROYO ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22157		06/21/20	06/20/20	06/30/20		1,003.75	0.00	0.00	1,003.75 ✓
		PURCH SERV								
	22158		06/21/20	06/20/20	06/30/20		82.50	0.00	0.00	82.50 ✓
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		Z0850	CARMEN C. ZAPATA-ARROYO				1,086.25	0.00	0.00	1,086.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	380,112.49	0.00	0.00	380,112.49

APPROVED ON

JUL 03 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 171727
+0
171817

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		171727	07/05/17	44.40	SANDRA BRAUN
A/P		171728	07/05/17	2,142.03	PRINCIPAL LIFE
A/P		171729	07/05/17	998.80	CENTURION MEDICAL PRODUCTS
A/P		171730	07/05/17	637.85	DEWITT POTH & SON
A/P		171731	07/05/17	236.57	PRECISION DYNAMICS CORP (PDC)
A/P		171732	07/05/17	34.20	CAREFUSION 211, INC
A/P		171733	07/05/17	500.00	TEXAS DEPARTMENT OF STATE
A/P		171734	07/05/17	860.92	GE HEALTHCARE IITS USA CORP
A/P		171735	07/05/17	.00	VOIDED
A/P		171736	07/05/17	.00	VOIDED
A/P		171737	07/05/17	16,840.85	MORRIS & DICKSON CO, LLC
A/P		171738	07/05/17	5,262.40	BKD, LLP
A/P		171739	07/05/17	3,640.00	TEXAS DEPARTMENT OF STATE
A/P		171740	07/05/17	1,088.66	GLAXOSMITHKLINE PHARMACUETICAL
A/P		171741	07/05/17	240.00	REVISTA de VICTORIA
A/P		171742	07/05/17	1,120.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P		171743	07/05/17	650.00	VICTORIA MEDICAL FOUNDATION
A/P		171744	07/05/17	450.00	CHS ATHLETIC BOOSTER CLUB INC
A/P		171745	07/05/17	72,011.96	MMC EMPLOYEE BENEFIT PLAN
A/P		171746	07/05/17	111.54	NOVA BIOMEDICAL
A/P		171747	07/05/17	104.30	GENESIS DIAGNOSTICS
A/P		171748	07/05/17	2,226.31	WAGEWORKS
A/P		171749	07/05/17	6,145.37	BANK OF THE WEST
A/P		171750	07/05/17	1,012.00	WALLER,LANSDEN, DORTCH & DAVIS
A/P		171751	07/05/17	1,400.00	ACUTE CARE INC
A/P		171752	07/05/17	5.00	MEMORIAL MEDICAL CLINIC
A/P		171753	07/05/17	1,490.00	M G TRUST
A/P		171754	07/05/17	5,600.00	THE COMPLIANCE TEAM, INC
A/P		171755	07/05/17	2,395.40	REVCYCLE+, INC.
A/P		171756	07/05/17	19,166.67	DIAMOND HEALTHCARE CORP
A/P		171757	07/05/17	75.00	FIRST CLEARING
A/P		171758	07/05/17	1,158.64	BIRCH COMMUNICATIONS
A/P		171759	07/05/17	1,907.26	AIRESPRING INC
A/P		171760	07/05/17	319.00	TRIZETTO PROVIDER SOLUTIONS
A/P		171761	07/05/17	1,174.58	THE US CONSULTING GROUP
A/P		171762	07/05/17	18,938.23	STUDER GROUP, LLC
A/P		171763	07/05/17	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P		171764	07/05/17	8,589.72	PAETEC
A/P		171765	07/05/17	379.66	WEST INTERACTIVE SERVICES CORP
A/P		171766	07/05/17	28,820.67	TXU ENERGY
A/P		171767	07/05/17	50.42	FRONTIER
A/P		171768	07/05/17	73.00	PSYCHEMEDICS CORPORATION
A/P		171769	07/05/17	1,445.85	AMN HEALTHCARE ALLIED, INC.
A/P		171770	07/05/17	8,229.29	REMI CORPORATION
A/P		171771	07/05/17	235.00	RX WASTE SYSTEMS LLC
A/P		171772	07/05/17	3,129.64	EMERGENCY STAFFING SOLUTIONS
A/P		171773	07/05/17	610.00	DOWELL PEST CONTROL
A/P		171774	07/05/17	15.79	SUSIE HERNANDEZ
A/P		171775	07/05/17	13.56	TMHP
A/P		171776	07/05/17	103.50	AMERISOURCEBERGEN DRUG CORP

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	171777	07/05/17	5,916.22	AIRGAS USA, LLC - CENTRAL DIV
A/P	171778	07/05/17	2,957.50	BAXTER HEALTHCARE CORP
A/P	171779	07/05/17	25,453.87	BECKMAN COULTER INC
A/P	171780	07/05/17	466.89	CABLE ONE
A/P	171781	07/05/17	5.00	CITIZENS MEDICAL CENTER
A/P	171782	07/05/17	10,163.70	CITY OF PORT LAVACA
A/P	171783	07/05/17	547.12	CONMED CORPORATION
A/P	171784	07/05/17	41,741.15	EVIDENT
A/P	171785	07/05/17	86.00	DYNATRONICS CORPORATION
A/P	171786	07/05/17	119.73	FEDERAL EXPRESS CORP.
A/P	171787	07/05/17	18,690.37	FISHER HEALTHCARE
A/P	171788	07/05/17	172.51	GULF COAST PAPER COMPANY
A/P	171789	07/05/17	271.32	RICOH USA, INC.
A/P	171790	07/05/17	5,501.45	WERFEN USA LLC
A/P	171791	07/05/17	350.00	VICKY KALISEK
A/P	171792	07/05/17	1,394.55	MCKESSON MEDICAL SURGICAL INC
A/P	171793	07/05/17	408.43	MEDLINE INDUSTRIES INC
A/P	171794	07/05/17	258.52	METLIFE
A/P	171795	07/05/17	443.70	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	171796	07/05/17	.00	VOIDED
A/P	171797	07/05/17	1,252.19	OWENS & MINOR
A/P	171798	07/05/17	220.00	PALACIOS BEACON
A/P	171799	07/05/17	1,057.12	PORT LAVACA WAVE
A/P	171800	07/05/17	3,129.58	SANOFI PASTEUR INC
A/P	171801	07/05/17	385.00	STANFORD VACUUM SERVICE
A/P	171802	07/05/17	361.31	STRYKER SALES CORP
A/P	171803	07/05/17	561.94	DANETTE BETHANY
A/P	171804	07/05/17	1,935.39	STERICYCLE, INC
A/P	171805	07/05/17	126.31	TG
A/P	171806	07/05/17	4,555.00	T-SYSTEM, INC
A/P	171807	07/05/17	18,679.03	3M COMPANY
A/P	171808	07/05/17	95.08	UNIFIRST HOLDINGS
A/P	171809	07/05/17	150.91	UNIFORM ADVANTAGE
A/P	171810	07/05/17	.00	VOIDED
A/P	171811	07/05/17	4,707.35	UNIFIRST HOLDINGS INC
A/P	171812	07/05/17	1,200.00	US POSTAL SERVICE
A/P	171813	07/05/17	41.91	VERATHON INC
A/P	171814	07/05/17	218.97	VERIZON WIRELESS
A/P	171815	07/05/17	2.67	PAM VILLAFUERTE
A/P	171816	07/05/17	23.89	GRAINGER
A/P	171817	07/05/17	1,086.25	CARMEN C. ZAPATA-ARROYO
TOTALS:			380,112.49	

APPROVED
ON

JUL 03 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Checks weren't brought over till 7/5/17 due to holiday.

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
7/5/2017

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	178,371.76	178,271.76	138,717.94	-	-	-	-	138,817.94	138,717.94

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA :0614
Account 4257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	373,238.80	373,138.80	60,674.84	-	-	-	-	60,774.84	60,674.84
Crescent	4588	294,913.23	294,813.23	41,801.87	-	-	-	-	41,901.87	41,801.87
Broadmoor	4596	391,343.83	391,243.83	108,245.56	-	-	14,626.50	14,626.50	108,345.56	93,619.06
Fort Bend	4618	99,923.18	99,823.18	68,094.51	-	-	-	-	68,194.51	68,094.51
										264,190.28

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 0614
Account # 2922

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:

APPROVED
JUL 05 2017
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

E:\NH Weekly Transfers\NH UPL Transfer Summary 7-5-17.xlsx

Account Portfolio as of 07/05/2017 8:40:53 AM

Account Display
◉ Display By Account Type
○ Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$816,593.67	$816,593.67
Memorial Medical Center	4154	$0.00	$95.00
Memorial Medical Center	4553	$138,817.94	$142,713.00
Memorial Medical Center	4561	$60,774.84	$68,974.95
Memorial Medical Center	4588	$41,901.87	$43,171.02
Memorial Medical Center	4596	$108,345.56	$108,345.56
Memorial Medical Center	4618	$68,194.51	$68,194.51
NH Golden Creek Healthcare	4901	$100.00	$100.00
Memorial Medical Center Operat	0301	$2,100,200.16	$2,114,284.79
County of Calhoun Indigent	1101	$53,721.88	$53,721.88
Totals		**$3,388,650.43**	**$3,416,194.38**

IBC Bank Activity
6/27/17 through 7/4/17

Ashford Gardens					Transfer-Out	Transfer-In	
6/27/2017	113105025	4553	142	ACH CREDIT RECEIVED		9,424.61	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6625794*1205296137*000004911\
6/27/2017	113105025	4553	142	ACH CREDIT RECEIVED		16,510.21	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
6/27/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,341.40	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017062317801391*1752603231\
6/27/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,974.95	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017062417100748*1752603231\
6/27/2017	113105025	4553	142	ACH CREDIT RECEIVED		6,620.14	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017062316400118*1752603231\
6/27/2017	113105025	4553	142	ACH CREDIT RECEIVED		40,067.46	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017062317801432*1752603231\
6/29/2017	113105025	4553	142	ACH CREDIT RECEIVED		780.47	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017062712100435*1752603231\
6/29/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,336.12	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
6/29/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	178,271.76		ASHFORD HEALTH CARE CENTER LTD
6/29/2017	113105025	4553	142	ACH CREDIT RECEIVED		13,051.09	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017062712100456*1752603231\
6/30/2017	113105025	4553	142	ACH CREDIT RECEIVED		6,726.51	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
6/30/2017	113105025	4553	142	ACH CREDIT RECEIVED		65.49	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017062815901321*1752603231\
7/3/2017	113105025	4553	301	COMMERCIAL DEPOSIT		33,567.97	
7/3/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,251.52	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017062916400064*1752603231\
					178,271.76	138,717.94	

Solera at West Housto					Transfer-Out	Transfer-In	
6/27/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,421.90	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017062317801405*1752603231\
6/27/2017	113105025	4561	142	ACH CREDIT RECEIVED		908.94	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4472636*1205296137*000004011\
6/27/2017	113105025	4561	142	ACH CREDIT RECEIVED		6,895.15	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017062417100750*1752603231\
6/27/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,364.00	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017062317801434*1752603231\
6/29/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,645.00	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017062712100458*1752603231\
6/29/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	373,138.80		CANTEX HEALTH CARE CENTERS LLC
6/29/2017	113105025	4561	142	ACH CREDIT RECEIVED		16,943.44	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
6/30/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,121.33	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017062812904596*1752603231\
6/30/2017	113105025	4561	142	ACH CREDIT RECEIVED		807.30	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017062812904576*1752603231\
6/30/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,187.92	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
7/3/2017	113105025	4561	301	COMMERCIAL DEPOSIT		24,379.86	
					373,138.80	60,674.84	

Crescent					Transfer-Out	Transfer-In	
6/27/2017	113105025	4588	142	ACH CREDIT RECEIVED		10,665.27	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017062317801430*1752603231\
6/27/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,189.10	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017062315800723*1452485907\
6/29/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,138.50	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017062712100454*1752603231\
6/29/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,461.04	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
6/29/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	294,813.23		CANTEX HEALTH CARE CENTERS III
6/30/2017	113105025	4588	142	ACH CREDIT RECEIVED		3,223.82	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017062812904593*1752603231\
6/30/2017	113105025	4588	142	ACH CREDIT RECEIVED		729.70	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017062814603000*1452485907\
7/3/2017	113105025	4588	301	COMMERCIAL DEPOSIT		21,280.12	
7/3/2017	113105025	4588	142	ACH CREDIT RECEIVED		114.32	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4478583*1205296137*000004011\
					294,813.23	41,801.87	

Broadmoor					Transfer-Out	Transfer-In	
6/29/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	391,243.83		CANTEX HEALTH CARE CENTERS III
6/29/2017	113105025	4596	142	ACH CREDIT RECEIVED		27,885.58	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4475711*1205296137*000004011\
7/3/2017	113105025	4596	301	COMMERCIAL DEPOSIT		80,359.98	
					391,243.83	108,245.56	

IBC Bank Activity
6/27/17 through 7/4/17

Fort Bend						Transfer-Out	Transfer-In	
6/27/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		1,941.44	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
6/27/2017	113105025		4618	142	ACH CREDIT RECEIVED		11,028.33	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017062317801431*17S2603231\
6/27/2017	113105025		4618	142	ACH CREDIT RECEIVED		15,781.32	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4472241*1205296137*000004011\
6/28/2017	113105025		4618	142	ACH CREDIT RECEIVED		787.97	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0902887592*1742770542\
6/29/2017	113105025		4618	495	OUTGOING MONEY TRANSFER	99,823.18		CANTEX HEALTH CARE CENTERS III
6/30/2017	113105025		4618	142	ACH CREDIT RECEIVED		1,263.41	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4S48739*1201494S02\
6/30/2017	113105025		4618	142	ACH CREDIT RECEIVED		9,946.15	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
6/30/2017	113105025		4618	142	ACH CREDIT RECEIVED		6,434.78	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017062812904594*17S2603231\
7/3/2017	113105025		4618	301	COMMERCIAL DEPOSIT		15,712.27	
7/3/2017	113105025		4618	142	ACH CREDIT RECEIVED		5,198.84	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
						99,823.18	68,094.51	

Vendor	Fac ID	Legal Entity Name	Facility Name	Final Payment	Superior	United	Amerigroup	Molina	Cigna	Total MCO Payments
6516	11	Memorial Medical Center	Ashford Gardens	858,131	-	-	858,131	-	-	858,131
6524	70	Memorial Medical Center	The Broadmoor at Creekside Park	29,253	29,253	-	-	-	-	29,253
6584	37	Memorial Medical Center	The Crescent	57,393	-	-	57,393	-	-	57,393
6585	20	Memorial Medical Center	Solera at West Houston	155,410	-	-	155,410	-	-	155,410
6586	28	Memorial Medical Center	Fort Bend Healthcare Center	268,756	-	-	268,756	-	-	268,756
				1,368,943	29,253	-	1,339,690	-	-	1,368,943

Deposited into IBC account 6/30 Deposited into IBC account 6/13

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
7/5/2017

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	178,371.76	178,271.76	138,717.94	-	-	-	-	138,817.94	138,717.94

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Ca
JP Morgan Chase Bank
ABA '0614
Account 4257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	373,238.80	373,138.80	60,674.84	-	-	-	-	60,774.84	60,674.84
Crescent	4588	294,913.23	294,813.23	41,801.87	-	-	-	-	41,901.87	41,801.87
Broadmoor	4596	391,343.83	391,243.83	108,245.56	-	-	14,626.50	14,626.50	108,345.56 ✓	93,619.06
Fort Bend	4618	99,923.18	99,823.18	68,094.51	-	-	-	-	68,194.51	68,094.51
										264,190.28 ✓

Routing Information for Crescent / Solero at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA '0614
Account # 2922

Approved:

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.

CK#013 VOIDED
CK#017 NH Broadmoor = 14,626.50

APPROVED
ON
JUL 05 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

E:\NH Weekly Transfers\NH UPL Transfer Summary 7-5-17.xlsx

Vendor	Fac ID	Legal Entity Name	Facility Name	Final Payment	Superior	United	Amerigroup	Molina	Cigna	Total MCO Payments
6516	311	Memorial Medical Center	Ashford Gardens	858,131	-	-	858,131	-	-	858,131
6524	370	Memorial Medical Center	The Broadmoor at Creekside Park	29,253	29,253	-	-	-	-	29,253
6584	537	Memorial Medical Center	The Crescent	57,393	-	-	57,393	-	-	57,393
6585	520	Memorial Medical Center	Solera at West Houston	155,410	-	-	155,410	-	-	155,410
6586	528	Memorial Medical Center	Fort Bend Healthcare Center	268,756	-	-	268,756	-	-	268,756
				1,368,943	29,253	-	1,339,690	-	-	1,368,943

Deposited into IBC account 6/30

Deposited into IBC account 6/13

Memorial Medical Center
NH Solera
202 S. Ann St. Ste. A
Port Lavaca, TX 77979
3615526713

013
88-502/1131

7/5/2017
Date

Pay to the Order of Memorial Medical Center $ 14,626.50**

Fourteen Thousand Six Hundred Twenty Six & 50/** Dollars

Security Features Details on Back

IBC Bank
Port Lavaca, TX 77979

For MPAP Settlement

MP

⑈1 5025⑈ ⑆56⑈0013

Memorial Medical Center
NH Broadmoor
202 S. Ann St. Ste. A
Port Lavaca, TX 77979
3615526713

017
88-502/1131

7/5/2017
Date

Pay to the Order of Memorial Medical Center $ 14,626.50**

Fourteen Thousand Six Hundred Twenty Six & 50/** Dollars

Security Features Details on Back

IBC Bank
Port Lavaca, TX 77979

County Auditor

For MPAP Settlement

MP

County Treasurer

⑈ 5025⑈ ⑆596⑈0017

McKESSON

Company: 8000

STATEMENT

As of: 06/30/2017 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 07/01/2017

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 06/30/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 07/01/2017 ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 3,840.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 0.00

If Paid By 07/04/2017,
Pay This Amount: 3,763.78 USD

If Paid After 07/04/2017,
Pay this Amount: 3,840.60 USD

Due If Paid On Time:
USD 3,763.78
Disc lost if paid late: 76.82
Due If Paid Late:
USD 3,840.60

✓

Ck# 935

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

340B Prescription Expenses

APPROVED ON
JUL 05 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 06/30/2017

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 07/01/2017

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 06/30/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for Information only

Cust: 190813 PLEASE CHECK ANY
Date: 07/01/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
06/26/2017	07/04/2017	7815344449	1001036749	115Invoice	3.52	176.16		✓ 172.64	✓	7815344449	
06/26/2017	07/04/2017	7815344450	1001037331	115Invoice	0.71	35.51		✓ 34.80	✓	7815344450	
06/26/2017	07/04/2017	7815344451	1001037745	115Invoice	0.02	0.80		✓ 0.78	✓	7815344451	
06/27/2017	07/04/2017	7815599671	1001038127	115Invoice	1.10	54.84		✓ 53.74	✓	7815599671	
06/28/2017	07/04/2017	7815817756	1001038839	115Invoice	0.34	17.09		✓ 16.75	✓	7815817756	
06/30/2017	07/04/2017	7816296142	1001039941	115Invoice	5.76	287.96		✓ 282.20	✓	7816296142	
06/30/2017	07/04/2017	7816296143	1001039941	115Invoice	0.33	16.73		✓ 16.40	✓	7816296143	

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

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

Subtotals: 589.09 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,883.30
06/26/2017

If Paid By 07/04/2017,
Pay This Amount: 577.31 USD

If Paid After 07/04/2017,
Pay this Amount: 589.09 USD

Due If Paid On Time:
USD 577.31

Disc lost if paid late:
11.78

Due If Paid Late:
USD 589.09

APPROVED ON
JUL 05 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 06/30/2017

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 07/01/2017

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

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

As of: 06/30/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/01/2017

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
06/26/2017	07/04/2017	7815360409	3307131867	115Invoice	9.25	462.29		✓ 453.04	✓	7815360409	
06/26/2017	07/04/2017	7815360410	0624170129-00	115Invoice	0.04	1.90		✓ 1.86	✓	7815360410	
06/27/2017	07/04/2017	7815602798	3307138906	115Invoice	4.50	224.90		✓ 220.40	✓	7815602798	
06/27/2017	07/04/2017	7815602799	0625170303-00	115Invoice	1.49	74.32		✓ 72.83	✓	7815602799	
06/28/2017	07/04/2017	7815834501	5457141025	115Invoice	4.22	211.08		✓ 206.86	✓	7815834501	
06/28/2017	07/04/2017	7815834502	0627170449-00	115Invoice	3.11	155.55		✓ 152.44	✓	7815834502	
06/29/2017	07/04/2017	7816061577	5457144174	115Invoice	3.93	196.61		✓ 192.68	✓	7816061577	
06/29/2017	07/04/2017	7816061579	0628170339-00	115Invoice	8.62	430.99		✓ 422.37	✓	7816061579	
06/30/2017	07/04/2017	7816305154	0607161499	115Invoice	7.74	387.16		✓ 379.42	✓	7816305154	
06/30/2017	07/04/2017	7816305155	0629170329-00	115Invoice	7.23	361.61		✓ 354.38	✓	7816305155	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,506.41 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,883.30
06/26/2017

If Paid By 07/04/2017,
Pay This Amount: 2,456.28 USD

If Paid After 07/04/2017,
Pay this Amount: 2,506.41 USD

Due If Paid On Time:
USD 2,456.28

Disc lost if paid late:
50.13

Due If Paid Late:
USD 2,506.41

APPROVED ON
JUL 05 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/30/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 07/01/2017

Page: 001

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

As of: 06/30/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 07/01/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
06/26/2017	07/04/2017	7815375836	1001036751	115Invoice	1.95	97.27		95.32		7815375836	
06/26/2017	07/04/2017	7815375837	1001037333	115Invoice	1.05	52.52		51.47		7815375837	
06/26/2017	07/04/2017	7815375839	1001037747	115Invoice	4.40	219.86		215.46		7815375839	
06/27/2017	07/04/2017	7815623104	1001038129	115Invoice	2.23	111.37		109.14		7815623104	
06/28/2017	07/04/2017	7815827633	1001038841	115Invoice	0.54	27.16		26.62		7815827633	
06/29/2017	07/04/2017	7816054876	1001039383	115Invoice	1.76	87.88		86.12		7816054876	
06/30/2017	07/04/2017	7816314212	1001039943	115Invoice	2.98	149.04		146.06		7816314212	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 745.10 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,883.30
06/26/2017

If Paid By 07/04/2017,
Pay This Amount: 730.19 USD

If Paid After 07/04/2017,
Pay this Amount: 745.10 USD

Due If Paid On Time:
USD 730.19

Disc lost if paid late:
14.91

Due If Paid Late:
USD 745.10

APPROVED ON
JUL 05 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:07/05/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:29 CHECK REGISTER GLCKREG
07/05/17 THRU 07/05/17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P *	000935	07/05/17	3,763.78	MCKESSON
A/P	171727	07/05/17	44.40	SANDRA BRAUN
A/P	171728	07/05/17	2,142.03	PRINCIPAL LIFE
A/P	171729	07/05/17	998.80	CENTURION MEDICAL PRODUCTS
A/P	171730	07/05/17	637.85	DEWITT POTH & SON
A/P	171731	07/05/17	236.57	PRECISION DYNAMICS CORP (PDC)
A/P	171732	07/05/17	34.20	CAREFUSION 211, INC
A/P	171733	07/05/17	500.00	TEXAS DEPARTMENT OF STATE
A/P	171734	07/05/17	860.92	GE HEALTHCARE IITS USA CORP
A/P	171735	07/05/17	.00	VOIDED
A/P	171736	07/05/17	.00	VOIDED
A/P	171737	07/05/17	16,840.85	MORRIS & DICKSON CO, LLC
A/P	171738	07/05/17	5,262.40	BKD, LLP
A/P	171739	07/05/17	3,640.00	TEXAS DEPARTMENT OF STATE
A/P	171740	07/05/17	1,088.66	GLAXOSMITHKLINE PHARMACUETICAL
A/P	171741	07/05/17	240.00	REVISTA de VICTORIA
A/P	171742	07/05/17	1,120.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	171743	07/05/17	650.00	VICTORIA MEDICAL FOUNDATION
A/P	171744	07/05/17	450.00	CHS ATHLETIC BOOSTER CLUB INC
A/P	171745	07/05/17	72,011.96	MMC EMPLOYEE BENEFIT PLAN
A/P	171746	07/05/17	111.54	NOVA BIOMEDICAL
A/P	171747	07/05/17	104.30	GENESIS DIAGNOSTICS
A/P	171748	07/05/17	2,226.31	WAGEWORKS
A/P	171749	07/05/17	6,145.37	BANK OF THE WEST
A/P	171750	07/05/17	1,012.00	WALLER,LANSDEN, DORTCH & DAVIS
A/P	171751	07/05/17	1,400.00	ACUTE CARE INC
A/P	171752	07/05/17	5.00	MEMORIAL MEDICAL CLINIC
A/P	171753	07/05/17	1,490.00	M G TRUST
A/P	171754	07/05/17	5,600.00	THE COMPLIANCE TEAM, INC
A/P	171755	07/05/17	2,395.40	REVCYCLE+, INC.
A/P	171756	07/05/17	19,166.67	DIAMOND HEALTHCARE CORP
A/P	171757	07/05/17	75.00	FIRST CLEARING
A/P	171758	07/05/17	1,158.64	BIRCH COMMUNICATIONS
A/P	171759	07/05/17	1,907.26	AIRESPRING INC
A/P	171760	07/05/17	319.00	TRIZETTO PROVIDER SOLUTIONS
A/P	171761	07/05/17	1,174.58	THE US CONSULTING GROUP
A/P	171762	07/05/17	18,938.23	STUDER GROUP, LLC
A/P	171763	07/05/17	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	171764	07/05/17	8,589.72	PAETEC
A/P	171765	07/05/17	379.66	WEST INTERACTIVE SERVICES CORP
A/P	171766	07/05/17	28,820.67	TXU ENERGY
A/P	171767	07/05/17	50.42	FRONTIER
A/P	171768	07/05/17	73.00	PSYCHEMEDICS CORPORATION
A/P	171769	07/05/17	1,445.85	AMN HEALTHCARE ALLIED, INC.
A/P	171770	07/05/17	8,229.29	REMI CORPORATION
A/P	171771	07/05/17	235.00	RX WASTE SYSTEMS LLC
A/P	171772	07/05/17	3,129.64	EMERGENCY STAFFING SOLUTICNS
A/P	171773	07/05/17	610.00	DOWELL PEST CONTROL
A/P	171774	07/05/17	15.79	SUSIE HERNANDEZ
A/P	171775	07/05/17	13.56	TMHP

This check Register is for only McKesson, CK#935 $3,763.78

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	171776	07/05/17	103.50	AMERISOURCEBERGEN DRUG CORP
A/P	171777	07/05/17	5,916.22	AIRGAS USA, LLC - CENTRAL DIV
A/P	171778	07/05/17	2,957.50	BAXTER HEALTHCARE CORP
A/P	171779	07/05/17	25,453.87	BECKMAN COULTER INC
A/P	171780	07/05/17	466.89	CABLE ONE
A/P	171781	07/05/17	5.00	CITIZENS MEDICAL CENTER
A/P	171782	07/05/17	10,163.70	CITY OF PORT LAVACA
A/P	171783	07/05/17	547.12	CONMED CORPORATION
A/P	171784	07/05/17	41,741.15	EVIDENT
A/P	171785	07/05/17	86.00	DYNATRONICS CORPORATION
A/P	171786	07/05/17	119.73	FEDERAL EXPRESS CORP.
A/P	171787	07/05/17	18,690.37	FISHER HEALTHCARE
A/P	171788	07/05/17	172.51	GULF COAST PAPER COMPANY
A/P	171789	07/05/17	271.32	RICOH USA, INC.
A/P	171790	07/05/17	5,501.45	WERFEN USA LLC
A/P	171791	07/05/17	350.00	VICKY KALISEK
A/P	171792	07/05/17	1,394.55	MCKESSON MEDICAL SURGICAL INC
A/P	171793	07/05/17	408.43	MEDLINE INDUSTRIES INC
A/P	171794	07/05/17	258.52	METLIFE
A/P	171795	07/05/17	443.70	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	171796	07/05/17	.00	VOIDED
A/P	171797	07/05/17	1,252.19	OWENS & MINOR
A/P	171798	07/05/17	220.00	PALACIOS BEACON
A/P	171799	07/05/17	1,057.12	PORT LAVACA WAVE
A/P	171800	07/05/17	3,129.58	SANOFI PASTEUR INC
A/P	171801	07/05/17	385.00	STANFORD VACUUM SERVICE
A/P	171802	07/05/17	361.31	STRYKER SALES CORP
A/P	171803	07/05/17	561.94	DANETTE BETHANY
A/P	171804	07/05/17	1,935.39	STERICYCLE, INC
A/P	171805	07/05/17	126.31	TG
A/P	171806	07/05/17	4,555.00	T-SYSTEM, INC
A/P	171807	07/05/17	18,679.03	3M COMPANY
A/P	171808	07/05/17	95.08	UNIFIRST HOLDINGS
A/P	171809	07/05/17	150.91	UNIFORM ADVANTAGE
A/P	171810	07/05/17	.00	VOIDED
A/P	171811	07/05/17	4,707.35	UNIFIRST HOLDINGS INC
A/P	171812	07/05/17	1,200.00	US POSTAL SERVICE
A/P	171813	07/05/17	41.91	VERATHON INC
A/P	171814	07/05/17	218.97	VERIZON WIRELESS
A/P	171815	07/05/17	2.67	PAM VILLAFUERTE
A/P	171816	07/05/17	23.89	GRAINGER
A/P	171817	07/05/17	1,086.25	CARMEN C. ZAPATA-ARROYO
TOTALS:			383,876.27	

APPROVED ON

JUL 06 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

07/06/2017 MEMORIAL MEDICAL CENTER 0
08:10 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 07/12/2017

Vendor#	Vendor Name	Class	Pay Code
10042	ERBE USA INC SURGICAL SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
429882		06/29/20	06/12/20	07/12/20		153.99	0.00	0.00	153.99
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	153.99	0.00	0.00	153.99

Vendor#	Vendor Name	Class	Pay Code
10105	CHRIS KOVAREK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
~~000014~~ 2		07/05/20	07/03/20	07/12/20		280.00	0.00	0.00	280.00
	PURCH SERV - Social Services								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK	280.00	0.00	0.00	280.00

Vendor#	Vendor Name	Class	Pay Code
10204	PHARMEDIUM SERVICES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1975596		06/28/20	06/12/20	07/07/20		279.96	0.00	0.00	279.96
	INVENT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	279.96	0.00	0.00	279.96

