## MEMORIAL MEDICAL CENTER

## COMMISSIONERS COURT APPROVAL LIST FOR ----- January 25, 2018

**PAYABLES AND PAYROLL**

| | | | |
|---|---|---|---|
| 12/4/2017 | McKesson Drugs | 2,304.96 | |
| 12/7/2017 | Weekly Payables | 250,519.10 | |
| 12/7/2017 | Returned Check 503 | 25.00 | |
| 12/8/2017 | Weekly Payables | 471.67 | |
| 12/8/2017 | Returned Check 1026 | 100.00 | |
| 12/11/2017 | Payroll | 243,169.62 | |
| 12/11/2017 | Payroll by Check | 5,803.16 | |
| 12/11/2017 | Payroll by Check | 184.68 | |
| 12/12/2017 | Weekly Payables | 290,410.06 | |
| 12/12/2017 | McKesson Drugs | 1,168.46 | |
| 12/12/2017 | Payroll Liabilities | 88,392.48 | |
| 12/15/2017 | TDCRS | 169,126.05 | |
| 12/15/2017 | Weekly Payables | 40,062.50 | |
| 12/18/2017 | McKesson Drugs | 1,978.12 | |
| 12/20/2017 | Weekly Payables | 434,182.44 | |
| 12/22/2017 | Weekly Payables | 6,667.95 | |
| 12/22/2017 | Payroll by Check | 3,359.74 | |
| 12/22/2017 | Payroll* | 249,455.72 | |
| 12/22/2017 | Payroll by Check | 570.27 | |
| 12/26/2017 | Returned Check 103 | 30.00 | |
| 12/27/2017 | McKesson Drugs | 3,836.31 | |
| 12/27/2017 | Payroll Liabilities | 90,977.86 | |
| 12/28/2017 | Weekly Payables | 111,380.94 | |
| 12/28/2017 | Credit Card Invoice | 1,670.15 | |
| 12/31/2017 | Monthly Electronic Transfers for Payroll Expenses(not incl above) | 213.81 | |
| 12/31/2017 | Monthly Electronic Transfers for Operating Expenses | 6,373.36 | |
| | **Total Payables and Payroll** | | **$ 2,002,434.41** |

APPROVED

JAN 25 2018

CALHOUN COUNTY
COMMISSIONERS COURT

**INTER-GOVERNMENT TRANSFERS**

| | | |
|---|---|---|
| **Total Inter-Government Transfers** | | **$ -** |

**INTRA-ACCOUNT TRANSFERS**

| | | |
|---|---|---|
| from Private Waiver to MMC | 816,822.61 | |
| **Total Intra-Account Transfers** | | **$ 816,822.61** |

| | |
|---|---|
| **SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS** | **$ 2,819,257.02** |
| **INDIGENT HEALTHCARE FUND EXPENSES** | **$ 8,488.48** |
| **NURSING HOME UPL EXPENSES FOR December 2017** | **$ 4,484,848.68** |
| **IGT December 2017 MPAP NH Program** | **$ -** |
| **MMC Construction** | **$ -** |
| **GRAND TOTAL DISBURSEMENTS APPROVED December 21, 2017** | **$ 7,312,594.18** |

**From IBC Bank to Prosperity Bank**

| Date | Check# | Name | Amount |
|---|---|---|---|
| 12/15/2017 | 172384 | MMC Operating | $ 337,361.59 |
| 12/19/2017 | 172385 | MMC Operating | $ 175,050.52 |
| 12/28/2017 | | MMC Operating | $ 366,268.93 |

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---- January 25, 2018**

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

| | | |
|---|---|---|
| Adu Sports Medicine Clinic | | 280.38 |
| ESS of Port Lavaca LLC | | 79.62 |
| HEB Pharmacy (Medimpact) Pharmacy Reimbursement | | 281.82 |
| MMCenter (In-patient 0 / Out-patient $2,203.89 / ER $891.84) | | 3,095.73 |
| Memorial Medical Clinic | | 439.00 |
| Port Lavaca Clinic | | 100.69 |
| Regional Employee Assistance | | 163.65 |
| Singleton Associates, PA | | 28.07 |
| Victoria Anesthesiology Assoc | | 141.41 |
| **SUBTOTAL** | | **4,610.37** |
| Memorial Medical Center (Indigent Healthcare Payroll and Expenses) | | **4,166.67** |
| | Subtotal | 8,777.04 |
| **Co-pays adjustments for December 2017** | | **(210.00)** |
| **Reimbursement from Medicaid** | | **(78.56)** |
| **TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES** | | **8,488.48** |

800 01252018 01 CALHOUN COUNTY, TEXAS

DATE: 1/25/2018

**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 | | | $8,488.48 |
| | approved by Commissioners Court on 01/25/2018 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 1000-001-46010 | December Interest ($10.92) | | | ($10.92) |
| | | | | |
| | | | | |
| | | | | |
| | | | | $8,477.56 |

COUNTY AUDITOR APPROVAL ONLY

APPROVED JAN 24 2018 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: _____ 1/25/18

DEPARTMENT HEAD DATE

**MEMORIAL MEDICAL CENTER - IBC**

**COMMISSIONERS COURT APPROVAL LIST FOR ---- January 25, 2018**

**Nursing Home UPL**

**Weekly Cantex Transfer**

| IN | OUT | | ACH Deposits | ACH Transfers |
|---|---|---|---|---|
| 11/21/17 - 11/30/17 | 12/11/2017 | Ashford-4553 | 55,964.31 | 55,964.31 |
| 11/20/17 - 12/5/17 | 12/11/2017 | Ashford-4553 | 83,873.75 | 83,873.75 |
| 12/6/17 - 12/17/17 | 12/22/2017 | Ashford-4553 | 65,061.18 | 65,061.18 |
| 12/18/2017 | 12/22/2017 | Ashford-4553 | 11,877.27 | 11,877.27 |
| 12/18/17 - 12/25/17 | 12/29/2017 | Ashford-4553 | 39,097.41 | 39,097.41 |
| 12/26/2017 | 12/29/2017 | Ashford-4553 | 8,059.11 | 8,059.11 |
| 12/27/17 12/29/17 | | Ashford-4553 | 14,570.52 | |
| 11/21/2017 - 11/30/17 | 12/11/2017 | Broadmoor-4596 | 8,877.35 | 8,877.35 |
| 11/20/17 - 12/5/17 | 12/11/2017 | Broadmoor-4596 | 84,076.95 | 84,076.95 |
| 12/6/17 - 12/17/17 | 12/22/2017 | Broadmoor-4596 | 25,193.61 | 25,193.61 |
| 12/18/2017 | 12/22/2017 | Broadmoor-4596 | 6,397.43 | 6,397.43 |
| 12/21/17 - 12/26/17 | 12/29/2017 | Broadmoor-4596 | 3,489.50 | 3,489.50 |
| 12/27/2017 | | Broadmoor-4596 | 12,679.53 | |
| 11/21/17 - 11/29/17 | 12/11/2017 | Crescent-4588 | 36,886.41 | 36,886.41 |
| 11/20/17 - 12/5/17 | 12/11/2017 | Crescent-4588 | 23,221.34 | 23,221.34 |
| 12/6/17 - 12/17/17 | 12/22/2017 | Crescent-4588 | 14,296.40 | 14,296.40 |
| 12/18/17 - 12/25/17 | 12/29/2017 | Crescent-4588 | 8,952.20 | 8,952.20 |
| 12/26/2017 | 12/29/2017 | Crescent-4588 | 441.09 | 441.09 |
| 12/27/17 - 12/29/17 | | Crescent-4588 | 7,076.09 | |
| 11/21/17 - 11/30/17 | 12/11/2017 | Fort Bend-4618 | 40,440.48 | 40,440.48 |
| 11/20/17 - 12/5/17 | 12/11/2017 | Fort Bend-4618 | 26,156.61 | 26,156.61 |
| 12/6/17 - 12/17/17 | 12/22/2017 | Fort Bend-4618 | 22,353.84 | 22,353.84 |
| 12/18/2017 | 12/22/2017 | Fort Bend-4618 | 1,197.29 | 1,197.29 |
| 12/18/17 - 12/25/17 | 12/29/2017 | Fort Bend-4618 | 21,612.34 | 21,612.34 |
| 12/26/2017 | 12/29/2017 | Fort Bend-4618 | 5,334.00 | 5,334.00 |
| 12/27/2017 | | Fort Bend-4618 | 10,168.99 | |
| 11/21/17 - 11/30/17 | 12/11/2017 | Solera-4561 | 35,422.51 | 35,422.51 |
| 11/20/17-12/5/17 | 12/11/2017 | Solera-4561 | 92,450.76 | 92,450.76 |
| 12/6/17 12/17/17 | 12/22/2017 | Solera-4561 | 21,267.59 | 21,267.59 |
| 12/18/17 - 12/25/17 | 12/29/2017 | Solera-4561 | 27,796.70 | 27,796.70 |
| 12/27/2017 | | Solera-4561 | 2,571.31 | |
| | **SUBTOTAL** | | 640,283.81 | 770,808.43 |

| | |
|---|---|
| **TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS** | **770,808.43** |

**MEMORIAL MEDICAL CENTER - Prosperity Bank**

**COMMISSIONERS COURT APPROVAL LIST FOR ---- January 25, 2018**

| IN | OUT | Nursing Home UPL / Weekly Cantex Transfer | ACH Deposits | ACH Transfers |
|---|---|---|---|---|
| | | | 100.00 | |
| 11/2/17 - 11/30/17 | 11/9/2017 | Ashford - 4381 | 362,231.07 | 325,802.00 |
| 12/1/17 - 12/4/17 | | Ashford - 4381 | 11,929.46 | |
| 11/2/2017 | o/s trasnfer amt. | Ashford - 4381 | 53,807.04 | |
| 8/1/17 -11/30/17 | earnings | Ashford - 4381 | 155.69 | |
| 12/8/17 - 12/15/17 | 12/20/2017 | Ashford - 4381 | 106,606.20 | 106,606.20 |
| 12/20/17-12/21/17 | 12/27/2017 | Ashford - 4381 | 216,941.22 | 170,345.14 |
| 12/26/17-12/29/17 | | Ashford - 4381 | 97,164.26 | |
| 12/31/2017 | earnings | Ashford - 4381 | 62.02 | |
| | | | 100.00 | |
| 8/31/17 -11/30/17 | earnings | | 286.30 | |
| 11/21/17-11/30/17 | 12/11/2017 | Broadmoor - 4403 | 524,955.30 | 524,955.30 |
| 12/1/17 - 12/4/17 | 12/11/2017 | Broadmoor - 4403 | 2,620.09 | 2,620.09 |
| 12/8/17 - 12/15/17 | 12/20/2017 | Broadmoor - 4403 | 125,406.54 | 125,406.54 |
| 12/18/17-12/22/17 | 12/27/2017 | Broadmoor - 4403 | 422,694.64 | 422,694.64 |
| 12/26/17-12/29/17 | | Broadmoor - 4403 | 61,052.44 | |
| 12/31/2017 | earnings | Broadmoor - 4403 | 108.74 | |
| | | | 100.00 | |
| 11/21/17 - 11/30/17 | 12/8/2017 | Crescent - 4411 | 245,374.32 | 241,788.00 |
| 11/2/2017 | o/s trasnfer amt. | Crescent - 4411 | 3,843.36 | |
| 8/31/17 - 11/30/17 | earnings | Crescent - 4411 | 152.85 | |
| 12/7/17-12/15/17 | 12/20/2017 | Crescent - 4411 | 49,653.56 | 49,653.56 |
| 12/19/17-12/22/17 | 12/27/2017 | Crescent - 4411 | 206,517.65 | 203,621.43 |
| 12/26/17-12/29/17 | | Crescent - 4411 | 29,909.39 | |
| 12/31/2017 | earnings | Crescent - 4411 | 39.94 | |
| | | | 100.00 | |
| 11/21/17 - 11/30/17 | 12/8/2017 | Fort Bend - 4446 | 136,622.43 | 122,171.67 |
| 8/31/17 - 11/30/17 | earnings | Fort Bend - 4446 | 102.70 | |
| 11/1/17 - 11/2/17 | o/s trasnfer amt. | Fort Bend - 4446 | 15,486.48 | |
| 12/6/17-12/17/17 | 12/20/2017 | Fort Bend - 4446 | 31,971.08 | 31,971.08 |
| 12/18 - 12/25/17 | 12/27/2017 | Fort Bend - 4446 | 110,070.33 | 98,400.67 |
| 12/26/17-12/29/17 | | Fort Bend - 4446 | 31,211.45 | |
| 12/31/2017 | earnings | Fort Bend - 4446 | 26.08 | |
| | | | 100.00 | |
| 11/20/17 - 11/30/17 | 12/8/2017 | Solera - 4438 | 447,853.48 | 434,457.52 |
| 8/31/17 - 11/30/17 | earnings | Solera - 4438 | 279.38 | |
| 11/1/17 - 11/2/17 | o/s trasnfer amt. | Solera - 4438 | 14,356.08 | |
| 12/6/17-12/17/17 | 12/20/2017 | Solera - 4438 | 109,555.61 | 109,555.61 |
| 12/18/17 - 12/25/17 | 12/27/2017 | Solera - 4438 | 321,480.56 | 310,662.70 |
| 12/26/17-12/29/17 | | Solera - 4438 | 46,826.35 | |
| 12/31/2017 | earnings | Solera - 4438 | 67.64 | |
| | | | 100.00 | |
| 8/31/17-11/30/17 | earnings | | 100.92 | |
| 11/30/2017 | 12/8/2017 | Golden Creek - 4454 | 45,043.38 | 25,726.07 |
| 11/2/17 - 11/22/17 | o/s trasnfer amt. | Golden Creek - 4454 | 42,437.09 | |
| 12/7/17 - 12/26/17 | | Golden Creek - 4454 | 1,018.62 | |
| 12/31/2017 | earnings | Golden Creek - 4454 | 10.34 | |
| | **SUBTOTAL** | | 3,875,931.98 | 3,310,538.67 |
| QIPP/Checks to MMC | | | | |
| | | Solera - Sept & Oct. | | 27,752.04 |
| | | Solera - Nov | | 20,472.40 |
| | | Golden Creek - Sept & Oct | | 61,754.40 |
| | | Golden Creek - Nov | | 46,554.05 |
| | | Fort Bend - Sept & Oct | | 29,937.24 |
| | | Fort Bend - Nov | | 22,084.40 |
| | | Crescent - Sept & Oct | | 7,429.68 |
| | | Crescent - Nov | | 5,480.80 |
| | | Ashford - Sept & October | | 104,015.52 |
| | | Ashford - Nov | | 76,731.20 |
| Transfer Interest to MMC | | *Interest for Aug - Nov - also includes $35.43 Check Order Fee* | | |
| | | Ashford | | 191.03 |
| | | Broadmoor | | 321.64 |
| | | Solera | | 314.72 |
| | | Golden Creek | | 136.23 |
| | | Fort Bend | | 138.04 |
| | | Crescent | | 188.19 |
| | **Total** | | | 3,714,040.25 |

| **TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS** | **3,714,040.25** |
|---|---|

Issued 01/23/18

# Source Totals Report

Calhoun Indigent Health Care
Batch Dates 12/31/2017 through 12/31/2017
For Vendor: All Vendors

| Source | Description | Amount Billed | Amount Paid |
|---|---|---|---|
| 01 | Physician Services | 3,379.56 | 551.72 |
| 01-2 | Physician Services- Anesthesia | 468.00 | 141.41 |
| 02 | Prescription Drugs | 281.82 | 281.82 |
| 08 | Rural Health Clinics | 570.00 | 539.69 |
| 14 | Mmc - Hospital Outpatient | 6,719.02 | 2,203.89 |
| 15 | Mmc - Er Bills | 2,787.00 | 891.84 |
| | **Expenditures** | 14,252.53 | 4,657.50 |
| | **Reimb/Adjustments** | -47.13 | -47.13 |
| | **Grand Total** | **14,205.40** | **4,610.37** |

| | |
|---|---|
| EXPENSES | +4166.67 |
| | 8777.04 |
| COPAYS | <210.00> |
| MEDICAID REIMBURSEMENTS | < 78.56> |
| | 8488.48 |

APPROVED
JAN 24 2018
COUNTY AUDITOR

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO: Calhoun County Indigent Account

Date Requested: 1/23/18

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

AMOUNT 210.00

G/L NUMBER: 50240000

EXPLANATION: To transfer Indigent co-pays from the Operating account to the Indigent bank account

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

| G/L NUMBER | RECEIPT DATE | PAY NUMBER | TYPE | PAYER | CASH AMOUNT | RECEIPT AMOUNT | NUMBER | NAME | DISC DATE | INIT | COLL CODE | GL CASH ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 50200.000 | 12/26/17 | 479672 | IN | CIGNA HEALTHCARE | 60.78- | 60.78- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 12/27/17 | 479718 | IN | CIGNA HEALTHCARE | 300.30- | 300.30- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 12/27/17 | 479725 | IN | CIGNA HEALTHCARE | 75.11- | 75.11- | | | 00/00/00 | RLT | | 2 |
| **TOTAL** 50200.000 COMMERCIAL INS. -ADJ | | | | | | -427822.16 | | | | | | |
| 50240.000 | 12/26/17 | 479387 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | ARK | | 2 |
| 50240.000 | 12/05/17 | 477990 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | CAS | | 2 |
| 50240.000 | 12/05/17 | 477994 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | CAS | | 2 |
| 50240.000 | 12/05/17 | 477999 | VI | [redacted] | 10.00 | 10.00 | | | 00/00/00 | CAS | | 2 |
| 50240.000 | 12/05/17 | 478047 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | CAS | | 2 |
| 50240.000 | 12/11/17 | 478392 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | CAS | | 2 |
| 50240.000 | 12/26/17 | 479391 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | CAS | | 2 |
| 50240.000 | 12/01/17 | 477792 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 12/01/17 | 477836 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 12/04/17 | 477910 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 12/04/17 | 477933 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 12/04/17 | 477951 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 12/04/17 | 477954 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 12/06/17 | 478113 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 12/11/17 | 478479 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 12/12/17 | 478485 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 12/18/17 | 478914 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 12/19/17 | 478974 | CA | [redacted] | 30.00 | 30.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 12/19/17 | 478975 | CA | [redacted] | 9.11 | 9.11 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 12/22/17 | 479294 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 12/22/17 | 479335 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 12/26/17 | 479401 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 12/28/17 | 479714 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 12/28/17 | 479716 | CA | [redacted] | 10.00- | 10.00- | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 12/04/17 | 477911 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | VTT | | 2 |
| **TOTAL** 50240.000 COUNTY INDIGENT COPAYS | | | | | | 249.11 | | | | | | |
| 50410.000 | 12/06/17 | 478132 | CK | FNB - FORMOSA TRUST | 22000.00 | 22000.00 | | | 00/00/00 | PLB | | 2 |
| **TOTAL** 50410.000 GENERAL CONTRIBUTION-OTHER REV | | | | | | 22000.00 | | | | | | |
| 50510.000 | 12/05/17 | 478004 | CA | CAFE | 107.72 | 107.72 | | | 00/00/00 | CAS | | 2 |
| 50510.000 | 12/05/17 | 478005 | VI | CAFE | 32.15 | 32.15 | | | 00/00/00 | CAS | | 2 |
| 50510.000 | 12/05/17 | 478006 | MC | CAFE | 5.28 | 5.28 | | | 00/00/00 | CAS | | 2 |
| 50510.000 | 12/05/17 | 478007 | AE | CAFE | 10.57 | 10.57 | | | 00/00/00 | CAS | | 2 |
| 50510.000 | 12/05/17 | 478011 | CA | CAFE | 46.16 | 46.16 | | | 00/00/00 | CAS | | 2 |
| 50510.000 | 12/05/17 | 478012 | VI | CAFE | 15.99 | 15.99 | | | 00/00/00 | CAS | | 2 |
| 50510.000 | 12/05/17 | 478013 | MC | CAFE | 2.11 | 2.11 | | | 00/00/00 | CAS | | 2 |
| 50510.000 | 12/05/17 | 478040 | CA | CAFE | 201.71 | 201.71 | | | 00/00/00 | CAS | | 2 |
| 50510.000 | 12/05/17 | 478041 | VI | CAFE | 114.51 | 114.51 | | | 00/00/00 | CAS | | 2 |
| 50510.000 | 12/05/17 | 478042 | MC | CAFE | 26.93 | 26.93 | | | 00/00/00 | CAS | | 2 |
| 50510.000 | 12/05/17 | 478043 | AE | CAFE | 3.85 | 3.85 | | | 00/00/00 | CAS | | 2 |
| 50510.000 | 12/01/17 | 477849 | CA | [redacted]- | 24.13 | 24.13 | | | 00/00/00 | PLB | | 2 |
| 50510.000 | 12/01/17 | 477851 | VI | CAFE | 143.37 | 143.37 | | | 00/00/00 | PLB | | 2 |
| 50510.000 | 12/01/17 | 477852 | MC | CAFE | 15.59 | 15.59 | | | 00/00/00 | PLB | | 2 |
| 50510.000 | 12/01/17 | 477853 | CA | CAFE | 216.20 | 216.20 | | | 00/00/00 | PLB | | 2 |
| 50510.000 | 12/04/17 | 477935 | VI | CAFE | 150.31 | 150.31 | | | 00/00/00 | PLB | | 2 |

# MEMORIAL MEDICAL CENTER

*So Much...So Close!*

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

Date: 12/26/2017
Invoice # 11
For: December

Bill To:
Calhoun County

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

Total $ 4,166.67

Jason Anglin
CEO

APPROVED
JAN 2[illegible]
COUNTY AUDITOR

# 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: 12/01/2017 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 12/04/2017

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

As of: 12/01/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 12/04/2017 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: 2,352.01 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 12/05/2017,
Pay This Amount: 2,304.96 USD

If Paid After 12/05/2017,
Pay this Amount: 2,352.01 USD

Due If Paid On Time:
USD 2,304.96
Disc lost if paid late: 47.05
Due If Paid Late:
USD 2,352.01

ck# 957

APPROVED
ON
DEC 04 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 12-14-17

340 B Prescription Expenses

0.C
653.96 +
1,651.00 +
2,304.96 *

2,304.96 +
2,304.96 -
0.00 *

# McKESSON

Company: 8000

# STATEMENT

As of: 12/01/2017

Page: 001

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 256342
Date: 12/04/2017

As of: 12/01/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/04/2017 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 | | | | | | | | | | | |
| 11/27/2017 | 12/05/2017 | 7842294467 | 6157535547 | 115Invoice | 1.80 | 90.20 | | ✓ 88.40 | ✓ | 7842294467 | |
| 11/27/2017 | 12/05/2017 | 7842294468 | 6157537010 | 115Invoice | 2.42 | 121.04 | | ✓ 118.62 | ✓ | 7842294468 | |
| 11/27/2017 | 12/05/2017 | 7842294469 | 1125170349-00 | 115Invoice | 4.28 | 213.77 | | ✓ 209.49 | ✓ | 7842294469 | |
| 11/28/2017 | 12/05/2017 | 7842558594 | 1127170424-00 | 115Invoice | 2.42 | 121.04 | | ✓ 118.62 | ✓ | 7842558594 | |
| 11/29/2017 | 12/05/2017 | 7842803463 | 9757535755 | 115Invoice | 0.43 | 21.47 | | ✓ 21.04 | ✓ | 7842803463 | |
| 11/29/2017 | 12/05/2017 | 7842803464 | 1128170114-00 | 115Invoice | 0.04 | 1.90 | | ✓ 1.86 | ✓ | 7842803464 | |
| 11/30/2017 | 12/05/2017 | 7843033058 | 5557540258 | 115Invoice | 1.53 | 76.58 | | ✓ 75.05 | ✓ | 7843033058 | |
| 12/01/2017 | 12/05/2017 | 7843262303 | 5557546994 | 115Invoice | 0.43 | 21.31 | | ✓ 20.88 | ✓ | 7843262303 | |

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: 667.31 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,707.48
11/27/2017

If Paid By 12/05/2017,
Pay This Amount: 653.96 USD

If Paid After 12/05/2017,
Pay this Amount: 667.31 USD

Due If Paid On Time:
USD 653.96
Disc lost if paid late: 13.35
Due If Paid Late:
USD 667.31

APPROVED ON
DEC 04 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: 12/01/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 12/04/2017

Page: 001

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

As of: 12/01/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 12/04/2017 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 | | | | | | | | | | | |
| 11/27/2017 | 12/05/2017 | 7842276802 | 1001123870 | 115Invoice | 10.90 | 545.16 | | ✓ 534.26 | ✓ | 7842276802 | |
| 11/27/2017 | 12/05/2017 | 7842276803 | 1001124513 | 115Invoice | 0.83 | 41.39 | | ✓ 40.56 | ✓ | 7842276803 | |
| 11/27/2017 | 12/05/2017 | 7842276808 | 1001124513 | 115Invoice | 0.11 | 5.31 | | ✓ 5.20 | ✓ | 7842276808 | |
| 11/27/2017 | 12/05/2017 | 7842276810 | 1001125021 | 115Invoice | 4.28 | 213.96 | | ✓ 209.68 | ✓ | 7842276810 | |
| 11/27/2017 | 12/05/2017 | 7842276811 | 1001125021 | 115Invoice | 0.03 | 1.69 | | ✓ 1.66 | ✓ | 7842276811 | |
| 11/27/2017 | 12/05/2017 | 7842276814 | 1001125464 | 115Invoice | 2.49 | 124.65 | | ✓ 122.16 | ✓ | 7842276814 | |
| 11/28/2017 | 12/05/2017 | 7842541047 | 1001125882 | 115Invoice | 5.45 | 272.48 | | ✓ 267.03 | ✓ | 7842541047 | |
| 11/29/2017 | 12/05/2017 | 7842809102 | 1001126710 | 115Invoice | 2.38 | 118.77 | | ✓ 116.39 | ✓ | 7842809102 | |
| 11/30/2017 | 12/05/2017 | 7843059504 | 1001127503 | 115Invoice | 3.50 | 174.96 | | ✓ 171.46 | ✓ | 7843059504 | |
| 11/30/2017 | 12/05/2017 | 7843059507 | 1001127503 | 115Invoice | 1.91 | 95.55 | | ✓ 93.64 | ✓ | 7843059507 | |
| 12/01/2017 | 12/05/2017 | 7843256792 | 1001128157 | 115Invoice | 1.82 | 90.78 | | ✓ 88.96 | ✓ | 7843256792 | |

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: 1,684.70 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,707.48
11/27/2017

If Paid By 12/05/2017,
Pay This Amount: 1,651.00 USD

If Paid After 12/05/2017,
Pay this Amount: 1,684.70 USD

Due If Paid On Time:
USD 1,651.00
Disc lost if paid late:
33.70
Due If Paid Late:
USD 1,684.70

APPROVED
ON

DEC 04 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:12/04/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:05 CHECK REGISTER GLCKREG
12/04/17 THRU 12/04/17

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 000957 | 12/04/17 | 2,304.96 | MCKESSON |
| TOTALS: | | | 2,304.96 | |

APPROVED
ON

DEC 04 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/6/2017

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Interest Earned | 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 | 4381 | 149,944.00 | 95,944.81 | 374,224.07 | 155.69 | - | 104,015.52 | - | - | 428,223.26 | 323,952.05 |

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

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Interest Earned | 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 | 4438 | 827,337.80 | 812,811.86 | 448,063.00 | 279.38 | - | 27,752.04 | - | - | 462,588.94 | 434,457.52 |
| Crescent | 4411 | 481,742.15 | 477,763.43 | 245,491.81 | 152.85 | - | 7,429.68 | - | - | 249,470.53 | 241,788.00 |
| Broadmoor | 4403 | 84,942.83 | 84,617.72 | 527,636.58 | 286.30 | - | - | - | - | 527,961.69 | 527,575.39 |
| Fort Bend | 4446 | 243,627.60 | 227,984.01 | 136,668.02 | 102.70 | - | 29,937.24 | - | - | 152,311.61 | 122,171.67 |
| | | | | | | | | | | | 1,325,992.58 |

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

Approved:

*Note: Only balances of aver $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: 12-14-17

APPROVED
DEC 07 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 12-6-17.xlsx

Cantex Prosperity Bank Activity
11-20-17 through 12-05-17

| Ashford Gardens | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| 11/22/2017 | 4381 | CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD | 95,944.81 | |
| 11/30/2017 | 4381 | Accr Earning Pymt Added to Account | | 63.54 |
| 12/1/2017 | 4381 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 194.51 |
| 11/29/2017 | 4381 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 844.48 |
| 11/20/2017 | 4381 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 1,568.32 |
| 11/22/2017 | 4381 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 2,379.90 |
| 11/30/2017 | 4381 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 2,856.84 |
| 11/28/2017 | 4381 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 4,621.62 |
| 11/30/2017 | 4381 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 8,683.38 |
| 12/4/2017 | 4381 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 11,734.95 |
| 11/24/2017 | 4381 | ACH Deposit MOLINA HEALTHCAR MOLINAACH | | 13,880.16 |
| 11/27/2017 | 4381 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 59,246.97 |
| 11/30/2017 | 4381 | Deposit | | 65,996.89 |
| 11/28/2017 | 4381 | Deposit | | 71,274.00 |
| 11/21/2017 | 4381 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000108 | | 130,878.51 |
| | | | 95,944.81 | 374,224.07 |

| Broadmoor | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| 11/22/2017 | 4403 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | 84,617.72 | |
| 11/30/2017 | 4403 | Accr Earning Pymt Added to Account | | 61.19 |
| 12/1/2017 | 4403 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 152.59 |
| 11/29/2017 | 4403 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 845.39 |
| 12/4/2017 | 4403 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 2,467.50 |
| 11/29/2017 | 4403 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 6,302.42 |
| 11/30/2017 | 4403 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 19,816.59 |
| 11/30/2017 | 4403 | Deposit | | 26,974.96 |
| 11/28/2017 | 4403 | Deposit | | 38,563.61 |
| 11/28/2017 | 4403 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 64,007.51 |
| 11/21/2017 | 4403 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 368,444.82 |
| | | | 84,617.72 | 527,636.58 |

| Crescent | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| 11/29/2017 | 4411 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | 477,763.43 | |
| 11/30/2017 | 4411 | Accr Earning Pymt Added to Account | | 117.49 |
| 11/27/2017 | 4411 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 830.52 |
| 11/24/2017 | 4411 | ACH Deposit MOLINA HEALTHCAR MOLINAACH | | 991.44 |
| 11/24/2017 | 4411 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 8,435.96 |
| 11/28/2017 | 4411 | Deposit | | 17,801.55 |
| 11/30/2017 | 4411 | Deposit | | 18,172.51 |
| 11/21/2017 | 4411 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 199,142.34 |
| | | | 477,763.43 | 245,491.81 |

| Fort Bend | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| 11/22/2017 | 4446 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | 227,984.01 | |
| 11/30/2017 | 4446 | Accr Earning Pymt Added to Account | | 45.59 |
| 11/30/2017 | 4446 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 75.83 |
| 11/29/2017 | 4446 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 597.75 |
| 11/28/2017 | 4446 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 1,110.10 |
| 11/24/2017 | 4446 | ACH Deposit MOLINA HEALTHCAR MOLINAACH | | 3,994.92 |
| 11/22/2017 | 4446 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 5,988.24 |
| 11/28/2017 | 4446 | Deposit | | 11,802.27 |
| 11/21/2017 | 4446 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 12,151.58 |
| 11/30/2017 | 4446 | Deposit | | 21,524.07 |
| 11/27/2017 | 4446 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 23,558.85 |
| 11/21/2017 | 4446 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 55,818.82 |
| | | | 227,984.01 | 136,668.02 |

| Solera at W[illo]ton | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| 11/29/2017 | 4438 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | 812,811.86 | |
| 11/30/2017 | 4438 | Accr Earning Pymt Added to Account | | 209.52 |
| 11/29/2017 | 4438 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 953.09 |
| 11/20/2017 | 4438 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 1,770.02 |
| 11/21/2017 | 4438 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 2,774.72 |
| 11/24/2017 | 4438 | ACH Deposit MOLINA HEALTHCAR MOLINAACH | | 3,703.32 |
| 11/27/2017 | 4438 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 3,801.35 |
| 11/28/2017 | 4438 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 3,959.86 |
| 11/28/2017 | 4438 | Deposit | | 30,323.98 |
| 11/24/2017 | 4438 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 39,612.54 |
| 11/30/2017 | 4438 | Deposit | | 46,992.20 |
| 11/22/2017 | 4438 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 313,962.40 |
| | | | 812,811.86 | 448,063.00 |

# Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

| Checking | | Available | Previous Day |
|---|---|---|---|
| MEMORIAL MEDICAL CENTER - OPERATING *4357 ☆ | | $854,806.76 | $847,840.54 |
| MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365 ☆ | | $100.16 | $100.16 |
| MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373 ☆ | | $817,822.61 | $817,822.61 |
| MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆ | | $428,223.26 | $428,223.26 |
| MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆ | | $527,961.69 | $527,961.69 |
| MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆ | | $249,470.53 | $249,470.53 |
| MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆ | | $462,588.94 | $462,588.94 |
| MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆ | | $152,311.61 | $152,311.61 |
| MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆ | | $87,681.39 | $87,681.39 |
| CAL CO INDIGENT HEALTHCARE *4551 ☆ | | $13,603.26 | $13,603.26 |
| | TOTAL | $3,594,570.21 | $3,587,603.99 |

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
12/6/2017

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Interest Earned | IGT Transfer-In | MMC Portion - Return of IGT | MMC Portion - Federal Match | Nexion Portion - Federal Match | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Golden Creek | 4454 | 141,543.22 | 118,010.41 | 64,148.58 | 100.92 | - | 61,754.40 | - | - | 87,681.39 | 25,726.07 |

*Routing Information for Golden Creek:*
*Nexion Health at Golden Creek*
*Well[illegible] Bank, N.A.*
*ABA . 0248*
*Account # 0323*

Approved:

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

Michael J. Pfeifer
Calhoun County Judge
Date: 12-14-17

APPROVED
DEC 07 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 12-6-17.xlsx

Nexion Prosperity Bank Activity
11/20/17 through 12/3/17

| Golden Creek | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| 11/29/2017 | 2655 | CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK | 118,010.41 | |
| 11/30/2017 | 2655 | Accr Earning Pymt Added to Account | | 35.67 |
| 11/22/2017 | 2655 | ACH Deposit Centene Manageme CCD+ | | 19,069.53 |
| 11/30/2017 | 2655 | Deposit | | 45,043.38 |
| | | | **118,010.41** | **64,148.58** |

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
12/6/2017

| Nursing Home | IBC Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Pending Deposits | 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 | 59,617.39 | 73,970.27 | 154,290.94 | | - | - | - | 139,938.06 | 139,838.06 |

*Routing Information for Ashford Gardens:*
*Ashford Health Care Center Ltd Co*
*JP Morgan Chase Bank*
*ABA [illegible]0614*
*Accoun[illegible]4257*

| Nursing Home | IBC Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Pending Deposits | 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 | 33,905.50 | 43,076.37 | 137,144.14 | | - | - | - | 127,973.27 | 127,873.27 |
| Crescent | 4588 | 29,224.57 | 37,963.64 | 68,946.82 | | - | - | - | 60,207.75 | 60,107.75 |
| Broadmoor | 4596 | 4,424.32 | 4,417.92 | 93,046.90 | | - | - | - | 93,053.30 | 92,953.30 |
| Fort Bend | 4618 | 40,703.65 | 41,947.37 | 67,940.81 | | - | - | - | 66,697.09 | 66,597.09 |
| | | | | | | | | | | 347,531.41 |

*Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:*
*Cantex Health Care Centers III LLC*
*JP Morgan Chase Bank*
*ABA [illegible]0614*
*Accc[illegible].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: 12-14-17

APPROVED
DEC 07 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 12-6-17.xlsx

Accounts

Memorial Medical Center Operat *0301
Available Balance

County of Calhoun Indigent *1101
Available Balance

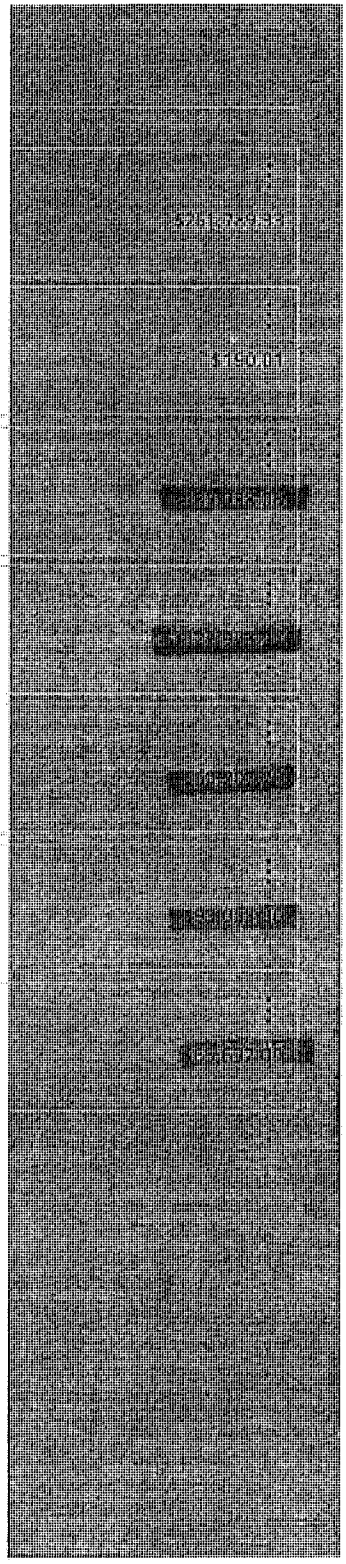
Memorial Medical Center *4553
Available Balance

Memorial Medical Center *4561
Available Balance

Memorial Medical Center *4588
Available Balance

Memorial Medical Center *4596
Available Balance

Memorial Medical Center *4618
Available Balance



IBC Bank Activity
11/20/17 through 12/5/17

| Ashford Gardens | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| *4553 | 11/20/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 8,820.61 |
| *4553 | 11/20/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 5,632.27 |
| *4553 | 11/21/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 26,053.22 |
| *4553 | 11/24/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 904.77 |
| *4553 | 11/27/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 11,294.14 |
| *4553 | 11/27/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 3,387.55 |
| *4553 | 11/28/2017 | ACH Deposit - MANAGEANDNET1718 MNS PMNT | | 5,611.00 |
| *4553 | 11/28/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 2,067.54 |
| *4553 | 11/28/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1,289.64 |
| *4553 | 11/28/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 574.56 |
| *4553 | 11/28/2017 | Wire Debit - 0105 ASHFORD HEALTH CARE CENTER LTD811 | 73,970.27 | |
| *4553 | 11/30/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 4,781.89 |
| *4553 | 12/1/2017 | ACH Deposit - HHP HCCLAIMPMT | | 27,820.56 |
| *4553 | 12/1/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 13,914.09 |
| *4553 | 12/1/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 8470 |
| *4553 | 12/4/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 12712.37 |
| *4553 | 12/4/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 7146.43 |
| *4553 | 12/4/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1329.72 |
| *4553 | 12/5/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 10040.11 |
| *4553 | 12/5/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1296.14 |
| *4553 | 12/5/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1144.33 |
| | | | **73,970.27** | **154,290.94** |

| Solera at West Houston | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| *4561 | 11/20/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 6,116.20 |
| *4561 | 11/20/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 3,154.67 |
| *4561 | 11/21/2017 | ACH Deposit - MANAGEANDNET1718 MNS PMNT | | 10,930.50 |
| *4561 | 11/21/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1,281.41 |
| *4561 | 11/22/2017 | ACH Deposit - MANAGEANDNET1718 MNS PMNT | | 5,927.50 |
| *4561 | 11/24/2017 | ACH Deposit - MANAGEANDNET1718 MNS PMNT | | 312.30 |
| *4561 | 11/27/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 5,611.41 |
| *4561 | 11/27/2017 | ACH Deposit - HUMANA INS CO EFPAYMENT | | 1,809.25 |
| *4561 | 11/28/2017 | Wire Debit - 0107 CANTEX HEALTH CARE CENTERS LLC811 | 43,076.37 | |
| *4561 | 11/30/2017 | ACH Deposit - MANAGEANDNET1718 MNS PMNT | | 6,256.80 |
| *4561 | 11/30/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 3,293.34 |
| *4561 | 12/1/2017 | ACH Deposit - HHP TEXAS HCCLAIMPMT | | 4,101.52 |
| *4561 | 12/1/2017 | ACH Deposit - HUMANA INS CO HCCLAIMPMT | | 1019.26 |
| *4561 | 12/4/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 3541.09 |
| *4561 | 12/5/2017 | ACH Deposit - HUMANA INS CO EFPAYMENT | | 65243.2 |
| *4561 | 12/5/2017 | ACH Deposit - HHP HCCLAIMPMT | | 15062.57 |
| *4561 | 12/5/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 3483.12 |
| | | | **43,076.37** | **137,144.14** |

| Crescent | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| *4588 | 11/20/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 8,839.07 |
| *4588 | 11/21/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 2,995.71 |
| *4588 | 11/21/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1,897.22 |
| *4588 | 11/21/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 181.73 |
| *4588 | 11/27/2017 | ACH Deposit - MANAGEANDNET1718 MNS PMNT | | 4,059.90 |