Vendor#	Vendor Name	Class	Pay Code
10285	JAMES A DANIEL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000021		07/05/20	07/05/20	07/12/20		750.00	0.00	0.00	750.00
	RENT - July 2017								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10285	JAMES A DANIEL	750.00	0.00	0.00	750.00

Vendor#	Vendor Name	Class	Pay Code
10350	CENTURION MEDICAL PRODUCTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
92280428		06/19/20	06/07/20	07/07/20		373.50	0.00	0.00	373.50
	INVENT								
92283093		06/19/20	06/12/20	07/12/20		830.84	0.00	0.00	830.84
	INVENT								
92283094		06/19/20	06/12/20	07/12/20		290.00	0.00	0.00	290.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,494.34	0.00	0.00	1,494.34

Vendor#	Vendor Name	Class	Pay Code
10368	DEWITT POTH & SON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5065170		06/16/20	06/12/20	07/07/20		71.57	0.00	0.00	71.57
	OFF SUPPLIES								
5066230		06/16/20	06/13/20	07/08/20		137.87	0.00	0.00	137.87
	OFF SUPPLIES								
5065090		06/19/20	06/12/20	07/07/20		33.47	0.00	0.00	33.47
	INVENT								

5069140		06/21/20	06/15/20	07/10/20	15.19	0.00	0.00	15.19
	SUPPLIES							
5069150		06/21/20	06/15/20	07/10/20	12.72	0.00	0.00	12.72
	OFF SUPPLIES							
5070090		06/21/20	06/16/20	07/11/20	123.10	0.00	0.00	123.10
	OFF SUPPLIES							
5067800		06/29/20	06/14/20	07/09/20	526.10	0.00	0.00	526.10
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	920.02	0.00	0.00	920.02

Vendor# Vendor Name — Class — Pay Code

10372 PRECISION DYNAMICS CORP (PDC)

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3814802		06/29/20	06/08/20	07/08/20			166.38	0.00	0.00	166.38
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	166.38	0.00	0.00	166.38

Vendor# Vendor Name — Class — Pay Code

10533 ALERE NORTH AMERICA INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
91286195		06/29/20	06/12/20	07/12/20			5,046.02	0.00	0.00	5,046.02
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10533	ALERE NORTH AMERICA INC	5,046.02	0.00	0.00	5,046.02

Vendor# Vendor Name — Class — Pay Code

10578 LUMINANT ENERGY COMPANY LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV0543205		07/05/20	07/03/20	07/12/20			1,556.60	0.00	0.00	1,556.60
	FUEL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10578	LUMINANT ENERGY COMPANY LLC	1,556.60	0.00	0.00	1,556.60

Vendor# Vendor Name — Class — Pay Code

10789 DISCOVERY MEDICAL NETWORK INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC071517		07/05/20	06/29/20	07/12/20			79,460.55	0.00	0.00	79,460.55
	PRO FEES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	79,460.55	0.00	0.00	79,460.55

Vendor# Vendor Name — Class — Pay Code

10810 MMC EMPLOYEE BENEFIT PLAN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000019		07/05/20	06/30/20	07/12/20			1,724.68	0.00	0.00	1,724.68
	EMPL EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	1,724.68	0.00	0.00	1,724.68

Vendor# Vendor Name — Class — Pay Code

11008 DERRI HART

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000018		07/05/20	07/03/20	07/04/20			297.22	0.00	0.00	297.22
	PURCH SERV Transcription 6/19 - 7/2/17									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11008	DERRI HART	297.22	0.00	0.00	297.22

Vendor#	Vendor Name		Class	Pay Code					
11069	PABLO GARZA								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000022		07/05/20	07/03/20	07/12/20		270.00	0.00	0.00	270.00
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11069	PABLO GARZA				270.00	0.00	0.00	270.00
Vendor#	Vendor Name		Class	Pay Code					
11080	RADSOURCE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	SC55674		06/16/20	06/12/20	07/07/20		1,667.00	0.00	0.00	1,667.00
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11080	RADSOURCE				1,667.00	0.00	0.00	1,667.00
Vendor#	Vendor Name		Class	Pay Code					
11125	PORT LAVACA RETAIL GROUP LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000020		07/05/20	07/05/20	07/12/20		11,001.20	0.00	0.00	11,001.20
		RENT - PT + Behavioral Health								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11125	PORT LAVACA RETAIL GROUP LLC				11,001.20	0.00	0.00	11,001.20
Vendor#	Vendor Name		Class	Pay Code					
11201	DOROTHY BONUZ								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000024		07/05/20	06/29/20	07/12/20		3.47	0.00	0.00	3.47
		SUPPLIES								
	000026		07/05/20	06/29/20	07/12/20		10.10	0.00	0.00	10.10
		SUPPLIES								
	000023		07/05/20	06/29/20	07/12/20		7.50	0.00	0.00	7.50
		SUPPLIES								
	000025		07/05/20	06/29/20	07/12/20		13.88	0.00	0.00	13.88
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11201	DOROTHY BONUZ				34.95	0.00	0.00	34.95
Vendor#	Vendor Name		Class	Pay Code					
11235	GREAT BASIN SCIENTIFIC, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1211313		06/19/20	06/06/20	07/06/20		223.00	0.00	0.00	223.00
		SUPPLIES								
	1211397		06/29/20	06/13/20	07/12/20		444.00	0.00	0.00	444.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11235	GREAT BASIN SCIENTIFIC, INC				667.00	0.00	0.00	667.00
Vendor#	Vendor Name		Class	Pay Code					
11284	EMERGENCY STAFFING SOLUTIONS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	35157		07/05/20	06/30/20	07/12/20		40,062.50	0.00	0.00	40,062.50
		PRO FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11284	EMERGENCY STAFFING SOLUTIONS				40,062.50	0.00	0.00	40,062.50
Vendor#	Vendor Name		Class	Pay Code					

11376 APPLETON MEDICAL SERVICES INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
368074		06/19/20	06/08/20	07/08/20		770.95	0.00	0.00	770.95
	SUPPLIES								
367917		06/29/20	06/05/20	07/09/20		766.95	0.00	0.00	766.95
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11376	APPLETON MEDICAL SERVICES INC	1,537.90	0.00	0.00	1,537.90

Vendor# A1680 Vendor Name: AIRGAS USA, LLC - CENTRAL DIV Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9063439773		06/07/20	06/10/20	07/10/20		51.62	0.00	0.00	51.62
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	51.62	0.00	0.00	51.62

Vendor# B1150 Vendor Name: BAXTER HEALTHCARE Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
55147473		06/29/20	06/09/20	07/09/20		260.29	0.00	0.00	260.29
	SUPPLIES								
55221290		06/29/20	06/16/20	07/11/20		526.26	0.00	0.00	526.26
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	786.55	0.00	0.00	786.55

Vendor# B1220 Vendor Name: BECKMAN COULTER INC Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5371759		06/28/20	06/12/20	07/07/20		4,233.46	0.00	0.00	4,233.46
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	4,233.46	0.00	0.00	4,233.46

Vendor# B1680 Vendor Name: BOUND TREE MEDICAL, LLC Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
82521927		06/19/20	06/08/20	07/08/20		175.23	0.00	0.00	175.23
	INVENT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1680	BOUND TREE MEDICAL, LLC	175.23	0.00	0.00	175.23

Vendor# D1752 Vendor Name: DLE PAPER & PACKAGING Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9238		06/19/20	06/06/20	07/06/20		79.95	0.00	0.00	79.95
	FORMS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1752	DLE PAPER & PACKAGING	79.95	0.00	0.00	79.95

Vendor# F1400 Vendor Name: FISHER HEALTHCARE Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1400398		06/28/20	06/13/20	07/08/20		1,860.28	0.00	0.00	1,860.28
	SUPPLIES								
1599574		06/28/20	06/14/20	07/09/20		91.39	0.00	0.00	91.39
	SUPPLIES								

1599575		06/28/20	06/14/20	07/09/20	1,073.54	0.00	0.00	1,073.54
SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE			3,025.21	0.00	0.00	3,025.21

Vendor#	Vendor Name	Class	Pay Code
G0425	ROBERTS, ROBERTS & ODEFEY, LLP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
153		07/05/20	06/27/20	07/12/20		1,190.75	0.00	0.00	1,190.75
	LEGAL								
83		07/05/20	06/27/20	07/12/20		159.50	0.00	0.00	159.50
	LEGAL								
51		07/05/20	06/27/20	07/12/20		434.50	0.00	0.00	434.50
	LEGAL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ROBERTS & ODEFEY, LLP				1,784.75	0.00	0.00	1,784.75

Vendor#	Vendor Name	Class	Pay Code
G1210	GULF COAST PAPER COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1333253		06/19/20	06/06/20	07/06/20		42.00	0.00	0.00	42.00
	SUPPLIES								
1333258		06/19/20	06/06/20	07/06/20		589.73	0.00	0.00	589.73
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY				631.73	0.00	0.00	631.73

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9110404034		06/28/20	06/15/20	07/10/20		1,571.67	0.00	0.00	1,571.67
	LEASE								
9110403141		06/29/20	06/13/20	07/08/20		4,046.92	0.00	0.00	4,046.92
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC				5,618.59	0.00	0.00	5,618.59

Vendor#	Vendor Name	Class	Pay Code
J0150	J & J HEALTH CARE SYSTEMS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
918104412		06/19/20	06/06/20	07/06/20		1,189.42	0.00	0.00	1,189.42
	SUPPLIES								
918126257		06/29/20	06/12/20	07/12/20		642.90	0.00	0.00	642.90
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC				1,832.32	0.00	0.00	1,832.32

Vendor#	Vendor Name	Class	Pay Code
K0536	SHIRLEY KARNEI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000017		07/05/20	07/03/20	07/12/20		417.78	0.00	0.00	417.78
	PURCH SERV Transcription 6/19-7/2/17								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI				417.78	0.00	0.00	417.78

Vendor#	Vendor Name	Class	Pay Code
L1044	THE LAMAR COMPANIES	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
108169514		06/28/20	06/12/20	07/07/20		400.00	0.00	0.00	400.00
	PUBLIC REL ADV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L1044	THE LAMAR COMPANIES				400.00	0.00	0.00	400.00

Vendor#	Vendor Name	Class	Pay Code
M1950	MARTIN PRINTING CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
70338		06/16/20	06/09/20	07/09/20		77.90	0.00	0.00	77.90
	OFF SUPPLIES Business Cards - Appt. Cards								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO				77.90	0.00	0.00	77.90

Vendor#	Vendor Name	Class	Pay Code
M2178	MCKESSON MEDICAL SURGICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4573023		06/19/20	06/06/20	07/06/20		21.26	0.00	0.00	21.26
	SUPPLIES								
4670743		06/19/20	06/07/20	07/07/20		352.58	0.00	0.00	352.58
	INVENT								
4895046		06/29/20	06/12/20	07/12/20		21.26	0.00	0.00	21.26
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC				395.10	0.00	0.00	395.10

Vendor#	Vendor Name	Class	Pay Code
M2470	MEDLINE INDUSTRIES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1828913257		06/19/20	06/06/20	07/06/20		32.23	0.00	0.00	32.23
	INVENT								
1828913254		06/19/20	06/06/20	07/06/20		31.42	0.00	0.00	31.42
	INVENT								
1828913253		06/19/20	06/06/20	07/06/20		29.76	0.00	0.00	29.76
	INVENT								
1828913256		06/19/20	06/06/20	07/06/20		31.12	0.00	0.00	31.12
	INVENT								
1829001849		06/19/20	06/07/20	07/07/20		199.49	0.00	0.00	199.49
	SUPPLIES								
1829318553		06/29/20	06/13/20	07/12/20		41.67	0.00	0.00	41.67
	SUPPLIES								
1829487522		06/29/20	06/15/20	07/09/20		11.54	0.00	0.00	11.54
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC				377.23	0.00	0.00	377.23

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6005255322		06/19/20	06/08/20	07/08/20		572.32	0.00	0.00	572.32
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE				572.32	0.00	0.00	572.32

Vendor#	Vendor Name	Class	Pay Code
M2621	MMC AUXILIARY GIFT SHOP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

000016		07/05/20	07/05/20	07/12/20		120.70	0.00	0.00	120.70
EMPL EXP									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP				120.70	0.00	0.00	120.70
Vendor#	Vendor Name				Class	Pay Code			
M2659	MERRY X-RAY/SOURCEONE HEALTHCA				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8800074055		06/19/20	06/09/20	07/09/20		691.68	0.00	0.00	691.68
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA				691.68	0.00	0.00	691.68
Vendor#	Vendor Name				Class	Pay Code			
M2662	MMC VOLUNTEERS				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
671233		07/05/20	07/03/20	07/12/20		141.22	0.00	0.00	141.22
MISC									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS				141.22	0.00	0.00	141.22
Vendor#	Vendor Name				Class	Pay Code			
M2827	MEDIVATORS				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2464866		06/29/20	09/14/20	07/09/20		247.90	0.00	0.00	247.90
SUPPLIES									
2507893		06/29/20	10/31/20	07/09/20		247.90	0.00	0.00	247.90
SUPPLIES									
2543199		06/29/20	12/07/20	07/09/20		247.90	0.00	0.00	247.90
SUPPLIES									
2549848		06/29/20	12/14/20	07/09/20		247.90	0.00	0.00	247.90
SUPPLIES									
2551028		06/29/20	12/15/20	07/09/20		83.16	0.00	0.00	83.16
SUPPLIES									
2572495		06/29/20	01/09/20	07/09/20		247.90	0.00	0.00	247.90
SUPPLIES									
2653428		06/29/20	04/03/20	07/09/20		353.42	0.00	0.00	353.42
SUPPLIES									
2692752		06/29/20	05/17/20	07/09/20		248.25	0.00	0.00	248.25
SUPPLIES									
2720843		06/29/20	06/12/20	07/12/20		248.25	0.00	0.00	248.25
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS				2,172.58	0.00	0.00	2,172.58
Vendor#	Vendor Name				Class	Pay Code			
O0920	OFFICE DEPOT								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
934285964001		06/29/20	06/08/20	07/08/20		61.74	0.00	0.00	61.74
SUPPLIES									
936044368001		06/29/20	06/15/20	07/09/20		123.48	0.00	0.00	123.48
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT				185.22	0.00	0.00	185.22
Vendor#	Vendor Name				Class	Pay Code			

OM425 OWENS & MINOR

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2028024335	SUPPLIES	06/19/20	06/06/20	07/06/20			39.00	0.00	0.00	39.00
2028023715	SUPPLIES	06/19/20	06/06/20	07/06/20			79.71	0.00	0.00	79.71
2028031176	INVENT	06/19/20	06/06/20	07/06/20			738.72	0.00	0.00	738.72
2028024342	INVENT	06/19/20	06/06/20	07/06/20			4.38	0.00	0.00	4.38
2028023107	INVENT	06/19/20	06/06/20	07/06/20			4.38	0.00	0.00	4.38
2028021973	INVENT	06/19/20	06/06/20	07/06/20			3.33	0.00	0.00	3.33
2028031893	SUPPLIES	06/19/20	06/06/20	07/06/20			753.11	0.00	0.00	753.11
2028103369	INVENT	06/19/20	06/08/20	07/08/20			22.24	0.00	0.00	22.24
2028109698	INVENT	06/19/20	06/08/20	07/08/20			1,802.66	0.00	0.00	1,802.66
2028104499	SUPPLIES	06/19/20	06/08/20	07/08/20			223.32	0.00	0.00	223.32
2028144594	SUPPLIES	06/19/20	06/09/20	07/09/20			84.65	0.00	0.00	84.65

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	3,755.50	0.00	0.00	3,755.50

Vendor# Vendor Name — Class — Pay Code

S2353 SMITHS MEDICAL ASD INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
14903476	SUPPLIES	06/29/20	06/15/20	07/12/20			117.21	0.00	0.00	117.21

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC	117.21	0.00	0.00	117.21

Vendor# Vendor Name — Class — Pay Code

S2362 SMITH & NEPHEW

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
93753548	SUPPLIES	06/19/20	06/12/20	07/06/20			265.06	0.00	0.00	265.06

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	265.06	0.00	0.00	265.06

Vendor# Vendor Name — Class — Pay Code

T1450 TEXAS ASSOCIATION OF COUNTIES — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
DP201710292	INS UNEMP	07/05/20	06/20/20	07/12/20			2,056.25	0.00	0.00	2,056.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1450	TEXAS ASSOCIATION OF COUNTIES	2,056.25	0.00	0.00	2,056.25

Vendor# Vendor Name — Class — Pay Code

U1054 UNIFIRST HOLDINGS — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8150768957	LAUNDRY	06/07/20	06/06/20	07/06/20			60.66	0.00	0.00	60.66

8150769043		06/07/20	06/06/20	07/06/20	34.42	0.00	0.00	34.42
LAUNDRY								
8150769720		06/16/20	06/13/20	07/08/20	34.42	0.00	0.00	34.42
LAUNDRY								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS			129.50	0.00	0.00	129.50

Vendor# Vendor Name — Class — Pay Code

U1064 UNIFIRST HOLDINGS INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400249223		06/16/20	06/13/20	07/08/20			994.09	0.00	0.00	994.09
LAUNDRY										
8400249280		06/16/20	06/13/20	07/08/20			86.58	0.00	0.00	86.58
LAUNDRY										
8400249215		06/16/20	06/13/20	07/08/20			48.73	0.00	0.00	48.73
LAUNDRY										
8400249186		06/16/20	06/13/20	07/08/20			44.35	0.00	0.00	44.35
LAUNDRY										
8400249184		06/16/20	06/13/20	07/08/20			145.42	0.00	0.00	145.42
LAUNDRY										
8400249182		06/16/20	06/13/20	07/08/20			90.99	0.00	0.00	90.99
LAUNDRY										
8400249185		06/16/20	06/13/20	07/08/20			50.65	0.00	0.00	50.65
LAUNDRY										
8400249507		06/21/20	06/16/20	07/11/20			151.47	0.00	0.00	151.47
LAUNDRY										
8400249552		06/21/20	06/16/20	07/11/20			813.72	0.00	0.00	813.72
LAUNDRY										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					2,426.00	0.00	0.00	2,426.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	179,890.97	0.00	0.00	179,890.97

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

APPROVED ON
JUL 06 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 171818 TO #171865

RUN DATE:07/06/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:14 CHECK REGISTER GLCKREG
07/06/17 THRU 07/06/17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171818	07/06/17	153.99	ERBE USA INC SURGICAL SYSTEMS
A/P	171819	07/06/17	280.00	CHRIS KOVAREK
A/P	171820	07/06/17	279.96	PHARMEDIUM SERVICES LLC
A/P	171821	07/06/17	750.00	JAMES A DANIEL
A/P	171822	07/06/17	1,494.34	CENTURION MEDICAL PRODUCTS
A/P	171823	07/06/17	920.02	DEWITT POTH & SON
A/P	171824	07/06/17	166.38	PRECISION DYNAMICS CORP (PDC)
A/P	171825	07/06/17	5,046.02	ALERE NORTH AMERICA INC
A/P	171826	07/06/17	1,556.60	LUMINANT ENERGY COMPANY LLC
A/P	171827	07/06/17	79,460.55	DISCOVERY MEDICAL NETWORK INC
A/P	171828	07/06/17	1,724.68	MMC EMPLOYEE BENEFIT PLAN
A/P	171829	07/06/17	297.22	DERRI HART
A/P	171830	07/06/17	270.00	PABLO GARZA
A/P	171831	07/06/17	1,667.00	RADSOURCE
A/P	171832	07/06/17	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	171833	07/06/17	34.95	DOROTHY BONUZ
A/P	171834	07/06/17	667.00	GREAT BASIN SCIENTIFIC, INC
A/P	171835	07/06/17	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	171836	07/06/17	1,537.90	APPLETON MEDICAL SERVICES INC
A/P	171837	07/06/17	51.62	AIRGAS USA, LLC - CENTRAL DIV
A/P	171838	07/06/17	786.55	BAXTER HEALTHCARE
A/P	171839	07/06/17	4,233.46	BECKMAN COULTER INC
A/P	171840	07/06/17	175.23	BOUND TREE MEDICAL, LLC
A/P	171841	07/06/17	79.95	DLE PAPER & PACKAGING
A/P	171842	07/06/17	3,025.21	FISHER HEALTHCARE
A/P	171843	07/06/17	1,784.75	ROBERTS, ROBERTS & ODEFEY, LLP
A/P	171844	07/06/17	631.73	GULF COAST PAPER COMPANY
A/P	171845	07/06/17	5,618.59	WERFEN USA LLC
A/P	171846	07/06/17	1,832.32	J & J HEALTH CARE SYSTEMS, INC
A/P	171847	07/06/17	417.78	SHIRLEY KARNEI
A/P	171848	07/06/17	400.00	THE LAMAR COMPANIES
A/P	171849	07/06/17	77.90	MARTIN PRINTING CO
A/P	171850	07/06/17	395.10	MCKESSON MEDICAL SURGICAL INC
A/P	171851	07/06/17	377.23	MEDLINE INDUSTRIES INC
A/P	171852	07/06/17	572.32	BAYER HEALTHCARE
A/P	171853	07/06/17	120.70	MMC AUXILIARY GIFT SHOP
A/P	171854	07/06/17	691.68	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	171855	07/06/17	141.22	MMC VOLUNTEERS
A/P	171856	07/06/17	.00	VOIDED
A/P	171857	07/06/17	2,172.58	MEDIVATORS
A/P	171858	07/06/17	185.22	OFFICE DEPOT
A/P	171859	07/06/17	.00	VOIDED
A/P	171860	07/06/17	3,755.50	OWENS & MINOR
A/P	171861	07/06/17	117.21	SMITHS MEDICAL ASD INC
A/P	171862	07/06/17	265.06	SMITH & NEPHEW
A/P	171863	07/06/17	2,056.25	TEXAS ASSOCIATION OF COUNTIES
A/P	171864	07/06/17	129.50	UNIFIRST HOLDINGS
A/P	171865	07/06/17	2,426.00	UNIFIRST HOLDINGS INC
TOTALS:			179,890.97	

APPROVED
ON

JUL 06 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

07/06/2017 MEMORIAL MEDICAL CENTER 0
13:45 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11428	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000027	PATIENT REFUND	07/06/20	06/23/20	07/06/20		281.00	0.00	0.00	281.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11428	[redacted]	281.00	0.00	0.00	281.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	281.00	0.00	0.00	281.00

MMC Clinic Patient Refund

CK# 171866

APPROVED
ON

JUL 06 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

RUN DATE:07/07/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:07:53 CHECK REGISTER GLCKREG
07/07/17 THRU 07/07/17

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171866	07/07/17	281.00	[redacted]
TOTALS:			281.00	

APPROVED
ON

JUL 06 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 07/07/2017 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 07/08/2017

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 07/07/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 07/08/2017 ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 3,360.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 0.00

If Paid By 07/11/2017,
Pay This Amount: 3,293.35 USD ✓

If Paid After 07/11/2017,
Pay this Amount: 3,360.55 USD

Due If Paid On Time:
USD 3,293.35

Disc lost if paid late:
67.20

Due If Paid Late:
USD 3,360.55

Ck# 936

Michael J. Pfeifer
Calhoun County Judge
Date: 7-3-17

340B Prescription Expenses

APPROVED ON
JUL 10 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 07/07/2017 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 07/08/2017

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 07/07/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 07/08/2017

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
07/03/2017	07/11/2017	7816574264	1001040518	115Invoice	2.20	109.92		✓107.72	✓	7816574264	
07/03/2017	07/11/2017	7816574265	1001041118	115Invoice	12.20	610.22		✓598.02	✓	7816574265	
07/03/2017	07/11/2017	7816574266	1001041528	115Invoice	4.34	217.22		✓212.88	✓	7816574266	
07/05/2017	07/11/2017	7816867068	1001041912	115Invoice	6.38	318.84		✓312.46	✓	7816867068	
07/05/2017	07/11/2017	7816867069	1001042303	115Invoice	0.01	0.32		✓0.31	✓	7816867069	
07/06/2017	07/11/2017	7817090527	1001042791	115Invoice	0.07	3.73		✓3.66	✓	7817090527	
07/07/2017	07/11/2017	7817359266	1001043643	115Invoice	1.71	85.50		✓83.79	✓	7817359266	

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

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

Subtotals: 1,345.75 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,763.78
07/03/2017

If Paid By 07/11/2017,
Pay This Amount: 1,318.84 USD ✓

If Paid After 07/11/2017,
Pay this Amount: 1,345.75 USD

Due If Paid On Time:
USD 1,318.84

Disc lost if paid late:
26.91

Due If Paid Late:
USD 1,345.75

APPROVED ON EP
JUL 10 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 07/07/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 07/08/2017

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

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

As of: 07/07/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/08/2017

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
07/03/2017	07/11/2017	7816558771	0701170824-00	115Invoice	1.20	60.08		58.88 ✓		7816558771	
07/03/2017	07/11/2017	7816558773	0607166256	115Invoice	0.89	44.66		43.77 ✓		7816558773	
07/05/2017	07/11/2017	7816863398	0703170158-00	115Invoice	7.93	396.67		388.74 ✓		7816863398	
07/05/2017	07/11/2017	7816863399	4357154147	115Invoice		0.08		0.08 ✓		7816863399	
07/06/2017	07/11/2017	7817099997	6107150041	115Invoice	0.16	8.21		8.05 ✓		7817099997	
07/07/2017	07/11/2017	7817367536	6107152232	115Invoice	0.87	43.40		42.53 ✓		7817367536	
07/07/2017	07/11/2017	7817367537	0706170513-00	115Invoice	7.91	395.39		387.48 ✓		7817367537	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 948.49 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,783.78
07/03/2017

If Paid By 07/11/2017,
Pay This Amount: 929.53 USD ✓

If Paid After 07/11/2017,
Pay this Amount: 948.49 USD

Due If Paid On Time:
USD 929.53

Disc lost if paid late:
18.96

Due If Paid Late:
USD 948.49

APPROVED ON EP
JUL 10 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/07/2017 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 07/08/2017

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

As of: 07/07/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 07/08/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
07/03/2017	07/11/2017	7816572709	1001040520	115Invoice	2.30	115.20		✓112.90	✓	7816572709	
07/03/2017	07/11/2017	7816572710	1001040520	115Invoice	0.02	0.99		✓0.97	✓	7816572710	
07/03/2017	07/11/2017	7816572711	1001041120	115Invoice	1.93	96.26		✓94.33	✓	7816572711	
07/03/2017	07/11/2017	7816572714	1001041530	115Invoice	0.32	15.90		✓15.58	✓	7816572714	
07/05/2017	07/11/2017	7816850338	1001041914	115Invoice	2.98	148.99		✓146.01	✓	7816850338	
07/05/2017	07/11/2017	7816850340	1001042305	115Invoice	5.17	258.46		✓253.29	✓	7816850340	
07/06/2017	07/11/2017	7817120071	1001042793	115Invoice	4.32	215.86		✓211.54	✓	7817120071	
07/06/2017	07/11/2017	7817120074	1001042793	115Invoice	0.32	16.10		✓15.78	✓	7817120074	
07/07/2017	07/11/2017	7817411071	1001043645	115Invoice	3.97	198.55		✓194.58	✓	7817411071	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 1,066.31 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,763.78
07/03/2017

If Paid By 07/11/2017,
Pay This Amount: 1,044.98 USD ✓

If Paid After 07/11/2017,
Pay this Amount: 1,066.31 USD

Due If Paid On Time:
USD 1,044.98

Disc lost if paid late:
21.33

Due If Paid Late:
USD 1,066.31

APPROVED
ON
JUL 10 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:07/10/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:56 CHECK REGISTER GLCKREG
07/10/17 THRU 07/10/17

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000936	07/10/17	3,293.35	MCKESSON
TOTALS:			3,293.35	

340B Prescription Expenses

APPROVED
ON

JUL 10 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

07/11/2017
15:20

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11432	MD REPORTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6022GI		07/11/20	06/30/20	07/11/20			12,250.00	0.00	0.00	12,250.00
	MAINT CONT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11432	MD REPORTS	12,250.00	0.00	0.00	12,250.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	12,250.00	0.00	0.00	12,250.00

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

APPROVED
ON
JUL 11 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 171867

Special CK Request

RUN DATE: 07/11/17
TIME: 12:40

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDED1T

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		063017	25.00		2	REFUND FOR	
		063017	180.00		2	REFUND FOR	
		063017	143.67		2	REFUND FOR	
		063017	116.66		2	REFUND FOR	
		063017	73.69		3	REFUND FOR	
		063017	35.56		2	REFUND FOR	
		063017	26.13		2	REFUND FOR	
		063017	36.60		2	REFUND FOR	
		063017	191.81		2	REFUND FOR	
		063017	270.25		2	REFUND FOR	
		063017	14.43		2	REFUND FOR	
		063017	60.89		2	REFUND FOR	
		063017	70.98		2	REFUND FOR	
		063017	262.42		2	REFUND FOR	
		063017	167.07		2	REFUND FOR	
		063017	171.98		2	REFUND FOR	

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	063017	20.61	2		REFUND FOR	[redacted]
		070617	68.39	2		REFUND FOR	
		063017	180.54	2		REFUND FOR	
		063017	20.00	2		REFUND FOR	
		063017	2809.22	2		REFUND FOR	
		063017	284.86	2		REFUND FOR	
		063017	15.00	2		REFUND FOR	
		063017	18.56	2		REFUND FOR	
		063017	41.18	2		REFUND FOR	
		063017	456.10	2		REFUND FOR	
		063017	59.18	2		REFUND FOR	
		070617	80.00	3		REFUND FOR	
		070617	2520.00	1		REFUND FOR	
		063017	115.87	2		REFUND FOR	
		063017	98.66	2		REFUND FOR	
		063017	74.84	2		REFUND FOR	
		063017	130.23	2		REFUND FOR	

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	063017	144.84	3		REFUND FOR	[redacted]
		063017	40.00	2		REFUND FOR	
		063017	217.54	1		REFUND FOR	
		063017	19.50	3		REFUND FOR	
		070617	20.64	2		REFUND FOR	
		070617	80.00	3		REFUND FOR	
		063017	50.00	3		REFUND FOR	
		070617	171.34	2		REFUND FOR	
		070617	536.84	2		REFUND FOR	
		063017	262.20	2		REFUND FOR	
		063017	57.99	3		REFUND FOR	
		063017	35.00	3		REFUND FOR	
		063017	163.60	2		REFUND FOR	
		063017	2914.77	2		REFUND FOR	
		063017	112.91	2		REFUND FOR	
		063017	32.20	2		REFUND FOR	
		070617	14.40	2		REFUND FOR	

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		063017	177.06	2		REFUND FOR	
		070617	66.20	2		REFUND FOR	
		070617	642.33	2		REFUND FOR	
		063017	126.22	2		REFUND FOR	
		063017	15.53	2		REFUND FOR	
		063017	108.24	2		REFUND FOR	
		063017	139.39	2		REFUND FOR	
		063017	99.10	2		REFUND FOR	
		063017	15.59	2		REFUND FOR	
		063017	44.84	3		REFUND FOR	
		063017	34.23	2		REFUND FOR	
		063017	17.16	2		REFUND FOR	
		063017	617.31	2		REFUND FOR	
		070617	452.74	2		REFUND FOR	
		063017	30.40	1		REFUND FOR	
		070617	74.19	2		REFUND FOR	

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	070617	853.66	2		REFUND FOR	[redacted]
		070617	132.05	3		REFUND FOR	
		063017	277.94	2		REFUND FOR	
		063017	275.18	3		REFUND FOR	
		063017	24.76	3		REFUND FOR	
		063017	109.64	2		REFUND FOR	
		063017	1403.71	2		REFUND FOR	
		063017	119.46	2		REFUND FOR	
		063017	330.44	3		REFUND FOR	
		063017	17.47	2		REFUND FOR	
		063017	3947.22	2		REFUND FOR	
		063017	197.00	3		REFUND FOR	
		063017	17.47	2		REFUND FOR	
		063017	18.48	2		REFUND FOR	
		063017	15.92	2		REFUND FOR	
		063017	85.50	2		REFUND FOR	
		063017	181.99	2		REFUND FOR	

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		063017	70.00 ✓	2		REFUND FOR	
		063017	54.51 ✓	2		REFUND FOR	
		063017	37.62 ✓	2		REFUND FOR	
		063017	16.68 ✓	2		REFUND FOR	
		063017	149.61 ✓	2		REFUND FOR	
	ASHFORD GARDENS 7210 NORTHLINE DRIVE HOUSTON TX 770761517	063017	1974.00 ✓	2		REFUND FOR ASHFORD GARDENS	
	THE BROADMOOR AT CREEK 5665 CREEKSIDE FOREST DRIVE SPRING TX 77389	031516	5152.12 ✓	2		TRANSFER TO THE BROADMOOR AT CREEK	
	SOLERA WEST HOUSTON 2101 GREENHOUSE ROAD HOUSTON TX 770846108	031516	7134.26 ✓	2		TRANSFER TO SOLERA WEST HOUSTON	
	ARID=0001 TOTAL		38971.37				
TOTAL			38971.37				

− 14,260.38 Nursing Home transfer total *

24,710.99 Patient refund total

Ashford 1,974.00 +
Broadmoor 5,152.12 +
Solera 7,134.26 +
Nursing Home transfer total 14,260.38 *

38,971.37 +
14,260.38 −
Patient refund total 24,710.99 *

* Not patient refunds, transfers back to Nursing home. Money received in error.