IBC Bank Activity
11/20/17 through 12/5/17

| | | | | |
|---|---|---|---|---|
| *4588 | 11/27/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1,897.22 |
| *4588 | 11/27/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1,704.64 |
| *4588 | 11/28/2017 | ACH Deposit - MANAGEANDNET1718 MNS PMNT | | 11,033.20 |
| *4588 | 11/28/2017 | ACH Deposit - HUMANA INS CO HCCLAIMPMT | | 6,409.57 |
| *4588 | 11/28/2017 | ACH Deposit - HHP HCCLAIMPMT | | 5,854.02 |
| *4588 | 11/28/2017 | Wire Debit - 0108 CANTEX HEALTH CARE CENTERS III811 | 37,963.64 | |
| *4588 | 11/29/2017 | ACH Deposit - MANAGEANDNET1718 MNS PMNT | | 853.20 |
| *4588 | 12/1/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 4,410.00 |
| *4588 | 12/1/2017 | ACH Deposit - HUMANA INS CO HCCLAIMPMT | | 4,059.24 |
| *4588 | 12/1/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1,431.31 |
| *4588 | 12/1/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1021.58 |
| *4588 | 12/4/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 5428.5 |
| *4588 | 12/5/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 3290 |
| *4588 | 12/5/2017 | ACH Deposit - MANAGEANDNET1718 MNS PMNT | | 1990.8 |
| *4588 | 12/5/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1021.58 |
| *4588 | 12/5/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 413.06 |
| *4588 | 12/5/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 155.27 |
| | | | **37,963.64** | **68,946.82** |

| **Broadmoor** | | | **Transfer-Out** | **Transfer-In** |
|---|---|---|---|---|
| *4596 | 11/20/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 93.60 |
| *4596 | 11/21/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 3,963.07 |
| *4596 | 11/21/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 1,968.24 |
| *4596 | 11/28/2017 | Wire Debit - 0144 CANTEX HEALTH CARE CENTERS III811 | 4,417.92 | |
| *4596 | 11/30/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 1,791.02 |
| *4596 | 11/30/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 1,155.02 |
| *4596 | 12/1/2017 | ACH Deposit - HHP HCCLAIMPMT | | 13,129.31 |
| *4596 | 12/1/2017 | ACH Deposit - HHP TEXAS HCCLAIMPMT | | 11,367.58 |
| *4596 | 12/1/2017 | ACH Deposit - HUMANA INS CO HCCLAIMPMT | | 1000.76 |
| *4596 | 12/5/2017 | ACH Deposit - HUMANA INS CO EFPAYMENT | | 55123.8 |
| *4596 | 12/5/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 3454.5 |
| | | | **4,417.92** | **93,046.90** |

| **Fort Bend** | | | **Transfer-Out** | **Transfer-In** |
|---|---|---|---|---|
| *4618 | 11/20/2017 | ACH Deposit - CENTENE CORP HCCLAIMPMT | | 1,343.72 |
| *4618 | 11/21/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 9,846.80 |
| *4618 | 11/21/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 9,336.93 |
| *4618 | 11/21/2017 | ACH Deposit - HUMANA INS CO EFPAYMENT | | 875.29 |
| *4618 | 11/27/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 8,543.75 |
| *4618 | 11/27/2017 | ACH Deposit - CENTENE CORP HCCLAIMPMT | | 723.54 |
| *4618 | 11/28/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 3,839.68 |
| *4618 | 11/28/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 2,622.89 |
| *4618 | 11/28/2017 | Wire Debit - 0106 CANTEX HEALTH CARE CENTERS III811 | 41,947.37 | |
| *4618 | 11/30/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 4,651.60 |
| *4618 | 12/1/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 5185.45 |
| *4618 | 12/4/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 2075.23 |
| *4618 | 12/4/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 924.91 |
| *4618 | 12/5/2017 | ACH Deposit - HUMANA INS CO EFPAYMENT | | 17191.16 |
| *4618 | 12/5/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 779.86 |
| | | | **41,947.37** | **67,940.81** |

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 12/6/17

APPROVED ON DEC 07 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $27,752.04

G/L NUMBER: 21000011

EXPLANATION: Solera - To transfer funds for September and October 2017 QIPP payment.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

CK# 000001

Michael J. Pfeifer
Calhoun County Judge
Date: 12-14-17

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/6/2017

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Interest Earned | 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 | 4381 | 149,944.00 | 95,944.81 | 374,224.07 | 155.69 | - | 104,015.52 | - | - | 428,223.26 | 323,952.05 |

*Routing Information for Ashford Gardens:*
*Ashford Health Care Center Ltd Co*
*JP Morgan Chase Bank*
*ABA [illegible]0614*
*Accou... # [illegible]4257*

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Interest Earned | 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 | 4438 | 827,337.80 | 812,811.86 | 448,063.00 | 279.38 | - | 27,752.04 | - | - | 462,588.94 | 434,457.52 |
| Crescent | 4411 | 481,742.15 | 477,763.43 | 245,491.81 | 152.85 | - | 7,429.68 | - | - | 249,470.53 | 241,788.00 |
| Broadmoor | 4403 | 84,942.83 | 84,617.72 | 527,636.58 | 286.30 | - | - | - | - | 527,961.69 | 527,575.39 |
| Fort Bend | 4446 | 243,627.60 | 227,984.01 | 136,668.02 | 102.70 | - | 29,937.24 | - | - | 152,311.61 | 122,171.67 |
| | | | | | | | | | | | 1,325,992.58 |

*Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:*
*Cantex Health Care Centers III LLC*
*JP Morg[illegible]n Chase Bank*
*ABA [illegible]0614*
*Acco[illegible]2922*

Approved: [signature]

*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.*

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| NHS | 000001 | 12/07/17 | 27,752.04 | MEMORIAL MEDICAL CENTER |
| TOTALS: | | | 27,752.04 | |

APPROVED
ON

DEC 07 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 12/6/17

APPROVED ON DEC 07 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $61,754.40

G/L NUMBER: 21000013

EXPLANATION: Golden Creek - To transfer funds for September and October 2017 QIPP payment.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

CK# 000001

Michael J. Pfeifer
Calhoun County Judge
Date: 12-14-17

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
12/6/2017

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Interest Earned | IGT Transfer-In | MMC Portion - Return of IGT | MMC Portion - Federal Match | Nexion Portion - Federal Match | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Golden Creek | :4454 | 141,543.22 | 118,010.41 | 64,148.58 | 100.92 | - | 61,754.40 | - | - | 87,681.39 | 25,726.07 |

*Routing Information for Golden Creek:*
*Nexion Health at Golden Creek*
*Wells F[illegible] Bank, N.A.*
*ABA .0248*
*Account # 0323*

Approved: [signature]

*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.*

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| NHG | 000001 | 12/07/17 | 61,754.40 | MEMORIAL MEDICAL CENTER |
| TOTALS: | | | 61,754.40 | |

APPROVED
ON

DEC 07 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/6/17

APPROVED ON DEC 07 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $29,937.24

G/L NUMBER: 21000008

EXPLANATION: Fort Bend - To transfer funds for September and October 2017 QIPP payment.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

CK# 000001

Michael J. Pfeifer
Calhoun County Judge
Date: 12-14-17

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/6/2017

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Interest Earned | 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 | 4381 | 149,944.00 | 95,944.81 | 374,224.07 | 155.69 | - | 104,015.52 | - | - | 428,223.26 | 323,952.05 |

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

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Interest Earned | 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 | 4438 | 827,337.80 | 812,811.86 | 448,063.00 | 279.38 | - | 27,752.04 | - | - | 462,588.94 | 434,457.52 |
| Crescent | 4411 | 481,742.15 | 477,763.43 | 245,491.81 | 152.85 | - | 7,429.68 | - | - | 249,470.53 | 241,788.00 |
| Broadmoor | 4403 | 84,942.83 | 84,617.72 | 527,636.58 | 286.30 | - | - | - | - | 527,961.69 | 527,575.39 |
| Fort Bend | 4446 | 243,627.60 | 227,984.01 | 136,668.02 | 102.70 | - | 29,937.24 | - | - | 152,311.61 | 122,171.67 |
| | | | | | | | | | | | 1,325,992.58 |

*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.*

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| NHF | 000001 | 12/07/17 | 29,937.24 | MEMORIAL MEDICAL CENTER |
| TOTALS: | | | 29,937.24 | |

APPROVED
ON

DEC 07 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 12/6/17

APPROVED ON DEC 07 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $7,429.68

G/L NUMBER: 21000010

EXPLANATION: Crescent - To transfer funds for September and October 2017 QIPP payment.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

CK # 000001

Michael J. Pfeifer
Calhoun County Judge
Date: 12-14-17

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/6/2017

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Interest Earned | 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 | 4381 | 149,944.00 | 95,944.81 | 374,224.07 | 155.69 | - | 104,015.52 | - | - | 428,223.26 | 323,952.05 |

*Routing Information for Ashford Gardens:*
*Ashford Health Care Center Ltd Co*
*JP Morgan Chase Bank*
*ABA 10614*
*Account 4257*

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Interest Earned | 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 | 4438 | 827,337.80 | 812,811.86 | 448,063.00 | 279.38 | - | 27,752.04 | - | - | 462,588.94 | 434,457.52 |
| Crescent | 4411 | 481,742.15 | 477,763.43 | 245,491.81 | 152.85 | - | 7,429.68 | - | - | 249,470.53 | 241,788.00 |
| Broadmoor | 4403 | 84,942.83 | 84,617.72 | 527,636.58 | 286.30 | - | - | - | - | 527,961.69 | 527,575.39 |
| Fort Bend | 1446 | 243,627.60 | 227,984.01 | 136,668.02 | 102.70 | - | 29,937.24 | - | - | 152,311.61 | 122,171.67 |
| | | | | | | | | | | | 1,325,992.58 |

*Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:*
*Contex Health Care Centers III LLC*
*JP Morgan Chase Bank*
*ABA 10614*
*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.*

| BANK--CHECK CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| NHC | 000001 | 12/07/17 | 7,429.68 | MEMORIAL MEDICAL CENTER |
| TOTALS: | | | 7,429.68 | |

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ON

DEC 07 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 12/6/17

APPROVED ON DEC 07 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $104,015.52

G/L NUMBER: 21000012

EXPLANATION: Ashford - To transfer funds for September and October 2017 QIPP payment.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

Check # 000001

Michael J. Pfeifer
Calhoun County Judge
Date: 12-14-17

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/6/2017

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Interest Earned | 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 | 4381 | 149,944.00 | 95,944.81 | 374,224.07 | 155.69 | - | 104,015.52 | - | - | 428,223.26 | 323,952.05 |

*Routing Information for Ashford Gardens:*
*Ashford Health Care Center Ltd Co*
*JP Mo[illegible] Chase Bank*
*ABA [illegible]0614*
*Account [illegible]4257*

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Interest Earned | 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 | 4438 | 827,337.80 | 812,811.86 | 448,063.00 | 279.38 | - | 27,752.04 | - | - | 462,588.94 | 434,457.52 |
| Crescent | 4411 | 481,742.15 | 477,763.43 | 245,491.81 | 152.85 | - | 7,429.68 | - | - | 249,470.53 | 241,788.00 |
| Broadmoor | 4403 | 84,942.83 | 84,617.72 | 527,636.58 | 286.30 | - | - | - | - | 527,961.69 | 527,575.39 |
| Fort Bend | 4446 | 243,627.60 | 227,984.01 | 136,668.02 | 102.70 | - | 29,937.24 | - | - | 152,311.61 | 122,171.67 |
| | | | | | | | | | | | 1,325,992.58 |

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

Approved: [signature]

*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.*

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| NHA | 000001 | 12/07/17 | 104,015.52 | MEMORIAL MEDICAL CENTER |
| TOTALS: | | | 104,015.52 | |

APPROVED
ON

DEC 07 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON

DEC 07 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

12/07/2017 MEMORIAL MEDICAL CENTER 0
11:26 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 12/15/2017

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10250 | 4IMPRINT ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 5695109 ✓ | | 11/30/20 | 08/30/20 | 09/30/20 | | | 340.98 | 0.00 | 0.00 | 340.98 ✓ |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10250 | 4IMPRINT | 340.98 | 0.00 | 0.00 | 340.98 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11014 | ADVANCED COMMUNICATIONS ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 5912270 ✓ | | 12/04/20 | 07/26/20 | 08/25/20 | | | 312.50 | 0.00 | 0.00 | 312.50 ✓ |
| | SUPPLIES | | | | | | | | | |
| 6038752 ✓ | | 12/04/20 | 10/31/20 | 12/01/20 | | | 266.83 | 0.00 | 0.00 | 266.83 ✓ |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11014 | ADVANCED COMMUNICATIONS | 579.33 | 0.00 | 0.00 | 579.33 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 9069935642 ✓ | | 11/30/20 | 11/20/20 | 12/15/20 | | | 2,547.62 | 0.00 | 0.00 | 2,547.62 ✓ |
| | OXYGEN | | | | | | | | | |
| 9068529832 ✓ | | 12/04/20 | 10/06/20 | 10/31/20 | | | 279.00 | 0.00 | 0.00 | 279.00 ✓ |
| | SUPPLIES | | | | | | | | | |
| 9069106387 ✓ | | 12/04/20 | 10/26/20 | 11/20/20 | | | 86.38 | 0.00 | 0.00 | 86.38 ✓ |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1680 | AIRGAS USA, LLC - CENTRAL DIV | 2,913.00 | 0.00 | 0.00 | 2,913.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 9652289659 ✓ | | 12/04/20 | 10/25/20 | 11/24/20 | | | 656.00 | 0.00 | 0.00 | 656.00 ✓ |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1690 | ALCON LABORATORIES, INC. | 656.00 | 0.00 | 0.00 | 656.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| A1705 | ALIMED INC. ✓ | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| RPSV02666971 ✓ | | 12/04/20 | 11/13/20 | 12/13/20 | | | 175.27 | 0.00 | 0.00 | 175.27 ✓ |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1705 | ALIMED INC. | 175.27 | 0.00 | 0.00 | 175.27 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| A1551 | ASPEN SURGICAL PRODUCTS INC ✓ | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| CD2264434 ✓ | | 11/30/20 | 10/17/20 | 11/17/20 | | | 99.97 | 0.00 | 0.00 | 99.97 ✓ |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1551 | ASPEN SURGICAL PRODUCTS INC | 99.97 | 0.00 | 0.00 | 99.97 |

| 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 |
| | 56672329 ✓ | | 11/30/20 | 10/23/20 | 11/22/20 | | 343.53 | 0.00 | 0.00 | 343.53 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 56675065 ✓ | | 12/04/20 | 10/23/20 | 11/22/20 | | 629.50 | 0.00 | 0.00 | 629.50 ✓ |
| | | SUPPLIES | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | B1075 | BAXTER HEALTHCARE CORP | | | | 973.03 | 0.00 | 0.00 | 973.03 |
| 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 |
| | 5379006 ✓ | | 11/30/20 | 10/30/20 | 11/24/20 | | 3,507.27 | 0.00 | 0.00 | 3,507.27 ✓ |
| | | RENTAL | | | | | | | | |
| | 106672581 ✓ | | 11/30/20 | 10/31/20 | 11/25/20 | | 1,190.71 | 0.00 | 0.00 | 1,190.71 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 106701788 ✓ | | 11/30/20 | 11/14/20 | 12/09/20 | | 165.09 | 0.00 | 0.00 | 165.09 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 106701524 ✓ | | 11/30/20 | 11/14/20 | 12/09/20 | | 179.27 | 0.00 | 0.00 | 179.27 ✓ |
| | | SUPPLIES | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | B1220 | BECKMAN COULTER INC | | | | 5,042.34 | 0.00 | 0.00 | 5,042.34 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| B1834 | BSN MEDICAL INC ✓ | | | | M | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 164178797 ✓ | | 11/30/20 | 10/30/20 | | | 2,137.05 | 0.00 | 0.00 | 2,137.05 ✓ |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | B1834 | BSN MEDICAL INC | | | | 2,137.05 | 0.00 | 0.00 | 2,137.05 |
| 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 |
| | SC665041 ✓ | | 11/30/20 | 10/21/20 | 11/15/20 | | 4,492.07 | 0.00 | 0.00 | 4,492.07 ✓ |
| | | SERVICE AGREEMENT | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10381 | CAREFUSION 211, INC | | | | 4,492.07 | 0.00 | 0.00 | 4,492.07 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 10650 | CAREFUSION 2200, INC ✓ | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| | 9108069847 ✓ | | 11/30/20 | 10/20/20 | 11/19/20 | | 207.96 | 0.00 | 0.00 | 207.96 ✓ |
| | | SUPPLIES | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10650 | CAREFUSION 2200, INC | | | | 207.96 | 0.00 | 0.00 | 207.96 |
| 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 |
| | KSG9287 ✓ | | 11/30/20 | 11/06/20 | 12/06/20 | | 192.33 | 0.00 | 0.00 | 192.33 ✓ |
| | | SUPPLIES | | | | | | | | |
| | KSC1065 ✓ | | 11/30/20 | 11/06/20 | 12/06/20 | | 6,690.44 | 0.00 | 0.00 | 6,690.44 ✓ |
| | | SUPPLIES | | | | | | | | |
| | KSH0392 ✓ | | 11/30/20 | 11/06/20 | 12/06/20 | | 5,721.48 | 0.00 | 0.00 | 5,721.48 ✓ |
| | | SUPPLIES | | | | | | | | |

| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| | C1992 | CDW GOVERNMENT, INC. | | | | 12,604.25 | 0.00 | 0.00 | 12,604.25 |

| 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 |
| | 0092254577 ✓ | | 11/30/20 | 05/01/20 | 05/31/20 | | 688.00 | 0.00 | 0.00 | 688.00 ✓ |
| | | SUPPLIES | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10350 | CENTURION MEDICAL PRODUCTS | 688.00 | 0.00 | 0.00 | 688.00 |

| 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 |
| | 00007 | | 11/30/20 | 12/04/20 | 12/15/20 | | 280.00 | 0.00 | 0.00 | 280.00 ✓ |
| | | 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 | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 11287 | DELTA HEALTHCARE PROVIDERS ✓ | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 0000012780 ✓ | | 11/30/20 | 11/19/20 | 12/01/20 | | 2,500.00 | 0.00 | 0.00 | 2,500.00 ✓ |
| | | PHYS THERAPIST | | | | | | | | |
| | 0000012798 ✓ | | 11/30/20 | 11/26/20 | 12/01/20 | | 2,500.00 | 0.00 | 0.00 | 2,500.00 ✓ |
| | | PHYSICAL THERAPIST | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11287 | DELTA HEALTHCARE PROVIDERS | 5,000.00 | 0.00 | 0.00 | 5,000.00 |

| 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 |
| | 000463 | | 11/30/20 | 11/30/20 | 12/15/20 | | 9.17 | 0.00 | 0.00 | 9.17 ✓ |
| | | FOOD SUPPLIES | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11201 | DOROTHY BONUZ | 9.17 | 0.00 | 0.00 | 9.17 |

| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 11448 | EPIPHANY ARCHANGEL ✓ | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 000453 | | 11/30/20 | 11/17/20 | 12/15/20 | | 12.57 | 0.00 | 0.00 | 12.57 ✓ |
| | | FOOD SUPPLIES | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11448 | EPIPHANY ARCHANGEL | 12.57 | 0.00 | 0.00 | 12.57 |

| 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 |
| | A1711031378 ✓ | | 11/30/20 | 11/03/20 | 11/28/20 | | 16,744.00 | 0.00 | 0.00 | 16,744.00 ✓ |
| | | SOFTWARE MAINT | | | | | | | | |
| | T1711091378 ✓ | | 11/30/20 | 11/09/20 | 12/04/20 | | 20,461.09 | 0.00 | 0.00 | 20,461.09 ✓ |
| | | SOFTWARE | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | C2510 | EVIDENT | 37,205.09 | 0.00 | 0.00 | 37,205.09 |

| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| S0501 | EVOQUA WATER TECHNOLOGIES LLC ✓ | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |

| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| | W1300 | GRAINGER | | | | 302.70 | 0.00 | 0.00 | 302.70 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 000390 | | 11/30/20 | 10/31/20 | 11/30/20 | | | 75.00 | 0.00 | 0.00 | 75.00 ✓ |
| | DELIVERY SERVICE | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | G0401 | GULF COAST DELIVERY | 75.00 | 0.00 | 0.00 | 75.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10829 | HEALTHSTREAM, INC. ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 0085003 ✓ | | 11/30/20 | 10/09/20 | 11/08/20 | | | 1,397.42 | 0.00 | 0.00 | 1,397.42 ✓ |
| | PT SURVEYS | | | | | | | | | |
| 0085022 ✓ | | 11/30/20 | 10/09/20 | 11/08/20 | | | 1,972.95 | 0.00 | 0.00 | 1,972.95 ✓ |
| | PT SURVEY | | | | | | | | | |
| 0084997 ✓ | | 11/30/20 | 11/08/20 | 12/08/20 | | | 1,897.40 | 0.00 | 0.00 | 1,897.40 ✓ |
| | PT SURVEYS | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10829 | HEALTHSTREAM, INC. | 5,267.77 | 0.00 | 0.00 | 5,267.77 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11285 | ITA RESOURCES INC ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| MMC112017 ✓ | | 11/30/20 | 11/20/20 | 12/10/20 | | | 22,398.00 | 0.00 | 0.00 | 22,398.00 ✓ |
| | RESP SERVICES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11285 | ITA RESOURCES INC | 22,398.00 | 0.00 | 0.00 | 22,398.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 918646798 ✓ | | 11/30/20 | 10/23/20 | 11/22/20 | | | 1,047.21 | 0.00 | 0.00 | 1,047.21 ✓ |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | J0150 | J & J HEALTH CARE SYSTEMS, INC | 1,047.21 | 0.00 | 0.00 | 1,047.21 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11644 | JOE FALCON ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 00001 | | 11/30/20 | 11/03/20 | 12/03/20 | | | 1,020.00 | 0.00 | 0.00 | 1,020.00 |
| | CT CONSTRUCTION CT demolation and Flooring 34 Hrs @ $30.00 | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11644 | JOE FALCON | 1,020.00 | 0.00 | 0.00 | 1,020.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| L0700 | LABCORP OF AMERICA HOLDINGS ✓ | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 56909248 ✓ | | 11/30/20 | 10/28/20 | 11/22/20 | | | 135.17 | 0.00 | 0.00 | 135.17 ✓ |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | L0700 | LABCORP OF AMERICA HOLDINGS | 135.17 | 0.00 | 0.00 | 135.17 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| INV0545363 | 12/05/20 | 12/01/20 | 01/16/20 | 2,877.01 | 0.00 | 0.00 | 2,877.01 |
| GAS | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10578 | LUMINANT ENERGY COMPANY LLC | 2,877.01 | 0.00 | 0.00 | 2,877.01 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 10834183 | | 11/30/20 | 09/17/20 | 10/17/20 | | 137.45 | 0.00 | 0.00 | 137.45 |
| | SUPPLIES | | | | | | | | |
| 13225756 | | 11/30/20 | 10/23/20 | 11/22/20 | | 526.86 | 0.00 | 0.00 | 526.86 |
| | SUPPLIES | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2178 | MCKESSON MEDICAL SURGICAL INC | 664.31 | 0.00 | 0.00 | 664.31 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 1838434761 | | 11/30/20 | 11/09/20 | 12/04/20 | | 12.67 | 0.00 | 0.00 | 12.67 |
| | SUPPLIES | | | | | | | | |
| 1837175169 | | 11/30/20 | 10/20/20 | 11/14/20 | | 31.92 | 0.00 | 0.00 | 31.92 |
| | SUPPLIES | | | | | | | | |
| 1837801881 | | 11/30/20 | 10/31/20 | 11/25/20 | | 24.87 | 0.00 | 0.00 | 24.87 |
| | SUPPLIES | | | | | | | | |
| 1837801883 | | 11/30/20 | 10/31/20 | 11/25/20 | | 17.75 | 0.00 | 0.00 | 17.75 |
| | SUPPLIES | | | | | | | | |
| 1837801884 | | 11/30/20 | 10/31/20 | 11/25/20 | | 84.48 | 0.00 | 0.00 | 84.48 |
| | SUPPLIES | | | | | | | | |
| 1838277851 | | 11/30/20 | 11/08/20 | 12/03/20 | | 114.30 | 0.00 | 0.00 | 114.30 |
| | SUPPLIES | | | | | | | | |
| 1838434748 | | 11/30/20 | 11/09/20 | 12/04/20 | | 246.96 | 0.00 | 0.00 | 246.96 |
| | SUPPLIES | | | | | | | | |
| 1838434757 | | 11/30/20 | 11/09/20 | 12/04/20 | | 30.56 | 0.00 | 0.00 | 30.56 |
| | SUPPLIES | | | | | | | | |
| 1838434759 | | 11/30/20 | 11/09/20 | 12/04/20 | | 115.04 | 0.00 | 0.00 | 115.04 |
| | SUPPLIES | | | | | | | | |
| 1838434751 | | 11/30/20 | 11/09/20 | 12/04/20 | | 19.00 | 0.00 | 0.00 | 19.00 |
| | SUPPLIES | | | | | | | | |
| 1838434749 | | 11/30/20 | 11/09/20 | 12/04/20 | | 997.79 | 0.00 | 0.00 | 997.79 |
| | SUPPLIES | | | | | | | | |
| 1838434756 | | 11/30/20 | 11/09/20 | 12/04/20 | | 22.22 | 0.00 | 0.00 | 22.22 |
| | SUPPLIES | | | | | | | | |
| 1838434755 | | 11/30/20 | 11/09/20 | 12/04/20 | | 945.36 | 0.00 | 0.00 | 945.36 |
| | SUPPLIES | | | | | | | | |
| 1838434752 | | 11/30/20 | 11/09/20 | 12/04/20 | | 696.09 | 0.00 | 0.00 | 696.09 |
| | SUPPLIES | | | | | | | | |
| 1838434753 | | 11/30/20 | 11/09/20 | 12/04/20 | | 32.20 | 0.00 | 0.00 | 32.20 |
| | SUPPLIES | | | | | | | | |
| 1838434760 | | 11/30/20 | 11/09/20 | 12/04/20 | | 89.00 | 0.00 | 0.00 | 89.00 |
| | SUPPLIES | | | | | | | | |
| 183843475H | | 11/30/20 | 11/09/20 | 12/04/20 | | 28.26 | 0.00 | 0.00 | 28.26 |
| | SUPPLIES | | | | | | | | |
| 1838794306 | | 11/30/20 | 11/15/20 | 12/10/20 | | 16.94 | 0.00 | 0.00 | 16.94 |
| | SUPPLIES | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1838794307 | | 11/30/20 | 11/15/20 | 12/10/20 | | 9.20 | 0.00 | 0.00 | 9.20 |
| SUPPLIES | | | | | | | | | |
| 1838929814 | | 11/30/20 | 11/17/20 | 12/12/20 | | 364.67 | 0.00 | 0.00 | 364.67 |
| SUPPLIES | | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | M2470 | MEDLINE INDUSTRIES INC | | | | 3,899.28 | 0.00 | 0.00 | 3,899.28 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| M2590 | MERCURY MEDICAL | | | | M | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| 851882 | | 11/30/20 | 10/25/20 | 11/25/20 | | 119.42 | 0.00 | 0.00 | 119.42 |
| SUPPLIES | | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | M2590 | MERCURY MEDICAL | | | | 119.42 | 0.00 | 0.00 | 119.42 |
| 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 |
| 000456 | | 11/30/20 | 11/27/20 | 12/01/20 | | 25,157.19 | 0.00 | 0.00 | 25,157.19 |
| EMP INSURANCE | | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 10810 | MMC EMPLOYEE BENEFIT PLAN | | | | 25,157.19 | 0.00 | 0.00 | 25,157.19 |
| 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 |
| 671239 | | 11/30/20 | 12/01/20 | 12/01/20 | | 72.68 | 0.00 | 0.00 | 72.68 |
| DEBIT CARD MACHINE FEES | | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | M2662 | MMC VOLUNTEERS | | | | 72.68 | 0.00 | 0.00 | 72.68 |
| 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 |
| 2060134 | | 11/30/20 | 11/21/20 | 11/22/20 | | 28.02 | 0.00 | 0.00 | 28.02 |
| INVENT PHARM | | | | | | | | | |
| 2062551 | | 11/30/20 | 11/21/20 | 11/22/20 | | 1,136.08 | 0.00 | 0.00 | 1,136.08 |
| INVENT PHARM | | | | | | | | | |
| 2077144 | | 11/30/20 | 11/21/20 | 11/22/20 | | 36.65 | 0.00 | 0.00 | 36.65 |
| SUPPLIES | | | | | | | | | |
| 2060131 | | 11/30/20 | 11/21/20 | 11/22/20 | | 36.65 | 0.00 | 0.00 | 36.65 |
| INVENT PHARM | | | | | | | | | |
| 2060132 | | 11/30/20 | 11/21/20 | 11/22/20 | | 6.83 | 0.00 | 0.00 | 6.83 |
| INVENT PHARM | | | | | | | | | |
| 2062550 | | 11/30/20 | 11/21/20 | 11/22/20 | | 60.16 | 0.00 | 0.00 | 60.16 |
| INVENT PHARM | | | | | | | | | |
| 2060130 | | 11/30/20 | 11/21/20 | 11/22/20 | | 23.88 | 0.00 | 0.00 | 23.88 |
| INVENT PHARM | | | | | | | | | |
| 2062552 | | 11/30/20 | 11/21/20 | 11/22/20 | | 184.80 | 0.00 | 0.00 | 184.80 |
| INVENT PHARM | | | | | | | | | |
| 2060133 | | 11/30/20 | 11/21/20 | 11/22/20 | | 5.12 | 0.00 | 0.00 | 5.12 |
| INVENT PHARM | | | | | | | | | |
| 2071052 | | 11/30/20 | 11/24/20 | 11/25/20 | | 458.08 | 0.00 | 0.00 | 458.08 |
| INVENT PHARM | | | | | | | | | |
| 2071049 | | 11/30/20 | 11/24/20 | 11/25/20 | | 70.62 | 0.00 | 0.00 | 70.62 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | INVENT PHARM | | | | | | | |
| 2071053 ✓ | | 11/30/20 | 11/24/20 | 11/25/20 | 98.10 | 0.00 | 0.00 | 98.10 ✓ |
| | INVENT PHARM | | | | | | | |
| 2071050 ✓ | | 11/30/20 | 11/24/20 | 11/25/20 | 44.39 | 0.00 | 0.00 | 44.39 ✓ |
| | SUPPLIES | | | | | | | |
| 2071051 ✓ | | 11/30/20 | 11/24/20 | 11/25/20 | 4.18 | 0.00 | 0.00 | 4.18 ✓ |
| | SUPPLIES | | | | | | | |
| 2079135 ✓ | | 11/30/20 | 11/27/20 | 11/28/20 | 2,932.76 | 0.00 | 0.00 | 2,932.76 ✓ |
| | INVENT PHARM | | | | | | | |
| 2078205 ✓ | | 11/30/20 | 11/27/20 | 11/28/20 | 57.23 | 0.00 | 0.00 | 57.23 ✓ |
| | INVENT PHARM | | | | | | | |
| 2077148 ✓ | | 11/30/20 | 11/27/20 | 11/28/20 | 598.17 | 0.00 | 0.00 | 598.17 ✓ |
| | SUPPLIES | | | | | | | |
| 2077146 ✓ | | 11/30/20 | 11/27/20 | 11/28/20 | 55.64 | 0.00 | 0.00 | 55.64 ✓ |
| | INVENTO PHARM | | | | | | | |
| 2078136 ✓ | | 11/30/20 | 11/27/20 | 11/28/20 | 2,382.02 | 0.00 | 0.00 | 2,382.02 ✓ |
| | INVENTORY PHARM | | | | | | | |
| 2078135 ✓ | | 11/30/20 | 11/27/20 | 11/28/20 | 48.44 | 0.00 | 0.00 | 48.44 ✓ |
| | INVENTO PHARM | | | | | | | |
| 2078137 ✓ | | 11/30/20 | 11/27/20 | 11/28/20 | 165.62 | 0.00 | 0.00 | 165.62 ✓ |
| | INVENT PHARM | | | | | | | |
| 2076689 ✓ | | 11/30/20 | 11/27/20 | 11/28/20 | 312.42 | 0.00 | 0.00 | 312.42 ✓ |
| | INVENT PHARM | | | | | | | |
| 2077145 ✓ | | 11/30/20 | 11/27/20 | 11/28/20 | 23.88 | 0.00 | 0.00 | 23.88 ✓ |
| | INVENTORY PHARM | | | | | | | |
| 2088158 ✓ | | 11/30/20 | 11/29/20 | 11/30/20 | 187.15 | 0.00 | 0.00 | 187.15 ✓ |
| | INVENT PHARM | | | | | | | |
| 2091070 ✓ | | 11/30/20 | 11/29/20 | 11/30/20 | 534.44 | 0.00 | 0.00 | 534.44 ✓ |
| | SUPPPLIES | | | | | | | |
| 2088694 ✓ | | 11/30/20 | 11/29/20 | 11/30/20 | 268.66 | 0.00 | 0.00 | 268.66 ✓ |
| | INVENT PHARM | | | | | | | |
| 2091069 ✓ | | 11/30/20 | 11/29/20 | 11/30/20 | 913.61 | 0.00 | 0.00 | 913.61 ✓ |
| | INVENT PHARM | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10536 | MORRIS & DICKSON CO, LLC | 10,673.60 | 0.00 | 0.00 | 10,673.60 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10868 | NOVA BIOMEDICAL ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 90434605 ✓ | | 11/30/20 | 11/15/20 | 12/15/20 | | | 3,165.34 | 0.00 | 0.00 | 3,165.34 ✓ |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10868 | NOVA BIOMEDICAL | 3,165.34 | 0.00 | 0.00 | 3,165.34 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| N1225 | NUTRITION OPTIONS ✓ | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 000422 | | 11/27/20 | 11/16/20 | 12/15/20 | | | 3,000.00 | 0.00 | 0.00 | 3,000.00 ✓ |
| | DIETICIAN | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | N1225 | NUTRITION OPTIONS | 3,000.00 | 0.00 | 0.00 | 3,000.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1850463895 | | 11/30/20 | 10/17/20 | 11/16/20 | | 747.57 | 0.00 | 0.00 | 747.57 |
| | SUPPLIES | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | O1416 | ORTHO CLINICAL DIAGNOSTICS | | | | 747.57 | 0.00 | 0.00 | 747.57 |
| 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 |
| 201835004 | | 11/30/20 | 10/24/20 | 11/23/20 | | | 715.38 | 0.00 | 0.00 | 715.38 |
| | SUPPLIES | | | | | | | | |
| 2013826898 | | 11/30/20 | 10/24/20 | 11/23/20 | | | 160.92 | 0.00 | 0.00 | 160.92 |
| | SUPPLIES | | | | | | | | |
| 2031843355 | | 11/30/20 | 10/24/20 | 11/23/20 | | | 45.09 | 0.00 | 0.00 | 45.09 |
| | SUPPLIES | | | | | | | | |
| 2031920263A | | 11/30/20 | 10/26/20 | 11/25/20 | | | 1,496.76 | 0.00 | 0.00 | 1,496.76 |
| | SUPPLIES | | | | | | | | |
| 2032054977A | | 11/30/20 | 10/31/20 | 11/30/20 | | | 1,283.56 | 0.00 | 0.00 | 1,283.56 |
| 2032437706 | | 11/30/20 | 11/14/20 | 12/14/20 | | | 1,379.05 | 0.00 | 0.00 | 1,379.05 |
| | SUPPLIES | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | OM425 | OWENS & MINOR | | | | | 5,080.76 | 0.00 | 0.00 | 5,080.76 |
| 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 |
| 000462 | | 12/04/20 | 12/04/20 | 12/04/20 | | | 1,207.50 | 0.00 | 0.00 | 1,207.50 |
| | CONTRACT EMPLOYEE | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 11069 | PABLO GARZA | | | | | 1,207.50 | 0.00 | 0.00 | 1,207.50 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| P1876 | POLYMEDCO INC. | | | | M | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
| 1085911 | | 11/30/20 | 10/25/20 | 11/25/20 | | | 850.22 | 0.00 | 0.00 | 850.22 |
| | SUPPLIES | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | P1876 | POLYMEDCO INC. | | | | | 850.22 | 0.00 | 0.00 | 850.22 |
| 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 |
| 000460 | | 12/01/20 | 12/04/20 | 12/04/20 | | | 11,001.20 | 0.00 | 0.00 | 11,001.20 |
| | RENT | | | | | | | | |
| 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 | | | |
| P2100 | PORT LAVACA WAVE | | | | W | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
| 000464 | | 11/30/20 | 10/31/20 | 11/25/20 | | | 1,908.40 | 0.00 | 0.00 | 1,908.40 |
| | AD | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | P2100 | PORT LAVACA WAVE | | | | | 1,908.40 | 0.00 | 0.00 | 1,908.40 |
| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 39555823 | | 11/30/20 | 10/21/20 | 11/20/20 | | 64.95 | 0.00 | 0.00 | 64.95 |
| | SUPPLIES | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 10372 | PRECISION DYNAMICS CORP (PDC) | | | | 64.95 | 0.00 | 0.00 | 64.95 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| P1725 | PREMIER SLEEP DISORDERS CENTER | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 000466 | | 12/05/20 | 11/01/20 | 11/16/20 | | 3,375.00 | 0.00 | 0.00 | 3,375.00 |
| | SLEEP STUDIES | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | P1725 | PREMIER SLEEP DISORDERS CENTER | | | | 3,375.00 | 0.00 | 0.00 | 3,375.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| R1471 | RESPIRONICS, INC. | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 936549913 | | 11/30/20 | 07/27/20 | 08/27/20 | | 179.88 | 0.00 | 0.00 | 179.88 |
| | EQUIPMENT RENTAL | | | | | | | | |
| 937869504 | | 11/30/20 | 10/27/20 | 11/27/20 | | 179.88 | 0.00 | 0.00 | 179.88 |
| | EQUIPMENT RENTAL | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | R1471 | RESPIRONICS, INC. | | | | 359.76 | 0.00 | 0.00 | 359.76 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| MLVAC30819 | | 11/30/20 | 11/02/20 | 11/27/20 | | 2,681.55 | 0.00 | 0.00 | 2,681.55 |
| | CODING SYSTEM | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 10987 | REVCYCLE+, INC. | | | | 2,681.55 | 0.00 | 0.00 | 2,681.55 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 99631158 | | 11/30/20 | 10/31/20 | 11/19/20 | | 5,909.84 | 0.00 | 0.00 | 5,909.84 |
| | EQUIPMENT RENTAL | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | I0520 | RICOH USA, INC. | | | | 5,909.84 | 0.00 | 0.00 | 5,909.84 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11560 | ROMAN FIKAC, INC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 000450 | | 12/04/20 | 12/03/20 | 12/15/20 | | 1,520.75 | 0.00 | 0.00 | 1,520.75 |
| | LANDSCAPING | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 11560 | ROMAN FIKAC, INC | | | | 1,520.75 | 0.00 | 0.00 | 1,520.75 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 0120178 | | 11/30/20 | 11/20/20 | 12/15/20 | | 648.00 | 0.00 | 0.00 | 648.00 |
| | SUPPLIES | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 11436 | SAFE CHAIN SOLUTIONS LLC | | | | 648.00 | 0.00 | 0.00 | 648.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 000457 | | 11/30/20 | 11/19/20 | 12/15/20 | 574.97 | 0.00 | 0.00 | 574.97 |
| | CONTRACT EMPLOYEE | | | | | | | | |
| | Vendor Totals | Number | Name | | | Gross | Discount | No-Pay | Net |
| | | K0536 | SHIRLEY KARNEI | | | 574.97 | 0.00 | 0.00 | 574.97 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| 11596 | SKELETAL DYNAMICS, LLC | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | INV0031423 | | 11/30/20 | 11/02/20 | 12/02/20 | | 2,623.00 | 0.00 | 0.00 | 2,623.00 |
| | SUPPLIES | | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11596 | SKELETAL DYNAMICS, LLC | | | | 2,623.00 | 0.00 | 0.00 | 2,623.00 |
| 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 |
| | 90031566 | | 11/30/20 | 11/20/20 | 12/15/20 | | 5,466.44 | 0.00 | 0.00 | 5,466.44 |
| | | BLOOD BANK | | | | | | | | |
| | 90031488 | | 11/30/20 | 11/20/20 | 12/15/20 | | -3,192.28 | 0.00 | 0.00 | -3,192.28 |
| | BLOOD BANK | | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11296 | SOUTH TEXAS BLOOD & TISSUE CEN | | | | 2,274.16 | 0.00 | 0.00 | 2,274.16 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 11640 | STORAWAY $ STASH-AWAY | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 000461 | | 12/04/20 | 11/28/20 | 12/01/20 | | 510.00 | 0.00 | 0.00 | 510.00 |
| | STORAGE | | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11640 | STORAWAY $ STASH-AWAY | | | | 510.00 | 0.00 | 0.00 | 510.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 10511 | THERMO FISHER SCIENTIFIC | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | SLS25133611 | | 11/30/20 | 11/10/20 | 12/10/20 | | 1,620.10 | 0.00 | 0.00 | 1,620.10 |
| | PARTS FOR BLOOD BANK | | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10511 | THERMO FISHER SCIENTIFIC | | | | 1,620.10 | 0.00 | 0.00 | 1,620.10 |
| 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 |
| | 055876871597 | | 11/30/20 | 11/16/20 | 12/06/20 | | 29,943.49 | 0.00 | 0.00 | 29,943.49 |
| | ELECTRICITY | | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11169 | TXU ENERGY | | | | 29,943.49 | 0.00 | 0.00 | 29,943.49 |
| 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 |
| | 8164169 | | 11/30/20 | 10/26/20 | 11/10/20 | | 74.93 | 0.00 | 0.00 | 74.93 |
| | | EMP UNIFORM | | | | | | | | |
| | 8227841 | | 12/04/20 | 11/21/20 | 12/06/20 | | 165.43 | 0.00 | 0.00 | 165.43 |
| | EMP PURCH | | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | U1056 | UNIFORM ADVANTAGE | | | | 240.36 | 0.00 | 0.00 | 240.36 |
| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 000458 | | 11/30/20 | 10/16/20 | 11/11/20 | | 510.96 | 0.00 | 0.00 | 510.96 ✓ |
| | SUPPLIES | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | W1005 | WALMART COMMUNITY | 510.96 | 0.00 | 0.00 | 510.96 |

Vendor# Vendor Name — Class — Pay Code

W1040 WATERMARK GRAPHICS INC ✓ M

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 117105 ✓ | | 12/04/20 | 10/17/20 | 11/16/20 | | 611.50 | 0.00 | 0.00 | 611.50 ✓ |
| | SHIRTS | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | W1040 | WATERMARK GRAPHICS INC | 611.50 | 0.00 | 0.00 | 611.50 |