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

APPROVED ON
JUL 11 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 171868 +0 171958

RUN DATE:07/12/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:43 CHECK REGISTER GLCKREG
07/12/17 THRU 07/12/17

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171867	07/12/17	12,250.00	MD REPORTS
A/P	171868	07/12/17	25.00	[redacted]
A/P	171869	07/12/17	180.00	
A/P	171870	07/12/17	143.67	
A/P	171871	07/12/17	116.66	
A/P	171872	07/12/17	73.69	
A/P	171873	07/12/17	35.56	
A/P	171874	07/12/17	26.13	
A/P	171875	07/12/17	36.60	
A/P	171876	07/12/17	191.81	
A/P	171877	07/12/17	270.25	
A/P	171878	07/12/17	14.43	
A/P	171879	07/12/17	60.89	
A/P	171880	07/12/17	70.98	
A/P	171881	07/12/17	262.42	
A/P	171882	07/12/17	167.07	
A/P	171883	07/12/17	171.98	
A/P	171884	07/12/17	20.61	
A/P	171885	07/12/17	68.39	
A/P	171886	07/12/17	180.54	
A/P	171887	07/12/17	20.00	
A/P	171888	07/12/17	2,809.22	
A/P	171889	07/12/17	284.86	
A/P	171890	07/12/17	15.00	
A/P	171891	07/12/17	18.56	
A/P	171892	07/12/17	41.18	
A/P	171893	07/12/17	456.10	
A/P	171894	07/12/17	59.18	
A/P	171895	07/12/17	80.00	
A/P	171896	07/12/17	2,520.00	
A/P	171897	07/12/17	115.87	
A/P	171898	07/12/17	98.66	
A/P	171899	07/12/17	74.84	
A/P	171900	07/12/17	130.23	
A/P	171901	07/12/17	144.84	
A/P	171902	07/12/17	40.00	
A/P	171903	07/12/17	217.54	
A/P	171904	07/12/17	19.50	
A/P	171905	07/12/17	20.64	
A/P	171906	07/12/17	80.00	
A/P	171907	07/12/17	50.00	
A/P	171908	07/12/17	171.34	
A/P	171909	07/12/17	536.84	
A/P	171910	07/12/17	262.20	
A/P	171911	07/12/17	57.99	
A/P	171912	07/12/17	35.00	
A/P	171913	07/12/17	163.60	
A/P	171914	07/12/17	2,914.77	
A/P	171915	07/12/17	112.91	
A/P	171916	07/12/17	32.20	

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171917	07/12/17	14.40	[redacted]
A/P	171918	07/12/17	177.06	
A/P	171919	07/12/17	66.20	
A/P	171920	07/12/17	642.33	
A/P	171921	07/12/17	126.22	
A/P	171922	07/12/17	15.53	
A/P	171923	07/12/17	108.24	
A/P	171924	07/12/17	139.39	
A/P	171925	07/12/17	99.10	
A/P	171926	07/12/17	15.59	
A/P	171927	07/12/17	44.84	
A/P	171928	07/12/17	34.23	
A/P	171929	07/12/17	17.16	
A/P	171930	07/12/17	617.31	
A/P	171931	07/12/17	452.74	
A/P	171932	07/12/17	30.40	
A/P	171933	07/12/17	74.19	
A/P	171934	07/12/17	853.66	
A/P	171935	07/12/17	132.05	
A/P	171936	07/12/17	277.94	
A/P	171937	07/12/17	275.18	
A/P	171938	07/12/17	24.76	
A/P	171939	07/12/17	109.64	
A/P	171940	07/12/17	1,403.71	
A/P	171941	07/12/17	119.46	
A/P	171942	07/12/17	330.44	
A/P	171943	07/12/17	17.47	
A/P	171944	07/12/17	3,947.22	
A/P	171945	07/12/17	197.00	
A/P	171946	07/12/17	17.47	
A/P	171947	07/12/17	18.48	
A/P	171948	07/12/17	15.92	
A/P	171949	07/12/17	85.50	
A/P	171950	07/12/17	181.99	
A/P	171951	07/12/17	70.00	
A/P	171952	07/12/17	54.51	
A/P	171953	07/12/17	37.62	
A/P	171954	07/12/17	16.68	
A/P	171955	07/12/17	149.61	
A/P	171956	07/12/17	1,974.00	ASHFORD GARDENS
A/P	171957	07/12/17	5,152.12	THE BROADMOOR AT CREEK
A/P	171958	07/12/17	7,134.26	SOLERA WEST HOUSTON
TOTALS:			51,221.37	

APPROVED
ON

JUL 11 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Elan™

July 2017 Statement
Open Date: 06/06/2017 Closing Date: 07/06/2017

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service
BUS 30 ELN 8

New Balance	**$4,253.74**
Minimum Payment Due	**$43.00**
Payment Due Date	**08/01/2017**

39.99 +
240.08 +
217.35 +
325.00 +
868.97 +
85.61 +
2.00 +
16.00 +
315.00 +
595.00 +
57.00 +
750.00 +
106.05 +
355.55 +
285.00 +
4,258.60 *

4,258.60 +
4.86 -
4,253.74 *

Activity Summary

Previous Balance	+	$876.20
Payments	-	$876.20CR
Other Credits	-	$4.86CR
Purchases	+	$4,258.60
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$4,253.74**
Past Due		**$0.00**
Minimum Payment Due		**$43.00**
Credit Line		$10,000.00
Available Credit		$5,746.26
Days in Billing Period		31

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

$4,253.74

APPROVED ON

JUL 13 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MMC will pay by phone

Mail payment coupon with a check

Pay online at

Pay by phone

Please detach and send coupon with check payable to: Cardmember Service

Elan™

Payment Due Date	8/01/2017
New Balance	$4,253.74
Minimum Payment Due	$43.00

. to pay by phone
. to change your address

Amount Enclosed $_____

MEMORIAL MEDICAL CNT
JASON W ANGLIN
202 S ANN ST # A
PORT LAVACA TX 77979-4204

Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

Elan™

July 2017 Statement 06/06/2017 - 07/06/2017

MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service

Important Messages

Paying Interest: You have a 24 to 30 day interest-free period for Purchases provided you have paid your previous balance in full by the Payment Due Date shown on your monthly Account statement. In order to avoid additional INTEREST CHARGES on Purchases, you must pay your new balance in full by the Payment Due Date shown on the front of your monthly Account statement.

There is no interest-free period for transactions that post to the Account as Advances or Balance Transfers except as provided in any Offer Materials. Those transactions are subject to interest from the date they post to the Account until the date they are paid in full.

Visa Payment Controls allows you to customize each of your employee's business credit cards to control where, when, and how your employees use them. Easily set controls that limit card use by time of day or day of week, dollar amount, transaction types or geographical locations. Visit myaccountaccess.com/vpc to set up customized controls on your employees' business credit cards today.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
06/23	06/22	0069	GREENHOUSE FLORAL DES PORT LAVACA TX MERCHANDISE/SERVICE RETURN	$4.86CR	
06/27	06/27		PAYMENT THANK YOU	$876.20CR	
			TOTAL THIS PERIOD	**$881.06CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
06/08	06/07	5995	ASSOCIATION FOR RURAL 770-8719166 GA	$39.99	
06/09	06/08	7592	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	$355.55	
06/12	06/09	0917	HAMPTON INNS 512-4998881 TX 06/07/17 FOLIO: 944060906080020	$240.08	
06/12	06/09	0925	HAMPTON INNS 512-4998881 TX 06/07/17 FOLIO: 944060906080021	$217.35	
06/13	06/12	1657	PAYPAL *TEXASORGANI 402-935-7733 TX	$325.00	
06/23	06/21	6568	COMPETENCY & CREDENTIA 888-257-2667 CO	$285.00	
06/23	06/22	4006	GAYLORD TEXAN FRONT DE 866-435-7627 TX 06/22/17 FOR 01 NIGHTS FOLIO: 049875	$868.97	
06/26	06/22	8772	SHELLFISH SPORTS BAR A PORT LAVACA TX	$85.61	
06/29	06/28	7301	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
06/29	06/28	7483	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$16.00	
06/29	06/29	0384	AMA*CREDENTIALING 800-621-8335 IL	$315.00	
06/30	06/29	0026	DIGITAL INNOVATION INC 410-838-4034 MD	$595.00	
07/03	07/01	9178	AMA*CREDENTIALING 800-621-8335 IL	$57.00	
07/03	06/30	3723	AAAM 312-644-0828 IL	$750.00	
07/06	07/05	0091	TRACTOR SUPPLY # 1369 PORT LAVACA TX	$106.05	
			TOTAL THIS PERIOD	**$4,258.60**	

Continued on Next Page

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: Cardmember Service

Date: 7/12/17

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	—		Assoc. for Rural - Webinar			✓ 39.99
2			for Clinic			
3	—		Hampton Inns - Hotel expense			✓ 240.08
4			for Erin Clevenger			
5	—		Hampton Inns - Hotel expense			✓ 217.35
6			for Nadine Harner			
7	—		PayPal - TORCH Education			✓ 325.00
8			Conference - Registration Danette Bethany			
9	—		Mayfield Texan 6/17 - 6/20 - Hotel expense		✓	868.97
10			for Danette Bethany - emrs Conf			

Est. Freight _____ Est. Total Cost _____ TOTAL COST $1,691.39

NOTES:

Charges made to Mr. Angin's credit card

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

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

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: Creditcard Service

Date: 7/12/17

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	—		Shellfish Sports Bar + Grill			✓85.61
2			Dinner with PT Dir Candidate			
3	—		NPDB - 1 Doctor - Init.			✓2.00
4	—		NPDB - 8 Doctors Renewal	2.00		✓16.00
5	—		AMA Credentialing - 1 Init			✓315.00
6			+ 34 Renewals			
7	—		Digital Innovation Inc - DI			✓595.00
8			User Conference - Farah Jarrak			
9	—		AMA Credentialing - 4 Reappt +			✓57.00
10			3 Cont. Monitoring			

Est. Freight _____ Est. Total Cost _____ TOTAL COST $1070.61

NOTES:

Charges made to Mr. Angelin's credit card

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

Dept. Director: _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(3)

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: Cardmember Service

Date: 7/12/17

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	—		AAAM - Course for Sara			✓750.00
2			Rubio			
3	—		Tractor Supply - maintenance			106.05
4			Dept supplies			
5	—		Credit - Greenhouse Floral (sales tax)			<4.86>
6	—		Amazon - Film	(4) Pediatric & Neonatal		355.55
7			Handbooks			
8	—		Competency & Credential - Renewal For			285.00
9			certification in the OR			
10			Total of Page 1, 2 & 3	=		4,253.74

Est. Freight _____ Est. Total Cost _____ TOTAL COST ~~$856.05~~

NOTES:

Charges made to Mr. Argin's card

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

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

07/13/2017
14:25

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11299	ALLSTATE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
C047950600		07/13/20	05/22/20	06/22/20			11,582.94	0.00	0.00	11,582.94
	EMPL EXP									
C048542300		07/13/20	06/19/20	07/19/20			11,652.38	0.00	0.00	11,652.38
	EMPL EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11299	ALLSTATE	23,235.32	0.00	0.00	23,235.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	23,235.32	0.00	0.00	23,235.32

APPROVED
ON
JUL 13 2017 CK# 171959

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

RUN DATE:07/13/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:14 CHECK REGISTER GLCKREG
07/13/17 THRU 07/13/17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171959	07/13/17	23,235.32	ALLSTATE
TOTALS:			23,235.32	

APPROVED
ON

JUL 13 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

07/14/2017 MEMORIAL MEDICAL CENTER 0
09:27 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 07/19/2017

Vendor#	Vendor Name	Class	Pay Code
10024	BECTON, DICKINSON & CO (BD)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9103090779	SUPPLIES	06/28/20	06/15/20	07/15/20		917.26	0.00	0.00	917.26

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10024	BECTON, DICKINSON & CO (BD)	917.26	0.00	0.00	917.26

Vendor#	Vendor Name	Class	Pay Code
10172	US FOOD SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4226389	SUPPLIES	07/13/20	03/29/20	04/18/20		88.52	0.00	0.00	88.52
4387402	SUPPLIES	07/13/20	04/06/20	04/26/20		19.96	0.00	0.00	19.96
5707544	SUPPLIES	07/13/20	06/15/20	07/05/20		38.78	0.00	0.00	38.78
5793316	SUPPLIES	07/13/20	06/20/20	07/10/20		67.77	0.00	0.00	67.77
5879902	SUPPLIES	07/13/20	06/26/20	07/16/20		175.87	0.00	0.00	175.87
3047539	SUPPLIES	07/13/20	06/29/20	07/19/20		2,625.56	0.00	0.00	2,625.56

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE	3,016.46	0.00	0.00	3,016.46

Vendor#	Vendor Name	Class	Pay Code
10204	PHARMEDIUM SERVICES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1980936	INVENT`	07/13/20	06/16/20	07/11/20		194.67	0.00	0.00	194.67

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	194.67	0.00	0.00	194.67

Vendor#	Vendor Name	Class	Pay Code
10283	GE HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6000781342		07/12/20	06/01/20	06/26/20		3,236.62	0.00	0.00	3,236.62

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10283	GE HEALTHCARE	3,236.62	0.00	0.00	3,236.62

Vendor#	Vendor Name	Class	Pay Code
10334	HEALTH CARE LOGISTICS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6298890	SUPPLIES	07/13/20	06/14/20	07/09/20		63.32	0.00	0.00	63.32

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	63.32	0.00	0.00	63.32

Vendor#	Vendor Name	Class	Pay Code
10350	CENTURION MEDICAL PRODUCTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

92284287		06/29/20 06/13/20 07/13/20		196.32	0.00	0.00	196.32	
	INVENT							
92284781		06/29/20 06/14/20 07/14/20		489.50	0.00	0.00	489.50	
	INVENT							
92288053		06/29/20 06/19/20 07/19/20		497.25	0.00	0.00	497.25	
	SUPPLIES							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	10350	CENTURION MEDICAL PRODUCTS		1,183.07	0.00	0.00	1,183.07	

Vendor# Vendor Name — Class — Pay Code

10368 DEWITT POTH & SON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5071200		06/29/20	06/19/20	07/14/20			261.22	0.00	0.00	261.22
	SUPPLIES									
5073550		06/29/20	06/21/20	07/16/20			180.00	0.00	0.00	180.00
	SUPPLIES									
5075960		06/29/20	06/23/20	07/18/20			282.28	0.00	0.00	282.28
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					723.50	0.00	0.00	723.50

Vendor# Vendor Name — Class — Pay Code

10442 INTERSTATE ALL BATTERY CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1901101014603		07/13/20	05/09/20	06/09/20			497.90	0.00	0.00	497.90
	SUPPLIES									
1901101014904		07/13/20	06/21/20	07/19/20			419.90	0.00	0.00	419.90
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10442	INTERSTATE ALL BATTERY CENTER					917.80	0.00	0.00	917.80

Vendor# Vendor Name — Class — Pay Code

10536 MORRIS & DICKSON CO, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2247		07/13/20	06/21/20	06/22/20			-189.00	0.00	0.00	-189.00
	INVENT PHARM									
SC5919		07/13/20	06/26/20	06/27/20			23.39	0.00	0.00	23.39
	INVENT PHARM									
1460201		07/13/20	06/27/20	06/28/20			74.11	0.00	0.00	74.11
	INVENT PHARM									
1460200		07/13/20	06/27/20	06/28/20			8,657.38	0.00	0.00	8,657.38
	INVENT PHARM									
1464825		07/13/20	06/28/20	06/29/20			238.35	0.00	0.00	238.35
	INVENT PHARM									
1464318		07/13/20	06/28/20	06/29/20			4.39	0.00	0.00	4.39
	INVENT PHARM									
CM15625		07/13/20	06/28/20	06/29/20			-125.42	0.00	0.00	-125.42
	INVENT PHARM									
1464824		07/13/20	06/28/20	06/29/20			747.19	0.00	0.00	747.19
	INVENT PHARM									
1464823		07/13/20	06/28/20	06/29/20			2,047.65	0.00	0.00	2,047.65
	INVENT PHARM									
1464319		07/13/20	06/28/20	06/29/20			23.16	0.00	0.00	23.16
	INVENT PHARM									
1471365		07/13/20	06/29/20	06/30/20			2,157.05	0.00	0.00	2,157.05

1471364	INVENT PHARM 07/13/20 06/29/20 06/30/20	1,616.15	0.00	0.00	1,616.15
1470855	INVENT PHARM 07/13/20 06/29/20 06/30/20	112.33	0.00	0.00	112.33
1471366	INVENT PHARM 07/13/20 06/29/20 06/30/20	36.51	0.00	0.00	36.51
1467682	INVENT PHARM 07/13/20 06/29/20 06/30/20	179.10	0.00	0.00	179.10
1466825	INVENT PHARM 07/13/20 06/29/20 06/30/20	2,519.96	0.00	0.00	2,519.96
1467683	INVENT PHARM 07/13/20 06/29/20 06/30/20	179.10	0.00	0.00	179.10
1473422	INVENT PHARM 07/13/20 06/30/20 07/01/20	418.78	0.00	0.00	418.78
1473425	INVENT PHARM 07/13/20 06/30/20 07/01/20	13.51	0.00	0.00	13.51
1473423	INVENT PHARM 07/13/20 06/30/20 07/01/20	1,598.06	0.00	0.00	1,598.06
1473421	INVENT PHARM 07/13/20 06/30/20 07/01/20	29.30	0.00	0.00	29.30
1475567	INVENT PHARM 07/13/20 06/30/20 07/01/20	394.96	0.00	0.00	394.96
1473424	INVENT PHARM 07/13/20 06/30/20 07/01/20	3.94	0.00	0.00	3.94
1479130	INVENT PHARM 07/13/20 07/02/20 07/03/20	143.30	0.00	0.00	143.30
5034	INVENT PHARM 07/13/20 07/03/20 07/04/20	-6.58	0.00	0.00	-6.58
1487884	INVENT PHARM 07/13/20 07/05/20 07/06/20	81.20	0.00	0.00	81.20
1485623	INVENT PHARM 07/13/20 07/05/20 07/06/20	929.61	0.00	0.00	929.61
1485624	INVENT PHARM 07/13/20 07/05/20 07/06/20	27.02	0.00	0.00	27.02
185622	INVENT PHARM 07/13/20 07/05/20 07/06/20	215.69	0.00	0.00	215.69
1485621	INVENT PHARM 07/13/20 07/05/20 07/06/20	522.93	0.00	0.00	522.93
1493054	INVENT PHARM 07/13/20 07/06/20 07/07/20	81.01	0.00	0.00	81.01
1492944	INVENT PHARM 07/13/20 07/06/20 07/07/20	43.04	0.00	0.00	43.04
1493056	INVENT PHARM 07/13/20 07/06/20 07/07/20	373.30	0.00	0.00	373.30
1493055	INVENT PHARM 07/13/20 07/06/20 07/07/20	1,238.42	0.00	0.00	1,238.42
1498982	INVENT PHARM 07/13/20 07/07/20 07/08/20	162.66	0.00	0.00	162.66
1498985	INVENT PHARM 07/13/20 07/07/20 07/08/20	361.12	0.00	0.00	361.12
	INVENT PHARM				

1498984		07/13/20	07/07/20	07/08/20	50.24	0.00	0.00	50.24
	INVENT PHARM							
1498871		07/13/20	07/07/20	07/08/20	22.20	0.00	0.00	22.20
	INVENT PHARM							
1508644		07/13/20	07/10/20	07/11/20	131.98	0.00	0.00	131.98
	INVENT PHARM							
1508645		07/13/20	07/10/20	07/11/20	490.24	0.00	0.00	490.24
	INVENT PHARM							
1508643		07/13/20	07/10/20	07/11/20	412.17	0.00	0.00	412.17
	INVENT PHARM							
1515333		07/13/20	07/11/20	07/12/20	159.63	0.00	0.00	159.63
	INVENT PHARM							
1515331		07/13/20	07/11/20	07/12/20	8,293.90	0.00	0.00	8,293.90
	INVENT PHARM							
1515332		07/13/20	07/11/20	07/12/20	4,341.45	0.00	0.00	4,341.45
	INVENT PHARM							
1510793		07/13/20	07/11/20	07/12/20	29.96	0.00	0.00	29.96
	INVENT PHARM							
1517774		07/13/20	07/12/20	07/13/20	1,318.69	0.00	0.00	1,318.69
	INVENT PHARM							
1516720		07/13/20	07/12/20	07/13/20	66.90	0.00	0.00	66.90
	INVENT PHARM							
1518102		07/13/20	07/12/20	07/13/20	561.74	0.00	0.00	561.74
	INVENT PHARM							
1518210		07/13/20	07/12/20	07/13/20	655.60	0.00	0.00	655.60
	INVENT PHARM							
1517773		07/13/20	07/12/20	07/13/20	6.60	0.00	0.00	6.60
	INVENT PHARM							
1517775		07/13/20	07/12/20	07/13/20	1,690.13	0.00	0.00	1,690.13
	INVENT PHARM							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			43,164.10	0.00	0.00	43,164.10

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
WCS00000945		07/12/20	05/01/20	06/01/20			15,600.00	0.00	0.00	15,600.00
	PURCH SERV									
WCS00001102		07/12/20	06/01/20	07/01/20			16,875.00	0.00	0.00	16,875.00
	PURCH SER									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS					32,475.00	0.00	0.00	32,475.00

Vendor#	Vendor Name	Class	Pay Code
10578	LUMINANT ENERGY COMPANY LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV0542802		06/01/20	06/01/20	07/16/20			1,941.12	0.00	0.00	1,941.12
	FUEL									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10578	LUMINANT ENERGY COMPANY LLC					1,941.12	0.00	0.00	1,941.12

Vendor#	Vendor Name	Class	Pay Code
10689	FASTHEALTH CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
07A17MMC		07/12/20	07/01/20	07/16/20			495.00	0.00	0.00	495.00

PURCH SERV

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION	495.00	0.00	0.00	495.00

Vendor#	Vendor Name	Class	Pay Code
10720	LIFESOURCE EDUCATIONAL SRV LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000015		07/12/20	06/23/20	06/28/20			840.00	0.00	0.00	840.00

CONT EDU

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10720	LIFESOURCE EDUCATIONAL SRV LLC	840.00	0.00	0.00	840.00

Vendor#	Vendor Name	Class	Pay Code
10735	STRYKER SUSTAINABILITY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3071580		06/29/20	06/19/20	07/19/20			188.39	0.00	0.00	188.39

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	188.39	0.00	0.00	188.39

Vendor#	Vendor Name	Class	Pay Code
10793	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000062		07/13/20	07/06/20	07/19/20			2,226.31	0.00	0.00	2,226.31

FLEX SPENDING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10793	WAGEWORKS	2,226.31	0.00	0.00	2,226.31

Vendor#	Vendor Name	Class	Pay Code
10804	HEALTHCARE CODING & CONSULTING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6493		07/13/20	06/30/20	07/19/20			2,811.54	0.00	0.00	2,811.54

PURCH SERV

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING	2,811.54	0.00	0.00	2,811.54

Vendor#	Vendor Name	Class	Pay Code
10810	MMC EMPLOYEE BENEFIT PLAN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000057		07/13/20	07/10/20	07/19/20			26,911.94	0.00	0.00	26,911.94

EMPL EXP

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	26,911.94	0.00	0.00	26,911.94

Vendor#	Vendor Name	Class	Pay Code
10887	STUDER GROUP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
088474		07/13/20	05/24/20	05/24/20			171.10	0.00	0.00	171.10

ACCRUED PAYABLES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10887	STUDER GROUP	171.10	0.00	0.00	171.10

Vendor#	Vendor Name	Class	Pay Code
10941	THE UPS PRINT STORE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9969		07/13/20	07/03/20	07/03/20			3,112.40	0.00	0.00	3,112.40

PUBL REL

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	10941	THE UPS PRINT STORE				3,112.40	0.00	0.00	3,112.40

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000063	EMPL EXP	07/13/20	07/06/20	07/19/20			1,490.00	0.00	0.00	1,490.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	1,490.00	0.00	0.00	1,490.00

Vendor#	Vendor Name	Class	Pay Code
11004	CSI LEASING INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
RT00163236		07/13/20	06/23/20	07/19/20			7,682.67	0.00	0.00	7,682.67

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11004	CSI LEASING INC	7,682.67	0.00	0.00	7,682.67

Vendor#	Vendor Name	Class	Pay Code
11037	FIRST CLEARING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000064	EMPL EXP	07/13/20	07/06/20	07/19/20			75.00	0.00	0.00	75.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11037	FIRST CLEARING	75.00	0.00	0.00	75.00

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SC55694	PURCH SERV	07/12/20	06/16/20	07/11/20			1,625.00	0.00	0.00	1,625.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	1,625.00	0.00	0.00	1,625.00

Vendor#	Vendor Name	Class	Pay Code
11140	TEXAS ADVANTAGE COMMUNITY BANK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000049	LEASE	07/12/20	07/05/20	07/19/20			3,690.52	0.00	0.00	3,690.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11140	TEXAS ADVANTAGE COMMUNITY BANK	3,690.52	0.00	0.00	3,690.52

Vendor#	Vendor Name	Class	Pay Code
11144	NAZARIO HERNANDEZ		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000053	FUEL	07/12/20	07/06/20	07/19/20			20.06	0.00	0.00	20.06

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11144	NAZARIO HERNANDEZ	20.06	0.00	0.00	20.06

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000051	PHONE	07/12/20	07/02/20	07/19/20	863.78		961.74	0.00	0.00	~~961.74~~ 863.78

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	863.78 961.74	0.00	0.00	961.74 863.78

Vendor#	Vendor Name	Class	Pay Code
11200	IRON MOUNTAIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
NYV4529		07/12/20	06/30/20	07/19/20		612.53	0.00	0.00	612.53
	PURCH SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN				612.53	0.00	0.00	612.53

Vendor#	Vendor Name	Class	Pay Code
11211	BHB MACHINE & PUMP REPAIR, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
707705		07/12/20	04/28/20	04/28/20		150.00	0.00	0.00	150.00
	SUPPLIES								
707730		07/12/20	05/10/20	05/10/20		50.00	0.00	0.00	50.00
	REPAIRS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11211	BHB MACHINE & PUMP REPAIR, LLC				200.00	0.00	0.00	200.00

Vendor#	Vendor Name	Class	Pay Code
11212	US STANDARD PRODUCTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
NJ0000146716		07/13/20	04/27/20	05/27/20		1,154.71	0.00	0.00	1,154.71
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11212	US STANDARD PRODUCTS				1,154.71	0.00	0.00	1,154.71

Vendor#	Vendor Name	Class	Pay Code
11230	JACKSON & COKER LOCUM TENENS,		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
379495		07/13/20	07/05/20	07/19/20		5,863.00	0.00	0.00	5,863.00
	PROF FEES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,				5,863.00	0.00	0.00	5,863.00

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112892		07/13/20	06/01/20	07/01/20		116.96	0.00	0.00	116.96
	SUPPLIES								
112893		07/13/20	06/01/20	07/01/20		18.97	0.00	0.00	18.97
	SUPPLIES								
113014		07/13/20	06/06/20	07/01/20		49.85	0.00	0.00	49.85
	SUPPLIES								
113077		07/13/20	06/07/20	07/07/20		53.97	0.00	0.00	53.97
	SUPPLIES								
113124		07/13/20	06/09/20	07/09/20		40.97	0.00	0.00	40.97
	SUPPLIES								
113291		07/13/20	06/14/20	07/09/20		274.93	0.00	0.00	274.93
	SUPPLIES								
113418		07/13/20	06/19/20	07/14/20		27.44	0.00	0.00	27.44
	SUPPLIES								
113402		07/13/20	06/19/20	07/19/20		63.95	0.00	0.00	63.95
	SUPPLIES								
113403		07/13/20	06/19/20	07/19/20		94.47	0.00	0.00	94.47
	REPAIRS								
113553		07/13/20	06/22/20	07/17/20		27.21	0.00	0.00	27.21
	SUPPLIES								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521				768.72	0.00	0.00	768.72