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 |
|---|---|---|---|---|---|---|---|---|---|
| 9110420989 ✓ | | 11/30/20 | 08/21/20 | 09/15/20 | | 5,346.95 | 0.00 | 0.00 | 5,346.95 ✓ |
| | SUPPLIES | | | | | | | | |
| 9110438601A ✓ | | 11/30/20 | 10/20/20 | 11/14/20 | | 1,689.00 | 0.00 | 0.00 | 1,689.00 ✓ |
| | SUPPLIES | | | | | | | | |
| 9110441489A ✓ | | 11/30/20 | 10/30/20 | 11/24/20 | | 2,863.70 | 0.00 | 0.00 | 2,863.70 ✓ |
| | SUPPLIES | | | | | | | | |
| 9110420990 ✓ | | 11/30/20 | 11/30/20 | 12/15/20 | | 128.75 | 0.00 | 0.00 | 128.75 ✓ |
| | SUPPLIES | | | | | | | | |
| 9110424705 ✓ | | 11/30/20 | 11/30/20 | 12/15/20 | | 132.61 | 0.00 | 0.00 | 132.61 ✓ |
| | SUPPLIES | | | | | | | | |
| 9110438093 ✓ | | 11/30/20 | 11/30/20 | 12/15/20 | | 26.52 | 0.00 | 0.00 | 26.52 ✓ |
| | SUPPLIES | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | I1110 | WERFEN USA LLC | 10,187.53 | 0.00 | 0.00 | 10,187.53 |

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 |
|---|---|---|---|---|---|---|---|---|---|
| INV001883670 ✓ | | 11/30/20 | 10/31/20 | 11/03/20 | | 384.38 | 0.00 | 0.00 | 384.38 ✓ |
| | INTERACTIVE SERVICES | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11166 | WEST INTERACTIVE SERVICES CORP | 384.38 | 0.00 | 0.00 | 384.38 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 250,519.10 | 0.00 | 0.00 | 250,519.10 |

APPROVED ON
DEC 07 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 173723 to # 173787

Michael J. Pfeifer
Calhoun County Judge
Date: 12-14-17

**RECEIPT** ☑

**ESTIMATE** ☐

Roman Fikac

DBA: **JUST ASK**

Property Enhancement

Roman Fikac: 361.894.1544
Matt Boyle: 361.218.2244

Date: 12/3/2017

☐ Cash
☐ Credit Card
☑ Billable

APPROVED ON DEC 07 2017 COUNTY AUDITOR VICTORIA COUNTY, TEXAS

000450

POSTED

407 Versailles Dr.
Victoria, Tx 77904

Customer: Memorial Medical Center
815 North Virginia St.
Port Lavaca Tx 77979

| Qty | Description | Unit Price | Amount | |
|---|---|---|---|---|
| | Contract Labor: T/clear 2 beds of roots and old top soil Install new top soil, Install St Augustine Sod (Reighly), Repair Sprinkler system (56 man hrs.) | | $1120.00 | |
| | | | $145.75 | ✓ |
| 55 | Sq yds St Augustine Sod (2.65 per yd.) | | | |
| | Sprinkler System Pipework and fittings and riser jts. | | $255.00 | |
| | Completed 11/30/2017 | Subtotal | 1520 | 75 |
| | | Tax | | |
| | | Total | 1520 | 75 |
| | | Amount Pd | | |

Customer Signature

| BANK--CHECK CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 173723 | 12/07/17 | 340.98 | 4IMPRINT |
| A/P | 173724 | 12/07/17 | 579.33 | ADVANCED COMMUNICATIONS |
| A/P | 173725 | 12/07/17 | 2,913.00 | AIRGAS USA, LLC - CENTRAL DIV |
| A/P | 173726 | 12/07/17 | 656.00 | ALCON LABORATORIES, INC. |
| A/P | 173727 | 12/07/17 | 175.27 | ALIMED INC. |
| A/P | 173728 | 12/07/17 | 99.97 | ASPEN SURGICAL PRODUCTS INC |
| A/P | 173729 | 12/07/17 | 973.03 | BAXTER HEALTHCARE CORP |
| A/P | 173730 | 12/07/17 | 5,042.34 | BECKMAN COULTER INC |
| A/P | 173731 | 12/07/17 | 2,137.05 | BSN MEDICAL INC |
| A/P | 173732 | 12/07/17 | 4,492.07 | CAREFUSION 211, INC |
| A/P | 173733 | 12/07/17 | 207.96 | CAREFUSION 2200, INC |
| A/P | 173734 | 12/07/17 | 12,604.25 | CDW GOVERNMENT, INC. |
| A/P | 173735 | 12/07/17 | 688.00 | CENTURION MEDICAL PRODUCTS |
| A/P | 173736 | 12/07/17 | 280.00 | CHRIS KOVAREK |
| A/P | 173737 | 12/07/17 | 5,000.00 | DELTA HEALTHCARE PROVIDERS |
| A/P | 173738 | 12/07/17 | 9.17 | DOROTHY BONUZ |
| A/P | 173739 | 12/07/17 | 12.57 | EPIPHANY ARCHANGEL |
| A/P | 173740 | 12/07/17 | 37,205.09 | EVIDENT |
| A/P | 173741 | 12/07/17 | 1,088.13 | EVOQUA WATER TECHNOLOGIES LLC |
| A/P | 173742 | 12/07/17 | 115.34 | FASTENAL COMPANY |
| A/P | 173743 | 12/07/17 | 10,328.00 | FISHER HEALTHCARE |
| A/P | 173744 | 12/07/17 | 860.92 | GE HEALTHCARE IITS USA CORP |
| A/P | 173745 | 12/07/17 | 302.70 | GRAINGER |
| A/P | 173746 | 12/07/17 | 75.00 | GULF COAST DELIVERY |
| A/P | 173747 | 12/07/17 | 5,267.77 | HEALTHSTREAM, INC. |
| A/P | 173748 | 12/07/17 | 22,398.00 | ITA RESOURCES INC |
| A/P | 173749 | 12/07/17 | 1,047.21 | J & J HEALTH CARE SYSTEMS, INC |
| A/P | 173750 | 12/07/17 | 1,020.00 | JOE FALCON |
| A/P | 173751 | 12/07/17 | 135.17 | LABCORP OF AMERICA HOLDINGS |
| A/P | 173752 | 12/07/17 | 2,877.01 | LUMINANT ENERGY COMPANY LLC |
| A/P | 173753 | 12/07/17 | 664.31 | MCKESSON MEDICAL SURGICAL INC |
| A/P | 173754 | 12/07/17 | .00 | VOIDED |
| A/P | 173755 | 12/07/17 | .00 | VOIDED |
| A/P | 173756 | 12/07/17 | 3,899.28 | MEDLINE INDUSTRIES INC |
| A/P | 173757 | 12/07/17 | 119.42 | MERCURY MEDICAL |
| A/P | 173758 | 12/07/17 | 25,157.19 | MMC EMPLOYEE BENEFIT PLAN |
| A/P | 173759 | 12/07/17 | 72.68 | MMC VOLUNTEERS |
| A/P | 173760 | 12/07/17 | .00 | VOIDED |
| A/P | 173761 | 12/07/17 | 10,673.60 | MORRIS & DICKSON CO, LLC |
| A/P | 173762 | 12/07/17 | 3,165.34 | NOVA BIOMEDICAL |
| A/P | 173763 | 12/07/17 | 3,000.00 | NUTRITION OPTIONS |
| A/P | 173764 | 12/07/17 | 747.57 | ORTHO CLINICAL DIAGNOSTICS |
| A/P | 173765 | 12/07/17 | 5,080.76 | OWENS & MINOR |
| A/P | 173766 | 12/07/17 | 1,207.50 | PABLO GARZA |
| A/P | 173767 | 12/07/17 | 850.22 | POLYMEDCO INC. |
| A/P | 173768 | 12/07/17 | 11,001.20 | PORT LAVACA RETAIL GROUP LLC |
| A/P | 173769 | 12/07/17 | 1,908.40 | PORT LAVACA WAVE |
| A/P | 173770 | 12/07/17 | 64.95 | PRECISION DYNAMICS CORP (PDC) |
| A/P | 173771 | 12/07/17 | 3,375.00 | PREMIER SLEEP DISORDERS CENTER |
| A/P | 173772 | 12/07/17 | 359.76 | RESPIRONICS, INC. |

| BANK--CHECK | | | | |
|---|---|---|---|---|
| CODE | NUMBER | DATE | AMOUNT | PAYEE |
| A/P | 173773 | 12/07/17 | 2,681.55 | REVCYCLE+, INC. |
| A/P | 173774 | 12/07/17 | 5,909.84 | RICOH USA, INC. |
| A/P | 173775 | 12/07/17 | 1,520.75 | ROMAN FIKAC, INC |
| A/P | 173776 | 12/07/17 | 648.00 | SAFE CHAIN SOLUTIONS LLC |
| A/P | 173777 | 12/07/17 | 574.97 | SHIRLEY KARNEI |
| A/P | 173778 | 12/07/17 | 2,623.00 | SKELETAL DYNAMICS, LLC |
| A/P | 173779 | 12/07/17 | 2,274.16 | SOUTH TEXAS BLOOD & TISSUE CEN |
| A/P | 173780 | 12/07/17 | 510.00 | STORAWAY $ STASH-AWAY |
| A/P | 173781 | 12/07/17 | 1,620.10 | THERMO FISHER SCIENTIFIC |
| A/P | 173782 | 12/07/17 | 29,943.49 | TXU ENERGY |
| A/P | 173783 | 12/07/17 | 240.36 | UNIFORM ADVANTAGE |
| A/P | 173784 | 12/07/17 | 510.96 | WALMART COMMUNITY |
| A/P | 173785 | 12/07/17 | 611.50 | WATERMARK GRAPHICS INC |
| A/P | 173786 | 12/07/17 | 10,187.53 | WERFEN USA LLC |
| A/P | 173787 | 12/07/17 | 384.38 | WEST INTERACTIVE SERVICES CORP |
| TOTALS: | | | 250,519.10 | |

APPROVED
ON

DEC 07 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

12/08/2017
14:00

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10613 | MEDIMPACT HEALTHCARE SYS, INC. | A/P | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 000470 | INIDIGENT CARE | 12/08/20 | 12/01/20 | 12/01/20 | | 471.67 | 0.00 | 0.00 | 471.67 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10613 | MEDIMPACT HEALTHCARE SYS, INC. | 471.67 | 0.00 | 0.00 | 471.67 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 471.67 | 0.00 | 0.00 | 471.67 |

APPROVED
ON
DEC 08 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check # 012034

Michael J. Pfeifer
Calhoun County Judge
Date: 12-14-17

RUN DATE:12/08/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:02 CHECK REGISTER GLCKREG
12/08/17 THRU 12/08/17

| BANK--CHECK CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| ICP | 012034 | 12/08/17 | 471.67 | MEDIMPACT HEALTHCARE SYS, INC. |
| TOTALS: | | | 471.67 | |

APPROVED
ON
DEC 08 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 12-14-17

**McKESSON**

Company: 8000

# STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/08/2017
DC: 8115
Territory:
Customer: 632536
Date: 12/09/2017

Page: 002

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

As of: 12/08/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 12/09/2017 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: 1,192.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 12/12/2017,
Pay This Amount: 1,168.46 USD

If Paid After 12/12/2017,
Pay this Amount: 1,192.32 USD

Due If Paid On Time:
USD 1,168.46
Disc lost if paid late: 23.86
Due If Paid Late:
USD 1,192.32

Michael J. Pfeifer
Calhoun County Judge
Date: 12-14-17

ck# [redacted]958

671.25+
497.21+
1,168.46*

APPROVED
ON
DEC 12 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

340B Prescription Services

# McKESSON

Company: 8000

# STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/08/2017

DC: 8115

Territory: 400

Customer: 256342
Date: 12/09/2017

Page: 001

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

As of: 12/08/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 12/09/2017

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** | | | | | | | | | | | |
| 12/04/2017 | 12/12/2017 | 7843570294 | 5557549885 | 115Invoice | | 0.07 | | ✓ 0.07 | ✓ | 7843570294 | |
| 12/04/2017 | 12/12/2017 | 7843570295 | 1203170339-00 | 115Invoice | 2.52 | 126.12 | | ✓ 123.60 | ✓ | 7843570295 | |
| 12/05/2017 | 12/12/2017 | 7843821550 | 1202170313-00 | 115Invoice | 0.16 | 7.82 | | ✓ 7.66 | ✓ | 7843821550 | |
| 12/06/2017 | 12/12/2017 | 7844087416 | 4712389456 | 115Invoice | 0.43 | 21.63 | | ✓ 21.20 | ✓ | 7844087416 | |
| 12/07/2017 | 12/12/2017 | 7844324750 | 0557604250 | 115Invoice | 0.43 | 21.31 | | ✓ 20.88 | ✓ | 7844324750 | |
| 12/07/2017 | 12/12/2017 | 7844324751 | 1206170255-00 | 115Invoice | 5.60 | 279.90 | | ✓ 274.30 | ✓ | 7844324751 | |
| 12/08/2017 | 12/12/2017 | 7844547315 | 0557608568 | 115Invoice | 4.56 | 228.10 | | ✓ 223.54 | ✓ | 7844547315 | |

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: 684.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,304.96
12/04/2017

If Paid By 12/12/2017,
Pay This Amount: 671.25 ✓ USD

If Paid After 12/12/2017,
Pay this Amount: 684.95 USD

Due If Paid On Time:
USD 671.25

Disc lost if paid late:
13.70

Due If Paid Late:
USD 684.95

APPROVED
ON
DEC 12 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# McKESSON

# STATEMENT

Company: 8000

As of: 12/08/2017

Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 12/09/2017

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: 12/08/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 12/09/2017 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** | | | | | | | | | | | |
| 12/04/2017 | 12/12/2017 | 7843563911 | 1001128892 | 115Invoice | 3.33 | 166.52 | | 163.19 | | 7843563911 | |
| 12/04/2017 | 12/12/2017 | 7843563912 | 1001129591 | 115Invoice | 0.83 | 41.50 | | 40.67 | | 7843563912 | |
| 12/04/2017 | 12/12/2017 | 7843563915 | 1001129591 | 115Invoice | 0.38 | 18.80 | | 18.42 | | 7843563915 | |
| 12/04/2017 | 12/12/2017 | 7843567517 | 1001130050 | 115Invoice | 1.01 | 50.55 | | 49.54 | | 7843567517 | |
| 12/04/2017 | 12/12/2017 | 7843567518 | 1001130050 | 115Invoice | 0.02 | 1.24 | | 1.22 | | 7843567518 | |
| 12/05/2017 | 12/12/2017 | 7843835367 | 1001130464 | 115Invoice | 0.89 | 44.26 | | 43.37 | | 7843835367 | |
| 12/06/2017 | 12/12/2017 | 7844085402 | 1001131177 | 115Invoice | 0.21 | 10.45 | | 10.24 | | 7844085402 | |
| 12/06/2017 | 12/12/2017 | 7844085404 | 1001131177 | 115Invoice | 0.08 | 3.76 | | 3.68 | | 7844085404 | |
| 12/07/2017 | 12/12/2017 | 7844370503 | 1001131828 | 115Invoice | 2.31 | 115.34 | | 113.03 | | 7844370503 | |
| 12/07/2017 | 12/12/2017 | 7844370506 | 1001131828 | 115Invoice | 0.08 | 3.77 | | 3.69 | | 7844370506 | |
| 12/08/2017 | 12/12/2017 | 7844559628 | 1001132754 | 115Invoice | 1.02 | 51.18 | | 50.16 | | 7844559628 | |

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: 507.37 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,304.96
12/04/2017

If Paid By 12/12/2017,
Pay This Amount: 497.21 USD

If Paid After 12/12/2017,
Pay this Amount: 507.37 USD

Due If Paid On Time:
USD 497.21

Disc lost if paid late:
10.16

Due If Paid Late:
USD 507.37

APPROVED
ON
DEC 12 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:12/13/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:09 CHECK REGISTER GLCKREG
12/12/17 THRU 12/12/17

| BANK--CHECK CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 000958 | 12/12/17 | 1,168.46 | MCKESSON |
| TOTALS: | | | 1,168.46 | |

APPROVED
ON
DEC 12 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON
DEC 12 2017
COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

12/12/2017 MEMORIAL MEDICAL CENTER 0
13:56 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 12/22/2017

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 117545 ✓ | | 11/28/20 | 11/16/20 | 12/16/20 | | 15,00 19.97 | 0.00 | 0.00 | 15,00 19.97 |
| | SUPPLIES | | | | | | | | |
| 117592 ✓ | | 11/28/20 | 11/17/20 | 12/17/20 | | 70.97 | 0.00 | 0.00 | 70.97 ✓ |
| | SUPPLIES | | | | | | | | |
| 117634 ✓ | | 11/30/20 | 11/20/20 | 12/20/20 | | 64.99 | 0.00 | 0.00 | 64.99 ✓ |
| | SUPPLIES | | | | | | | | |
| 117715 ✓ | | 12/11/20 | 11/22/20 | 12/22/20 | | 62.44 | 0.00 | 0.00 | 62.44 ✓ |
| | SUPPLIES | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11283 | ACE HARDWARE 15521 | 213.40 | 0.00 | 0.00 | 213.40 |

| Vendor# | Vendor Name | Class | Pay Code | |
|---|---|---|---|---|
| 11564 | ACOSTA ELECTRIC ✓ | | | 218.37 |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| ~~000444~~ 4022 | | 11/28/20 | 11/20/20 | 12/20/20 | | 965.55 | 0.00 | 0.00 | 965.55 ✓ |
| | ELECTRICAL WORK for new heater in Pharmacy | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11564 | ACOSTA ELECTRIC | 965.55 | 0.00 | 0.00 | 965.55 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 000447 | | 12/11/20 | 11/16/20 | 12/16/20 | | 2,024.35 | 0.00 | 0.00 | 2,024.35 ✓ |
| | PHONE | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11062 | AIRESPRING INC | 2,024.35 | 0.00 | 0.00 | 2,024.35 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 9069156569 ✓ | | 12/04/20 | 11/26/20 | 12/21/20 | | 340.23 | 0.00 | 0.00 | 340.23 ✓ |
| | SUPPLIES | | | | | | | | |
| 9069805515 ✓ | | 12/11/20 | 11/15/20 | 12/10/20 | | 187.77 | 0.00 | 0.00 | 187.77 ✓ |
| | OXYGEN | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1680 | AIRGAS USA, LLC - CENTRAL DIV | 528.00 | 0.00 | 0.00 | 528.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 000480 | Insurance | 12/11/20 | 10/17/20 | 11/15/20 | | 31,340.62 | 0.00 | 0.00 | 31,340.62 ✓ |
| 000479 | INSURANCE | 12/11/20 | 11/14/20 | 12/15/20 | | 31,149.70 | 0.00 | 0.00 | 31,149.70 ✓ |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10814 | ALLIED BENEFIT SYSTEMS | 62,490.32 | 0.00 | 0.00 | 62,490.32 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11632 | AMERICAN CONSTRUCTION ✓ | | |

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1323 | | 11/27/20 | 11/20/20 | 12/20/20 | | 4,400.00 | 0.00 | 0.00 | 4,400.00 |
| | REPAIRS TO SIDEWALK | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 11632 | AMERICAN CONSTRUCTION | | | | 4,400.00 | 0.00 | 0.00 | 4,400.00 |

| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|
| A1571 | AMERICAN HOSPITAL ASSOCIATION | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| 1900068568 | | 12/11/20 | 12/05/20 | 01/05/20 | | 10,141.00 | 0.00 | 0.00 | 10,141.00 |
| | MEMBERSHIP | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | A1571 | AMERICAN HOSPITAL ASSOCIATION | | | | 10,141.00 | 0.00 | 0.00 | 10,141.00 |

| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|
| A2206 | APIC | | | W | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| 000478 | | 12/11/20 | 12/08/20 | 12/15/20 | | 215.00 | 0.00 | 0.00 | 215.00 |
| | MEMBERSHIP | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | A2206 | APIC | | | | 215.00 | 0.00 | 0.00 | 215.00 |

| 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 |
| 56890273 | | 12/11/20 | 11/08/20 | 12/08/20 | | 241.82 | 0.00 | 0.00 | 241.82 |
| | SUPPLIES | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | B1075 | BAXTER HEALTHCARE CORP | | | | 241.82 | 0.00 | 0.00 | 241.82 |

| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 11652 | BERGER TRANSFER AND STORAGE | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| 170113763 | | 12/11/20 | 11/30/20 | 12/15/20 | | 3,222.95 | 0.00 | 0.00 | 3,222.95 |
| | EMPLOYEE RELOCATION | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 11652 | BERGER TRANSFER AND STORAGE | | | | 3,222.95 | 0.00 | 0.00 | 3,222.95 |

| 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 |
| 25184593 | | 11/30/20 | 11/16/20 | 12/16/20 | | 1,276.45 | 0.00 | 0.00 | 1,276.45 |
| | PHONE | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 11050 | BIRCH COMMUNICATIONS | | | | 1,276.45 | 0.00 | 0.00 | 1,276.45 |

| 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 |
| 000451 | | 12/05/20 | 11/16/20 | 12/16/20 | | 418.85 | 0.00 | 0.00 | 418.85 |
| | TV | | | | | | | | |
| 000483 | | 12/11/20 | 12/15/20 | 12/15/20 | 48.02 | 123.35 | 0.00 | 0.00 | 48.02 123.35 |
| | CABLE | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | C1010 | CABLE ONE | | | 466.87 | 542.20 | 0.00 | 0.00 | 466.87 542.20 |

| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|
| C1048 | CALHOUN COUNTY | | | W | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| 000468 | | 12/11/20 | 11/24/20 | 12/15/20 | | 110.27 | 0.00 | 0.00 | 110.27 |

GAS

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | C1048 | CALHOUN COUNTY | 110.27 | 0.00 | 0.00 | 110.27 |

Vendor# 11295 Vendor Name: CALHOUN COUNTY INDIGENT ACCOUN ✓ Class: Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 000475 | | 12/11/20 | 12/08/20 | 12/15/20 | | | 370.00 | 0.00 | 0.00 | 370.00 ✓ |

TRANSFER INDIGENT COPAY

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11295 | CALHOUN COUNTY INDIGENT ACCOUN | 370.00 | 0.00 | 0.00 | 370.00 |

Vendor# A1825 Vendor Name: CARDINAL HEALTH 414,LLC ✓ Class: M Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 8001498570 ✓ | | 12/11/20 | 11/04/20 | 12/04/20 | | | 315.85 | 0.00 | 0.00 | 315.85 ✓ |

SUPPLIES

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1825 | CARDINAL HEALTH 414,LLC | 315.85 | 0.00 | 0.00 | 315.85 |

Vendor# C1166 Vendor Name: COASTAL OFFICE SOLUTONS ✓ Class: W Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| OE163351 ✓ | | 12/11/20 | 11/21/20 | 12/21/20 | | | 64.50 | 0.00 | 0.00 | 64.50 ✓ |

SUPPLIES

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | C1166 | COASTAL OFFICE SOLUTONS | 64.50 | 0.00 | 0.00 | 64.50 |

Vendor# 11287 Vendor Name: DELTA HEALTHCARE PROVIDERS ✓ Class: Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 17450143 ✓ | | 12/11/20 | 11/26/20 | 12/15/20 | | | 5,150.36 | 0.00 | 0.00 | 5,150.36 ✓ |
| | PT SERVICES | | | | | | | | | |
| 174850138 ✓ | | 12/11/20 | 12/03/20 | 12/15/20 | | | 3,580.58 | 0.00 | 0.00 | 3,580.58 ✓ |
| | PT SERVICES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11287 | DELTA HEALTHCARE PROVIDERS | 8,730.94 | 0.00 | 0.00 | 8,730.94 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 5216760 ✓ | | 11/30/20 | 11/27/20 | 12/22/20 | | | 299.99 | 0.00 | 0.00 | 299.99 ✓ |

SUPPLIES

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10368 | DEWITT POTH & SON | 299.99 | 0.00 | 0.00 | 299.99 |

Vendor# 11291 Vendor Name: DOWELL PEST CONTROL ✓ Class: Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 6426 ✓ | | 12/11/20 | 11/06/20 | 12/01/20 | | | 505.00 | 0.00 | 0.00 | 505.00 ✓ |

PEST CONTROL

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11291 | DOWELL PEST CONTROL | 505.00 | 0.00 | 0.00 | 505.00 |

Vendor# 11046 Vendor Name: E-MDS, INC ✓ Class: Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 20394 ✓ | | 12/11/20 | 11/30/20 | 12/15/20 | | | 1,120.00 | 0.00 | 0.00 | 1,120.00 ✓ |

CLINIC COMPUTER SYSTEM

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11046 | E-MDS, INC | 1,120.00 | 0.00 | 0.00 | 1,120.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11648 | EMEDCO ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 9335598143 ✓ | | 11/30/20 | 11/20/20 | 12/20/20 | | | 1,177.82 | 0.00 | 0.00 | 1,177.82 ✓ |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11648 | EMEDCO | 1,177.82 | 0.00 | 0.00 | 1,177.82 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| A1711031378A ✓ | | 12/11/20 | 11/03/20 | 11/28/20 | | | 9,899.17 | 0.00 | 0.00 | 9,899.17 ✓ |
| | SOFTWARE | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | C2510 | EVIDENT | 9,899.17 | 0.00 | 0.00 | 9,899.17 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1809823A ✓ | | 11/30/20 | 11/21/20 | 12/16/20 | | | 1,744.62 | 0.00 | 0.00 | 1,744.62 ✓ |
| | SUPPLIES | | | | | | | | | |
| 1809807 ✓ | | 12/05/20 | 11/21/20 | 12/16/20 | | | 2,496.00 | 0.00 | 0.00 | 2,496.00 ✓ |
| | SUPPLIES | | | | | | | | | |
| 6024490 ✓ | | 12/11/20 | 10/17/20 | 11/11/20 | | | 237.00 | 0.00 | 0.00 | 237.00 ✓ |
| | SUPPLIES | | | | | | | | | |
| ~~111517~~ 034047 | | 12/11/20 | 11/15/20 | 12/10/20 | | | 1,112.29 | 0.00 | 0.00 | 1,112.29 ✓ |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | F1400 | FISHER HEALTHCARE | 5,589.91 | 0.00 | 0.00 | 5,589.91 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11183 | FRONTIER ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 000473 | | 12/11/20 | 11/19/20 | 12/13/20 | | | 118.84 | 0.00 | 0.00 | 118.84 ✓ |
| | PHONE | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11183 | FRONTIER | 118.84 | 0.00 | 0.00 | 118.84 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 9583101598 ✓ | | 12/11/20 | 10/12/20 | 11/06/20 | | | 170.20 | 0.00 | 0.00 | 170.20 ✓ |
| | SUPPLIES | | | | | | | | | |
| 9594685787 ✓ | | 12/11/20 | 10/24/20 | 11/18/20 | | | 105.39 | 0.00 | 0.00 | 105.39 ✓ |
| | SUPPLIES | | | | | | | | | |
| 9619695597 ✓ | | 12/11/20 | 11/17/20 | 12/12/20 | | | 407.07 | 0.00 | 0.00 | 407.07 ✓ |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | W1300 | GRAINGER | 682.66 | 0.00 | 0.00 | 682.66 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1413480 ✓ | | 11/27/20 | 11/16/20 | 12/16/20 | | | 281.82 | 0.00 | 0.00 | 281.82 ✓ |

SUPPLIES

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | G1210 | GULF COAST PAPER COMPANY | 281.82 | 0.00 | 0.00 | 281.82 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10298 | HITACHI MEDICAL SYSTEMS ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| PJIN0107689 ✓ | | 12/11/20 | 12/06/20 | 12/15/20 | | | 31,041.58 | 0.00 | 0.00 | 31,041.58 ✓ |

PURCHASED SERVICES

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10298 | HITACHI MEDICAL SYSTEMS | 31,041.58 | 0.00 | 0.00 | 31,041.58 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 851140664 ✓ | | 12/11/20 | 11/14/20 | 12/14/20 | | | 390.00 | 0.00 | 0.00 | 390.00 ✓ |

REPAIRS

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | H1850 | HOSPIRA WORLDWIDE, INC | 390.00 | 0.00 | 0.00 | 390.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 2626 | | 12/11/20 | 11/30/20 | 12/20/20 | | | 13,958.67 | 0.00 | 0.00 | 13,958.67 ✓ |

PHARMACY SERVICES

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10922 | HUNTER PHARMACY SERVICES | 13,958.67 | 0.00 | 0.00 | 13,958.67 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11628 | INSIGHT HEALTH CORP. ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 145397 ✓ | | 12/11/20 | 11/01/20 | 12/01/20 | | | 5,700.00 | 0.00 | 0.00 | 5,700.00 ✓ |

LEAE FOR CT UNIT

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11628 | INSIGHT HEALTH CORP. | 5,700.00 | 0.00 | 0.00 | 5,700.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| J1300 | JECKER FLOOR & GLASS ✓ | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 76036 | | 12/11/20 | 11/01/20 | 11/11/20 | | | 302.00 | 0.00 | 0.00 | 302.00 ✓ |

FLOORING CT Room

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | J1300 | JECKER FLOOR & GLASS | 302.00 | 0.00 | 0.00 | 302.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| K0506 | K-MED INC ✓ | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 8890 ✓ | | 12/11/20 | 10/06/20 | 11/06/20 | | | 286.00 | 0.00 | 0.00 | 286.00 ✓ |

SUPPLIES

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | K0506 | K-MED INC | 286.00 | 0.00 | 0.00 | 286.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11034 | KOVEN TECHNOLOGY, INC ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 80428 ✓ | | 12/11/20 | 11/16/20 | 12/16/20 | | | 815.00 | 0.00 | 0.00 | 815.00 ✓ |

DOPPLER

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 11034 KOVEN TECHNOLOGY, INC | | | | | 815.00 | 0.00 | 0.00 | 815.00 |
| 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 |
| | 000481 | | 12/11/20 | 10/02/20 | 11/02/20 | | ~~560.12~~ 395.58 | 0.00 | 0.00 | ~~560.12~~ 395.58 |
| | | SUPPLIES | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | L1640 | LOWE'S HOME CENTERS INC | | | | ~~560.12~~ 395.58 | 0.00 | 0.00 | ~~560.12~~ 395.58 |
| 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 |
| | 1837324865 ✓ | | 11/30/20 | 10/24/20 | 12/16/20 | | 927.60 | 0.00 | 0.00 | 927.60 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837324869 ✓ | | 11/30/20 | 10/24/20 | 12/16/20 | | 26.07 | 0.00 | 0.00 | 26.07 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837324875 ✓ | | 11/30/20 | 10/24/20 | 12/16/20 | | 17.28 | 0.00 | 0.00 | 17.28 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837324873 ✓ | | 11/30/20 | 10/24/20 | 12/16/20 | | 860.99 | 0.00 | 0.00 | 860.99 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837324877 ✓ | | 11/30/20 | 10/24/20 | 12/16/20 | | 13.60 | 0.00 | 0.00 | 13.60 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837324878 ✓ | | 11/30/20 | 10/24/20 | 12/16/20 | | 130.29 | 0.00 | 0.00 | 130.29 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837324876 ✓ | | 11/30/20 | 10/24/20 | 12/16/20 | | 68.50 | 0.00 | 0.00 | 68.50 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837526056 ✓ | | 11/30/20 | 10/26/20 | 12/16/20 | | 95.30 | 0.00 | 0.00 | 95.30 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837526057 ✓ | | 11/30/20 | 10/26/20 | 12/16/20 | | 89.78 | 0.00 | 0.00 | 89.78 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837526058 ✓ | | 11/30/20 | 10/26/20 | 12/16/20 | | 88.17 | 0.00 | 0.00 | 88.17 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837578478 ✓ | | 11/30/20 | 10/27/20 | 12/16/20 | | 204.32 | 0.00 | 0.00 | 204.32 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837578477 ✓ | | 11/30/20 | 10/27/20 | 12/16/20 | | 57.09 | 0.00 | 0.00 | 57.09 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837653207 ✓ | | 11/30/20 | 10/28/20 | 12/16/20 | | 55.57 | 0.00 | 0.00 | 55.57 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837957216 ✓ | | 11/30/20 | 11/02/20 | 12/16/20 | | 807.48 | 0.00 | 0.00 | 807.48 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837526054 ✓ | | 11/30/20 | 11/02/20 | 12/16/20 | | 409.05 | 0.00 | 0.00 | 409.05 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837957213 ✓ | | 11/30/20 | 11/02/20 | 12/16/20 | | 18.12 | 0.00 | 0.00 | 18.12 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837526053 ✓ | | 11/30/20 | 11/02/20 | 12/16/20 | | 27.57 | 0.00 | 0.00 | 27.57 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837957207 ✓ | | 11/30/20 | 11/02/20 | 12/16/20 | | 212.06 | 0.00 | 0.00 | 212.06 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837957212 ✓ | | 11/30/20 | 11/02/20 | 12/16/20 | | 89.14 | 0.00 | 0.00 | 89.14 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837957206 ✓ | | 11/30/20 | 11/02/20 | 12/16/20 | | 48.05 | 0.00 | 0.00 | 48.05 ✓ |
| | | SUPPLIES | | | | | | | | |
| | 1837957211 ✓ | | 11/30/20 | 11/02/20 | 12/16/20 | | 40.90 | 0.00 | 0.00 | 40.90 ✓ |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | SUPPLIES | | | | | | | |
| 1837957208 | | 11/30/20 | 11/02/20 | 12/16/20 | 2.28 | 0.00 | 0.00 | 2.28 |
| | SUPPLIES | | | | | | | |
| 1838708304 | | 11/30/20 | 11/14/20 | 12/16/20 | 22.00 | 0.00 | 0.00 | 22.00 |
| | SUPPLIES | | | | | | | |
| 1838708303 | | 11/30/20 | 11/14/20 | 12/16/20 | 13.00 | 0.00 | 0.00 | 13.00 |
| | SUPPLIES | | | | | | | |
| 1838708305 | | 11/30/20 | 11/14/20 | 12/16/20 | 893.61 | 0.00 | 0.00 | 893.61 |
| | SUPPLIES | | | | | | | |
| 1838708302 | | 11/30/20 | 11/14/20 | 12/16/20 | 106.92 | 0.00 | 0.00 | 106.92 |
| | SUPPLIES | | | | | | | |
| 1838858188 | | 11/30/20 | 11/16/20 | 12/16/20 | 14.97 | 0.00 | 0.00 | 14.97 |
| | SUPPLIES | | | | | | | |
| 1838858903 | | 11/30/20 | 11/16/20 | 12/16/20 | 207.81 | 0.00 | 0.00 | 207.81 |
| | SUPPLIES | | | | | | | |
| 1838858905 | | 11/30/20 | 11/16/20 | 12/16/20 | 61.28 | 0.00 | 0.00 | 61.28 |
| | SUPPLIES | | | | | | | |
| 1838858189 | | 11/30/20 | 11/16/20 | 12/16/20 | 119.95 | 0.00 | 0.00 | 119.95 |
| | SUPPLIES | | | | | | | |
| 1838858902 | | 11/30/20 | 11/16/20 | 12/16/20 | 50.32 | 0.00 | 0.00 | 50.32 |
| | SUPPLIES | | | | | | | |
| 1838858904 | | 11/30/20 | 11/16/20 | 12/16/20 | 204.40 | 0.00 | 0.00 | 204.40 |
| | SUPPLIES | | | | | | | |
| 1838858187 | | 11/30/20 | 11/16/20 | 12/16/20 | 691.70 | 0.00 | 0.00 | 691.70 |
| | SUPPLIES | | | | | | | |
| 1838858907 | | 11/30/20 | 11/16/20 | 12/16/20 | 107.17 | 0.00 | 0.00 | 107.17 |
| | SUPPLIES | | | | | | | |
| 1838858190 | | 11/30/20 | 11/16/20 | 12/16/20 | 129.90 | 0.00 | 0.00 | 129.90 |
| | SUPPLIES | | | | | | | |
| 1838858186 | | 11/30/20 | 11/16/20 | 12/16/20 | 22.00 | 0.00 | 0.00 | 22.00 |
| | SUPPLIES | | | | | | | |
| 1838858191 | | 11/30/20 | 11/16/20 | 12/16/20 | 67.19 | 0.00 | 0.00 | 67.19 |
| | SUPPLIES | | | | | | | |
| 1838858901 | | 11/30/20 | 11/16/20 | 12/16/20 | 46.96 | 0.00 | 0.00 | 46.96 |
| | SUPPLIES | | | | | | | |
| 1838858906 | | 11/30/20 | 11/16/20 | 12/16/20 | 21.04 | 0.00 | 0.00 | 21.04 |
| | SUPPLIES | | | | | | | |
| 1838858195 | | 11/30/20 | 11/16/20 | 12/16/20 | 765.43 | 0.00 | 0.00 | 765.43 |
| | SUPPLIES | | | | | | | |
| 1838858908 | | 11/30/20 | 11/16/20 | 12/16/20 | 82.99 | 0.00 | 0.00 | 82.99 |
| | SUPPLIES | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | M2470 | MEDLINE INDUSTRIES INC | | | | 7,917.85 | 0.00 | 0.00 | 7,917.85 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 000473 | | 12/11/20 | 12/07/20 | 12/08/20 | | | 75.22 | 0.00 | 0.00 | 75.22 |
| | GIFT SHOPP PAYROLL DED | | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | M2621 | MMC AUXILIARY GIFT SHOP | | | | | 75.22 | 0.00 | 0.00 | 75.22 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| CM51576A | | 10/16/20 | 10/09/20 | 10/10/20 | | -7.94 | 0.00 | 0.00 | -7.94 |
| 9906B | CREDIT | 12/11/20 | 09/26/20 | 09/27/20 | | -2.63 | 0.00 | 0.00 | -2.63 |
| 1220A | CREDIT | 12/11/20 | 10/05/20 | 10/06/20 | | -1.86 | 0.00 | 0.00 | -1.86 |
| 1491A | CREDIT | 12/11/20 | 10/09/20 | 10/10/20 | | -2,704.97 | 0.00 | 0.00 | -2,704.97 |
| CM51577A | CREDIT | 12/11/20 | 10/09/20 | 10/10/20 | | -202.22 | 0.00 | 0.00 | -202.22 |
| CM52417 | CREDIT | 12/11/20 | 10/11/20 | 10/12/20 | | -0.28 | 0.00 | 0.00 | -0.28 |
| 4055 | CREDIT | 12/11/20 | 10/23/20 | 10/24/20 | | -325.01 | 0.00 | 0.00 | -325.01 |
| CM59471 | CREDIT | 12/11/20 | 10/24/20 | 10/25/20 | | -702.04 | 0.00 | 0.00 | -702.04 |
| CM59472 | CREDIT | 12/11/20 | 10/24/20 | 10/25/20 | | -154.01 | 0.00 | 0.00 | -154.01 |
| 4842A | CREDIT | 12/11/20 | 10/26/20 | 10/27/20 | | -2,333.01 | 0.00 | 0.00 | -2,333.01 |
| CM59736 | CREDIT | 12/11/20 | 10/26/20 | 10/27/20 | | -115.80 | 0.00 | 0.00 | -115.80 |
| 5518 | CREDIT | 12/11/20 | 10/30/20 | 10/31/20 | | -615.23 | 0.00 | 0.00 | -615.23 |
| 5995 | CREDIT | 12/11/20 | 10/31/20 | 11/01/20 | | -79.74 | 0.00 | 0.00 | -79.74 |
| 6286 | CREDIT | 12/11/20 | 10/31/20 | 11/01/20 | | -1.19 | 0.00 | 0.00 | -1.19 |
| CM67408 | CREDIT | 12/11/20 | 11/20/20 | 11/21/20 | | -118.16 | 0.00 | 0.00 | -118.16 |
| CM67777 | CREDIT | 12/11/20 | 11/21/20 | 11/22/20 | | -655.78 | 0.00 | 0.00 | -655.78 |
| CM69602 | CREDIT | 12/11/20 | 11/29/20 | 11/30/20 | | -25.20 | 0.00 | 0.00 | -25.20 |
| 2109467 | CREDIT | 12/11/20 | 12/04/20 | 12/05/20 | | 102.57 | 0.00 | 0.00 | 102.57 |
| 2109466 | INVENT PHARM | 12/11/20 | 12/04/20 | 12/05/20 | | 1,140.70 | 0.00 | 0.00 | 1,140.70 |
| 2110000 | INVENT PHARM | 12/11/20 | 12/04/20 | 12/05/20 | | 263.62 | 0.00 | 0.00 | 263.62 |
| 2109465 | INVENT PHARM | 12/11/20 | 12/04/20 | 12/05/20 | | 2,146.29 | 0.00 | 0.00 | 2,146.29 |
| 2109468 | INVENT | 12/11/20 | 12/04/20 | 12/05/20 | | 130.28 | 0.00 | 0.00 | 130.28 |
| 2116717 | INVENT PHARM | 12/11/20 | 12/05/20 | 12/06/20 | | 1,254.92 | 0.00 | 0.00 | 1,254.92 |
| 2116716 | INVENT PHARM | 12/11/20 | 12/05/20 | 12/06/20 | | 7.48 | 0.00 | 0.00 | 7.48 |
| 2113299 | INVENT PHARM | 12/11/20 | 12/05/20 | 12/06/20 | | 3,715.25 | 0.00 | 0.00 | 3,715.25 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2116715 | | 12/11/20 | 12/05/20 | 12/06/20 | | 581.76 | 0.00 | 0.00 | 581.76 |
| | INVENT PHARM | | | | | | | | |
| 2119029 | | 12/11/20 | 12/06/20 | 12/07/20 | | 109.42 | 0.00 | 0.00 | 109.42 |
| | INVENT PHARM | | | | | | | | |
| 2119028 | | 12/11/20 | 12/06/20 | 12/07/20 | | 28.06 | 0.00 | 0.00 | 28.06 |
| | INVENT PHARM | | | | | | | | |
| 1939A | | 12/12/20 | 12/05/20 | 12/06/20 | | -112.94 | 0.00 | 0.00 | -112.94 |
| | CREDIT | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 10536 | MORRIS & DICKSON CO, LLC | | | | 1,322.34 | 0.00 | 0.00 | 1,322.34 |