Vendor#	Vendor Name				Class	Pay Code				
11292	CHARLES SAMAHA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	000054		07/12/20	07/10/20	07/19/20			24.45	0.00	0.00	24.45
		REPAIRS									
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	11292	CHARLES SAMAHA						24.45	0.00	0.00	24.45

Vendor#	Vendor Name				Class	Pay Code				
11295	CALHOUN COUNTY INDIGENT ACCOUN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	000058		07/13/20	07/10/20	07/19/20			830.00	0.00	0.00	830.00
		INDIGENT COPAYS									
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN						830.00	0.00	0.00	830.00

Vendor#	Vendor Name				Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	90028267		06/28/20	06/20/20	07/15/20			5,320.76	0.00	0.00	5,320.76
		SUPPLIES									
	90028193		06/28/20	06/20/20	07/15/20			-2,280.20	0.00	0.00	-2,280.20
		SUPPLIES									
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN						3,040.56	0.00	0.00	3,040.56

Vendor#	Vendor Name				Class	Pay Code				
11436	SAFE CHAIN SOLUTIONS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	0115860IN		07/13/20	06/23/20	07/18/20			235.58	0.00	0.00	235.58
		INVENT PHARM									
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	11436	SAFE CHAIN SOLUTIONS LLC						235.58	0.00	0.00	235.58

Vendor#	Vendor Name				Class	Pay Code				
11444	JESSE ESCAMIA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	42412		07/13/20	06/23/20	07/19/20			65.00	0.00	0.00	65.00
		PT REFUND									
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	11444	JESSE ESCAMIA						65.00	0.00	0.00	65.00

Vendor#	Vendor Name				Class	Pay Code				
A1430	ADVANCE MEDICAL DESIGNS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	SI01172426		06/29/20	06/19/20	07/19/20			23.50	0.00	0.00	23.50
		SUPPLIES									
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	A1430	ADVANCE MEDICAL DESIGNS INC						23.50	0.00	0.00	23.50

Vendor#	Vendor Name				Class	Pay Code				
A1680	AIRGAS USA, LLC - CENTRAL DIV				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	9064710815		06/28/20	06/20/20	07/15/20			2,409.50	0.00	0.00	2,409.50
		O2									
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net

	C1048 CALHOUN COUNTY					81.13	0.00	0.00	81.13
Vendor#	Vendor Name				Class	Pay Code			
C1325	CARDINAL HEALTH 414, INC.				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8001376466		07/12/20	06/10/20	07/05/20		689.99	0.00	0.00	689.99
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.				689.99	0.00	0.00	689.99
Vendor#	Vendor Name				Class	Pay Code				
C1970	CONMED CORPORATION				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	428268		06/29/20	06/19/20	07/19/20		89.25	0.00	0.00	89.25
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1970	CONMED CORPORATION				89.25	0.00	0.00	89.25
Vendor#	Vendor Name				Class	Pay Code				
C1992	CDW GOVERNMENT, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	JDD3242		07/13/20	06/09/20	07/09/20		365.93	0.00	0.00	365.93
		MAJOR MOVABLE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.				365.93	0.00	0.00	365.93
Vendor#	Vendor Name				Class	Pay Code				
D1080	RITA DAVIS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	000081		07/13/20	07/07/20	07/17/20		218.50	0.00	0.00	218.50
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1080	RITA DAVIS				218.50	0.00	0.00	218.50
Vendor#	Vendor Name				Class	Pay Code				
D1710	DOWNTOWN CLEANERS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	000056		07/12/20	06/14/20	06/24/20		48.00	0.00	0.00	48.00
		PURCH SERV								
	1360		07/13/20	06/05/20	06/15/20		6.10	0.00	0.00	6.10
		SUPPLIES								
	1462		07/13/20	06/13/20	06/23/20		12.20	0.00	0.00	12.20
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1710	DOWNTOWN CLEANERS				66.30	0.00	0.00	66.30
Vendor#	Vendor Name				Class	Pay Code				
E1270	CENTERPOINT ENERGY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	000045		07/13/20	06/29/20	07/19/20		48.77	0.00	0.00	48.77
		FUEL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		E1270	CENTERPOINT ENERGY				48.77	0.00	0.00	48.77
Vendor#	Vendor Name				Class	Pay Code				
F1050	FASTENAL COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	TXPOT175896		07/13/20	06/12/20	07/12/20		9.55	0.00	0.00	9.55
		SUPPLIES								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY				9.55	0.00	0.00	9.55

Vendor#	Vendor Name	Class	Pay Code
F1100	FEDERAL EXPRESS CORP.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
583521021	FREIGHT	07/13/20	06/15/20	07/10/20			23.51	0.00	0.00	23.51
584219323	FREIGHT	07/13/20	06/22/20	07/17/20			9.44	0.00	0.00	9.44

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	32.95	0.00	0.00	32.95

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1784281	SUPPLIES	07/12/20	06/15/20	07/10/20			178.46	0.00	0.00	178.46
2526757	SUPPLIES	07/12/20	06/21/20	07/16/20			7,875.92	0.00	0.00	7,875.92

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	8,054.38	0.00	0.00	8,054.38

Vendor#	Vendor Name	Class	Pay Code
F1653	FORT BEND SERVICES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0210180IN	CONTRACT	07/12/20	07/03/20	07/19/20			530.00	0.00	0.00	530.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1653	FORT BEND SERVICES, INC	530.00	0.00	0.00	530.00

Vendor#	Vendor Name	Class	Pay Code
G0401	GULF COAST DELIVERY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
751233	PURCH SERV	07/13/20	06/08/20	07/08/20			25.00	0.00	0.00	25.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY	25.00	0.00	0.00	25.00

Vendor#	Vendor Name	Class	Pay Code
G1210	GULF COAST PAPER COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1336391	SUPPLIES	06/19/20	06/13/20	07/13/20			311.10	0.00	0.00	311.10

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	311.10	0.00	0.00	311.10

Vendor#	Vendor Name	Class	Pay Code
H1850	HOSPIRA WORLDWIDE, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
920885697	SUPPLIES	06/29/20	06/19/20	07/19/20			346.65	0.00	0.00	346.65
851131011	CONTRACT	07/12/20	06/01/20	07/01/20			11.25	0.00	0.00	11.25
851131692	REPAIRS	07/13/20	06/14/20	07/14/20			140.00	0.00	0.00	140.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	H1850 HOSPIRA WORLDWIDE, INC					497.90	0.00	0.00	497.90
Vendor#	Vendor Name				Class	Pay Code			
I0520	RICOH USA, INC. ✓				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	99028144		07/13/20	06/30/20	07/19/20		8,990.27	0.00	0.00	8,990.27 ✓
		RENTAL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I0520	RICOH USA, INC.				8,990.27	0.00	0.00	8,990.27
Vendor#	Vendor Name				Class	Pay Code				
I0955	OPTUM360 ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	80012043524 ✓		07/13/20	06/16/20	07/19/20		510.90	0.00	0.00	510.90 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I0955	OPTUM360				510.90	0.00	0.00	510.90
Vendor#	Vendor Name				Class	Pay Code				
I1110	WERFEN USA LLC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9110404710 ✓		06/28/20	06/19/20	07/14/20		432.60	0.00	0.00	432.60 ✓
		SUPPLIES								
	9110404711 ✓		06/28/20	06/19/20	07/14/20		824.00	0.00	0.00	824.00 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC				1,256.60	0.00	0.00	1,256.60
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	5103714 ✓		06/29/20	06/14/20	07/14/20		263.90	0.00	0.00	263.90 ✓
		SUPPLIES								
	5337683 ✓		06/29/20	06/19/20	07/19/20		8.52	0.00	0.00	8.52 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				272.42	0.00	0.00	272.42
Vendor#	Vendor Name				Class	Pay Code				
M2470	MEDLINE INDUSTRIES INC ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1829633299 ✓		07/13/20	06/17/20	07/12/20		121.33	0.00	0.00	121.33 ✓
		SUPPLIES								
	1829883586 ✓		07/13/20	06/22/20	07/17/20		428.57	0.00	0.00	428.57 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC				549.90	0.00	0.00	549.90
Vendor#	Vendor Name				Class	Pay Code				
M2827	MEDIVATORS ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	2468558 ✓		07/13/20	09/19/20	10/19/20		37.97	0.00	0.00	37.97 ✓
		SUPPLIES								
	2514181 ✓		07/13/20	11/07/20	12/07/20		175.39	0.00	0.00	175.39 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2827	MEDIVATORS				213.36	0.00	0.00	213.36
Vendor#	Vendor Name				Class	Pay Code				

O1416 ORTHO CLINICAL DIAGNOSTICS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1850342869	SUPPLIES	07/12/20	05/30/20	06/29/20		745.26	0.00	0.00	745.26

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	745.26	0.00	0.00	745.26

Vendor# Vendor Name Class Pay Code

OM425 OWENS & MINOR

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2028222619	SUPPLIES	06/29/20	06/13/20	07/13/20		1,847.91	0.00	0.00	1,847.91
2028214544	SUPPLIES	06/29/20	06/13/20	07/13/20		130.83	0.00	0.00	130.83
2028215694	SUPPLIES	06/29/20	06/13/20	07/13/20		14.75	0.00	0.00	14.75
2028214985	SUPPLIES	06/29/20	06/13/20	07/13/20		89.49	0.00	0.00	89.49
2028297938	SUPPLIES	06/29/20	06/15/20	07/15/20		79.71	0.00	0.00	79.71
2028304872	SUPPLIES	06/29/20	06/15/20	07/15/20		918.62	0.00	0.00	918.62

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	3,081.31	0.00	0.00	3,081.31

Vendor# Vendor Name Class Pay Code

P1470 PHILIP THOMAE PHOTOGRAPHER W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10161	PURCH SERV	07/12/20	07/12/20	07/19/20		60.00	0.00	0.00	60.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1470	PHILIP THOMAE PHOTOGRAPHER	60.00	0.00	0.00	60.00

Vendor# Vendor Name Class Pay Code

R1321 RECEIVABLE MANAGEMENT, INC W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000067	COLL EXP	07/12/20	05/31/20	06/30/20		10.00	0.00	0.00	10.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1321	RECEIVABLE MANAGEMENT, INC	10.00	0.00	0.00	10.00

Vendor# Vendor Name Class Pay Code

S0905 PERFORMANCE HEALTH M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN89074723	SUPPLIES	07/12/20	05/20/20	06/14/20		75.89	0.00	0.00	75.89

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0905	PERFORMANCE HEALTH	75.89	0.00	0.00	75.89

Vendor# Vendor Name Class Pay Code

S1800 SHERWIN WILLIAMS W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
35295	SUPPLIES	07/12/20	06/08/20	06/23/20		197.82	0.00	0.00	197.82

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	197.82	0.00	0.00	197.82

Vendor#	Vendor Name				Class	Pay Code				
S2270	SMILE MAKERS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8074158		07/12/20	06/21/20	07/16/20		37.94	0.00	0.00	37.94
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2270	SMILE MAKERS				37.94	0.00	0.00	37.94
Vendor#	Vendor Name				Class	Pay Code				
S2345	SOUTHEAST TEXAS HEALTH SYS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	25896		07/12/20	07/01/20	07/19/20		5,000.00	0.00	0.00	5,000.00
		DUES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2345	SOUTHEAST TEXAS HEALTH SYS				5,000.00	0.00	0.00	5,000.00
Vendor#	Vendor Name				Class	Pay Code				
S2362	SMITH & NEPHEW									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	93765954		06/29/20	06/19/20	07/19/20		1,051.12	0.00	0.00	1,051.12
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW				1,051.12	0.00	0.00	1,051.12
Vendor#	Vendor Name				Class	Pay Code				
T1450	TEXAS ASSOCIATION OF COUNTIES				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000048		07/12/20	06/30/20	07/19/20		3,225.48	0.00	0.00	3,225.48
		INS UNEMPL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T1450	TEXAS ASSOCIATION OF COUNTIES				3,225.48	0.00	0.00	3,225.48
Vendor#	Vendor Name				Class	Pay Code				
T1890	TEXAS DEPARTMENT OF				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000055		07/12/20	07/06/20	07/19/20		60.00	0.00	0.00	60.00
		DUES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T1890	TEXAS DEPARTMENT OF				60.00	0.00	0.00	60.00
Vendor#	Vendor Name				Class	Pay Code				
T2204	TEXAS MUTUAL INSURANCE CO				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000068		07/13/20	06/30/20	07/19/20		6,062.00	0.00	0.00	6,062.00
		INS WORK COMP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2204	TEXAS MUTUAL INSURANCE CO				6,062.00	0.00	0.00	6,062.00
Vendor#	Vendor Name				Class	Pay Code				
T2230	TEXAS WIRED MUSIC INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	A938638		07/13/20	07/01/20	07/01/20		63.95	0.00	0.00	63.95
		PURCH SERV								
	A938639		07/13/20	07/01/20	07/01/20		73.95	0.00	0.00	73.95
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2230	TEXAS WIRED MUSIC INC				137.90	0.00	0.00	137.90
Vendor#	Vendor Name				Class	Pay Code				

T2303 TG ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000065	EMPL EXP	07/13/20	07/06/20	07/19/20		125.29	0.00	0.00	125.29 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2303	TG	125.29	0.00	0.00	125.29

Vendor# Vendor Name — Class — Pay Code

U1054 UNIFIRST HOLDINGS ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8150769634 ✓	LAUNDRY	06/16/20	06/13/20	07/13/20		60.66	0.00	0.00	60.66 ✓
8150770393 ✓	LAUNDRY	06/21/20	06/20/20	07/15/20		34.42	0.00	0.00	34.42 ✓
8150770310 ✓	LAUNDRY	06/21/20	06/20/20	07/15/20		60.66	0.00	0.00	60.66 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	155.74	0.00	0.00	155.74

Vendor# Vendor Name — Class — Pay Code

U1064 UNIFIRST HOLDINGS INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8400249183 ✓	LAUNDRY	06/16/20	06/13/20	07/13/20		149.54	0.00	0.00	149.54 ✓
8400249827 ✓	LAUNDRY	06/21/20	06/20/20	07/15/20		63.74	0.00	0.00	63.74 ✓
8400249726 ✓	LAUNDRY	06/21/20	06/20/20	07/15/20		50.65	0.00	0.00	50.65 ✓
8400249772 ✓	LAUNDRY	06/21/20	06/20/20	07/15/20		975.21	0.00	0.00	975.21 ✓
8400249725 ✓	LAUNDRY	06/21/20	06/20/20	07/15/20		70.85	0.00	0.00	70.85 ✓
8400249762 ✓	LAUNDRY	06/21/20	06/20/20	07/15/20		47.35	0.00	0.00	47.35 ✓
8400249724 ✓	LAUNDRY	06/21/20	06/20/20	07/15/20		97.42	0.00	0.00	97.42 ✓
8400249727 ✓	LAUNDRY	06/21/20	06/20/20	07/15/20		44.35	0.00	0.00	44.35 ✓
8400249723 ✓	LAUNDRY	06/21/20	06/20/20	07/15/20		90.99	0.00	0.00	90.99 ✓
8400250107 ✓	LAUNDRY	06/28/20	06/23/20	07/18/20		994.69	0.00	0.00	994.69 ✓
8400250066 ✓	LAUNDRY	06/28/20	06/23/20	07/18/20		151.74 47	0.00	0.00	151.74 47 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	2,736.53	0.00	0.00	2,736.53

Vendor# Vendor Name — Class — Pay Code

U1350 UPS ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0000778941247 ✓	FREIGHT	07/13/20	06/17/20	06/17/20		260.28	0.00	0.00	260.28 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	260.28	0.00	0.00	260.28 ✓

Vendor#	Vendor Name				Class	Pay Code				
V1058	VICTORIA ANESTHESIOLOGY ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000059		07/13/20	06/17/20	07/19/20		42,999.58	0.00	0.00	42,999.58 ✓
		PROF FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1058	VICTORIA ANESTHESIOLOGY				42,999.58	0.00	0.00	42,999.58
Vendor#	Vendor Name				Class	Pay Code				
W1005	WALMART COMMUNITY ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	004052		07/13/20	05/22/20	06/22/20		29.64	0.00	0.00	29.64 ✓
		SUPPLIES								
	004053		07/13/20	05/22/20	06/22/20		3.52	0.00	0.00	3.52 ✓
		SUPPLIES								
	008377		07/13/20	06/01/20	07/01/20		99.00	0.00	0.00	99.00 ✓
		SUPPLIES								
	009545		07/13/20	06/01/20	07/01/20		19.94	0.00	0.00	19.94 ✓
		SUPPLIES								
	004698		07/13/20	06/01/20	07/01/20		10.85	0.00	0.00	10.85 ✓
		SUPPLIES								
	009059		07/13/20	06/08/20	07/08/20		29.20	0.00	0.00	29.20 ✓
		SUPPLIES								
	009058		07/13/20	06/08/20	07/08/20		18.86	0.00	0.00	18.86 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1005	WALMART COMMUNITY				211.01	0.00	0.00	211.01
Vendor#	Vendor Name				Class	Pay Code				
W1300	GRAINGER ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9480137745 ✓		06/29/20	06/21/20	07/16/20		238.90	0.00	0.00	238.90 ✓
		SUPPLIES								
	9479586845 ✓		07/13/20	06/21/20	07/16/20		196.26	0.00	0.00	196.26 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1300	GRAINGER				435.16	0.00	0.00	435.16
Vendor#	Vendor Name				Class	Pay Code				
Z0850	CARMEN C. ZAPATA-ARROYO ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000047		07/12/20	06/30/20	07/19/20		247.50	0.00	0.00	247.50 ✓
		PURCH SERV								
	000046		07/12/20	06/30/20	07/19/20		1,182.50	0.00	0.00	1,182.50 ✓
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		Z0850	CARMEN C. ZAPATA-ARROYO				1,430.00	0.00	0.00	1,430.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	247,304.69	0.00	0.00	247,304.69

247,304.69 +
961.74 −
863.78 +
151.74 −
151.47 +
247,206.46 *

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

APPROVED ON
JUL 14 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CRS #171960 - 172047

<961.74>
+863.78
<151.74>
+151.47
$247,206.46

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	171960	07/14/17	917.26	BECTON, DICKINSON & CO (BD)
A/P	171961	07/14/17	3,016.46	US FOOD SERVICE
A/P	171962	07/14/17	194.67	PHARMEDIUM SERVICES LLC
A/P	171963	07/14/17	3,236.62	GE HEALTHCARE
A/P	171964	07/14/17	63.32	HEALTH CARE LOGISTICS INC
A/P	171965	07/14/17	1,183.07	CENTURION MEDICAL PRODUCTS
A/P	171966	07/14/17	723.50	DEWITT POTH & SON
A/P	171967	07/14/17	917.80	INTERSTATE ALL BATTERY CENTER
A/P	171968	07/14/17	.00	VOIDED
A/P	171969	07/14/17	.00	VOIDED
A/P	171970	07/14/17	.00	VOIDED
A/P	171971	07/14/17	43,164.10	MORRIS & DICKSON CO, LLC
A/P	171972	07/14/17	32,475.00	WOUND CARE SPECIALISTS
A/P	171973	07/14/17	1,941.12	LUMINANT ENERGY COMPANY LLC
A/P	171974	07/14/17	495.00	FASTHEALTH CORPORATION
A/P	171975	07/14/17	840.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	171976	07/14/17	188.39	STRYKER SUSTAINABILITY
A/P	171977	07/14/17	2,226.31	WAGEWORKS
A/P	171978	07/14/17	2,811.54	HEALTHCARE CODING & CONSULTING
A/P	171979	07/14/17	26,911.94	MMC EMPLOYEE BENEFIT PLAN
A/P	171980	07/14/17	171.10	STUDER GROUP
A/P	171981	07/14/17	3,112.40	THE UPS PRINT STORE
A/P	171982	07/14/17	1,490.00	M G TRUST
A/P	171983	07/14/17	7,682.67	CSI LEASING INC
A/P	171984	07/14/17	75.00	FIRST CLEARING
A/P	171985	07/14/17	1,625.00	RADSOURCE
A/P	171986	07/14/17	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	171987	07/14/17	20.06	NAZARIO HERNANDEZ
A/P	171988	07/14/17	863.78	FRONTIER
A/P	171989	07/14/17	612.53	IRON MOUNTAIN
A/P	171990	07/14/17	200.00	BHB MACHINE & PUMP REPAIR, LLC
A/P	171991	07/14/17	1,154.71	US STANDARD PRODUCTS
A/P	171992	07/14/17	5,863.00	JACKSON & COKER LOCUM TENENS,
A/P	171993	07/14/17	768.72	ACE HARDWARE 15521
A/P	171994	07/14/17	24.45	CHARLES SAMAHA
A/P	171995	07/14/17	830.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	171996	07/14/17	3,040.56	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	171997	07/14/17	235.58	SAFE CHAIN SOLUTIONS LLC
A/P	171998	07/14/17	65.00	JESSE ESCAMIA
A/P	171999	07/14/17	23.50	ADVANCE MEDICAL DESIGNS INC
A/P	172000	07/14/17	2,409.50	AIRGAS USA, LLC - CENTRAL DIV
A/P	172001	07/14/17	318.00	ALCON LABORATORIES, INC.
A/P	172002	07/14/17	51.04	CAREFUSION
A/P	172003	07/14/17	31.24	NADINE GARNER
A/P	172004	07/14/17	29.11	AUTO PARTS & MACHINE CO.
A/P	172005	07/14/17	272.65	BECKMAN COULTER INC
A/P	172006	07/14/17	328.00	CAD SOLUTIONS, INC
A/P	172007	07/14/17	81.13	CALHOUN COUNTY
A/P	172008	07/14/17	689.99	CARDINAL HEALTH 414, INC.
A/P	172009	07/14/17	89.25	CONMED CORPORATION

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		172010	07/14/17	365.93	CDW GOVERNMENT, INC.
A/P		172011	07/14/17	218.50	RITA DAVIS
A/P		172012	07/14/17	66.30	DOWNTOWN CLEANERS
A/P		172013	07/14/17	48.77	CENTERPOINT ENERGY
A/P		172014	07/14/17	9.55	FASTENAL COMPANY
A/P		172015	07/14/17	32.95	FEDERAL EXPRESS CORP.
A/P		172016	07/14/17	8,054.38	FISHER HEALTHCARE
A/P		172017	07/14/17	530.00	FORT BEND SERVICES, INC
A/P		172018	07/14/17	25.00	GULF COAST DELIVERY
A/P		172019	07/14/17	311.10	GULF COAST PAPER COMPANY
A/P		172020	07/14/17	497.90	HOSPIRA WORLDWIDE, INC
A/P		172021	07/14/17	8,990.27	RICOH USA, INC.
A/P		172022	07/14/17	510.90	OPTUM360
A/P		172023	07/14/17	1,256.60	WERFEN USA LLC
A/P		172024	07/14/17	272.42	MCKESSON MEDICAL SURGICAL INC
A/P		172025	07/14/17	549.90	MEDLINE INDUSTRIES INC
A/P		172026	07/14/17	213.36	MEDIVATORS
A/P		172027	07/14/17	745.26	ORTHO CLINICAL DIAGNOSTICS
A/P		172028	07/14/17	3,081.31	OWENS & MINOR
A/P		172029	07/14/17	60.00	PHILIP THOMAE PHOTOGRAPHER
A/P		172030	07/14/17	10.00	RECEIVABLE MANAGEMENT, INC
A/P		172031	07/14/17	75.89	PERFORMANCE HEALTH
A/P		172032	07/14/17	197.82	SHERWIN WILLIAMS
A/P		172033	07/14/17	37.94	SMILE MAKERS
A/P		172034	07/14/17	5,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P		172035	07/14/17	1,051.12	SMITH & NEPHEW
A/P		172036	07/14/17	3,225.48	TEXAS ASSOCIATION OF COUNTIES
A/P		172037	07/14/17	60.00	TEXAS DEPARTMENT OF
A/P		172038	07/14/17	6,062.00	TEXAS MUTUAL INSURANCE CO
A/P		172039	07/14/17	137.90	TEXAS WIRED MUSIC INC
A/P		172040	07/14/17	125.29	TG
A/P		172041	07/14/17	155.74	UNIFIRST HOLDINGS
A/P		172042	07/14/17	2,736.26	UNIFIRST HOLDINGS INC
A/P		172043	07/14/17	260.28	UPS
A/P		172044	07/14/17	42,999.58	VICTORIA ANESTHESIOLOGY
A/P		172045	07/14/17	211.01	WALMART COMMUNITY
A/P		172046	07/14/17	435.16	GRAINGER
A/P		172047	07/14/17	1,430.00	CARMEN C. ZAPATA-ARROYO
TOTALS:				247,206.46	

APPROVED
ON

JUL 14 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
7/17/2017

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	138,817.94	138,717.94	175,898.47	-	-	-	-	175,998.47	175,898.47

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 0614
Account # 4257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	60,774.84	60,674.84	178,208.44	-	-	-	-	178,308.44	178,208.44
Crescent	4588	41,901.87	41,801.87	93,657.94	-	-	-	-	93,757.94	93,657.94
Broadmoor	4596	108,345.56	108,245.56	198,493.07	-	-	-	-	198,593.07	198,493.07
Fort Bend	4618	68,194.51	68,094.51	58,921.13	-	-	-	-	59,021.13	58,921.13
										529,280.58

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 0614
Account 2922

Approved:

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
JUL 17 2017
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

E:\NH Weekly Transfers\NH UPL Transfer Summary 7-10-17.xlsx

Account Portfolio as of 7/17/2017 8:15:54 AM

Account Display
◉ Display By Account Type
○ Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$816,593.67	$816,593.67
Memorial Medical Center	4154	$0.00	$95.00
Memorial Medical Center	4553	$175,998.47	$175,998.47
Memorial Medical Center	4561	$178,308.44	$178,308.44
Memorial Medical Center	4588	$93,757.94	$93,757.94
Memorial Medical Center	4596	$198,593.07	$198,593.07
Memorial Medical Center	4618	$59,021.13	$59,021.13
NH Golden Creek Healthcare	4901	$100.00	$100.00
Memorial Medical Center Operat	0301	$1,922,270.24	$1,780,569.16
County of Calhoun Indigent	1101	$8,760.53	$8,760.53
Totals		**$3,453,403.49**	**$3,311,797.41**

IBC Bank Activity
7/5/17 through 7/16/17

Ashford Gardens					Transfer-Out	Transfer-In	
7/5/2017	1131050	4553	142	ACH CREDIT RECEIVED		1,044.63	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017063015402546*1752603231\
7/5/2017	1131050	4553	142	ACH CREDIT RECEIVED		2,080.26	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017063014502776*1752603231\
7/5/2017	1131050	4553	142	ACH CREDIT RECEIVED		770.17	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4554767*1201494502\
7/6/2017	1131050	4553	495	OUTGOING MONEY TRANSFER	138,717.94		ASHFORD HEALTH CARE CENTER LTD
7/6/2017	1131050	4553	142	ACH CREDIT RECEIVED		1,601.21	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017070416200017*1752603231\
7/7/2017	1131050	4553	142	ACH CREDIT RECEIVED		3,186.10	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6629000*1205296137*000004911\
7/10/2017	1131050	4553	142	ACH CREDIT RECEIVED		1,034.51	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4571800*1201494502\
7/10/2017	1131050	4553	142	ACH CREDIT RECEIVED		2,238.30	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4569956*1201494502\
7/10/2017	1131050	4553	142	ACH CREDIT RECEIVED		326.46	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
7/10/2017	1131050	4553	301	COMMERCIAL DEPOSIT		62,831.90	
7/11/2017	1131050	4553	142	ACH CREDIT RECEIVED		1,454.60	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
7/11/2017	1131050	4553	142	ACH CREDIT RECEIVED		3,700.23	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4574817*1201494502\
7/11/2017	1131050	4553	142	ACH CREDIT RECEIVED		3,627.88	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4577009*1201494502\
7/11/2017	1131050	4553	142	ACH CREDIT RECEIVED		8,042.13	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017070810404087*1752603231\
7/11/2017	1131050	4553	142	ACH CREDIT RECEIVED		4,621.62	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017070715400647*1752603231\
7/12/2017	1131050	4553	142	ACH CREDIT RECEIVED		1,238.30	CENTENE CORP HCCLAIMPMT|ASHFORD GARDENS|TRN*1*0902920586*1742770542\
7/13/2017	1131050	4553	142	ACH CREDIT RECEIVED		439.22	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4584777*1201494502\
7/13/2017	1131050	4553	301	COMMERCIAL DEPOSIT		52,202.26	
7/13/2017	1131050	4553	142	ACH CREDIT RECEIVED		2,909.20	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
7/13/2017	1131050	4553	142	ACH CREDIT RECEIVED		2,089.27	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017071111201321*1752603231\
7/14/2017	1131050	4553	142	ACH CREDIT RECEIVED		15,131.06	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017071211501975*1752603231\
7/14/2017	1131050	4553	142	ACH CREDIT RECEIVED		3,330.60	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017071212704372*1752603231\
7/14/2017	1131050	4553	142	ACH CREDIT RECEIVED		1,998.56	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
					138,717.94	175,898.47	

Solera at West Houst					Transfer-Out	Transfer-In	
7/5/2017	1131050	4561	142	ACH CREDIT RECEIVED		2,122.25	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
7/5/2017	1131050	4561	142	ACH CREDIT RECEIVED		2,386.31	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017063015402548*1752603231\
7/5/2017	1131050	4561	142	ACH CREDIT RECEIVED		531.23	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017070112207279*1752603231\
7/5/2017	1131050	4561	142	ACH CREDIT RECEIVED		3,160.32	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017063014502778*1752603231\
7/6/2017	1131050	4561	495	OUTGOING MONEY TRANSFER	60,674.84		CANTEX HEALTH CARE CENTERS LLC
7/10/2017	1131050	4561	301	COMMERCIAL DEPOSIT		64,136.58	
7/10/2017	1131050	4561	142	ACH CREDIT RECEIVED		1,857.45	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017070614500763*1752603231\
7/13/2017	1131050	4561	301	COMMERCIAL DEPOSIT		84,766.86	
7/13/2017	1131050	4561	142	ACH CREDIT RECEIVED		3,936.74	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017071111201323*1752603231\
7/14/2017	1131050	4561	142	ACH CREDIT RECEIVED		1,614.60	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017071211501956*1752603231\
7/14/2017	1131050	4561	142	ACH CREDIT RECEIVED		11,453.43	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4488531*1205296137*000004011\
7/14/2017	1131050	4561	142	ACH CREDIT RECEIVED		2,242.67	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017071211501977*1752603231\
					60,674.84	178,208.44	

Crescent					Transfer-Out	Transfer-In	
7/5/2017	1131050	4588	142	ACH CREDIT RECEIVED		1,269.15	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4552940*1201494502\
7/6/2017	1131050	4588	495	OUTGOING MONEY TRANSFER	41,801.87		CANTEX HEALTH CARE CENTERS III
7/10/2017	1131050	4588	301	COMMERCIAL DEPOSIT		46,164.13	
7/10/2017	1131050	4588	142	ACH CREDIT RECEIVED		10,051.92	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4483447*1205296137*000004011\
7/11/2017	1131050	4588	142	ACH CREDIT RECEIVED		4,944.59	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4574944*1201494502\
7/11/2017	1131050	4588	142	ACH CREDIT RECEIVED		1,318.60	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017070810404084*1752603231\
7/13/2017	1131050	4588	301	COMMERCIAL DEPOSIT		23,321.12	
7/14/2017	1131050	4588	142	ACH CREDIT RECEIVED		5,129.03	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017071211501972*1752603231\
7/14/2017	1131050	4588	142	ACH CREDIT RECEIVED		1,459.40	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017071211503747*1452485907\
					41,801.87	93,657.94	

IBC Bank Activity
7/5/17 through 7/16/17

Broadmoor					Transfer-Out	Transfer-In	
7/6/2017	11310502	4596	142	ACH CREDIT RECEIVED		218.15	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4481310*1205296137*000004011\
7/6/2017	11310502	4596	495	OUTGOING MONEY TRANSFER	93,619.06		CANTEX HEALTH CARE CENTERS III
7/10/2017	11310502	4596	301	COMMERCIAL DEPOSIT		75,446.25	
7/10/2017	11310502	4596	475	CHECK PAID	14,626.50		
7/11/2017	11310502	4596	142	ACH CREDIT RECEIVED		6,655.38	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4484541*1205296137*000004011\
7/11/2017	11310502	4596	142	ACH CREDIT RECEIVED		2,888.33	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4574821*1201494502\
7/13/2017	11310502	4596	142	ACH CREDIT RECEIVED		12,993.79	AMERIGROUP CORPO HCCLAIMPMT|The Broadmoor At Creek|TRN*1*017071111201344*1752603231\
7/13/2017	11310502	4596	301	COMMERCIAL DEPOSIT		81,156.17	
7/14/2017	11310502	4596	142	ACH CREDIT RECEIVED		19,135.00	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4488534*1205296137*000004011\
					108,245.56	198,493.07	

Fort Bend					Transfer-Out	Transfer-In	
7/6/2017	11310502	4618	495	OUTGOING MONEY TRANSFER	68,094.51		CANTEX HEALTH CARE CENTERS III
7/7/2017	11310502	4618	142	ACH CREDIT RECEIVED		329.99	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4565662*1201494502\
7/10/2017	11310502	4618	142	ACH CREDIT RECEIVED		5,379.61	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4569955*1201494502\
7/10/2017	11310502	4618	301	COMMERCIAL DEPOSIT		21,930.48	
7/11/2017	11310502	4618	142	ACH CREDIT RECEIVED		4,211.57	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4574816*1201494502\
7/11/2017	11310502	4618	142	ACH CREDIT RECEIVED		5,148.97	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174500008
7/12/2017	11310502	4618	142	ACH CREDIT RECEIVED		1,575.93	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0902920580*1742770542\
7/13/2017	11310502	4618	301	COMMERCIAL DEPOSIT		16,540.65	
7/14/2017	11310502	4618	142	ACH CREDIT RECEIVED		3,803.93	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017071211501973*1752603231\
					68,094.51	58,921.13	

McKESSON

Company: 8000

STATEMENT

As of: 07/14/2017 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 07/17/2017

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 07/14/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 07/17/2017

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 3,658.67 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 0.00

If Paid By 07/18/2017, Pay This Amount: 3,585.53 ✓ USD

If Paid After 07/18/2017, Pay this Amount: 3,658.67 USD

Due If Paid On Time: USD 3,585.53

Disc lost if paid late: 73.14

Due If Paid Late: USD 3,658.67

chk# 937

APPROVED ON JUL 17 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

340B Prescription Expenses

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

McKESSON

Company: 8000

STATEMENT

As of: 07/14/2017 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 07/17/2017

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 07/14/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 07/17/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
07/10/2017	07/18/2017	7817665503	1001044205	115Invoice	0.68	33.88		✓33.20	✓	7817665503	
07/10/2017	07/18/2017	7817665504	1001044205	115Invoice	0.02	1.06		✓1.04	✓	7817665504	
07/10/2017	07/18/2017	7817665505	1001044783	115Invoice	0.40	19.91		✓19.51	✓	7817665505	
07/10/2017	07/18/2017	7817665506	1001044783	115Invoice	0.01	0.66		✓0.65	✓	7817665506	
07/10/2017	07/18/2017	7817665507	1001045196	115Invoice	1.12	56.01		✓54.89	✓	7817665507	
07/11/2017	07/18/2017	7817927657	1001045566	115Invoice	0.38	19.11		✓18.73	✓	7817927657	
07/12/2017	07/18/2017	7818162078	1001046148	115Invoice	0.26	13.09		✓12.83	✓	7818162078	
07/13/2017	07/18/2017	7818378811	1001046833	115Invoice	4.93	246.73		✓241.80	✓	7818378811	
07/14/2017	07/18/2017	7818644709	1001047408	115Invoice	1.06	53.13		✓52.07	✓	7818644709	
07/14/2017	07/18/2017	7818644710	1001047408	115Invoice	1.74	87.24		✓85.50	✓	7818644710	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 530.82 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,293.35
07/10/2017

If Paid By 07/18/2017,
Pay This Amount: 520.22 USD ✓

If Paid After 07/18/2017,
Pay this Amount: 530.82 USD

Due If Paid On Time:
USD 520.22

Disc lost if paid late:
10.60

Due If Paid Late:
USD 530.82

APPROVED
ON
JUL 17 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 07/14/2017 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 07/17/2017

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

As of: 07/14/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 07/17/2017

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
07/10/2017	07/18/2017	7817682083	1001044203	115Invoice	7.23	361.39		354.16 ✓		7817682083	
07/10/2017	07/18/2017	7817682087	1001045194	115Invoice	5.19	259.61		254.42 ✓		7817682087	
07/11/2017	07/18/2017	7817928072	1001045564	115Invoice	0.92	46.23		45.31 ✓		7817928072	
07/13/2017	07/18/2017	7818372651	1001046831	115Invoice	13.66	683.18		669.52 ✓		7818372651	
07/14/2017	07/18/2017	7818635432	1001047406	115Invoice	2.78	139.16		136.38 ✓		7818635432	

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

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

Subtotals: 1,489.57 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,293.35
07/10/2017

If Paid By 07/18/2017,
Pay This Amount: 1,459.79 USD ✓

If Paid After 07/18/2017,
Pay this Amount: 1,489.57 USD

Due If Paid On Time:
USD 1,459.79

Disc lost if paid late:
29.78

Due If Paid Late:
USD 1,489.57

APPROVED ON
JUL 17 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 07/14/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 07/17/2017

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

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

As of: 07/14/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 07/17/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
07/10/2017	07/18/2017	7817680935	6107156662	115Invoice	3.30	165.15		✓161.85	✓	7817680935	
07/10/2017	07/18/2017	7817680936	0708170214-00	115Invoice	1.01	50.44		✓49.43	✓	7817680936	
07/11/2017	07/18/2017	7817929366	1057180364	115Invoice	2.63	131.61		✓128.98	✓	7817929366	
07/11/2017	07/18/2017	7817929368	0710170914-00	115Invoice	0.06	3.18		✓3.12	✓	7817929368	
07/11/2017	07/18/2017	7817929369	1103452	115Invoice	0.02	0.96		✓0.94	✓	7817929369	
07/12/2017	07/18/2017	7818153726	0711170346-00	115Invoice	8.14	406.93		✓398.79	✓	7818153726	
07/13/2017	07/18/2017	7818388893	1057189164	115Invoice	5.58	279.20		✓273.62	✓	7818388893	
07/14/2017	07/18/2017	7818642725	6157185332	115Invoice	11.45	572.50		✓561.05	✓	7818642725	
07/14/2017	07/18/2017	7818642726	0713170920-00	115Invoice	0.57	28.31		✓27.74	✓	7818642726	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 1,638.28 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,293.35
07/10/2017

If Paid By 07/18/2017,
Pay This Amount: 1,605.52 ✓ USD

If Paid After 07/18/2017,
Pay this Amount: 1,638.28 USD

Due If Paid On Time:
USD 1,605.52

Disc lost if paid late:
32.76

Due If Paid Late:
USD 1,638.28

APPROVED
ON
JUL 17 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:07/17/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:11 CHECK REGISTER GLCKREG
07/17/17 THRU 07/17/17

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000937	07/17/17	3,585.53	MCKESSON
TOTALS:			3,585.53	

APPROVED
ON

JUL 17 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

07/18/2017 MEMORIAL MEDICAL CENTER 0
08:36 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 07/26/2017

Vendor#	Vendor Name	Class	Pay Code
10006	CUSTOM MEDICAL SPECIALTIES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
224867		06/29/20	06/21/20	07/21/20		614.22	0.00	0.00	614.22
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	614.22	0.00	0.00	614.22

Vendor#	Vendor Name	Class	Pay Code
10343	SCAN SOUND, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
101806		07/14/20	06/21/20	07/20/20		47.62	0.00	0.00	47.62
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10343	SCAN SOUND, INC	47.62	0.00	0.00	47.62

Vendor#	Vendor Name	Class	Pay Code
10350	CENTURION MEDICAL PRODUCTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
92290066		06/29/20	06/21/20	07/21/20		634.00	0.00	0.00	634.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	634.00	0.00	0.00	634.00

Vendor#	Vendor Name	Class	Pay Code
10368	DEWITT POTH & SON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5078690		07/13/20	06/27/20	07/22/20		79.02	0.00	0.00	79.02
	OFF SUPPLIES								
5078680		07/13/20	06/27/20	07/22/20		2.18	0.00	0.00	2.18
	OFF SUPPLIES								
5078730		07/13/20	06/27/20	07/22/20		8.22	0.00	0.00	8.22
	OFFICE SUPPLIES								
5078700		07/13/20	06/27/20	07/22/20		59.41	0.00	0.00	59.41
	OFF SUPPLIES								
5079970		07/13/20	06/28/20	07/23/20		81.73	0.00	0.00	81.73
	OFF SUPPLIES								
5079480		07/13/20	06/28/20	07/23/20		126.80	0.00	0.00	126.80
	OFF SUPPLIES								
5080010		07/13/20	06/28/20	07/23/20		358.29	0.00	0.00	358.29
	OFF SUPPLIES								
5080500		07/13/20	06/29/20	07/24/20		235.65	0.00	0.00	235.65
	OFF SUPPLIES								
5077050		07/14/20	06/26/20	07/21/20		316.51	0.00	0.00	316.51
	SUPPLIES								
5077150		07/14/20	06/26/20	07/21/20		231.05	0.00	0.00	231.05
	SUPPLIES								
5079530		07/14/20	06/28/20	07/23/20		228.05	0.00	0.00	228.05
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,726.91	0.00	0.00	1,726.91

Vendor#	Vendor Name				Class	Pay Code				
10372	PRECISION DYNAMICS CORP (PDC)									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	3826974		06/29/20	06/20/20	07/20/20		340.77	0.00	0.00	340.77
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)				340.77	0.00	0.00	340.77
Vendor#	Vendor Name				Class	Pay Code				
10450	UNIT DRUG CO, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	22141		07/14/20	06/26/20	07/20/20		42.95	0.00	0.00	42.95
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10450	UNIT DRUG CO, LLC				42.95	0.00	0.00	42.95
Vendor#	Vendor Name				Class	Pay Code				
10533	ALERE NORTH AMERICA INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	91293723		07/14/20	06/21/20	07/21/20		231.14	0.00	0.00	231.14
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10533	ALERE NORTH AMERICA INC				231.14	0.00	0.00	231.14
Vendor#	Vendor Name				Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	6783		07/17/20	07/10/20	07/11/20		-1.00	0.00	0.00	-1.00
		INVENT								
	6781		07/17/20	07/10/20	07/11/20		-0.99	0.00	0.00	-0.99
		INVENT								
	6782		07/17/20	07/10/20	07/11/20		-1.00	0.00	0.00	-1.00
		INVENT								
	6780		07/17/20	07/10/20	07/11/20		-0.99	0.00	0.00	-0.99
		INVENT								
	6784		07/17/20	07/10/20	07/11/20		-1.00	0.00	0.00	-1.00
		INVENT								
	6788		07/17/20	07/10/20	07/11/20		-1.00	0.00	0.00	-1.00
		INVENT								
	6785		07/17/20	07/10/20	07/11/20		-1.00	0.00	0.00	-1.00
		INVENT								
	6786		07/17/20	07/10/20	07/11/20		-1.00	0.00	0.00	-1.00
		INVENT								
	6789		07/17/20	07/10/20	07/11/20		-1.00	0.00	0.00	-1.00
		INVENT								
	6791		07/17/20	07/10/20	07/11/20		-5.00	0.00	0.00	-5.00
		INVENT								
	6790		07/17/20	07/10/20	07/11/20		-5.00	0.00	0.00	-5.00
		INVENT								
	6792		07/17/20	07/10/20	07/11/20		-13.83	0.00	0.00	-13.83
		INVENT								
	6787		07/17/20	07/10/20	07/11/20		-1.00	0.00	0.00	-1.00
		INVENT								
	1523566		07/17/20	07/13/20	07/14/20		6,573.40	0.00	0.00	6,573.40
		INVENT								

1525510		07/17/20 07/13/20 07/14/20			26.92	0.00	0.00	26.92
	INVENT							
1524307		07/17/20 07/13/20 07/14/20			701.32	0.00	0.00	701.32
	INVENT							
1524305		07/17/20 07/13/20 07/14/20			351.54	0.00	0.00	351.54
	INVENT							
1525511		07/17/20 07/13/20 07/14/20			126.02	0.00	0.00	126.02
	INVENT							
1524306		07/17/20 07/13/20 07/14/20			73.73	0.00	0.00	73.73
	INVENT							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			7,819.12	0.00	0.00	7,819.12

Vendor#	Vendor Name			Class	Pay Code				
10599	BKD, LLP								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	BK00765224		07/12/20	06/29/20	07/24/20			5,408.00	0.00	0.00	5,408.00
		AUDITING FEES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10599	BKD, LLP					5,408.00	0.00	0.00	5,408.00

Vendor#	Vendor Name			Class	Pay Code				
10699	SIGN AD, LTD.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	213996		07/17/20	06/30/20	07/10/20			775.00	0.00	0.00	775.00
		PUBL REL									
	214307		07/17/20	07/01/20	07/11/20			400.00	0.00	0.00	400.00
		PUBL REL									
	214300		07/17/20	07/01/20	07/11/20			450.00	0.00	0.00	450.00
		PUBL REL									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.					1,625.00	0.00	0.00	1,625.00

Vendor#	Vendor Name			Class	Pay Code				
10735	STRYKER SUSTAINABILITY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	3074054		06/29/20	06/21/20	07/21/20			333.58	0.00	0.00	333.58
		SUPPLIES									
	3074140		06/29/20	06/21/20	07/21/20			2,188.68	0.00	0.00	2,188.68
		SUPPLIES									
	2943104		07/05/20	01/12/20	07/21/20			-30.00	0.00	0.00	-30.00
		SUPPLIES									
	3028528		07/05/20	04/26/20	07/21/20			-27.50	0.00	0.00	-27.50
		SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10735	STRYKER SUSTAINABILITY					2,464.76	0.00	0.00	2,464.76

Vendor#	Vendor Name			Class	Pay Code				
10786	CLINICAL PATHOLOGY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	2017060		07/13/20	06/30/20	07/25/20			6,730.96	0.00	0.00	6,730.96
		PURCH SERV									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10786	CLINICAL PATHOLOGY					6,730.96	0.00	0.00	6,730.96

Vendor# Vendor Name Class Pay Code

10789 DISCOVERY MEDICAL NETWORK INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000073		07/14/20	07/13/20	07/20/20		74,513.05	0.00	0.00	74,513.05 ✓
	PROF FEES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	74,513.05	0.00	0.00	74,513.05

Vendor# Vendor Name Class Pay Code

10814 ALLIED BENEFIT SYSTEMS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0000396783		07/14/20	06/15/20	07/20/20		31,344.28	0.00	0.00	31,344.28 ✓
	EMPL EXP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS	31,344.28	0.00	0.00	31,344.28

Vendor# Vendor Name Class Pay Code

10922 HUNTER PHARMACY SERVICES ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2298 ✓		07/12/20	06/30/20	07/20/20		14,360.12	0.00	0.00	14,360.12 ✓
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,360.12	0.00	0.00	14,360.12

Vendor# Vendor Name Class Pay Code

10959 TRUVEN HEALTH ANALYTICS INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
327197 ✓		07/12/20	07/01/20	07/25/20		1,978.75	0.00	0.00	1,978.75 ✓
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10959	TRUVEN HEALTH ANALYTICS INC	1,978.75	0.00	0.00	1,978.75

Vendor# Vendor Name Class Pay Code

10987 REVCYCLE+, INC. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MLVAC26824 ✓		07/13/20	06/30/20	07/25/20		2,091.55	0.00	0.00	2,091.55 ✓
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.	2,091.55	0.00	0.00	2,091.55

Vendor# Vendor Name Class Pay Code

11008 DERRI HART ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000077		07/17/20	07/17/20	07/18/20		134.64	0.00	0.00	134.64 ✓
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11008	DERRI HART	134.64	0.00	0.00	134.64

Vendor# Vendor Name Class Pay Code

11009 RECONDO ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV11619 ✓		07/12/20	07/01/20	07/26/20		4,050.00	0.00	0.00	4,050.00 ✓
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11009	RECONDO	4,050.00	0.00	0.00	4,050.00

Vendor# Vendor Name Class Pay Code

11011 DIAMOND HEALTHCARE CORP ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN20050904 ✓		07/12/20	06/30/20	07/25/20		19,166.67	0.00	0.00	19,166.67 ✓

PUCH SERV

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP	19,166.67	0.00	0.00	19,166.67

Vendor#	Vendor Name	Class	Pay Code
11067	TRIZETTO PROVIDER SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
35FK071700		07/17/20	07/01/20	07/26/20		1,482.82	0.00	0.00	1,482.82
	PURCH SERV								
3A3X071700		07/17/20	07/01/20	07/26/20		119.00	0.00	0.00	119.00
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	1,601.82	0.00	0.00	1,601.82

Vendor#	Vendor Name	Class	Pay Code
11069	PABLO GARZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000075		07/17/20	07/17/20	07/17/20		1,057.50	0.00	0.00	1,057.50
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	1,057.50	0.00	0.00	1,057.50

Vendor#	Vendor Name	Class	Pay Code
11100	THE US CONSULTING GROUP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
340368276		07/13/20	06/29/20	07/24/20		232.87	0.00	0.00	232.87
	PURCH SERV								
340368277		07/13/20	06/29/20	07/24/20		1,174.58	0.00	0.00	1,174.58
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,407.45	0.00	0.00	1,407.45

Vendor#	Vendor Name	Class	Pay Code
11141	MEDICAL DATA SYSTEMS, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110954		07/12/20	06/30/20	07/25/20		3,724.86	0.00	0.00	3,724.86
	COLLECTION EXP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	3,724.86	0.00	0.00	3,724.86

Vendor#	Vendor Name	Class	Pay Code
11252	RX WASTE SYSTEMS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1319		07/13/20	07/01/20	07/26/20		235.00	0.00	0.00	235.00
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11252	RX WASTE SYSTEMS LLC	235.00	0.00	0.00	235.00

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
35210		07/17/20	07/15/20	07/26/20		40,062.50	0.00	0.00	40,062.50
	PRO FEES								

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

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5321		07/12/20	06/30/20	07/25/20		505.00	0.00	0.00	505.00
	PURCH SERV								
5322		07/12/20	06/30/20	07/25/20		105.00	0.00	0.00	105.00
	PURCH SERV								
5281		07/13/20	06/28/20	07/23/20		160.00	0.00	0.00	160.00
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	770.00	0.00	0.00	770.00

Vendor#	Vendor Name	Class	Pay Code
11292	CHARLES SAMAHA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000069		07/17/20	07/16/20	07/19/20		33.68	0.00	0.00	33.68
	REPAIRS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11292	CHARLES SAMAHA	33.68	0.00	0.00	33.68

Vendor#	Vendor Name	Class	Pay Code
11296	SOUTH TEXAS BLOOD & TISSUE CEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90028569		07/12/20	06/30/20	07/25/20		-2,280.20	0.00	0.00	-2,280.20
	SUPPLIES								
90028645		07/12/20	06/30/20	07/25/20		5,183.06	0.00	0.00	5,183.06
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	2,902.86	0.00	0.00	2,902.86

Vendor#	Vendor Name	Class	Pay Code
11436	SAFE CHAIN SOLUTIONS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0115889IN		07/13/20	06/26/20	07/21/20		500.93	0.00	0.00	500.93
	INVENT PHARM								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11436	SAFE CHAIN SOLUTIONS LLC	500.93	0.00	0.00	500.93

Vendor#	Vendor Name	Class	Pay Code
11440	TRI-PHARMA INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
15769		07/13/20	06/29/20	07/24/20		885.00	0.00	0.00	885.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11440	TRI-PHARMA INC	885.00	0.00	0.00	885.00

Vendor#	Vendor Name	Class	Pay Code
A1690	ALCON LABORATORIES, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9651458768		06/29/20	06/20/20	07/20/20		1,547.70	0.00	0.00	1,547.70
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	1,547.70	0.00	0.00	1,547.70

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
55284123		07/14/20	06/22/20	07/20/20		550.16	0.00	0.00	550.16
	SUPPLIES								
55342172		07/14/20	06/28/20	07/23/20		629.50	0.00	0.00	629.50

	LEASE							
55342160		07/14/20	06/28/20	07/23/20	2,367.50	0.00	0.00	2,367.50
	LEASE							
55354138		07/14/20	06/29/20	07/24/20	370.82	0.00	0.00	370.82
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE			3,917.98	0.00	0.00	3,917.98
Vendor#	Vendor Name			Class	Pay Code			
B1650	BOSART LOCK & KEY INC			M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
112356		07/13/20	06/26/20	07/26/20		23.50	0.00	0.00	23.50
	SUPPLIES							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC				23.50	0.00	0.00	23.50
Vendor#	Vendor Name			Class	Pay Code			
B1655	BOSTON SCIENTIFIC CORPORATION			M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
955465849		06/29/20	06/21/20	07/21/20		811.00	0.00	0.00	811.00
	SUPPLIES							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION				811.00	0.00	0.00	811.00
Vendor#	Vendor Name			Class	Pay Code			
C1970	CONMED CORPORATION			M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
434548		07/14/20	06/28/20	07/23/20		1,237.12	0.00	0.00	1,237.12
	SUPPLIES							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION				1,237.12	0.00	0.00	1,237.12
Vendor#	Vendor Name			Class	Pay Code			
C1992	CDW GOVERNMENT, INC.			M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
JGG5613		07/13/20	06/20/20	07/20/20		441.17	0.00	0.00	441.17
	MAJ MOV							
JCW4886		07/14/20	06/08/20	07/08/20		1,829.65	0.00	0.00	1,829.65
	FIXED ASSEST							
JDD8306		07/14/20	06/09/20	07/09/20		1,051.31	0.00	0.00	1,051.31
	FIXED ASSEST							
JGX9124		07/14/20	06/23/20	07/23/20		3,507.12	0.00	0.00	3,507.12
	FIXED ASSEST							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.				6,829.25	0.00	0.00	6,829.25
Vendor#	Vendor Name			Class	Pay Code			
F1400	FISHER HEALTHCARE			M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
3160355		07/14/20	06/29/20	07/24/20		1,007.14	0.00	0.00	1,007.14
	SUPPLIES							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE				1,007.14	0.00	0.00	1,007.14
Vendor#	Vendor Name			Class	Pay Code			
G1210	GULF COAST PAPER COMPANY			M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

1339451		06/29/20	06/20/20	07/20/20		165.18	0.00	0.00	165.18
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY				165.18	0.00	0.00	165.18
Vendor#	Vendor Name				Class	Pay Code			
H0032	H + H SYSTEM, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021046		07/14/20	06/29/20	07/25/20		95.48	0.00	0.00	95.48
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	H0032	H + H SYSTEM, INC.				95.48	0.00	0.00	95.48
Vendor#	Vendor Name				Class	Pay Code			
H1399	HILL-ROM COMPANY, INC				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
471568		07/14/20	06/26/20	07/26/20		168.49	0.00	0.00	168.49
REPAIRS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	H1399	HILL-ROM COMPANY, INC				168.49	0.00	0.00	168.49
Vendor#	Vendor Name				Class	Pay Code			
H1850	HOSPIRA WORLDWIDE, INC				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
851132052		07/14/20	06/23/20	07/23/20		290.00	0.00	0.00	290.00
REPAIRS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC				290.00	0.00	0.00	290.00
Vendor#	Vendor Name				Class	Pay Code			
K0536	SHIRLEY KARNEI								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000074A		07/17/20	07/17/20	07/17/20		615.12	0.00	0.00	615.12
PURCH SERV									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI				615.12	0.00	0.00	615.12
Vendor#	Vendor Name				Class	Pay Code			
K1049	KENTEC MEDICAL INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0987462		07/14/20	06/22/20	07/22/20		40.18	0.00	0.00	40.18
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	K1049	KENTEC MEDICAL INC				40.18	0.00	0.00	40.18
Vendor#	Vendor Name				Class	Pay Code			
L1640	LOWE'S HOME CENTERS INC				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11575		07/14/20	07/06/20	07/20/20		66.14	0.00	0.00	66.14
SUPPLIES									
53851		07/14/20	07/10/20	07/20/20		131.99	0.00	0.00	131.99
SUPPLIES									
53852		07/14/20	07/10/20	07/20/20		229.07	0.00	0.00	229.07
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L1640	LOWE'S HOME CENTERS INC				427.20	0.00	0.00	427.20
Vendor#	Vendor Name				Class	Pay Code			
M2178	MCKESSON MEDICAL SURGICAL INC								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5524673		06/29/20	06/21/20	07/21/20			263.43	0.00	0.00	263.43
	SUPPLIES									
5513794		06/29/20	06/21/20	07/21/20			1,981.87	0.00	0.00	1,981.87
	SUPPLIES									
5619467		07/12/20	06/22/20	07/22/20			206.25	0.00	0.00	206.25
	SUPPLIES									
5355949		07/14/20	06/19/20	07/20/20			1.34	0.00	0.00	1.34
	SUPPLIES									
5780221		07/14/20	06/26/20	07/26/20			2,081.50	0.00	0.00	2,081.50
	SUPPLIES									
5769417		07/14/20	06/26/20	07/26/20			141.36	0.00	0.00	141.36
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC					4,675.75	0.00	0.00	4,675.75

Vendor#	Vendor Name	Class	Pay Code
M2470	MEDLINE INDUSTRIES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1829724692		06/29/20	06/20/20	07/20/20			214.68	0.00	0.00	214.68
	SUPPLIES									
1829883588		06/29/20	06/22/20	07/22/20			116.12	0.00	0.00	116.12
	SUPPLIES									
1829883587		06/29/20	06/22/20	07/22/20			43.55	0.00	0.00	43.55
	SUPPLIES									
1829957175		06/29/20	06/23/20	07/23/20			33.97	0.00	0.00	33.97
	SUPPLIES									
1830197180		07/14/20	06/28/20	07/23/20			14.20	0.00	0.00	14.20
	SUPPLIES									
1830276448		07/14/20	06/29/20	07/24/20			199.49	0.00	0.00	199.49
	SUPPLIES									
1830026483		07/17/20	06/24/20	07/19/20			27.93	0.00	0.00	27.93
	INVENT									
1830026482		07/17/20	06/24/20	07/19/20			11.12	0.00	0.00	11.12
	INVENT									
1830197179		07/17/20	06/28/20	07/23/20			12.87	0.00	0.00	12.87
	INVENT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC					673.93	0.00	0.00	673.93

Vendor#	Vendor Name	Class	Pay Code
N1250	NURSE-DRI	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10044		07/14/20	06/26/20	07/21/20			104.80	0.00	0.00	104.80
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	N1250	NURSE-DRI					104.80	0.00	0.00	104.80

Vendor#	Vendor Name	Class	Pay Code
O0920	OFFICE DEPOT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
937542054001		07/14/20	06/22/20	07/20/20			61.74	0.00	0.00	61.74
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	O0920 OFFICE DEPOT					61.74	0.00	0.00	61.74
Vendor#	Vendor Name			Class	Pay Code				
O1416	ORTHO CLINICAL DIAGNOSTICS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1850364982		06/29/20	06/22/20	07/22/20		1,304.68	0.00	0.00	1,304.68
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O1416	ORTHO CLINICAL DIAGNOSTICS				1,304.68	0.00	0.00	1,304.68
Vendor#	Vendor Name				Class	Pay Code				
O1500	OLYMPUS AMERICA INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	94238355		07/17/20	06/29/20	07/24/20		169.25	0.00	0.00	169.25
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O1500	OLYMPUS AMERICA INC				169.25	0.00	0.00	169.25
Vendor#	Vendor Name				Class	Pay Code				
OM425	OWENS & MINOR									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	2028438026		06/29/20	06/20/20	07/20/20		1,175.99	0.00	0.00	1,175.99
		SUPPLIES								
	2028431985		06/29/20	06/20/20	07/20/20		31.07	0.00	0.00	31.07
		SUPPLIES								
	2028432329		06/29/20	06/20/20	07/20/20		130.83	0.00	0.00	130.83
		SUPPLIES								
	2028432657		06/29/20	06/20/20	07/20/20		76.11	0.00	0.00	76.11
		SUPPLIES								
	2028432192		06/29/20	06/20/20	07/20/20		176.58	0.00	0.00	176.58
		SUPPLIES								
	2028512473		06/29/20	06/22/20	07/22/20		709.58	0.00	0.00	709.58
		SUPPLIES								
	2028506984		06/29/20	06/22/20	07/22/20		32.74	0.00	0.00	32.74
		SUPPLIES								
	2028505758		06/29/20	06/22/20	07/22/20		57.64	0.00	0.00	57.64
		SUPPLIES								
	2028435675		07/13/20	06/20/20	07/20/20		86.34	0.00	0.00	86.34
		SUPPLIES								
	2028433297		07/13/20	06/20/20	07/20/20		84.92	0.00	0.00	84.92
		SUPPLIES								
	2021280631		07/14/20	09/27/20	07/20/20		16.01	0.00	0.00	16.01
		SUPPLIES								
	2028440311		07/14/20	06/20/20	07/20/20		1,170.20	0.00	0.00	1,170.20
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		OM425	OWENS & MINOR				3,748.01	0.00	0.00	3,748.01
Vendor#	Vendor Name				Class	Pay Code				
P0706	PALACIOS BEACON				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	33054618		07/17/20	06/13/20	07/13/20		165.00	0.00	0.00	165.00
		PUBL ADVER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P0706	PALACIOS BEACON				165.00	0.00	0.00	165.00
Vendor#	Vendor Name				Class	Pay Code				