| 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 |
| | 94381093 | | 08/10/20 | 08/01/20 | 12/15/20 | | 825.00 | 0.00 | 0.00 | 825.00 |
| | | SUPPLIES | | | | | | | | |
| | 94404918 | | 08/23/20 | 08/07/20 | 12/15/20 | | 1,137.51 | 0.00 | 0.00 | 1,137.51 |
| | | MAINT CONT | | | | | | | | |
| | 94544640 | | 09/29/20 | 09/07/20 | 12/15/20 | | 1,137.51 | 0.00 | 0.00 | 1,137.51 |
| | | MAINT CONT | | | | | | | | |
| | 94690938 | | 12/11/20 | 10/07/20 | 11/01/20 | | 1,137.51 | 0.00 | 0.00 | 1,137.51 |
| | | MAINTENANCE CONTRACT | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | O1500 | OLYMPUS AMERICA INC | | | | 4,237.53 | 0.00 | 0.00 | 4,237.53 |

| 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 |
| | 8000118223 | | 12/11/20 | 08/31/20 | 09/30/20 | | 38.07 | 0.00 | 0.00 | 38.07 |
| | | FINANCE CHARGES | | | | | | | | |
| | 8000125010 | | 12/11/20 | 10/31/20 | 11/30/20 | | 94.01 | 0.00 | 0.00 | 94.01 |
| | | FINANCE CHARGE | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | OM425 | OWENS & MINOR | | | | 132.08 | 0.00 | 0.00 | 132.08 |

| 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 |
| | 11201726 | | 11/30/20 | 11/20/20 | 12/20/20 | | 240.00 | 0.00 | 0.00 | 240.00 |
| | | AD | | | | | | | | |
| | 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 | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 10699 | SIGN AD, LTD. | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 218861 | | 12/11/20 | 11/10/20 | 11/20/20 | | 375.00 | 0.00 | 0.00 | 375.00 |
| | | AD | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10699 | SIGN AD, LTD. | | | | 375.00 | 0.00 | 0.00 | 375.00 |

| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 11636 | SOUTH TEXAS STEEL SERVICE | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 000472 | | 12/11/20 | 12/07/20 | 12/15/20 | | 183.97 | 0.00 | 0.00 | 183.97 |
| | | SUPPLIES | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11636 | SOUTH TEXAS STEEL SERVICE | 183.97 | 0.00 | 0.00 | 183.97 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11572 | TACORE MEDICAL, INC. | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 1064 | MARKETING FOR FAM PRAC S | 12/11/20 | 11/20/20 | 12/20/20 | | | 8,500.00 | 0.00 | 0.00 | 8,500.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11572 | TACORE MEDICAL, INC. | 8,500.00 | 0.00 | 0.00 | 8,500.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 000477 | LOAN PAYMENT | 12/11/20 | 11/20/20 | 12/15/20 | | | 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 |
|---|---|---|---|
| T2204 | TEXAS MUTUAL INSURANCE CO | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 000469 | WORK COMP INS | 12/11/20 | 11/30/20 | 12/15/20 | | | 5,728.00 | 0.00 | 0.00 | 5,728.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | T2204 | TEXAS MUTUAL INSURANCE CO | 5,728.00 | 0.00 | 0.00 | 5,728.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 8150785045 | LAUNDRY | 11/27/20 | 11/21/20 | 12/16/20 | | | 27.15 | 0.00 | 0.00 | 27.15 |
| 8150785126 | LAUNDRY | 11/27/20 | 11/21/20 | 12/16/20 | | | 21.25 | 0.00 | 0.00 | 21.25 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | U1054 | UNIFIRST HOLDINGS | 48.40 | 0.00 | 0.00 | 48.40 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 8400261778 | LAUNDRY | 11/27/20 | 11/21/20 | 12/16/20 | | | 60.90 | 0.00 | 0.00 | 60.90 |
| 8400261822 | LAUNDRY | 11/27/20 | 11/21/20 | 12/16/20 | | | 85.41 | 0.00 | 0.00 | 85.41 |
| 8400261748 | LAUNDRY | 11/27/20 | 11/21/20 | 12/16/20 | | | 47.15 | 0.00 | 0.00 | 47.15 |
| 8400261785 | LAUNDRY | 11/27/20 | 11/21/20 | 12/16/20 | | | 932.87 | 0.00 | 0.00 | 932.87 |
| 8400261745 | LAUDNRY | 11/27/20 | 11/21/20 | 12/16/20 | | | 94.29 | 0.00 | 0.00 | 94.29 |
| 8400261746 | LAUNDRY | 11/27/20 | 11/21/20 | 12/16/20 | | | 175.04 | 0.00 | 0.00 | 175.04 |
| 8400261747 | LAUNDRY | 11/27/20 | 11/21/20 | 12/16/20 | | | 109.02 | 0.00 | 0.00 | 109.02 |
| 8400261749 | LAUNDRY | 11/27/20 | 11/21/20 | 12/16/20 | | | 173.41 | 0.00 | 0.00 | 173.41 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| U1064 | UNIFIRST HOLDINGS INC | | | | 1,678.09 | 0.00 | 0.00 | 1,678.09 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 8164180 ✓ | | 12/11/20 | 10/26/20 | 11/10/20 | | | 46.96 | 0.00 | 0.00 | 46.96 ✓ |
| 8176540 ✓ | UNIFORM | 12/11/20 | 11/01/20 | 11/16/20 | | | 282.92 | 0.00 | 0.00 | 282.92 ✓ |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | U1056 | UNIFORM ADVANTAGE | 329.88 | 0.00 | 0.00 | 329.88 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10968 | UNITED RENTALS (NORTH AMERICA) ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 152239305001 ✓ | EQUIPMENT | 12/11/20 | 11/20/20 | 12/20/20 | | | 481.78 | 0.00 | 0.00 | 481.78 ✓ |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10968 | UNITED RENTALS (NORTH AMERICA) | 481.78 | 0.00 | 0.00 | 481.78 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 000471 | PRO FEES | 12/11/20 | 12/06/20 | 12/06/20 | | | 85,280.65 | 0.00 | 0.00 | 85,280.65 ✓ |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | V1058 | VICTORIA ANESTHESIOLOGY | 85,280.65 | 0.00 | 0.00 | 85,280.65 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 165 ✓ | MEMBERSHIP | 12/11/20 | 12/04/20 | 12/05/20 | | | 270.80 | 0.00 | 0.00 | 270.80 ✓ |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10768 | VICTORIA MEDICAL FOUNDATION | 270.80 | 0.00 | 0.00 | 270.80 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 9110448470 ✓ | EQUIP RENT | 12/11/20 | 11/15/20 | 12/10/20 | | | 1,571.67 | 0.00 | 0.00 | 1,571.67 ✓ |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | I1110 | WERFEN USA LLC | 1,571.67 | 0.00 | 0.00 | 1,571.67 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 290,644.96 | 0.00 | 0.00 | 290,644.96 |

290,644.96+
15.00-
19.97+
123.35-
48.02+
560.12-
395.58+
290,410.06+

Michael J. Pfeifer
Calhoun County Judge
Date: 12-14-17
APPROVED
ON
DEC 12 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS #173788-173845 = VOIDS
CKS # 173846-173903

Pg 1 correction
Pg 2 correction
Pg 6 correction

{ <15.00>
{ +19.97
{ <123.35>
{ +48.02
{ <560.12>
{ +395.58

$290,410.04

| BANK | CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|---|
| A/P | | 173788 | 12/13/17 | .00 | ACE HARDWARE 15521 |
| A/P | | 173789 | 12/13/17 | .00 | ACOSTA ELECTRIC |
| A/P | | 173790 | 12/13/17 | .00 | AIRESPRING INC |
| A/P | | 173791 | 12/13/17 | .00 | AIRGAS USA, LLC - CENTRAL DIV |
| A/P | | 173792 | 12/13/17 | .00 | ALLIED BENEFIT SYSTEMS |
| A/P | | 173793 | 12/13/17 | .00 | AMERICAN CONSTRUCTION |
| A/P | | 173794 | 12/13/17 | .00 | AMERICAN HOSPITAL ASSOCIATION |
| A/P | | 173795 | 12/13/17 | .00 | APIC |
| A/P | | 173796 | 12/13/17 | .00 | BAXTER HEALTHCARE CORP |
| A/P | | 173797 | 12/13/17 | .00 | BERGER TRANSFER AND STORAGE |
| A/P | | 173798 | 12/13/17 | .00 | BIRCH COMMUNICATIONS |
| A/P | | 173799 | 12/13/17 | .00 | CABLE ONE |
| A/P | | 173800 | 12/13/17 | .00 | CALHOUN COUNTY |
| A/P | | 173801 | 12/13/17 | .00 | CALHOUN COUNTY INDIGENT ACCOUN |
| A/P | | 173802 | 12/13/17 | .00 | CARDINAL HEALTH 414,LLC |
| A/P | | 173803 | 12/13/17 | .00 | COASTAL OFFICE SOLUTONS |
| A/P | | 173804 | 12/13/17 | .00 | DELTA HEALTHCARE PROVIDERS |
| A/P | | 173805 | 12/13/17 | .00 | DEWITT POTH & SON |
| A/P | | 173806 | 12/13/17 | .00 | DOWELL PEST CONTROL |
| A/P | | 173807 | 12/13/17 | .00 | E-MDS, INC |
| A/P | | 173808 | 12/13/17 | .00 | EMEDCO |
| A/P | | 173809 | 12/13/17 | .00 | EVIDENT |
| A/P | | 173810 | 12/13/17 | .00 | FISHER HEALTHCARE |
| A/P | | 173811 | 12/13/17 | .00 | FRONTIER |
| A/P | | 173812 | 12/13/17 | .00 | GRAINGER |
| A/P | | 173813 | 12/13/17 | .00 | GULF COAST PAPER COMPANY |
| A/P | | 173814 | 12/13/17 | .00 | HITACHI MEDICAL SYSTEMS |
| A/P | | 173815 | 12/13/17 | .00 | HOSPIRA WORLDWIDE, INC |
| A/P | | 173816 | 12/13/17 | .00 | HUNTER PHARMACY SERVICES |
| A/P | | 173817 | 12/13/17 | .00 | INSIGHT HEALTH CORP. |
| A/P | | 173818 | 12/13/17 | .00 | JECKER FLOOR & GLASS |
| A/P | | 173819 | 12/13/17 | .00 | K-MED INC |
| A/P | | 173820 | 12/13/17 | .00 | KOVEN TECHNOLOGY, INC |
| A/P | | 173821 | 12/13/17 | .00 | LOWE'S HOME CENTERS INC |
| A/P | | 173822 | 12/13/17 | .00 | VOIDED |
| A/P | | 173823 | 12/13/17 | .00 | VOIDED |
| A/P | | 173824 | 12/13/17 | .00 | VOIDED |
| A/P | | 173825 | 12/13/17 | .00 | VOIDED |
| A/P | | 173826 | 12/13/17 | .00 | VOIDED |
| A/P | | 173827 | 12/13/17 | .00 | MEDLINE INDUSTRIES INC |
| A/P | | 173828 | 12/13/17 | .00 | MMC AUXILIARY GIFT SHOP |
| A/P | | 173829 | 12/13/17 | .00 | VOIDED |
| A/P | | 173830 | 12/13/17 | .00 | MORRIS & DICKSON CO, LLC |
| A/P | | 173831 | 12/13/17 | .00 | OLYMPUS AMERICA INC |
| A/P | | 173832 | 12/13/17 | .00 | OWENS & MINOR |
| A/P | | 173833 | 12/13/17 | .00 | REVISTA de VICTORIA |
| A/P | | 173834 | 12/13/17 | .00 | SIGN AD, LTD. |
| A/P | | 173835 | 12/13/17 | .00 | SOUTH TEXAS STEEL SERVICE |
| A/P | | 173836 | 12/13/17 | .00 | TACORE MEDICAL, INC. |
| A/P | | 173837 | 12/13/17 | .00 | TEXAS ADVANTAGE COMMUNITY BANK |

| BANK | CHECK NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 173838 | 12/13/17 | .00 | TEXAS MUTUAL INSURANCE CO |
| A/P | 173839 | 12/13/17 | .00 | UNIFIRST HOLDINGS |
| A/P | 173840 | 12/13/17 | .00 | UNIFIRST HOLDINGS INC |
| A/P | 173841 | 12/13/17 | .00 | UNIFORM ADVANTAGE |
| A/P | 173842 | 12/13/17 | .00 | UNITED RENTALS (NORTH AMERICA) |
| A/P | 173843 | 12/13/17 | .00 | VICTORIA ANESTHESIOLOGY |
| A/P | 173844 | 12/13/17 | .00 | VICTORIA MEDICAL FOUNDATION |
| A/P | 173845 | 12/13/17 | .00 | WERFEN USA LLC |
| A/P | 173846 | 12/13/17 | 218.37 | ACE HARDWARE 15521 |
| A/P | 173847 | 12/13/17 | 965.55 | ACOSTA ELECTRIC |
| A/P | 173848 | 12/13/17 | 2,024.35 | AIRESPRING INC |
| A/P | 173849 | 12/13/17 | 528.00 | AIRGAS USA, LLC - CENTRAL DIV |
| A/P | 173850 | 12/13/17 | 62,490.32 | ALLIED BENEFIT SYSTEMS |
| A/P | 173851 | 12/13/17 | 4,400.00 | AMERICAN CONSTRUCTION |
| A/P | 173852 | 12/13/17 | 10,141.00 | AMERICAN HOSPITAL ASSOCIATION |
| A/P | 173853 | 12/13/17 | 215.00 | APIC |
| A/P | 173854 | 12/13/17 | 241.82 | BAXTER HEALTHCARE CORP |
| A/P | 173855 | 12/13/17 | 3,222.95 | BERGER TRANSFER AND STORAGE |
| A/P | 173856 | 12/13/17 | 1,276.45 | BIRCH COMMUNICATIONS |
| A/P | 173857 | 12/13/17 | 466.87 | CABLE ONE |
| A/P | 173858 | 12/13/17 | 110.27 | CALHOUN COUNTY |
| A/P | 173859 | 12/13/17 | 370.00 | CALHOUN COUNTY INDIGENT ACCOUN |
| A/P | 173860 | 12/13/17 | 315.85 | CARDINAL HEALTH 414,LLC |
| A/P | 173861 | 12/13/17 | 64.50 | COASTAL OFFICE SOLUTONS |
| A/P | 173862 | 12/13/17 | 8,730.94 | DELTA HEALTHCARE PROVIDERS |
| A/P | 173863 | 12/13/17 | 299.99 | DEWITT POTH & SON |
| A/P | 173864 | 12/13/17 | 505.00 | DOWELL PEST CONTROL |
| A/P | 173865 | 12/13/17 | 1,120.00 | E-MDS, INC |
| A/P | 173866 | 12/13/17 | 1,177.82 | EMEDCO |
| A/P | 173867 | 12/13/17 | 9,899.17 | EVIDENT |
| A/P | 173868 | 12/13/17 | 5,589.91 | FISHER HEALTHCARE |
| A/P | 173869 | 12/13/17 | 118.84 | FRONTIER |
| A/P | 173870 | 12/13/17 | 682.66 | GRAINGER |
| A/P | 173871 | 12/13/17 | 281.82 | GULF COAST PAPER COMPANY |
| A/P | 173872 | 12/13/17 | 31,041.58 | HITACHI MEDICAL SYSTEMS |
| A/P | 173873 | 12/13/17 | 390.00 | HOSPIRA WORLDWIDE, INC |
| A/P | 173874 | 12/13/17 | 13,958.67 | HUNTER PHARMACY SERVICES |
| A/P | 173875 | 12/13/17 | 5,700.00 | INSIGHT HEALTH CORP. |
| A/P | 173876 | 12/13/17 | 302.00 | JECKER FLOOR & GLASS |
| A/P | 173877 | 12/13/17 | 286.00 | K-MED INC |
| A/P | 173878 | 12/13/17 | 815.00 | KOVEN TECHNOLOGY, INC |
| A/P | 173879 | 12/13/17 | 395.58 | LOWE'S HOME CENTERS INC |
| A/P | 173880 | 12/13/17 | .00 | VOIDED |
| A/P | 173881 | 12/13/17 | .00 | VOIDED |
| A/P | 173882 | 12/13/17 | .00 | VOIDED |
| A/P | 173883 | 12/13/17 | .00 | VOIDED |
| A/P | 173884 | 12/13/17 | .00 | VOIDED |
| A/P | 173885 | 12/13/17 | 7,917.85 | MEDLINE INDUSTRIES INC |
| A/P | 173886 | 12/13/17 | 75.22 | MMC AUXILIARY GIFT SHOP |
| A/P | 173887 | 12/13/17 | .00 | VOIDED |
| A/P | 173888 | 12/13/17 | 1,322.34 | MORRIS & DICKSON CO, LLC |

| BANK--CHECK CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 173889 | 12/13/17 | 4,237.53 | OLYMPUS AMERICA INC |
| A/P | 173890 | 12/13/17 | 132.08 | OWENS & MINOR |
| A/P | 173891 | 12/13/17 | 240.00 | REVISTA de VICTORIA |
| A/P | 173892 | 12/13/17 | 375.00 | SIGN AD, LTD. |
| A/P | 173893 | 12/13/17 | 183.97 | SOUTH TEXAS STEEL SERVICE |
| A/P | 173894 | 12/13/17 | 8,500.00 | TACORE MEDICAL, INC. |
| A/P | 173895 | 12/13/17 | 3,690.52 | TEXAS ADVANTAGE COMMUNITY BANK |
| A/P | 173896 | 12/13/17 | 5,728.00 | TEXAS MUTUAL INSURANCE CO |
| A/P | 173897 | 12/13/17 | 48.40 | UNIFIRST HOLDINGS |
| A/P | 173898 | 12/13/17 | 1,678.09 | UNIFIRST HOLDINGS INC |
| A/P | 173899 | 12/13/17 | 329.88 | UNIFORM ADVANTAGE |
| A/P | 173900 | 12/13/17 | 481.78 | UNITED RENTALS (NORTH AMERICA) |
| A/P | 173901 | 12/13/17 | 85,280.65 | VICTORIA ANESTHESIOLOGY |
| A/P | 173902 | 12/13/17 | 270.80 | VICTORIA MEDICAL FOUNDATION |
| A/P | 173903 | 12/13/17 | 1,571.67 | WERFEN USA LLC |
| TOTALS: | | | 290,410.06 | |

APPROVED
ON

DEC 12 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

12/14/2017 MEMORIAL MEDICAL CENTER 0
12:44 AP Open Invoice List ap_open_invoice.template
Dates Through:

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 35790 | | 12/14/20 | 11/30/20 | 12/01/20 | | | 40,062.50 | 0.00 | 0.00 | 40,062.50 |
| | PHYSICIAN SERVICES | | | | | | | | | |

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

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 40,062.50 | 0.00 | 0.00 | 40,062.50 |

APPROVED
ON
DEC 15 2017

CK# 173904

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

Ø

RUN DATE:12/15/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:13 CHECK REGISTER GLCKREG
12/15/17 THRU 12/15/17

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 173904 | 12/15/17 | 40,062.50 | EMERGENCY STAFFING SOLUTIONS |
| TOTALS: | | | 40,062.50 | |

12/15/2017 MEMORIAL MEDICAL CENTER 0
08:43 AP Open Invoice List ap_open_invoice.template
Dates Through:

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11492 | MMC OPERATING PROSPERITY ACC | | |

| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 000493 | | 12/15/20 | 12/12/20 | 12/12/20 | | | 337,361.59 | 0.00 | 0.00 | 337,361.59 |
| | | TRANSFER FUNDS | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11492 | MMC OPERATING PROSPERITY ACC | 337,361.59 | 0.00 | 0.00 | 337,361.59 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 337,361.59 | 0.00 | 0.00 | 337,361.59 |

APPROVED ON
DEC 15 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 172384

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

COPY

# MEMORIAL MEDICAL CENTER
# CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/12/2017

11492

APPROVED ON DEC 15 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

000493

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

AMOUNT $337,361.59

G/L NUMBER: 10000001

EXPLANATION: To transfer funds from IBC MMC Operating account to Prosperity Operating account.