P1800	PITNEY BOWES INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1004546275		07/13/20	06/26/20	07/26/20		207.00	0.00	0.00	207.00
		POSTAGE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P1800	PITNEY BOWES INC				207.00	0.00	0.00	207.00
Vendor#	Vendor Name				Class	Pay Code				
P2100	PORT LAVACA WAVE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000052		07/12/20	06/30/20	07/25/20		1,052.38	0.00	0.00	1,052.38
		PUB REL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P2100	PORT LAVACA WAVE				1,052.38	0.00	0.00	1,052.38
Vendor#	Vendor Name				Class	Pay Code				
P2200	POWER HARDWARE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	B32809		07/14/20	07/10/20	07/20/20		12.78	0.00	0.00	12.78
		SUPPLIES								
	B32805		07/14/20	07/10/20	07/20/20		11.16	0.00	0.00	11.16
		SUPPLIES								
	A33828		07/14/20	07/11/20	07/21/20		43.03	0.00	0.00	43.03
		SUPPLIES								
	B32913		07/14/20	07/12/20	07/22/20		5.28	0.00	0.00	5.28
		SUPPLIES								
	A33867		07/14/20	07/12/20	07/22/20		6.08	0.00	0.00	6.08
		SUPPLIES								
	A33871		07/18/20	07/12/20	07/22/20		-3.19	0.00	0.00	-3.19
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P2200	POWER HARDWARE				75.14	0.00	0.00	75.14
Vendor#	Vendor Name				Class	Pay Code				
R1050	CULLIGAN OF VICTORIA				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	555X02579605		07/12/20	06/30/20	07/25/20		549.80	0.00	0.00	549.80
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1050	CULLIGAN OF VICTORIA				549.80	0.00	0.00	549.80
Vendor#	Vendor Name				Class	Pay Code				
S0905	PERFORMANCE HEALTH				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	IN89172346		07/14/20	06/17/20	07/12/20		83.27	0.00	0.00	83.27
		SUPPLIES								
	IN89215058		07/17/20	06/28/20	07/23/20		680.19	0.00	0.00	680.19
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S0905	PERFORMANCE HEALTH				763.46	0.00	0.00	763.46
Vendor#	Vendor Name				Class	Pay Code				
S1800	SHERWIN WILLIAMS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	44289		07/14/20	07/01/20	07/16/20		169.58	0.00	0.00	169.58
		SUPPLIES								

44727	07/14/20	07/03/20	07/18/20	58.92	0.00	0.00	58.92	
SUPPLIES								
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	S1800	SHERWIN WILLIAMS		228.50	0.00	0.00	228.50	

Vendor#	Vendor Name	Class	Pay Code
S2001	SIEMENS MEDICAL SOLUTIONS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
115462795		07/17/20	06/18/20	07/13/20			832.25	0.00	0.00	832.25
	MAINT CONT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC					832.25	0.00	0.00	832.25

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
93779168		07/14/20	06/26/20	07/20/20			282.46	0.00	0.00	282.46
	SUPPLIES									
93784956		07/14/20	06/28/20	07/20/20			264.97	0.00	0.00	264.97
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW					547.43	0.00	0.00	547.43

Vendor#	Vendor Name	Class	Pay Code
U1054	UNIFIRST HOLDINGS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8150771058		06/28/20	06/27/20	07/22/20			34.42	0.00	0.00	34.42
	LAUNDRY									
8150770971		06/28/20	06/27/20	07/22/20			60.66	0.00	0.00	60.66
	LAUNDRY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS					95.08	0.00	0.00	95.08

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400250265		06/28/20	06/27/20	07/22/20			44.35	0.00	0.00	44.35
	LAUNDRY									
8400250295		06/28/20	06/27/20	07/22/20			50.20	0.00	0.00	50.20
	LAUNDRY									
8400250264		06/28/20	06/27/20	07/22/20			50.65	0.00	0.00	50.65
	LAUNDRY									
8400250303		06/28/20	06/27/20	07/22/20			1,025.53	0.00	0.00	1,025.53
	LAUNDRY									
8400250261		06/28/20	06/27/20	07/22/20			90.99	0.00	0.00	90.99
	LAUNDRY									
8400250263		06/28/20	06/27/20	07/22/20			70.85	0.00	0.00	70.85
	LAUNDRY									
8400250359		06/28/20	06/27/20	07/22/20			85.76	0.00	0.00	85.76
	LAUNDRY									
8400250262		07/13/20	06/27/20	07/22/20			110.77	0.00	0.00	110.77
	LAUNDRY									
8400250607		07/13/20	06/30/20	07/25/20			151.47	0.00	0.00	151.47
	LAUNDRY									
8400250650		07/17/20	06/30/20	07/25/20			791.95	0.00	0.00	791.95
	LAUNDRY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	2,472.52	0.00	0.00	2,472.52

Vendor#	Vendor Name	Class	Pay Code
U2000	US POSTAL SERVICE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000071	POSTAGE	07/17/20	07/12/20	07/12/20			196.68	0.00	0.00	196.68 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE	196.68	0.00	0.00	196.68

Vendor#	Vendor Name	Class	Pay Code
V1050	THE VICTORIA ADVOCATE ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000070	PUBL ADV	07/17/20	06/30/20	07/10/20			1,266.71	0.00	0.00	1,266.71 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE	1,266.71	0.00	0.00	1,266.71

Vendor#	Vendor Name	Class	Pay Code
V1471	VICTORIA RADIOWORKS, LTD ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
17060220 ✓	PUBL REL	07/17/20	06/30/20	07/19/20			300.00	0.00	0.00	300.00 ✓
17060219 ✓	PUBL REL	07/17/20	06/30/20	07/19/20			210.00	0.00	0.00	210.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD	510.00	0.00	0.00	510.00

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9487015795 ✓	SUPPLIES	07/14/20	06/28/20	07/23/20			39.24	0.00	0.00	39.24 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	39.24	0.00	0.00	39.24

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	265,420.80	0.00	0.00	265,420.80

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

APPROVED
ON
JUL 18 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 172048-172117

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	172048	07/18/17	614.22	CUSTOM MEDICAL SPECIALTIES
A/P	172049	07/18/17	47.62	SCAN SOUND, INC
A/P	172050	07/18/17	634.00	CENTURION MEDICAL PRODUCTS
A/P	172051	07/18/17	1,726.91	DEWITT POTH & SON
A/P	172052	07/18/17	340.77	PRECISION DYNAMICS CORP (PDC)
A/P	172053	07/18/17	42.95	UNIT DRUG CO, LLC
A/P	172054	07/18/17	231.14	ALERE NORTH AMERICA INC
A/P	172055	07/18/17	.00	VOIDED
A/P	172056	07/18/17	7,819.12	MORRIS & DICKSON CO, LLC
A/P	172057	07/18/17	5,408.00	BKD, LLP
A/P	172058	07/18/17	1,625.00	SIGN AD, LTD.
A/P	172059	07/18/17	2,464.76	STRYKER SUSTAINABILITY
A/P	172060	07/18/17	6,730.96	CLINICAL PATHOLOGY
A/P	172061	07/18/17	74,513.05	DISCOVERY MEDICAL NETWORK INC
A/P	172062	07/18/17	31,344.28	ALLIED BENEFIT SYSTEMS
A/P	172063	07/18/17	14,360.12	HUNTER PHARMACY SERVICES
A/P	172064	07/18/17	1,978.75	TRUVEN HEALTH ANALYTICS INC
A/P	172065	07/18/17	2,091.55	REVCYCLE+, INC.
A/P	172066	07/18/17	134.64	DERRI HART
A/P	172067	07/18/17	4,050.00	RECONDO
A/P	172068	07/18/17	19,166.67	DIAMOND HEALTHCARE CORP
A/P	172069	07/18/17	1,601.82	TRIZETTO PROVIDER SOLUTIONS
A/P	172070	07/18/17	1,057.50	PABLO GARZA
A/P	172071	07/18/17	1,407.45	THE US CONSULTING GROUP
A/P	172072	07/18/17	3,724.86	MEDICAL DATA SYSTEMS, INC.
A/P	172073	07/18/17	235.00	RX WASTE SYSTEMS LLC
A/P	172074	07/18/17	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	172075	07/18/17	770.00	DOWELL PEST CONTROL
A/P	172076	07/18/17	33.68	CHARLES SAMAHA
A/P	172077	07/18/17	2,902.86	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	172078	07/18/17	500.93	SAFE CHAIN SOLUTIONS LLC
A/P	172079	07/18/17	885.00	TRI-PHARMA INC
A/P	172080	07/18/17	1,547.70	ALCON LABORATORIES, INC.
A/P	172081	07/18/17	3,917.98	BAXTER HEALTHCARE
A/P	172082	07/18/17	23.50	BOSART LOCK & KEY INC
A/P	172083	07/18/17	811.00	BOSTON SCIENTIFIC CORPORATION
A/P	172084	07/18/17	1,237.12	CONMED CORPORATION
A/P	172085	07/18/17	6,829.25	CDW GOVERNMENT, INC.
A/P	172086	07/18/17	1,007.14	FISHER HEALTHCARE
A/P	172087	07/18/17	165.18	GULF COAST PAPER COMPANY
A/P	172088	07/18/17	95.48	H + H SYSTEM, INC.
A/P	172089	07/18/17	168.49	HILL-ROM COMPANY, INC
A/P	172090	07/18/17	290.00	HOSPIRA WORLDWIDE, INC
A/P	172091	07/18/17	615.12	SHIRLEY KARNEI
A/P	172092	07/18/17	40.18	KENTEC MEDICAL INC
A/P	172093	07/18/17	427.20	LOWE'S HOME CENTERS INC
A/P	172094	07/18/17	4,675.75	MCKESSON MEDICAL SURGICAL INC
A/P	172095	07/18/17	.00	VOIDED
A/P	172096	07/18/17	673.93	MEDLINE INDUSTRIES INC
A/P	172097	07/18/17	104.80	NURSE-DRI

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172098	07/18/17	61.74	OFFICE DEPOT
A/P	172099	07/18/17	1,304.68	ORTHO CLINICAL DIAGNOSTICS
A/P	172100	07/18/17	169.25	OLYMPUS AMERICA INC
A/P	172101	07/18/17	.00	VOIDED
A/P	172102	07/18/17	3,748.01	OWENS & MINOR
A/P	172103	07/18/17	165.00	PALACIOS BEACON
A/P	172104	07/18/17	207.00	PITNEY BOWES INC
A/P	172105	07/18/17	1,052.38	PORT LAVACA WAVE
A/P	172106	07/18/17	75.14	POWER HARDWARE
A/P	172107	07/18/17	549.80	CULLIGAN OF VICTORIA
A/P	172108	07/18/17	763.46	PERFORMANCE HEALTH
A/P	172109	07/18/17	228.50	SHERWIN WILLIAMS
A/P	172110	07/18/17	832.25	SIEMENS MEDICAL SOLUTIONS INC
A/P	172111	07/18/17	547.43	SMITH & NEPHEW
A/P	172112	07/18/17	95.08	UNIFIRST HOLDINGS
A/P	172113	07/18/17	2,472.52	UNIFIRST HOLDINGS INC
A/P	172114	07/18/17	196.68	US POSTAL SERVICE
A/P	172115	07/18/17	1,266.71	THE VICTORIA ADVOCATE
A/P	172116	07/18/17	510.00	VICTORIA RADIOWORKS, LTD
A/P	172117	07/18/17	39.24	GRAINGER
TOTALS:			265,420.80	

APPROVED
ON

JUL 18 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

07/21/2017
11:25

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11066	ACR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MAP# 08443		07/21/20	07/14/20	07/21/20		1,000.00	0.00	0.00	1,000.00
	PREPAID								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11066	ACR	1,000.00	0.00	0.00	1,000.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,000.00	0.00	0.00	1,000.00

Fee for accredidation for New unit.

APPROVED
ON

JUL 20 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 172118

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

Ø

RUN DATE:07/21/17 MEMORIAL MEDICAL CENTER PAGE 1

TIME:12:48 CHECK REGISTER GLCKREG

07/21/17 THRU 07/21/17

BANK--CHECK--				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172118	07/21/17	1,000.00	ACR
TOTALS:			1,000.00	

APPROVED
ON
JUL 20 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Elan™

July 2017 Statement
Open Date: 06/06/2017 Closing Date: 07/06/2017

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT

New Balance	**$3,459.00**
Minimum Payment Due	**$35.00**
Payment Due Date	**08/01/2017**

Cardmember Service
BUS 30 ELN 8

Activity Summary

Previous Balance	+	$2,054.57
Payments	-	$2,052.10CR
Other Credits	-	$2.47CR
Purchases	+	$3,459.00
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$3,459.00**
Past Due		**$0.00**
Minimum Payment Due		**$35.00**
Credit Line		$10,000.00
Available Credit		$6,541.00
Days in Billing Period		31

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

MMC will Pay By Phone

APPROVED ON 3,459.00
JUL 24 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payment Options:
Mail payment coupon with a check
Pay online at
Pay by phone

Please detach and send coupon with check payable to: Cardmember Service

Elan™

24-Hour Cardmember Service:
. to pay by phone
. to change your address

MEMORIAL MEDICAL CNT
JERRY L PICKETT
202 S ANN ST
PORT LAVACA TX 77979-4204

Payment Due Date	8/01/2017
New Balance	$3,459.00
Minimum Payment Due	$35.00

Amount Enclosed $_____

Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

Elan™

July 2017 Statement 06/06/2017 - 07/06/2017

MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service

Important Messages

Paying Interest: You have a 24 to 30 day interest-free period for Purchases provided you have paid your previous balance in full by the Payment Due Date shown on your monthly Account statement. In order to avoid additional INTEREST CHARGES on Purchases, you must pay your new balance in full by the Payment Due Date shown on the front of your monthly Account statement.

There is no interest-free period for transactions that post to the Account as Advances or Balance Transfers except as provided in any Offer Materials. Those transactions are subject to interest from the date they post to the Account until the date they are paid in full.

Visa Payment Controls allows you to customize each of your employee's business credit cards to control where, when, and how your employees use them. Easily set controls that limit card use by time of day or day of week, dollar amount, transaction types or geographical locations. Visit myaccountaccess.com/vpc to set up customized controls on your employees' business credit cards today.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
06/16	06/15	0078	DRI*ABLEBITS COM ELEMENT5.INFO MN MERCHANDISE/SERVICE RETURN	$2.47CR	
06/27	06/27		PAYMENT THANK YOU	$2,052.10CR	
			TOTAL THIS PERIOD	**$2,054.57CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
07/03	06/30	9054	GEXPRO7615 MILWAUKEE WI	$3,459.00	
			TOTAL THIS PERIOD	**$3,459.00**	

Fees

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
07/06			ANNUAL MEMBERSHIP FEE	$0.00	
			TOTAL FEES THIS PERIOD	**$0.00**	

2017 Totals Year-to-Date

Total Fees Charged in 2017	$0.00
Total Interest Charged in 2017	$0.00

Company Approval *(This area for use by your company)*

Signature/Approval: _____ Accounting Code: _____

Continued on Next Page

MyCommerce
Digital River

Customer service contact address:
Share-it - Digital River, Inc.
10380 Bren Road West
Minnetonka, MN 55343
USA

MEMORIAL MEDICAL CENTER
JERRY PICKETT
815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
USA

24-MAY-2017

Invoice for order # 536353273 dated 24-MAY-2017

Seller of the product:

Digital River GmbH
Scheidtweilerstr. 4
50933 Cologne
Germany

Tax ID Number (Germany): 217/5722/1080
VAT-ID: DE194149069

Publisher:

ADX Frameworks, SIA
Julia Tarasova
Krišja°a Barona iela 130 k-10
LV-1012 Riga
Latvia

Item #	Description	Qty.	Unit Price		VAT	Amount
300755224p	Ablebits.com Duplicate Remover for Microsoft Excel Delivery date: 24-MAY-2017	1	USD 29.95	8.25%1)	USD 2.47	USD 32.42

Net total	**USD 29.95**
VAT (= EUR 2.20)	**USD 2.47**
Total amount	**USD 32.42**

Sequential invoice no.: e5-US-2017-000001455
Payment Type: Credit Card (Visa)

1) USSG2: Standard Seller collected use tax applies becau

Request for tax refund made 6/13/17. Card should show a credit of $2.47

c

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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: GEXPRO

Date: 6/23/17

Vendor Address:

P.O. # 81014

Vendor Phone #: 1414-527-6674

Account #

Vendor Fax #: 414 527-6653

Initiated By: F. Janak

Form #9401

Date Required | Expense # | Department XRAY | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	1		XR240-030-1P			$3459.00
2						
3						
4						
5						
6						
7						
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST $3459.00

NOTES:

Wall power box (Breaker system) - new mammo Room

Quote # S117329462

Contact:
Quoted By: Gary LaVine

Date: 6/23/17

Buyer: S Brauw

E.T.A.

Dept. Director Sarah Janak RT(R)(M)

Dir. Nursing

Adm. Dir. Clinical Service

CFO

Administrator

Gexpro®

Acknowledgement

ORDER DATE	ORDER NUMBER	PAGE NO.
06/23/2017		1 of 1

CUST PO#:	8
JOB/REL#:	

GEXPRO 7615 MLW MILWAUKEE
12221 WEST FEERICK STREET
MILWAUKEE, WI 53222-2117
414-527-6600
Fax 414-527-6652

SOLD TO:

Memorial Medical Center Calhoun Cty
815 N. Virginia St PO Box 25
PORT LAVACA, TX 77979

SHIP TO:

Memorial Medical Center Calhoun Cty
815 N. Virginia St
PORT LAVACA, TX 77979-3025

CUSTOMER NUMBER	CUSTOMER PHONE#	ORDERED BY	SALESPERSON
	361-552-	Chuck Samaha	Jay La Vine 7615

WRITER	SHIP VIA	TERMS	SHIP DATE	FREIGHT ALLOWED
Jay La Vine 7615	UPS COLLECT	Pay on Delivery	07/31/2017	Yes

ORDER QTY	DESCRIPTION	UNIT PRICE	EXT PRICE
1ea	BEV DIRECT ITEM XR240-030-1P Senographe Pristina Panel Pn: 701330	3459.000/ea	3459.00
	Less Amount Paid: -3459.00		

ORDER SUMMARY

Total Sales for Order	3459.00
Payments to Date	-3459.00
Balance	0.00

06/29/17 3459.00 Credit Card

Seller's Terms & Conditions of Sale, as detailed on Seller's Commercial Credit Application, shall apply to this transaction. Seller's Terms & Conditions of Sale also can be found at www.gexpro.com/terms. No additional or different terms proposed by Buyer will be binding on Seller unless specifically agreed to, in writing, by an authorized representative of Seller.

Subtotal	3459.00 ✓
S&H Charges	0.00
Tax	0.00 ✓
Amount Due	0.00

Printed By: MSOWLLES on 7/24/2017 12:33:04 PM

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
7/24/2017

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	175,998.47	175,898.47	150,760.03	-	-	-	-	150,860.03	150,760.03

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 0614
Accou 4257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	178,308.44	178,208.44	5,682.89	-	-	-	-	5,782.89	5,682.89
Crescent	4588	93,757.94	93,657.94	244,094.66	-	-	-	-	244,194.66	244,094.66
Broadmoor	4596	198,593.07	198,493.07	354,845.04	-	-	-	-	354,945.04	354,845.04
Fort Bend	4618	59,021.13	58,921.13	112,672.11	-	-	-	-	112,772.11	112,672.11
										717,294.70

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA : 0614
Account # 2922

Approved:

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.

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

APPROVED
JUL 24 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 7-24-17.xlsx

Account Portfolio as of 07/24/2017 8:23:32 AM

Account Display
◉ Display By Account Type
○ Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$816,593.67	$816,593.67
Memorial Medical Center	4154	$0.00	$95.00
Memorial Medical Center	4553	$150,860.03	$168,478.36
Memorial Medical Center	4561	$5,782.89	$347,629.93
Memorial Medical Center	4588	$244,194.66	$244,991.32
Memorial Medical Center	4596	$354,945.04	$368,782.75
Memorial Medical Center	4618	$112,772.11	$114,817.96
NH Golden Creek Healthcare	4901	$100.00	$100.00
Memorial Medical Center Operat	0301	$2,208,001.76	$2,227,226.25
County of Calhoun Indigent	1101	$5,159.79	$5,159.79
Totals		**$3,898,409.95**	**$4,293,875.03**

IBC Bank Activity
7/17/17 through 7/23/17

Ashford Gardens					Transfer-Out	Transfer-In	
7/18/2017	11310502	4553	142	ACH CREDIT RECEIVED		1,491.14	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017071412601746*1752603231\
7/18/2017	11310502	4553	142	ACH CREDIT RECEIVED		1,027.16	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017071512202414*1752603231\
7/18/2017	11310502	4553	142	ACH CREDIT RECEIVED		3,427.49	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017071412601778*1752603231\
7/18/2017	11310502	4553	142	ACH CREDIT RECEIVED		8,720.31	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4598566*1201494502\
7/18/2017	11310502	4553	142	ACH CREDIT RECEIVED		5,545.60	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4596056*1201494502\
7/18/2017	11310502	4553	142	ACH CREDIT RECEIVED		0.01	HUMANA INS CO HCCLAIMPMT|Ashford Gardens|DISDATA-OPTIONAL|TRN*1*001430032963967*1391263473\
7/18/2017	11310502	4553	142	ACH CREDIT RECEIVED		0.01	HUMANA INS CO HCCLAIMPMT|Ashford Gardens|DISDATA-OPTIONAL|TRN*1*001430032963799*1391263473\
7/18/2017	11310502	4553	142	ACH CREDIT RECEIVED		152.09	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017071417700029*1752603231\
7/18/2017	11310502	4553	142	ACH CREDIT RECEIVED		1,016.02	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4593114*1201494502\
7/18/2017	11310502	4553	142	ACH CREDIT RECEIVED		277.23	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017071513204138*1752603231\
7/19/2017	11310502	4553	142	ACH CREDIT RECEIVED		713.82	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017071717401551*1752603231\
7/19/2017	11310502	4553	495	OUTGOING MONEY TRANSFER	175,898.47		ASHFORD HEALTH CARE CENTER LTD
7/19/2017	11310502	4553	142	ACH CREDIT RECEIVED		1,757.21	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
7/19/2017	11310502	4553	142	ACH CREDIT RECEIVED		646.80	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4600225*1201494502\
7/19/2017	11310502	4553	142	ACH CREDIT RECEIVED		1,485.96	CENTENE CORP HCCLAIMPMT|ASHFORD GARDENS|TRN*1*0902937699*1742770542\
7/19/2017	11310502	4553	142	ACH CREDIT RECEIVED		30,690.42	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017071717401559*1752603231\
7/20/2017	11310502	4553	142	ACH CREDIT RECEIVED		90,337.40	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6632284*1205296137*000004911\
7/21/2017	11310502	4553	142	ACH CREDIT RECEIVED		1,850.33	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4608321*1201494502\
7/21/2017	11310502	4553	142	ACH CREDIT RECEIVED		1,621.03	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017071916102821*1752603231\
					175,898.47	150,760.03	

Solera at West Housto					Transfer-Out	Transfer-In	
7/18/2017	11310502	4561	142	ACH CREDIT RECEIVED		0.01	HUMANA INS CO HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001430032963968*1391263473\
7/18/2017	11310502	4561	142	ACH CREDIT RECEIVED		0.01	HUMANA INS CO HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001430032963800*1391263473\
7/19/2017	11310502	4561	495	OUTGOING MONEY TRANSFER	178,208.44		CANTEX HEALTH CARE CENTERS LLC
7/19/2017	11310502	4561	142	ACH CREDIT RECEIVED		1,106.36	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4491772*1205296137*000004011\
7/19/2017	11310502	4561	142	ACH CREDIT RECEIVED		1,943.02	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017071717401555*1752603231\
7/19/2017	11310502	4561	142	ACH CREDIT RECEIVED		1,629.34	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017071717401561*1752603231\
7/21/2017	11310502	4561	142	ACH CREDIT RECEIVED		1,004.15	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017071916102822*1752603231\
					178,208.44	5,682.89	

Crescent					Transfer-Out	Transfer-In	
7/18/2017	11310502	4588	142	ACH CREDIT RECEIVED		6,912.27	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4596128*1201494502\
7/18/2017	11310502	4588	142	ACH CREDIT RECEIVED		9,954.66	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017071412601776*1752603231\
7/18/2017	11310502	4588	142	ACH CREDIT RECEIVED		0.01	HUMANA INS CO HCCLAIMPMT|The Crescent|DISDATA-OPTIONAL|TRN*1*001430032963970*1391263473\
7/18/2017	11310502	4588	142	ACH CREDIT RECEIVED		0.01	HUMANA INS CO HCCLAIMPMT|The Crescent|DISDATA-OPTIONAL|TRN*1*001430032963802*1391263473\
7/19/2017	11310502	4588	495	OUTGOING MONEY TRANSFER	93,657.94		CANTEX HEALTH CARE CENTERS III
7/20/2017	11310502	4588	142	ACH CREDIT RECEIVED		11,110.00	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4493185*1205296137*000004011\
7/21/2017	11310502	4588	142	ACH CREDIT RECEIVED		204,652.17	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4494837*1205296137*000004011\
7/21/2017	11310502	4588	142	ACH CREDIT RECEIVED		9,714.26	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017071916102817*1752603231\
7/21/2017	11310502	4588	142	ACH CREDIT RECEIVED		1,751.28	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017071910701684*1452485907\
					93,657.94	244,094.66	

Broadmoor					Transfer-Out	Transfer-In	
7/18/2017	11310502	4596	142	ACH CREDIT RECEIVED		0.01	HUMANA INS CO HCCLAIMPMT|The Broadmoor at Creek|DISDATA-OPTIONAL|TRN*1*001430032964013*1391263473\
7/18/2017	11310502	4596	142	ACH CREDIT RECEIVED		0.01	HUMANA INS CO HCCLAIMPMT|The Broadmoor at Creek|DISDATA-OPTIONAL|TRN*1*001430032963845*1391263473\
7/18/2017	11310502	4596	142	ACH CREDIT RECEIVED		3,998.39	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4596058*1201494502\
7/19/2017	11310502	4596	495	OUTGOING MONEY TRANSFER	198,493.07		CANTEX HEALTH CARE CENTERS III
7/20/2017	11310502	4596	142	ACH CREDIT RECEIVED		307,092.32	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4493197*1205296137*000004011\
7/21/2017	11310502	4596	142	ACH CREDIT RECEIVED		43,579.05	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4494848*1205296137*000004011\
7/21/2017	11310502	4596	142	ACH CREDIT RECEIVED		175.26	Molina HC of TX HCCLAIMPMT|THE BROADMOOR AT CREEK|TRN*1*EFT4608326*1201494502\
					198,493.07	354,845.04	

I8C Bank Activity
7/17/17 through 7/23/17

Fort Bend						Transfer-Out	Transfer-In	
7/18/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		0.01	HUMANA INS CO HCCLAIMPMT|Fort Bend Healthcare C|DISDATA-OPTIONAL|TRN*1*001430032963969*1391263473\
7/18/2017	113105025		4618	142	ACH CREDIT RECEIVED		0.01	HUMANA INS CO HCCLAIMPMT|Fort Bend Healthcare C|DISDATA-OPTIONAL|TRN*1*001430032963801*1391263473\
7/19/2017	113105025		4618	142	ACH CREDIT RECEIVED		10,436.50	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4600224*1201494502\
7/19/2017	113105025		4618	495	OUTGOING MONEY TRANSFER	58,921.13		CANTEX HEALTH CARE CENTERS III
7/19/2017	113105025		4618	142	ACH CREDIT RECEIVED		1,897.80	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0902937694*1742770542\
7/20/2017	113105025		4618	142	ACH CREDIT RECEIVED		53,172.74	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4493144*1205296137*000004011\
7/21/2017	113105025		4618	142	ACH CREDIT RECEIVED		17,736.35	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4494301*1205296137*000004011\
7/21/2017	113105025		4618	142	ACH CREDIT RECEIVED		17,236.48	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017071916102818*1752603231\
7/21/2017	113105025		4618	142	ACH CREDIT RECEIVED		12,192.22	HEALTH HUMAN SVC INV-PAYMT5|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
						58,921.13	112,672.11	

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/21/2017

DC: 8115

Territory:

Customer: 632536
Date: 07/22/2017

Page: 002

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

As of: 07/21/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 07/22/2017

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 3,585.08 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 0.00

If Paid By 07/25/2017,
Pay This Amount: 3,513.38 USD

If Paid After 07/25/2017,
Pay this Amount: 3,585.08 USD

Due If Paid On Time:
USD 3,513.38

Disc lost if paid late:
71.70

Due If Paid Late:
USD 3,585.08

ck# 938

765.00 +
2,124.58 +
623.80 +
3,513.38 *

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

APPROVED ON
JUL 24 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

340B Prescription Expenses

McKESSON

Company: 8000

STATEMENT

As of: 07/21/2017 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 07/22/2017

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 07/21/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 07/22/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
07/17/2017	07/25/2017	7818905501	1001048002	115Invoice	1.07	53.65		✓52.58	✓	7818905501	
07/17/2017	07/25/2017	7818905502	1001048561	115Invoice	4.38	219.16		✓214.78	✓	7818905502	
07/18/2017	07/25/2017	7819177309	1001049369	115Invoice	1.87	93.66		✓91.79	✓	7819177309	
07/18/2017	07/25/2017	7819177312	1001049369	115Invoice	1.05	52.28		✓51.23	✓	7819177312	
07/20/2017	07/25/2017	7819619507	1001050717	115Invoice	0.34	16.76		✓16.42	✓	7819619507	
07/21/2017	07/25/2017	7819889739	1001051262	115Invoice	6.90	345.10		✓338.20	✓	7819889739	

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

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

Subtotals: 780.61 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,585.53
07/17/2017

If Paid By 07/25/2017,
Pay This Amount: 765.00 ✓ USD

If Paid After 07/25/2017,
Pay this Amount: 780.61 USD

Due If Paid On Time:
USD 765.00

Disc lost if paid late:
15.61

Due If Paid Late:
USD 780.61

APPROVED
ON
JUL 24 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 07/21/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 07/22/2017

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

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

As of: 07/21/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/22/2017

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
07/17/2017	07/25/2017	7818921575	0715171009-00	115Invoice	0.02	0.95		✓0.93	✓	7818921575	
07/17/2017	07/25/2017	7818921576	4457200360	115Invoice		0.08		✓0.08	✓	7818921576	
07/18/2017	07/25/2017	7819178216	1103619	115Invoice	5.26	263.22		✓257.96	✓	7819178216	
07/18/2017	07/25/2017	7819183117	0717170454-00	115Invoice	10.87	543.61		✓532.74	✓	7819183117	
07/19/2017	07/25/2017	7819397104	7757200664	115Invoice	6.15	307.55		✓301.40	✓	7819397104	
07/19/2017	07/25/2017	7819397105	0718170112-00	115Invoice	9.53	476.42		✓466.89	✓	7819397105	
07/20/2017	07/25/2017	7819642423	0719170821-00	115Invoice	8.34	417.21		✓408.87	✓	7819642423	
07/20/2017	07/25/2017	7819642424	MH07192017—	115Invoice	0.41	20.26		✓19.85	✓	7819642424	
07/21/2017	07/25/2017	7819870000	0720171247-00	115Invoice	2.77	138.63		✓135.86	✓	7819870000	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,167.93 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,585.53
07/17/2017

If Paid By 07/25/2017,
Pay This Amount: 2,124.58 USD ✓

If Paid After 07/25/2017,
Pay this Amount: 2,167.93 USD

Due If Paid On Time:
USD 2,124.58

Disc lost if paid late:
43.35

Due If Paid Late:
USD 2,167.93

APPROVED ON
JUL 24 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/21/2017 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 07/22/2017

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

As of: 07/21/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 07/22/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
07/17/2017	07/25/2017	7818936605	1001048563	115Invoice	1.21	60.31		✓59.10	✓	7818936605	
07/17/2017	07/25/2017	7818937387	1001048004	115Invoice	0.56	28.13		✓27.57	✓	7818937387	
07/18/2017	07/25/2017	7819204170	1001049371	115Invoice	3.27	163.30		✓160.03	✓	7819204170	
07/19/2017	07/25/2017	7819390256	1001050171	115Invoice	4.12	205.80		✓201.68	✓	7819390256	
07/20/2017	07/25/2017	7819656974	1001050719	115Invoice	2.46	122.85		✓120.39	✓	7819656974	
07/21/2017	07/25/2017	7819908955	1001051264	115Invoice	1.12	56.15		✓55.03	✓	7819908955	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 636.54 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,585.53
07/17/2017

If Paid By 07/25/2017,
Pay This Amount: ✓623.80 USD

If Paid After 07/25/2017,
Pay this Amount: 636.54 USD

Due If Paid On Time:
USD 623.80

Disc lost if paid late:
12.74

Due If Paid Late:
USD 636.54

APPROVED
ON
JUL 24 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:07/24/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:55 CHECK REGISTER GLCKREG
07/24/17 THRU 07/24/17

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000938	07/24/17	3,513.38	MCKESSON
TOTALS:			3,513.38	

APPROVED
ON

JUL 24 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Account Portfolio as of 07/28/2017 9:23:59 AM

Account Display
◉ Display By Account Type
○ Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance	
Memorial Medical Center	3387	$816,593.67	$816,593.67	$816,593.67*
Memorial Medical Center	4154	$0.00	$95.00**	Clinic Con. $100.00*
Memorial Medical Center	4553	$91,159.69	$92,629.99	$100.00*
Memorial Medical Center	4561	$554,526.71	$565,292.40	$100.00*
Memorial Medical Center	4588	$56,892.37	$61,628.74	$100.00*
Memorial Medical Center	4596	$45,690.99	$47,892.22	$100.00*
Memorial Medical Center	4618	$45,252.46	$45,687.14	$100.00*
NH Golden Creek Healthcare	4901	$100.00	$100.00	$100.00*
Memorial Medical Center Operat	0301	$2,193,788.44	$2,188,269.83	$100.00*
County of Calhoun Indigent	1101	$3,612.86	$3,612.86	$3,170.36*
Totals		**$3,807,617.19**	**$3,821,801.85**	

Individual Check Registers

** IBC charged a $5 inactive fee in error. IBC corrected the error.

* To Open Accounts at Prosperity Bank — See Check Registers —

APPROVED ON JUL 28 2017 COUNTY AUDITOR COUNTY

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 7/28/2017

Private Waiver Clearing Fund

APPROVED ON JUL 28 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $816,593.67

G/L NUMBER: 10000004

EXPLANATION: To transfer funds from IBC to Prosperity Bank Private Waiver account.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

CK# 13

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 7/28/2017

Clinic Series 2014

APPROVED ON JUL 28 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $100.00

G/L NUMBER: 10000024

EXPLANATION: To transfer funds from IBC to Prosperity Bank.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

CK # 3629

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Ashford

Date Requested: 7/28/2017

APPROVED ON JUL 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $100.00

G/L NUMBER: 10000018

EXPLANATION: To transfer funds from IBC to Prosperity Bank.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

CK#017

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Broadmoor

Date Requested: 7/28/2017

APPROVED ON JUL 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $100.00

G/L NUMBER: 10000019

EXPLANATION: To transfer funds from IBC to Prosperity Bank.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

CK#018

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Crescent

Date Requested: 7/28/2017

APPROVED ON JUL 28 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $100.00

G/L NUMBER: 10000020

EXPLANATION: To transfer funds from IBC to Prosperity Bank.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

CK # 013

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Fort Bend

Date Requested: 7/28/2017

APPROVED ON JUL 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $100.00

G/L NUMBER: 10000021

EXPLANATION: To transfer funds from IBC to Prosperity Bank.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

CK # 014

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Solera

Date Requested: 7/28/2017

APPROVED ON JUL 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $100.00

G/L NUMBER: 10000022

EXPLANATION: To transfer funds from IBC to Prosperity Bank.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

CR# 014

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 7/28/2017

Golden Creek

APPROVED ON JUL 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $100.00

G/L NUMBER: 10000023

EXPLANATION: To transfer funds from IBC to Prosperity Bank.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

CK # 000001

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
P/W	000013	07/28/17	816,593.67	PRIVATE WAIVER CLEARING
TOTALS:			816,593.67	

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
C/C	003629	07/28/17	100.00	CLINIC CONSTRUCTION ACC
TOTALS:			100.00	

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000017	07/28/17	100.00	NH ASHFORD
TOTALS:			100.00	

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000018	07/28/17	100.00	NH BROADMOOR
TOTALS:			100.00	

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000013	07/28/17	100.00	NH CRESCENT
TOTALS:			100.00	

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000014	07/28/17	100.00	NH FORT BEND
TOTALS:			100.00	

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000014	07/28/17	100.00	NH SOLERA
TOTALS:			100.00	

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHG	000001	07/28/17	100.00	NH GOLDEN CREEK
TOTALS:			100.00	

07/28/2017 MEMORIAL MEDICAL CENTER 0
11:20 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11460	CALHOUN COUNTY INDIGENT ACCOUN	ICP	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000106		07/28/20	07/28/20	07/28/20			3,170.36	0.00	0.00	3,170.36
	TRANSFER OF FUNDS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11460	CALHOUN COUNTY INDIGENT ACCOUN	3,170.36	0.00	0.00	3,170.36

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,170.36	0.00	0.00	3,170.36

APPROVED
ON
JUL 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 010439

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 7/28/2017

Calhoun Co. Indigent Healthcare

APPROVED ON JUL 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $3,170.36

G/L NUMBER: 10000003

EXPLANATION: To transfer funds from IBC to Prosperity Bank.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

CK# 010439

000106

RUN DATE:07/28/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:27 CHECK REGISTER GLCKREG
07/28/17 THRU 07/28/17

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
ICP	010439	07/28/17	3,170.36	CALHOUN COUNTY INDIGENT ACCOUN
TOTALS:			3,170.36	

APPROVED
ON

JUL 28 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

07/28/2017 MEMORIAL MEDICAL CENTER 0
11:18 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
M0500	MEMORIAL MEDICAL CENTER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000107		07/28/20	07/28/20	07/28/20			100.00	0.00	0.00	100.00
	TRANSFER OF FUNDS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M0500	MEMORIAL MEDICAL CENTER	100.00	0.00	0.00	100.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	100.00	0.00	0.00	100.00

Transfer from IBC
To Prosperity

APPROVED
ON

JUL 28 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #172119

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Operating

Date Requested: 7/28/2017

APPROVED ON JUL 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $100.00

G/L NUMBER: 10000001

EXPLANATION: To transfer funds from IBC to Prosperity Bank account.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

000107

Ø

RUN DATE:07/28/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:26 CHECK REGISTER GLCKREG
07/28/17 THRU 07/28/17

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172119	07/28/17	100.00	MEMORIAL MEDICAL CENTER
TOTALS:			100.00	

APPROVED
ON

JUL 28 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
7/31/2017

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	150,860.03	150,760.03	117,092.08	-	-	-	-	117,192.08	117,092.08

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 0614
Account # 4257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	5,782.89	5,682.89	597,942.30	-	-	-	-	598,042.30	597,942.30
Crescent	4588	244,194.66	244,094.66	95,565.76	-	-	-	-	95,665.76	95,565.76
Broadmoor	4596	354,945.04	354,845.04	92,658.50	-	-	-	-	92,758.50	92,658.50
Fort Bend	4618	112,772.11	112,672.11	48,370.24	-	-	-	-	48,470.24	48,370.24
										834,536.80

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 0614
Account # 2922

Approved:

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.

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

APPROVED
JUL 31 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 7-31-17.xlsx

Account Portfolio as of 07/31/2017 9:07:13 AM

Account Display
◉ Display By Account Type
○ Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$816,593.67	$816,593.67
Memorial Medical Center	4154	$0.00	$100.00
Memorial Medical Center	4553	$117,192.08	$117,267.48
Memorial Medical Center	4561	$598,042.30	$600,248.67
Memorial Medical Center	4588	$95,665.76	$96,849.22
Memorial Medical Center	4596	$92,758.50	$92,758.50
Memorial Medical Center	4618	$48,470.24	$48,470.24
NH Golden Creek Healthcare	4901	$100.00	$100.00
Memorial Medical Center Operat	0301	$2,205,518.00	$2,237,317.26
County of Calhoun Indigent	1101	$53,850.66	$53,850.66
Totals		**$4,028,191.21**	**$4,063,555.70**

IBC Bank Activity
7/24/17 through 7/30/17

Ashford Gardens					Transfer-Out	Transfer-In	
7/24/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,777.60	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4611523*1201494502\
7/24/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,467.50	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
7/24/2017	113105025	4553	142	ACH CREDIT RECEIVED		102.54	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4613387*1201494502\
7/24/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,439.49	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017072012301095*1752603231\
7/24/2017	113105025	4553	301	COMMERCIAL DEPOSIT		13,126.89	
7/24/2017	113105025	4553	142	ACH CREDIT RECEIVED		8,831.20	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4612428*1201494502\
7/25/2017	113105025	4553	142	ACH CREDIT RECEIVED		5,086.84	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4619063*1201494502\
7/25/2017	113105025	4553	142	ACH CREDIT RECEIVED		4,606.00	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
7/25/2017	113105025	4553	142	ACH CREDIT RECEIVED		5,625.00	MANAGEANDNET1718 MNS PMNT|ASHFORD GARDENS|0197698
7/25/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,977.52	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4616384*1201494502\
7/25/2017	113105025	4553	142	ACH CREDIT RECEIVED		9,300.96	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017072112802343*1752603231\
7/25/2017	113105025	4553	142	ACH CREDIT RECEIVED		9,661.02	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017072217200222*1752603231\
7/26/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	150,760.03		ASHFORD HEALTH CARE CENTER LTD
7/26/2017	113105025	4553	142	ACH CREDIT RECEIVED		21,222.47	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017072417701140*1752603231\
7/26/2017	113105025	4553	142	ACH CREDIT RECEIVED		866.81	CENTENE CORP HCCLAIMPMT|ASHFORD GARDENS|TRN*1*0902955587*1742770542\
7/26/2017	113105025	4553	142	ACH CREDIT RECEIVED		616.53	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
7/27/2017	113105025	4553	142	ACH CREDIT RECEIVED		351.32	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4627025*1201494502\
7/28/2017	113105025	4553	301	COMMERCIAL DEPOSIT		24,562.09	
7/28/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,470.30	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*EFT4629271*1201494502\
					150,760.03	117,092.08	

Solera at West Housto					Transfer-Out	Transfer-In	
7/24/2017	113105025	4561	142	ACH CREDIT RECEIVED		333,036.43	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4496567*1205296137*000004011\
7/24/2017	113105025	4561	301	COMMERCIAL DEPOSIT		85,990.33	
7/24/2017	113105025	4561	142	ACH CREDIT RECEIVED		6,008.68	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017072012301099*1752603231\
7/24/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,801.93	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
7/25/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,039.83	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017072217200224*1752603231\
7/25/2017	113105025	4561	142	ACH CREDIT RECEIVED		8,532.00	MANAGEANDNET1718 MNS PMNT|SOLERA AT WEST HOUSTON|0197863
7/25/2017	113105025	4561	142	ACH CREDIT RECEIVED		10,042.84	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
7/25/2017	113105025	4561	142	ACH CREDIT RECEIVED		86,655.67	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4498737*1205296137*000004011\
7/26/2017	113105025	4561	142	ACH CREDIT RECEIVED		12,570.48	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4500558*1205296137*000004011\
7/26/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,589.45	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017072417701142*1752603231\
7/26/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,133.43	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017072417701132*1752603231\
7/26/2017	113105025	4561	142	ACH CREDIT RECEIVED		689.74	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
7/26/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	5,682.89		CANTEX HEALTH CARE CENTERS LLC
7/27/2017	113105025	4561	142	ACH CREDIT RECEIVED		4,335.90	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4502421*1205296137*000004011\
7/28/2017	113105025	4561	142	ACH CREDIT RECEIVED		8,992.27	HUMANA INS CO HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001290033149708*1391263473\
7/28/2017	113105025	4561	301	COMMERCIAL DEPOSIT		2,487.20	
7/28/2017	113105025	4561	301	COMMERCIAL DEPOSIT		30,262.70	
7/28/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,580.41	HHP HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001270015614927*1611013183\
7/28/2017	113105025	4561	142	ACH CREDIT RECEIVED		193.01	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
					5,682.89	597,942.30	

Crescent					Transfer-Out	Transfer-In	
7/24/2017	113105025	4588	301	COMMERCIAL DEPOSIT		15,088.76	
7/24/2017	113105025	4588	142	ACH CREDIT RECEIVED		796.66	Molina HC of TX HCCLAIMPMT|THE CRESCENT|TRN*1*EFT4611576*1201494502\
7/25/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,572.30	MANAGEANDNET1718 MNS PMNT|CRESCENT THE|0197735
7/25/2017	113105025	4588	142	ACH CREDIT RECEIVED		4,032.16	Molina HC of TX HCCLAIMPMT|THE CRESCENT|TRN*1*EFT4616542*1201494502\
7/25/2017	113105025	4588	142	ACH CREDIT RECEIVED		24,660.93	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4498742*1205296137*000004011\
7/25/2017	113105025	4588	142	ACH CREDIT RECEIVED		63.45	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017072213004402*1752603231\
7/25/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,477.30	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017072217200218*1752603231\
7/26/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,021.58	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017072416401909*1452485907\
7/26/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	244,094.66		CANTEX HEALTH CARE CENTERS III
7/26/2017	113105025	4588	142	ACH CREDIT RECEIVED		5,704.12	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017072417701138*1752603231\

I&C Bank Activity
7/24/17 through 7/30/17

7/26/2017	11310502	[redacted]	4588	142	ACH CREDIT RECEIVED		1,169.47
7/27/2017	11310502	[redacted]	4588	142	ACH CREDIT RECEIVED		1,205.64
7/28/2017	11310502	[redacted]	4588	142	ACH CREDIT RECEIVED		4,736.37
7/28/2017	11310502	[redacted]	4588	301	COMMERCIAL DEPOSIT		34,037.02
						244,094.66	95,565.76

Broadmoor						Transfer-Out	Transfer-In
7/24/2017	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		11,796.55
7/24/2017	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		2,041.16
7/24/2017	113105025	[redacted]	4596	301	COMMERCIAL DEPOSIT		22,240.97
7/25/2017	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		2,271.90
7/26/2017	113105025	[redacted]	4596	495	OUTGOING MONEY TRANSFER	354,845.04	
7/26/2017	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		2,006.53
7/27/2017	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		2,602.74
7/27/2017	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		498.62
7/27/2017	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		2,132.52
7/28/2017	113105025	[redacted]	4596	301	COMMERCIAL DEPOSIT		44,866.28
7/28/2017	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		2,201.23
						354,845.04	92,658.50

Fort Bend						Transfer-Out	Transfer-In
7/24/2017	113105025	[redacted]	4618	301	COMMERCIAL DEPOSIT		12,309.47
7/24/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		2,045.85
7/25/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		11,310.21
7/25/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		7,296.79
7/26/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		1,107.05
7/26/2017	113105025	[redacted]	4618	495	OUTGOING MONEY TRANSFER	112,672.11	
7/26/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		2,050.56
7/27/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		9,032.53
7/28/2017	113105025	[redacted]	4618	301	COMMERCIAL DEPOSIT		2,687.28
7/28/2017	113105025	[redacted]	4618	301	COMMERCIAL DEPOSIT		95.82
7/28/2017	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		434.68
						112,672.11	48,370.24

NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4500564*1205296137*000004011\
AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017072513101795*1752603231\
HUMANA INS CO HCCLAIMPMT|The Crescent|DISDATA-OPTIONAL|TRN*1*001290033149709*1391263473\

NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4496584*1205296137*000004011\
Molina HC of TX HCCLAIMPMT|THE BROADMOOR AT CREEK|TRN*1*EFT4611525*1201494502\

Molina HC of TX HCCLAIMPMT|THE BROADMOOR AT CREEK|TRN*1*EFT4616387*1201494502\
CANTEX HEALTH CARE CENTERS III
NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4500580*1205296137*000004011\
HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4502436*1205296137*000004011\
HUMANA INS CO EFPAYMENT|The Broadmoor at Creek|DISDATA-OPTIONAL|TRN*1*001290033139385*1391263473\

HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008

NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4496102*1205296137*000004011\
AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017072217200219*1752603231\
Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1*EFT4616383*1201494502\
CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0902955577*1742770542\
CANTEX HEALTH CARE CENTERS III
HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017072513101796*1752603231\

HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008

McKESSON

Company: 8000

STATEMENT

As of: 07/28/2017 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 07/29/2017

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 07/28/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 07/29/2017

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,808.76 USD

Future Due: 0.00

Past Due: 120.39-

Last Payment 0.00

If Paid By 08/01/2017,
Pay This Amount: 2,750.21 USD

If Paid After 08/01/2017,
Pay this Amount: 2,808.76 USD

Due If Paid On Time:
USD 2,750.21

Disc lost if paid late: 58.55

Due If Paid Late:
USD 2,808.76

ck# 939

1,374.57 +
958.20 +
417.44 +
2,750.21 *

APPROVED ON JUL 31 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 8-3-17

340B Prescription Expenses

McKESSON

STATEMENT

Company: 8000

As of: 07/28/2017

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 07/29/2017

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

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

As of: 07/28/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/29/2017

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
07/24/2017	08/01/2017	7820162131	0722170204-00	115Invoice	6.31	315.70		309.39		7820162131	
07/24/2017	08/01/2017	7820162133	1057222928	115Invoice		0.16		0.16		7820162133	
07/25/2017	08/01/2017	7820429154	0724170944-00	115Invoice	1.54	77.02		75.48		7820429154	
07/26/2017	08/01/2017	7820696697	3557221805	115Invoice	5.53	276.67		271.14		7820696697	
07/27/2017	08/01/2017	7820971557	3557227262	115Invoice	6.29	314.68		308.39		7820971557	
07/27/2017	08/01/2017	7820971559	0726170202-00	115Invoice	0.60	30.14		29.54		7820971559	
07/28/2017	08/01/2017	7821191893	6307220083	115Invoice	4.16	207.85		203.69		7821191893	
07/28/2017	08/01/2017	7821191895	0727170240-00	115Invoice	3.60	180.18		176.58		7821191895	
07/28/2017	08/01/2017	7821191897	1103859	115Invoice		0.20		0.20		7821191897	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 1,402.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,513.38
07/24/2017

If Paid By 08/01/2017,
Pay This Amount: 1,374.57 USD

If Paid After 08/01/2017,
Pay this Amount: 1,402.60 USD

Due If Paid On Time:
USD 1,374.57

Disc lost if paid late:
28.03

Due If Paid Late:
USD 1,402.60

APPROVED ON
JUL 3 1 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 07/28/2017 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 07/29/2017

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 07/28/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 07/29/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
07/24/2017	08/01/2017	7820166021	1001051837	115Invoice	9.57	478.35		✓468.78	✓	7820166021	
07/24/2017	08/01/2017	7820166022	1001052425	115Invoice	5.37	268.35		✓262.98	✓	7820166022	
07/24/2017	08/01/2017	7820166023	1001052834	115Invoice	2.20	110.13		✓107.93	✓	7820166023	
07/24/2017	08/01/2017	7820166024	1001052834	115Invoice	0.07	3.60		✓3.53	✓	7820166024	
07/25/2017	08/01/2017	7820401576	1001053205	115Invoice		0.16		✓0.16	✓	7820401576	
07/26/2017	08/01/2017	7820684054	1001053914	115Invoice	0.01	0.63		✓0.62	✓	7820684054	
07/27/2017	08/01/2017	7820958901	1001054472	115Invoice	2.32	116.21		✓113.89	✓	7820958901	
07/28/2017	08/01/2017	7821183503	1001055034	115Invoice	0.01	0.32		✓0.31	✓	7821183503	

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

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

Subtotals: 977.75 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,513.38
07/24/2017

If Paid By 08/01/2017,
Pay This Amount: 958.20 ✓USD

If Paid After 08/01/2017,
Pay this Amount: 977.75 USD

Due If Paid On Time:
USD 958.20

Disc lost if paid late:
19.55

Due If Paid Late:
USD 977.75

APPROVED
ON
JUL 3 1 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/28/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 07/29/2017

Page: 001

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

As of: 07/28/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 07/29/2017

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
07/24/2017	08/01/2017	7820191546	1001051839	115Invoice	0.40	20.08		19.68		7820191546	
07/24/2017	08/01/2017	7820191547	1001052427	115Invoice	1.27	63.43		62.16		7820191547	
07/24/2017	08/01/2017	7820191548	1001052427	115Invoice	0.09	4.26		4.17		7820191548	
07/24/2017	08/01/2017	7820191549	1001052836	115Invoice	0.02	1.04		1.02		7820191549	
07/24/2017	08/01/2017	7820191550	1001052836	115Invoice	1.17	58.71		57.54		7820191550	
07/25/2017	08/01/2017	7820424274	1001053207	115Invoice	5.63	281.60		275.97		7820424274	
07/26/2017	08/01/2017	7820703112	1001053916	115Invoice	0.68	34.06		33.38		7820703112	
07/26/2017	07/26/2017	7820768015	Customer refused	115Credit		120.39-	P	120.39-	P	7820768015	
07/27/2017	08/01/2017	7820979494	1001054474	115Invoice	0.90	44.99		44.09		7820979494	
07/28/2017	08/01/2017	7821201249	1001055036	115Invoice	0.81	40.63		39.82		7821201249	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 428.41 USD

Future Due: 0.00

Past Due: 120.39-

Last Payment 3,513.38
07/24/2017

If Paid By 08/01/2017,
Pay This Amount: 417.44 USD ✓

If Paid After 08/01/2017,
Pay this Amount: 428.41 USD

Due If Paid On Time:
USD 417.44

Disc lost if paid late:
10.97

Due If Paid Late:
USD 428.41

APPROVED
ON
JUL 3 1 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:07/31/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:49 CHECK REGISTER GLCKREG
07/31/17 THRU 07/31/17

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000939	07/31/17	2,750.21	MCKESSON
TOTALS:			2,750.21	

APPROVED
ON

JUL 3 1 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

	####	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	17	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	9	
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			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 97,212.12	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 45,409.90	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,620.06	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 41,182.16	#
CHECK		$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★	7/14/2017	
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER		32325934	

CALLED IN BY:	A. Hall
CALLED IN DATE:	7/13/2017
CALLED IN TIME:	15:00

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

"ENTER VOID CKS AS NEGATIVE NUMBERS"

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	06/23/17					
PAY PERIOD: END	07/06/17					
PAY DATE:	07/13/17					
GROSS PAY:	$ 391,155.21			$ 2,064.83		$ 393,210.04
DEDUCTIONS:						
A/R	$ 979.84					$ 979.84
ADVANC						$ -
BOOTS						$ -
CAFÉ-1	$ 1,675.88					$ 1,675.88
CAFÉ-2	$ 1,158.42					$ 1,158.42
CAFE-3	$ 50.70					$ 50.70
CAFÉ-4	$ 346.54					$ 346.54
CAFÉ-5	$ 387.98					$ 387.98
CAFÉ-D	$ 1,631.32					$ 1,631.32
CAFÉ-H	$ 17,667.00					$ 17,667.00
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P	$ 291.96					$ 291.96
CANCER						$ -
CHILD	$ 212.31					$ 212.31
CLINIC						$ -
COMBIN	$ 1,025.04					$ 1,025.04
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
DIS-LF	$ 1,956.15					$ 1,956.15
EAT						$ -
FED TAX	$ 40,890.42			$ 291.74		$ 41,182.15
FICA-M	$ 5,280.23			$ 29.80		$ 5,310.03
FICA-O	$ 22,677.56			$ 127.40		$ 22,704.95
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,226.31					$ 2,226.31
FLX-FE						$ -
GIFT S	$ 281.84					$ 281.84
GRP-IN	$ 129.26					$ 129.26
GTL						$ -
HOSP-I						$ -
MISC						$ -
OTHER	$ 3,274.64					$ 3,274.64
PHI						$ -
PR FIN	$ 378.16					$ 378.16
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,490.00					$ 1,490.00
STONE						$ -
STONE 2						$ -
STUDEN	$ 126.29					$ 125.29
TSA-R	$ 27,380.95			$ 143.84		$ 27,524.79
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 131,491.79	$ -	$ -	$ 692.78	$ -	$ 132,084.57
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
NET PAY:	$ 259,563.42	$ -	$ -	$ 1,462.05	$ -	$ 261,125.47
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
TOTAL CAFÉ 125 PLAN:	$ 27,001.10	Less Exempt:				
TAXABLE PAY:	$ 366,208.94	$ 366,208.94				

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,310.03		
FICA - MED (EE)	1.45%	$ 5,310.03	$ 5,310.03	$ -
FICA - SOC SEC (ER)	6.20%	$ 22,704.95		
FICA - SOC SEC (EE)	6.20%	$ 22,704.95	$ 22,704.96	$ (0.01)
FED WITHHOLDING		$ 41,182.16	$ 41,182.16	
TAX DEPOSIT:		$ 97,212.12	$ 97,212.14	$ (0.02)
FICA - MEDICARE	2.90%	$ 10,620.06		
FICA - SOCIAL SECURITY	12.40%	$ 45,409.90		
FED WITHHOLDING		$ 41,182.16		
TOTAL TAX:		$ 97,212.12		

	Exempt Amt:
Employees over FICA-SS Cap:	
Jason Anglin	
Jerry	
Paycode S - Employee Reimb.:	
Roshanda S. Gray	
TOTAL:	$ -

PREPARED BY: Clarri Atkinson

PREPARED DATE: 8/10/2017

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	8213.25	N		N	N		163472.05
1	REGULAR PAY-S1	840.00	N		N	N	N	39137.40
1	REGULAR PAY-S1	234.25	N		N	Y		7134.59
1	REGULAR PAY-S1	262.00	Y		N	N		6789.70
2	REGULAR PAY-S2	2495.50	N		N	N		53518.50
2	REGULAR PAY-S2	163.00	N		N	Y		5713.94
2	REGULAR PAY-S2	47.00	Y		N	N		1282.42
3	REGULAR PAY-S3	1526.00	N		N	N		39587.35
3	REGULAR PAY-S3	127.75	N		N	Y		5115.13
3	REGULAR PAY-S3	28.00	Y		N	N		1036.60
C	CALL PAY	2793.75	N	1	N	N		5459.50
E	EXTRA WAGES		N		N	N	N	-1132.52
E	EXTRA WAGES		N	1	N	N	N	1144.50
F	FUNERAL LEAVE	24.00	N	1	N	N		1009.62
I	INSERVICE	15.25	N	1	N	N		391.63
J	JURY LEAVE	2.50	N	1	N	N		44.27
K	EXTENDED-ILLNESS-BANK	200.00	N	1	N	N		3321.28
M	MEAL REIMBURSEMENT		N	1	N	N	N	23.00
P	PAID-TIME-OFF	278.35	N		N	N	N	15466.62
P	PAID-TIME-OFF	1838.50	N	1	N	N		39405.26
X	CALL PAY 2	128.00	N	1	N	N		256.00
Y	YMCA/CURVES		N	1	N	N	N	15.00
Z	CALL PAY 3	112.00	N	1	N	N		336.00
p	PAID TIME OFF - PROBATION	82.00	N	1	N	N		1992.37
t	PHONE & DATA		N	1	N	N	N	635.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount	Code	Amount
A/R	954.84	A/R2	25.00	A/R3			
ADVANC		AWARDS		BOOTS			
CAFE H		CAFE-1	1675.88	CAFE-2	1158.42		
CAFE-3	50.70	CAFE-4	346.54	CAFE-5	387.98		
CAFE-C		CAFE-D	1631.32	CAFE-F			
CAFE-H	17667.00	CAFE-I		CAFE-L			
CAFE-P	291.95	CANCER		CHILD	212.31		
CLINIC		COMBIN	1025.04	CREDUN			
DD ADV		DENTAL		DEP-LF			
DIS-LF	1955.15	EAT		FEDTAX	40890.42		
FICA-M	5280.23	FICA-O	22577.56	FIRSTC	75.00		
FLEX S	2226.31	FLX FE		FORT D			
FUTA		GIFT S	281.84	GRANT			
GRP-IN	129.26	GTL		HOSP-I			
ID TFT		LEAF		MISC			
MISC/		OTHER	3274.64	PHI			
PHI***		PR FIN	378.16	RELAY			
REPAY		SIGNON		ST-TX			
STONDF	1490.00	STONE		STONE2			
STUDEN	125.29	TSA-1		TSA-2			
TSA-C		TSA-P		TSA-R	27380.95		
TUTION		UW/HOS					

Grand Totals: 19411.10 ------- (Gross: 391155.21 Deductions: 131491.79 Net: 259663.42)

Checks Count:- FT 188 PT 10 Other 41 Female 202 Male 36 Credit OverAmt 14 ZeroNet Term Total: 238

Department 005 Dept. Sequence

Num/Type/Name/Pay/Exempt	PayCd	Dept	Hrs	OT	SH	WE	HO	CB	Rate	Gross	Code	Amount	Code	Amount	Code	Amount
05119 FT Hrly: 32.9500	E	005		N		N	N	N		304.20	FEDTAX	291.74	FICA-M	29.80	FICA-O	127.40
	P	005	53.13	N		N	N	N	32.9500	1750.63	TSA-R	143.84				
Fed-Ex: S-00 St-Ex: -00																
* Total:			53.13						(Gross:	2054.83	Deductions:	592.78	Net:	1462.05)		

Department Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
E	EXTRA WAGES		N		N	N	N	304.20
P	PAID-TIME-OFF	53.13	N		N	N	N	1750.63

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		FEDTAX	291.74
FICA-M	29.80	FICA-O	127.40	FIRSTC	
FLEX S		FLX FE		FORT D	
FUTA		GIFT S		GRANT	
GRP-IN		GTL		HOSP-I	
ID TFT		LEAF		MISC	
MISC/		OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SIGNON		ST-TX	
STONDF		STONE		STONE2	
STUDEN		TSA-1		TSA-2	
TSA-C		TSA-P		TSA-R	143.84
TUTION		UW/HOS			

Department Totals: 53.13 (Gross: 2054.83 Deductions: 592.78 Net: 1462.05)

Checks Count:- FT 1 PT Other Female 1 Male Credit OverAmt ZeroNet Term Total: 1

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

	####	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	17	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	9	

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

☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 87,322.04	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 41,793.12	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 9,774.20	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 35,754.72	#
CHECK		$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★	7/28/2017	
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER		43602832	

CALLED IN BY:	MD ORTIZ
CALLED IN DATE:	7/27/2017
CALLED IN TIME:	9:30

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

"ENTER VOID CKS AS NEGATIVE NUMBERS"

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	07/07/17					
PAY PERIOD: END	07/20/17					
PAY DATE:	07/27/17					
GROSS PAY:	$ 363,741.78					$ 363,741.78
DEDUCTIONS:						
A/R	$ 971.26					$ 971.26
ADVANC						$ -
BOOTS						$ -
CAFÉ-1	$ 1,675.88					$ 1,675.88
CAFÉ-2	$ 1,158.42					$ 1,158.42
CAFE-3						$ -
CAFÉ-4	$ 346.54					$ 346.54
CAFÉ-5	$ 387.98					$ 387.98
CAFÉ-D	$ 1,620.60					$ 1,620.60
CAFÉ-H	$ 17,541.30					$ 17,541.30
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P	$ 291.95					$ 291.95
CANCER						$ -
CHILD	$ 212.31					$ 212.31
CLINIC						$ -
COMBIN	$ 1,025.04					$ 1,025.04
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
DIS-LF	$ 1,904.45					$ 1,904.45
EAT						$ -
FED TAX	$ 35,754.72					$ 35,754.72
FICA-M	$ 4,887.18					$ 4,887.18
FICA-O	$ 20,896.53					$ 20,896.53
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,187.85					$ 2,187.85
FLX-FE						$ -
GIFT S	$ 193.40					$ 193.40
GRP-IN	$ 129.26					$ 129.26
GTL						$ -
HOSP-I						$ -
MISC						$ -
OTHER	$ 1,978.69					$ 1,978.69
PHI						$ -
PR FIN	$ 378.16					$ 378.16
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,415.00					$ 1,415.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 25,462.05					$ 25,462.05
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 120,493.57	$ -	$ -	$ -	$ -	$ 120,493.57
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 243,248.21	$ -	$ -	$ -	$ -	$ 243,248.21
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	

TOTAL CAFÉ 125 PLAN: $ 26,700.52 **Less Exempt:**

TAXABLE PAY: $ 337,041.26 $ 337,041.26 **Exempt Amt:**

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 4,887.10		
FICA - MED (EE)	1.45%	$ 4,887.10	$ 4,887.18	$ (0.08)
FICA - SOC SEC (ER)	6.20%	$ 20,896.56		
FICA - SOC SEC (EE)	6.20%	$ 20,896.56	$ 20,896.53	$ 0.03
FED WITHHOLDING		$ 35,754.72	$ 35,754.72	
TAX DEPOSIT:		$ 87,322.04	$ 87,322.14	$ (0.10)

Employees over FICA-SS Cap:
Jason Anglin
Jerry

Paycode S - Employee Reimb.:
Roshanda S. Gray

TOTAL: $ -

FICA - MEDICARE	2.90%	$ 9,774.20
FICA - SOCIAL SECURITY	12.40%	$ 41,793.12
FED WITHHOLDING		$ 36,754.72
TOTAL TAX:		$ 87,322.04

PREPARED BY: M D ORTIZ

PREPARED DATE: 7/24/2017

POSTED Mdo 7/27/17

CALLED IN Mdo

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	8986.90	N		N	N		175324.04
1	REGULAR PAY-S1	1030.60	N		N	N	N	43383.63
1	REGULAR PAY-S1	328.75	Y		N	N		7574.82
2	REGULAR PAY-S2	2657.25	N		N	N		57411.12
2	REGULAR PAY-S2	12.00	N		N	N	N	257.76
2	REGULAR PAY-S2	105.00	Y		N	N		3302.86
3	REGULAR PAY-S3	1623.75	N		N	N		42203.12
3	REGULAR PAY-S3	56.75	Y		N	N		2321.09
C	CALL PAY	2734.75	N	1	N	N		5469.50
E	EXTRA WAGES		N		N	N	N	-864.80
E	EXTRA WAGES		N	1	N	N	N	1153.50
E	EXTRA WAGES	7.00	Y	1	N	N		201.92
I	INSERVICE	43.00	N	1	N	N		1265.64
I	INSERVICE	7.75	Y	1	N	N		325.40
K	EXTENDED-ILLNESS-BANK	26.00	N	1	N	N		414.96
P	PAID-TIME-OFF	16.00	N		N	N	N	1014.02
P	PAID-TIME-OFF	1062.13	N	1	N	N		21976.68
X	CALL PAY 2	144.00	N	1	N	N		288.00
Z	CALL PAY 3	64.00	N	1	N	N		192.00
p	PAID TIME OFF - PROBATION	20.00	N	1	N	N		526.52

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	946.26	A/R2	25.00	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1	1675.88	CAFE-2	1158.42
CAFE-3		CAFE-4	346.54	CAFE-5	387.98
CAFE-C		CAFE-D	1620.60	CAFE-F	
CAFE-H	17541.30	CAFE-I		CAFE-L	
CAFE-P	291.95	CANCER		CHILD	212.31
CLINIC		COMBIN	1025.04	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF	1904.45	EAT		FEDTAX	35754.72
FICA-M	4887.18	FICA-O	20896.53	FIRSTC	75.00
FLEX S	2187.85	FLX FE		FORT D	
FUTA		GIFT S	193.40	GRANT	
GRP-IN	129.26	GTL		HOSP-I	
ID TFT		LEAF		MISC	
MISC/		OTHER	1978.69	PHI	
PHI***		PR FIN	378.16	RELAY	
REPAY		SIGNON		ST-TX	
STONDF	1415.00	STONE		STONE2	
STUDEN		TSA-1		TSA-2	
TSA-C		TSA-P		TSA-R	25462.05
TUTION		UW/HOS			

Grand Totals: 18925.63 (Gross: 363741.78 Deductions: 120493.57 Net: 243248.21)

Checks Count:- FT 188 PT 9 Other 38 Female 201 Male 33 Credit OverAmt 14 ZeroNet Term Total: 234

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
p		40.00	N		N	N	N	411.20

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		FEDTAX	1.12
FICA-M	5.96	FICA-O	25.49	FIRSTC	
FLEX S		FLX FE		FORT D	
FUTA		GIFT S		GRANT	
GRP-IN		GTL		HOSP-I	
ID TFT		LEAF		MISC	
MISC/		OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SIGNON		ST-TX	
STONDF		STONE		STONE2	
STUDEN		TSA-1		TSA-2	
TSA-C		TSA-P		TSA-R	
TUTION		UW/HOS			

Grand Totals: 40.00 (Gross: 411.20 Deductions: 32.57 Net: 378.63)

Checks Count:- FT 1 PT Other Female 1 Male Credit OverAmt ZeroNet Term Total: 1

MEMORIAL MEDICAL CENTER

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- JULY 17

Monthly Electronic Transfers for Operating Expenses

Operating Exp. Total
+ 6,091.85
+ 935.48
7,027.33

7/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	9.95
7/3/2017	IBC Merch Bank Fincl Adj	NYCE Debit Network Annual Bill	12.00
7/3/2017	IBC Merch Bank Fincl Adj	NYCE Debit Network Annual Bill	12.00
7/3/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.20
7/3/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.20
7/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	54.10
7/3/2017	IBC Merch Bank Interchng	- Credit Card Processing Fee	60.21
7/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	68.92
7/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	86.10
7/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	105.07
7/3/2017	IBC Merch Bank Interchng	- Credit Card Processing Fee	107.66
7/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	117.49
7/3/2017	IBC Merch Bank Interchng	- Credit Card Processing Fee	125.00
7/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	245.15
7/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	372.71
7/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	881.04
7/3/2017	IBC Merch Bank Interchng	- Credit Card Processing Fee	1,402.07
7/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	1,677.20
7/3/2017	State Comptrlr Texnet	- DY6, DSRIP, Round 1 Hosp	41,077.40
7/3/2017	State Comptrlr Texnet	- DY6, DSRIP, Round 1 Hosp	346,982.72
7/5/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	19.95
7/5/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	29.95
7/5/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
7/5/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
7/5/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
7/5/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	3,763.78 7/5/17
7/6/2017	Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
7/7/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
7/10/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
7/11/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	3,293.35 7/10/17
7/12/2017	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	16.25
7/12/2017	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	81.20
7/13/2017	Expertpay	- Child Support *	213.81 Checks 4,583.43
7/13/2017	Memorial Medical Payroll	- Payroll	256,542.04 ✓ 7/10/17
7/14/2017	IRS USATAXPYMT	- Payroll Taxes	97,212.12 ✓ 7/10/17
7/14/2017	State Comptrlr Texnet	- MPAP Period 3 IGT NH	2,550,665.00
7/17/2017	Cardmember Service	- IBC Credit Card Invoice	4,253.74 7/13/17
7/17/2017	Texas County DRS	- Retirement Funding	✓174,879.16
7/18/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	3,585.53 7/17/17
7/19/2017	Telecheck	- Credit Card Processing Fee	5.00
7/20/2017	FDGL Annual Fee	- Credit Card Machine Lease Expense	26.98
7/20/2017	FDGL Annual Fee	- Credit Card Machine Lease Expense	151.23
7/24/2017	Webfile Tax Portal	- Sales Tax	(935.48)
7/25/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	3,513.38 7/24/17
7/27/2017	Expertpay	- Child Support	213.81 Checks 2,014.91
7/27/2017	Cardmember Service	- IBC Credit Card Invoice	* 7/24/17 3,459.00
7/27/2017	Memorial Medical Payroll	- Payroll	241,611.93 7/24/17
7/28/2017	IRS USATAXPYMT	- Payroll Taxes	87,322.04 7/27/17
		Total Electronic Payments	3,825,616.14

Jason Anglin
MMC Chief Executive Officer

APPROVED
ON

AUG 16 2017

BY
CALHOUN COUNTY AUDITOR

L:\2017\Electronic Transfer Activity

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1183
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 551

CUSTOMER NO.	PAGE NO.
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07/01/2017 to 07/31/2017
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
2,661,814.18	527	4,924,695.46	496	5,295,119.56	2,291,390.08

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
07/03		38,050.69	07/13		2,550,665.00	07/20		244.00
07/03		1,071.60	07/13		9,957.27	07/20		25.54
07/03		513.00	07/13		1,759.72	07/21		14,756.64
07/03		162.00	07/13		373.00	07/21		1,397.36
07/03		45.32	07/13		116.20	07/21		550.33
07/05		23,933.61	07/13		16.15	07/21		535.00
07/05		493.00	07/14		29,242.40	07/24		68,765.48
07/05		306.06	07/14		3,376.96	07/24		3,726.66
07/05		158.81	07/14		869.70	07/24		154.00
07/05		111.00	07/14		554.00	07/24		115.00
07/06		24,106.90	07/14		523.52	07/25		11,259.99
07/06		6,212.89	07/14		286.00	07/25		2,103.63
07/06		2,310.58	07/14		105.00	07/25		574.00
07/06		236.80	07/14		20.00	07/25		284.95
07/06		154.00	07/17		32,388.32	07/25		65.00
07/07		1,164.88	07/17		737.00	07/25		10.00
07/07		569.00	07/17		663.35	07/26		4,368.97
07/07		243.72	07/17		192.80	07/26		2,745.45
07/10		41,311.68	07/17		137.50	07/26		343.87
07/10		18,323.51	07/17		80.00	07/26		262.00
07/10		930.31	07/17		75.00	07/27		61,508.79
07/10		470.00	07/18		3,110.00	07/27		1,245.53
07/10		229.72	07/18		2,420.42	07/27		590.00
07/10		65.00	07/18		1,566.71	07/27		32.00
07/10		50.00	07/18		539.40	07/27		20.00
07/10		20.00	07/18		470.00	07/28		13,722.96
07/11		8,255.82	07/19		40,854.01	07/28		3,272.44
07/11		6,308.93	07/19		3,324.44	07/28		606.00
07/11		705.39	07/19		498.17	07/28		142.80
07/11		241.00	07/19		477.00	07/28		10.30
07/11		65.00	07/19		62.57	07/31		49,240.36
07/12		40,633.76	07/20		3,770.70	07/31		644.00
07/12		2,800.85	07/20		490.03	07/31		135.00
07/12		649.00	07/20		325.00	07/31		72.40
07/12		221.00						

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
07/18	161	400.00	07/17 *	61866	58.00	07/07 *	61888	24.00
07/27 *	1111	1,129.95	07/05 *	61868	115.00	07/21 *	61906	64.00
07/28 *	3100	506.33	07/27 *	61872	9.00	07/06 *	61909	108.00
07/17 *	3110	463.18	07/18	61873	143.00	07/21 *	61912	56.00
07/25 *	6193	1,462.00	07/05 *	61875	11.00	07/20 *	61919	10.00
07/24 *	61859	11.00	07/10 *	61878	14.00	07/05	61920	420.00

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1183
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 551

CUSTOMER NO.	PAGE NO.
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07/01/2017 to 07/31/2017
STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

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Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
07/03		38,050.69	07/13		2,550,665.00	07/20		244.00
07/03		1,071.60	07/13		9,957.27	07/20		25.54
07/03		513.00	07/13		1,759.72	07/21		14,756.64
07/03		162.00	07/13		373.00	07/21		1,397.36
07/03		45.32	07/13		116.20	07/21		550.33
07/05		23,933.61	07/13		16.15	07/21		535.00
07/05		493.00	07/14		29,242.40	07/24		68,765.48
07/05		306.06	07/14		3,376.96	07/24		3,726.66
07/05		158.81	07/14		869.70	07/24		154.00
07/05		111.00	07/14		554.00	07/24		115.00
07/06		24,106.90	07/14		523.52	07/25		11,259.99
07/06		6,212.89	07/14		286.00	07/25		2,103.63
07/06		2,310.58	07/14		105.00	07/25		574.00
07/06		236.80	07/14		20.00	07/25		284.95
07/06		154.00	07/17		32,388.32	07/25		65.00
07/07		1,164.88	07/17		737.00	07/25		10.00
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07/10		470.00	07/18		3,110.00	07/27		1,245.53
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07/11		6,308.93	07/19		3,324.44	07/28		606.00
07/11		705.39	07/19		498.17	07/28		142.80
07/11		241.00	07/19		477.00	07/28		10.30
07/11		65.00	07/19		62.57	07/31		49,240.36
07/12		40,633.76	07/20		3,770.70	07/31		644.00
07/12		2,800.85	07/20		490.03	07/31		135.00
07/12		649.00	07/20		325.00	07/31		72.40
07/12		221.00						

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Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
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07/27 *	1111	1,129.95	07/05 *	61868	115.00	07/21 *	61906	64.00
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07/17 *	3110	463.18	07/18	61873	143.00	07/21 *	61912	56.00
07/25 *	6193	1,462.00	07/05 *	61875	11.00	07/20 *	61919	10.00
07/24 *	61859	11.00	07/10 *	61878	14.00	07/05	61920	420.00

IBC

BANK
International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER
8/NE/131/019/1196
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 551

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07/01/2017 to 07/31/2017
STATEMENT PERIOD

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07/06	Electronic Payment	VIVONET ACQUISIT PAYMENT 1136	99.00
07/07	Electronic Payment	FDGL LEASE PYMT	30.25
07/10	Electronic Payment	FDGL LEASE PYMT	30.17
07/11	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03182737	3,293.35
07/12	Electronic Payment	CLOVER APP MRKT CLOVER APP	16.25
07/12	Electronic Payment	CLOVER APP MRKT CLOVER APP	81.20
07/13	Electronic Payment	EXPERTPAY EXPERTPAY xxxxx3411	213.81
07/13	Electronic Payment	MEMORIAL MEDICAL PAYROLL	256,542.04
07/14	Electronic Payment	IRS USATAXPYMT 220759532325934	97,212.12
07/14	Electronic Payment	STATE COMPTRLR TEXNET 27620925/70713	2,550,665.00
07/17	Electronic Payment	CARDMEMBER SERV ELECT PYMT	4,253.74
07/17	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419	174,879.16
07/18	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03187032	3,585.53
07/19	Electronic Payment	Telecheck INV072017D xxxxx9736	5.00
07/20	Electronic Payment	FDGL LEASE PYMT	26.98
07/20	Electronic Payment	FDGL LEASE PYMT	151.23
07/24	Electronic Payment	WEBFILE TAX PYMT DD 902/27893736	935.48
07/25	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03199012	3,513.38
07/27	Electronic Payment	EXPERTPAY EXPERTPAY xxxxx3411	213.81
07/27	Electronic Payment	CARDMEMBER SERV ELECT PYMT	3,459.00
07/27	Electronic Payment	MEMORIAL MEDICAL PAYROLL	241,611.93
07/28	Electronic Payment	IRS USATAXPYMT 220760943602832	87,322.04

Daily Ending Balance

07/03	2,100,200.16	07/13	4,456,552.97	07/24	2,237,853.95
07/05	2,142,742.20	07/14	1,922,270.24	07/25	2,032,543.65
07/06	2,148,592.10	07/17	1,784,907.92	07/26	2,314,940.53
07/07	2,288,028.87	07/18	1,772,304.56	07/27	2,193,788.44
07/10	2,331,832.78	07/19	1,902,138.50	07/28	2,205,518.00
07/11	2,224,641.15	07/20	2,182,394.02	07/31	2,291,390.08
07/12	2,224,018.53	07/21	2,208,001.76		

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1197

COUNTY OF CALHOUN TEXAS
INDIGENT HEALTHCARE
202 S Ann St Ste A
Port Lavaca TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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07/01/2017 to 07/31/2017
STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
11,603.92	3	92,434.32	24	50,187.58	53,850.66

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
07/03	May Indirect Sup.	42,117.96	07/06		78.56	07/28	June Indigent S.O.	50,237.80

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
07/07	10414	5.35	07/06	10423	919.00	07/12	10432	35,297.77
07/05	10415	144.23	07/24	10424	79.62	07/17	10433	30.32
07/18	10416 PLClinic	6.08	07/18	10425	39.56	07/17	10434	80.23
07/07	10417	790.26	07/20	10426	22.14	07/14	10435	3,117.67
07/06	10418	386.30	07/18 *	10428	2,222.23	07/25	10436	842.08
07/07 *	10420	231.75	07/19	10429	640.92	07/20	10437	47.85
07/06	10421	3,668.48	07/18	10430	351.41	07/20	10438	160.00
07/11	10422	219.81	07/24	10431	625.23	07/14 *	11923 MMC-Prof. Fees	259.29

* Indicates a skip in check number sequence

Daily Ending Balance

07/03	53,721.88	07/12	12,137.49	07/20	5,159.79
07/05	53,577.65	07/14	8,760.53	07/24	4,454.94
07/06	48,682.43	07/17	8,649.98	07/25	3,612.86
07/07	47,655.07	07/18	6,030.70	07/28	53,850.66
07/11	47,435.26	07/19	5,389.78		

O/S - May Checks
Cummins 242.95
PLClinic 1270.21

BANK
International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/964
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

0

CUSTOMER NO.	PAGE NO.
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07/01/2017 to 07/31/2017
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Your officer is Derek J. Schmidt.
Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
816,593.67	0	0.00	0	0.00	816,593.67

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/993
MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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07/01/2017 to 07/31/2017
STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
95.00	1	5.00	0	0.00	100.00

Deposits (Credits)

Date	Deposit#	Amount
07/28		5.00

Daily Ending Balance

07/28	100.00

IBC
BANK
International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1020
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
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07/01/2017 to 07/31/2017
STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
102,998.45	61	479,645.47	3	465,376.44	117,267.48

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
07/03		33,567.97	07/13		52,202.26	07/28		24,562.09
07/10		62,831.90	07/24		13,126.89			

Electronic Activity

	Credits		
07/03	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062916400064	2,251.52
07/05	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17063014502776	2,080.26
07/05	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17063015402546	1,044.63
07/05	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	770.17
07/06	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17070416200017	1,601.21
07/07	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	3,186.10
07/10	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	2,238.30
07/10	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,034.51
07/10	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	326.46
07/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17070810404087	8,042.13
07/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17070715400647	4,621.62
07/11	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	3,700.23
07/11	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	3,627.88
07/11	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	1,454.60
07/12	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,238.30
07/13	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	2,909.20
07/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071111201321	2,089.27
07/13	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	439.22
07/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071211501975	15,131.06
07/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071212704372	3,330.60
07/14	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	1,998.56
07/18	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	8,720.31
07/18	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	5,545.60
07/18	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071412601778	3,427.49
07/18	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071412601746	1,491.14
07/18	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	1,027.16
07/18	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,016.02
07/18	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071513204138	277.23
07/18	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	152.09
07/18	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390860	0.01
07/18	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390860	0.01
07/19	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071717401559	30,690.42
07/19	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	1,757.21
07/19	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,485.96
07/19	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071717401551	713.82
07/19	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	646.80
07/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	90,337.40

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1021
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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07/01/2017 to 07/31/2017
STATEMENT PERIOD

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07/21	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	1,850.33
07/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071916102821	1,621.03
07/24	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	8,831.20
07/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072012301095	3,439.49
07/24	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	2,777.60
07/24	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	2,467.50
07/24	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	102.54
07/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072217200222	9,661.02
07/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072112802343	9,300.96
07/25	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 93	5,625.00
07/25	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	5,086.84
07/25	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	4,606.00
07/25	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	2,977.52
07/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072417701140	21,222.47
07/26	Electronic Deposit	CENTENE CORP HCCLAIMPMT	866.81
07/26	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	616.53
07/27	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	351.32
07/28	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	1,470.30
07/31	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	75.40

Missing on Adams report

Debits

07/06	Outgoing Wire	0234 ASHFORD HEALTH CARE CENTER LTD	138,717.94
07/19	Outgoing Wire	0102 ASHFORD HEALTH CARE CENTER LTD	175,898.47
07/26	Outgoing Wire	0053 ASHFORD HEALTH CARE CENTER LTD	150,760.03

Daily Ending Balance

07/03	138,817.94	07/13	155,538.25	07/24	181,605.25
07/05	142,713.00	07/14	175,998.47	07/25	218,862.59
07/06	5,596.27	07/18	197,655.53	07/26	90,808.37
07/07	8,782.37	07/19	57,051.27	07/27	91,159.69
07/10	75,213.54	07/20	147,388.67	07/28	117,192.08
07/11	96,660.00	07/21	150,860.03	07/31	117,267.48
07/12	97,898.30				

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CUSTOMER

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STATEMENT

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07/01/2017 to 07/31/2017
STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
27,985.58	24	726,356.59	4	661,583.67	92,758.50

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
07/03		80,359.98	07/13		81,156.17	07/28		44,866.28
07/10		75,446.25	07/24		22,240.97			

Checks (Debits)

Date	Check #	Amount
07/10	17	14,626.50

Electronic Activity

	Credits		
07/06	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	218.15
07/11	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	6,655.38
07/11	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	2,888.33
07/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071111201344	12,993.79
07/14	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	19,135.00
07/18	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	3,998.39
07/18	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390861	0.01
07/18	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390861	0.01
07/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	307,092.32
07/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	43,579.05
07/21	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	175.26
07/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	11,796.55
07/24	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	2,041.16
07/25	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	2,271.90
07/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	2,006.53
07/27	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	2,602.74
07/27	Electronic Deposit	HUMANA INS CO EFPAYMENT 390861	2,132.52
07/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	498.62
07/28	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	2,201.23
	Debits		
07/06	Outgoing Wire	0237 CANTEX HEALTH CARE CENTERS III	93,619.06
07/19	Outgoing Wire	0109 CANTEX HEALTH CARE CENTERS III	198,493.07
07/26	Outgoing Wire	0056 CANTEX HEALTH CARE CENTERS III	354,845.04

Daily Ending Balance

07/03	108,345.56	07/14	198,593.07	07/24	391,023.72
07/06	14,944.65	07/18	202,591.48	07/25	393,295.62
07/10	75,764.40	07/19	4,098.41	07/26	40,457.11
07/11	85,308.11	07/20	311,190.73	07/27	45,690.99
07/13	179,458.07	07/21	354,945.04	07/28	92,758.50

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
20,507.43	32	455,896.26	3	379,554.47	96,849.22

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
07/03		21,280.12	07/13		23,321.12	07/28		34,037.02
07/10		46,164.13	07/24		15,088.76			

Electronic Activity

	Credits		
07/03	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	114.32
07/05	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	1,269.15
07/10	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	10,051.92
07/11	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	4,944.59
07/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17070810404084	1,318.60
07/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071211501972	5,129.03
07/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071211503747	1,459.40
07/18	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071412601776	9,954.66
07/18	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	6,912.27
07/18	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390864	0.01
07/18	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390864	0.01
07/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	11,110.00
07/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	204,652.17
07/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071916102817	9,714.26
07/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071910701684	1,751.28
07/24	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	796.66
07/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	24,660.93
07/25	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	4,032.16
07/25	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 3268	1,572.30
07/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072217200218	1,477.30
07/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072213004402	63.45
07/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072417701138	5,704.12
07/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	1,169.47
07/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072416401909	1,021.58
07/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072513101795	1,205.64
07/28	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390864	4,736.37
07/31	Electronic Deposit	HUMANA INS CO EFPAYMENT 390864	1,183.46
	Debits		
07/06	Outgoing Wire	0236 CANTEX HEALTH CARE CENTERS III	41,801.87
07/19	Outgoing Wire	0108 CANTEX HEALTH CARE CENTERS III	93,657.94
07/26	Outgoing Wire	0055 CANTEX HEALTH CARE CENTERS III	244,094.66

missing on Adam's report

Daily Ending Balance

07/03	41,901.87	07/06	1,369.15	07/11	63,848.39
07/05	43,171.02	07/10	57,585.20	07/13	87,169.51

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STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
47,283.40	28	240,874.59	3	239,687.75	48,470.24

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
07/03		15,712.27	07/13		16,540.65	07/28		2,687.28
07/10		21,930.48	07/24		12,309.47	07/28		95.82

Electronic Activity

	Credits		
07/03	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	5,198.84
07/07	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	329.99
07/10	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	5,379.61
07/11	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	5,148.97
07/11	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	4,211.57
07/12	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,575.93
07/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071211501973	3,803.93
07/18	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390863	0.01
07/18	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390863	0.01
07/19	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	10,436.50
07/19	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,897.80
07/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	53,172.74
07/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	17,736.35
07/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071916102818	17,236.48
07/21	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	12,192.22
07/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	2,045.85
07/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072217200219	11,310.21
07/25	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	7,296.79
07/26	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	2,050.56
07/26	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,107.05
07/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072513101796	9,032.53
07/28	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	434.68
	Debits		
07/06	Outgoing Wire	0238 CANTEX HEALTH CARE CENTERS III	68,094.51
07/19	Outgoing Wire	0113 CANTEX HEALTH CARE CENTERS III	58,921.13
07/26	Outgoing Wire	0057 CANTEX HEALTH CARE CENTERS III	112,672.11

Daily Ending Balance

07/03	68,194.51	07/13	55,217.20	07/24	127,127.43
07/06	100.00	07/14	59,021.13	07/25	145,734.43
07/07	429.99	07/18	59,021.15	07/26	36,219.93
07/10	27,740.08	07/19	12,434.32	07/27	45,252.46
07/11	37,100.62	07/20	65,607.06	07/28	48,470.24
07/12	38,676.55	07/21	112,772.11		

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
36,394.98	37	808,419.86	3	244,566.17	600,248.67

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
07/03		24,379.86	07/13		84,766.86	07/28		30,262.70
07/10		64,136.58	07/24		85,990.33	07/28		2,487.20

Electronic Activity

	Credits			
07/05	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17063014502778		3,160.32
07/05	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17063015402548		2,386.31
07/05	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007		2,122.25
07/05	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17070112207279		531.23
07/10	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17070614500763		1,857.45
07/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071111201323		3,936.74
07/14	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		11,453.43
07/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071211501977		2,242.67
07/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071211501956		1,614.60
07/18	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390862		0.01
07/18	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390862		0.01
07/19	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071717401555		1,943.02
07/19	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071717401561		1,629.34
07/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		1,106.36
07/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17071916102822		1,004.15
07/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		333,036.43
07/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072012301099		6,008.68
07/24	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007		2,801.93
07/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		86,655.67
07/25	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007		10,042.84
07/25	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482		8,532.00
07/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072217200224		1,039.83
07/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		12,570.48
07/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072417701142		1,589.45
07/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072417701132		1,133.43
07/26	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007		689.74
07/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		4,335.90
07/28	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390862		8,992.27
07/28	Electronic Deposit	HHP HCCLAIMPMT 390862		1,580.41
07/28	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007		193.01
07/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17072715601949	missing on Adam's Report	2,206.37
	Debits			
07/06	Outgoing Wire	0235 CANTEX HEALTH CARE CENTERS LLC		60,674.84
07/19	Outgoing Wire	0104 CANTEX HEALTH CARE CENTERS LLC		178,208.44
07/26	Outgoing Wire	0054 CANTEX HEALTH CARE CENTERS LLC		5,682.89

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CUSTOMER

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STATEMENT

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07/01/2017 to 07/31/2017
STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

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100.00	0	0.00	0	0.00	100.00