Please use IBC check stock and update AP GL# and CK# accordingly.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

IBC Balance Transfer
12/12/2017

| | | |
|---|---|---|
| Available Balance as of 12/12/17 | $ | 391,585.88 |
| Outstanding Checks | | 29,224.29 |
| Outstanding Transfer | | - |
| To Cover Incidental Expenses | | 25,000.00 |
| To Be Transferred | $ | 337,361.59 |

Ø

RUN DATE:12/15/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:14 CHECK REGISTER GLCKREG
12/15/17 THRU 12/15/17

| BANK--CHECK | | | | |
|---|---|---|---|---|
| CODE | NUMBER | DATE | AMOUNT | PAYEE |
| A/P | 172384 | 12/15/17 | 337,361.59 | MMC OPERATING PROSPERITY ACC |
| TOTALS: | | | 337,361.59 | |

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
12/17/2017

| Nursing Home | IBC Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Pending Deposits | 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 | 139,938.06 | 139,838.06 | 65,061.18 | 11,877.27 | - | - | - | 77,038.45 | 76,938.45 |

*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 | Pending Deposits | 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 | 127,973.27 | 127,873.27 | 21,267.59 | - | - | - | - | 21,367.59 | 21,267.59 |
| Crescent | 4588 | 60,207.75 | 60,107.75 | 14,298.40 | - | - | - | - | 14,398.40 | 14,298.40 |
| Broadmoor | 4596 | 93,053.30 | 92,953.30 | 25,193.61 | 6,397.43 | - | - | - | 31,691.04 | 31,591.04 |
| Fort Bend | 4618 | 66,697.09 | 66,597.09 | 22,353.84 | 1,197.29 | - | - | - | 23,651.13 | 23,551.13 |
| | | | | | | | | | | 90,708.16 |

*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: 1-3-18

APPROVED
DEC 18 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 12-18-17.xlsx

IBC Bank Activity
12/6/17 through 12/17/17

| Ashford Gardens | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| *4553 | 12/8/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 3,094.04 |
| *4553 | 12/11/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 7,033.49 |
| *4553 | 12/11/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 5,398.23 |
| *4553 | 12/11/2017 | Wire Debit - 0057 ASHFORD HEALTH CARE CENTER LTD811 | 139,838.06 | |
| *4553 | 12/12/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 22,510.47 |
| *4553 | 12/12/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 11,933.78 |
| *4553 | 12/12/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 3,565.67 |
| *4553 | 12/13/2017 | ACH Deposit - MANAGEANDNET1718 MNS PMNT | | 877.50 |
| *4553 | 12/14/2017 | ACH Deposit - MANAGEANDNET1718 MNS PMNT | | 1,957.50 |
| *4553 | 12/15/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 8,690.50 |
| | | | **139,838.06** | **65,061.18** |

| Solera at West Houston | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| *4561 | 12/7/2017 | ACH Deposit - HUMANA INS CO HCCLAIMPMT | | 3,603.45 |
| *4561 | 12/11/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 4,705.47 |
| *4561 | 12/11/2017 | ACH Deposit - HUMANA INS CO EFPAYMENT | | 3,002.49 |
| *4561 | 12/11/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 1,752.58 |
| *4561 | 12/11/2017 | Wire Debit - 0060 CANTEX HEALTH CARE CENTERS LLC811 | 127,873.27 | |
| *4561 | 12/12/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 5,058.68 |
| *4561 | 12/12/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 701.19 |
| *4561 | 12/14/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 1,583.41 |
| *4561 | 12/14/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 860.32 |
| | | | **127,873.27** | **21,267.59** |

| Crescent | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| *4588 | 12/11/2017 | Wire Debit - 0062 CANTEX HEALTH CARE CENTERS III811 | 60,107.75 | |
| *4588 | 12/12/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1,459.40 |
| *4588 | 12/12/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1,214.70 |
| *4588 | 12/13/2017 | ACH Deposit - MANAGEANDNET1718 MNS PMNT | | 7,739.40 |
| *4588 | 12/15/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 2,425.50 |
| *4588 | 12/15/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1,459.40 |
| | | | **60,107.75** | **14,298.40** |

| Broadmoor | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| *4596 | 12/11/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 4,211.30 |
| *4596 | 12/11/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 1,650.03 |
| *4596 | 12/11/2017 | Wire Debit - 0063 CANTEX HEALTH CARE CENTERS III811 | 92,953.30 | |
| *4596 | 12/12/2017 | ACH Deposit - HUMANA INS CO EFPAYMENT | | 6,409.57 |
| *4596 | 12/12/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 1,208.84 |
| *4596 | 12/14/2017 | ACH Deposit - HUMANA INS CO EFPAYMENT | | 3,572.87 |
| *4596 | 12/15/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 8,141.00 |
| | | | **92,953.30** | **25,193.61** |

| Fort Bend | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| *4618 | 12/11/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 7,764.42 |
| *4618 | 12/11/2017 | ACH Deposit - CENTENE CORP HCCLAIMPMT | | 1,033.63 |
| *4618 | 12/11/2017 | Wire Debit - 0064 CANTEX HEALTH CARE CENTERS III811 | 66,597.09 | |
| *4618 | 12/12/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 12,404.29 |
| *4618 | 12/14/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 1,151.50 |
| | | | **66,597.09** | **22,353.84** |

Accounts

Memorial Medical Center Operat *0301
Available Balance

County of Calhoun Indigent *1101
Available Balance

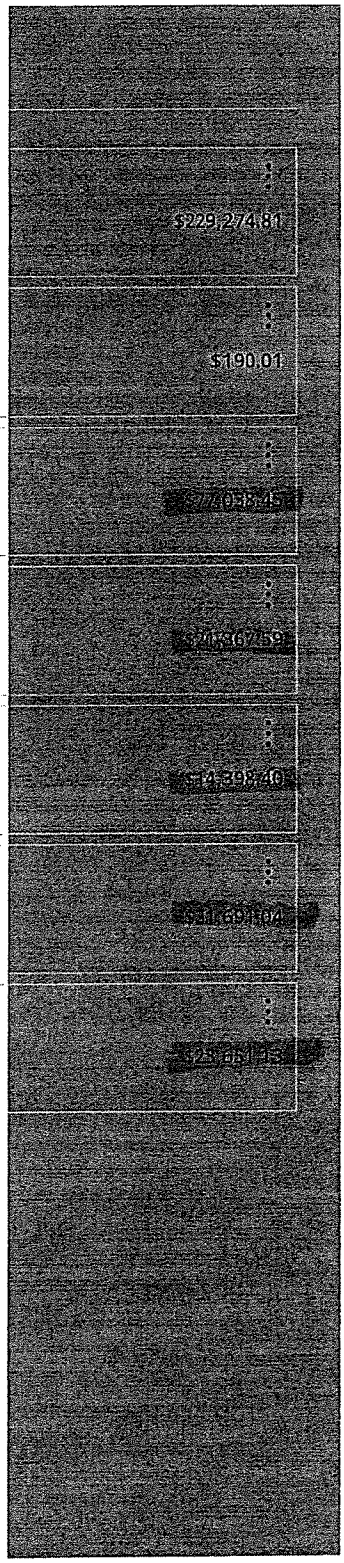
Memorial Medical Center *4553
Available Balance

Memorial Medical Center *4561
Available Balance

Memorial Medical Center *4588
Available Balance

Memorial Medical Center *4596
Available Balance

Memorial Medical Center *4618
Available Balance



Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/17/2017

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Interest Earned | 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 | 4381 | 428,223.26 | 427,967.57 | 106,606.20 | 155.69 | - | - | - | - | 106,861.89 | 106,606.20 |

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

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Interest Earned | 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 | 4438 | 462,588.94 | 462,209.56 | 109,555.61 | 279.38 | - | - | - | - | 109,934.99 | 109,555.61 |
| Crescent | 4411 | 249,470.53 | 249,217.68 | 49,653.56 | 152.85 | - | - | - | - | 49,906.41 | 49,653.56 |
| Broadmoor | 4403 | 527,961.69 | 527,575.39 | 125,406.54 | 286.30 | - | - | - | - | 125,792.84 | 125,406.54 |
| Fort Bend | 4446 | 152,311.61 | 152,108.91 | 31,971.08 | 102.70 | - | - | - | - | 32,173.78 | 31,971.08 |
| | | | | | | | | | | | 316,586.79 |

*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: 12-13-17

APPROVED
DEC 18 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 12-18-17.xlsx

Cantex Prosperity Bank Activity
12-06-17 through 12-17-17

| Ashford Gardens | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| 12/8/2017 | 4381 | CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD | 323,952.05 | |
| 12/8/2017 | 4381 | Check | 104,015.52 | |
| 12/8/2017 | 4381 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 2,251.47 |
| 12/7/2017 | 4381 | Deposit | | 45,951.65 |
| 12/15/2017 | 4381 | Deposit | | 58,403.08 |
| | | | **427,967.57** | **106,606.20** |

| Broadmoor | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| 12/11/2017 | 4403 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | 527,575.39 | |
| 12/8/2017 | 4403 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 966.16 |
| 12/7/2017 | 4403 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 1,632.35 |
| 12/7/2017 | 4403 | Deposit | | 58,431.79 |
| 12/15/2017 | 4403 | Deposit | | 64,376.24 |
| | | | **527,575.39** | **125,406.54** |

| Crescent | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| 12/8/2017 | 4411 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | 241,788.00 | |
| 12/8/2017 | 4411 | Check | 7,429.68 | |
| 12/7/2017 | 4411 | Deposit | | 18,762.36 |
| 12/15/2017 | 4411 | Deposit | | 30,891.20 |
| | | | **249,217.68** | **49,653.56** |

| Fort Bend | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| 12/8/2017 | 4446 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | 122,171.67 | |
| 12/8/2017 | 4446 | Check | 29,937.24 | |
| 12/15/2017 | 4446 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 1,373.75 |
| 12/11/2017 | 4446 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 2,178.76 |
| 12/15/2017 | 4446 | Deposit | | 9,604.67 |
| 12/7/2017 | 4446 | Deposit | | 18,813.90 |
| | | | **152,108.91** | **31,971.08** |

| Solera at We ton | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| 12/8/2017 | 4438 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | 434,457.52 | |
| 12/8/2017 | 4438 | Check | 27,752.04 | |
| 12/8/2017 | 4438 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 1,361.55 |
| 12/13/2017 | 4438 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 2,645.29 |
| 12/7/2017 | 4438 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 3,039.46 |
| 12/8/2017 | 4438 | Deposit | | 48,918.80 |
| 12/15/2017 | 4438 | Deposit | | 53,590.51 |
| | | | **462,209.56** | **109,555.61** |

# Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

| Checking | Available | Previous Day |
|---|---|---|
| MEMORIAL MEDICAL CENTER - OPERATING *4357 ☆ | $762,225.77 | $720,357.18 |
| MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365 ☆ | $100.16 | $100.16 |
| MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373 ☆ | $817,822.61 | $817,822.61 |
| MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆ | $106,861.89 | $106,861.89 |
| MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆ | $127,137.89 | $125,792.84 |
| MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆ | $49,906.41 | $49,906.41 |
| MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆ | $109,948.63 | $109,934.99 |
| MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆ | $32,173.78 | $32,173.78 |
| MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆ | $1,219.54 | $1,219.54 |
| CAL CO INDIGENT HEALTHCARE *4551 ☆ | $31,647.46 | $31,647.46 |
| TOTAL | $2,039,044.14 | $1,995,816.86 |

**McKESSON**

Company: 8000

# STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/15/2017 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 12/16/2017

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

As of: 12/15/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 12/16/2017 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: 2,018.55 USD

Future Due: 0.00

Past Due: 3.34-

Last Payment 2,451.97
08/07/2017

If Paid By 12/19/2017,
Pay This Amount: 1,978.12 USD

If Paid After 12/19/2017,
Pay this Amount: 2,018.55 USD

Due If Paid On Time:
USD 1,978.12
Disc lost if paid late: 40.43
Due If Paid Late:
USD 2,018.55

ck# 959

340 B Prescription Services

1,076.09+
902.03+
1,978.12*

APPROVED ON
DEC 18 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

# 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: 12/15/2017 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 12/16/2017

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

As of: 12/15/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 12/16/2017 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** | | | | | | | | | |
| 12/11/2017 | 12/19/2017 | 7844855817 | 1001133474 | 115Invoice | 4.31 | 215.54 | 211.23 | 7844855817 | |
| 12/11/2017 | 12/19/2017 | 7844855818 | 1001134132 | 115Invoice | 4.73 | 236.66 | 231.93 | 7844855818 | |
| 12/11/2017 | 12/19/2017 | 7844855819 | 1001134132 | 115Invoice | 0.05 | 2.65 | 2.60 | 7844855819 | |
| 12/11/2017 | 12/19/2017 | 7844855820 | 1001134567 | 115Invoice | 2.96 | 148.21 | 145.25 | 7844855820 | |
| 12/11/2017 | 12/19/2017 | 7844855821 | 1001134567 | 115Invoice | 0.02 | 1.14 | 1.12 | 7844855821 | |
| 12/12/2017 | 12/19/2017 | 7845068036 | 1001134975 | 115Invoice | 0.85 | 42.27 | 41.42 | 7845068036 | |
| 12/13/2017 | 12/19/2017 | 7845368852 | 1001135859 | 115Invoice | 2.07 | 103.34 | 101.27 | 7845368852 | |
| 12/14/2017 | 12/19/2017 | 7845614592 | 1001136471 | 115Invoice | 3.76 | 188.04 | 184.28 | 7845614592 | |
| 12/14/2017 | 12/19/2017 | 7845614593 | 1001136471 | 115Invoice | 0.16 | 8.14 | 7.98 | 7845614593 | |
| 12/14/2017 | 12/14/2017 | 7845655945 | MFC PR CORR CR | Pricing Cor | | 3.34- P | 3.34- P | 7845655945 | |
| 12/14/2017 | 12/19/2017 | 7845655946 | MFC PR CORR IN | Pricing Cor | 0.02 | 1.06 | 1.04 | 7845655946 | |
| 12/15/2017 | 12/19/2017 | 7845821527 | 1001137092 | 115Invoice | 3.09 | 154.40 | 151.31 | 7845821527 | |

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:** 1,098.11 USD

**Future Due:** 0.00

**Past Due:** 3.34-

**Last Payment** 1,168.46
12/11/2017

**If Paid By 12/19/2017,**
**Pay This Amount:** 1,076.09 ✓USD

**If Paid After 12/19/2017,**
**Pay this Amount:** 1,098.11 USD

**Due If Paid On Time:**
USD 1,076.09

**Disc lost if paid late:**
22.02

**Due If Paid Late:**
USD 1,098.11

APPROVED
ON
DEC 18 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# McKESSON

Company: 8000

# STATEMENT

As of: 12/15/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 12/16/2017

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: 12/15/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/16/2017 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** | | | | | | | | | | | |
| 12/11/2017 | 12/19/2017 | 7844839718 | 1210171239-00 | 115Invoice | 1.71 | 85.27 | | 83.56 ✓ | | 7844839718 | |
| 12/11/2017 | 12/19/2017 | 7844839719 | 2857596314 | 115Invoice | 8.18 | 408.87 | | 400.69 ✓ | | 7844839719 | |
| 12/12/2017 | 12/19/2017 | 7845125123 | 5307610039 | 115Invoice | | 0.07 | | 0.07 ✓ | | 7845125123 | |
| 12/12/2017 | 12/19/2017 | 7845125124 | 1211170430-00 | 115Invoice | 0.01 | 0.63 | | 0.62 ✓ | | 7845125124 | |
| 12/13/2017 | 12/19/2017 | 7845350663 | 5307611435 | 115Invoice | 0.92 | 45.81 | | 44.89 ✓ | | 7845350663 | |
| 12/13/2017 | 12/19/2017 | 7845350664 | 1212170352-00 | 115Invoice | 0.07 | 3.71 | | 3.64 ✓ | | 7845350664 | |
| 12/14/2017 | 12/19/2017 | 7845593075 | 5307617199 | 115Invoice | 4.09 | 204.63 | | 200.54 ✓ | | 7845593075 | |
| 12/15/2017 | 12/19/2017 | 7845841348 | 1357620027 | 115Invoice | 0.42 | 20.98 | | 20.56 ✓ | | 7845841348 | |
| 12/15/2017 | 12/19/2017 | 7845841351 | 1214170509-00 | 115Invoice | 3.01 | 150.47 | | 147.46 ✓ | | 7845841351 | |

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: 920.44 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,168.46
12/11/2017

If Paid By 12/19/2017,
Pay This Amount: 902.03 ✓ USD

If Paid After 12/19/2017,
Pay this Amount: 920.44 USD

Due If Paid On Time:
USD 902.03

Disc lost if paid late:
18.41

Due If Paid Late:
USD 920.44

APPROVED
ON
DEC 18 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:12/18/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:47 CHECK REGISTER GLCKREG
12/18/17 THRU 12/18/17

| BANK--CHECK CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 000959 | 12/18/17 | 1,978.12 | MCKESSON |
| TOTALS: | | | 1,978.12 | |

APPROVED
ON

DEC 18 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/18/2017

APPROVED ON DEC 18 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT: $816,822.61

G/L NUMBER: 10000001

EXPLANATION: To transfer funds from Private Waiver account to MMC Operating account.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

CK# 000001

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| P/W | 000001 | 12/18/17 | 816,822.61 | MEMORIAL MEDICAL CENTER |
| TOTALS: | | | 816,822.61 | |

APPROVED
ON
DEC 18 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

12/19/2017 MEMORIAL MEDICAL CENTER 0
08:32 AP Open Invoice List ap_open_invoice.template
Dates Through:

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11492 | MMC OPERATING PROSPERITY ACC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 000499 | | 12/19/20 | 12/18/20 | 12/18/20 | | | 175,050.52 | 0.00 | 0.00 | 175,050.52 |
| | TRANSFER FUNDS | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11492 | MMC OPERATING PROSPERITY ACC | 175,050.52 | 0.00 | 0.00 | 175,050.52 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 175,050.52 | 0.00 | 0.00 | 175,050.52 |

APPROVED
ON
DEC 19 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 172385

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO: Memorial Medical Center Operating

11492

Date Requested: 12/18/2017

000499

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

AMOUNT: $175,050.52

G/L NUMBER: 10000001

EXPLANATION: To transfer funds from IBC MMC Operating account to Prosperity Operating account.

Please use IBC check stock and update AP GL# and CK# accordingly.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

IBC Balance Transfer
12/18/2017

| | | |
|---|---|---|
| Available Balance as of 12/18/17 | $ | 229,274.81 |
| Outstanding Checks | | 29,224.29 |
| Outstanding Transfer | | - |
| To Cover Incidental Expenses | | 25,000.00 |
| To Be Transferred | $ | 175,050.52 |

Ø

RUN DATE:12/19/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:36 CHECK REGISTER GLCKREG
12/19/17 THRU 12/19/17

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 172385 | 12/19/17 | 175,050.52 | MMC OPERATING PROSPERITY ACC |
| TOTALS: | | | 175,050.52 | |

APPROVED
ON
DEC 19 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON
DEC 2 0 2017
COMMISSIONER
CALHOUN COUNTY, TEXAS

12/19/2017
15:46

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/31/2017

0
ap_open_invoice.template

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 117770 ✓ | SUPPLIES | 11/30/20 | 11/27/20 | 12/27/20 | | | 65.97 | 0.00 | 0.00 | 65.97 ✓ |
| 117779 ✓ | SUPPLIES | 12/16/20 | 11/27/20 | 12/27/20 | | | 2.99 | 0.00 | 0.00 | 2.99 ✓ |
| 117808 ✓ | SUPPLIES | 12/16/20 | 11/28/20 | 12/28/20 | | | 104.46 | 0.00 | 0.00 | 104.46 ✓ |
| 117882 ✓ | SUPPLIES | 12/16/20 | 11/29/20 | 12/29/20 | | | 57.23 | 0.00 | 0.00 | 57.23 ✓ |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11283 | ACE HARDWARE 15521 | 230.65 | 0.00 | 0.00 | 230.65 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11564 | ACOSTA ELECTRIC ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 000474 | ELICTRICAL WORK | 12/11/20 | 11/29/20 | 12/29/20 | | | 817.97 | 0.00 | 0.00 | 817.97 ✓ |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11564 | ACOSTA ELECTRIC | 817.97 | 0.00 | 0.00 | 817.97 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 9069608460 ✓ | 40220063 | 12/16/20 | 11/09/20 | 12/09/20 | | | 18.75 | 0.00 | 0.00 | 18.75 ✓ |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1680 | AIRGAS USA, LLC - CENTRAL DIV | 18.75 | 0.00 | 0.00 | 18.75 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11660 | AMGAS INC ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 2355A | SUPPLIES | 12/18/20 | 05/22/20 | 06/22/20 | | | 732.33 | 0.00 | 0.00 | 732.33 ✓ |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11660 | AMGAS INC | 732.33 | 0.00 | 0.00 | 732.33 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 56938648 ✓ | INVENTORY | 12/14/20 | 11/13/20 | 12/13/20 | | | 325.88 | 0.00 | 0.00 | 325.88 ✓ |
| 57088254 ✓ | INVENTORY | 12/16/20 | 10/18/20 | 11/17/20 | | | 259.64 | 0.00 | 0.00 | 259.64 ✓ |
| 57143783 ✓ | INVENTORY | 12/16/20 | 11/30/20 | 12/30/20 | | | 120.91 | 0.00 | 0.00 | 120.91 ✓ |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | B1075 | BAXTER HEALTHCARE CORP | 706.43 | 0.00 | 0.00 | 706.43 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5379615 | 12/14/20 11/12/20 12/07/20 | 4,233.46 | 0.00 | 0.00 | 4,233.46 |
| SUPPLIES | | | | | |
| 106738653 | 12/14/20 12/04/20 12/29/20 | 66.88 | 0.00 | 0.00 | 66.88 |
| SUPPLIES | | | | | |
| 106740274 | 12/14/20 12/05/20 12/30/20 | 10,807.38 | 0.00 | 0.00 | 10,807.38 |
| SUPPLIES | | | | | |
| 106739924 | 12/14/20 12/05/20 12/30/20 | 367.33 | 0.00 | 0.00 | 367.33 |
| SUPPLIES | | | | | |
| 106744416 | 12/14/20 12/06/20 12/31/20 | 3,877.82 | 0.00 | 0.00 | 3,877.82 |
| SUPPLIES | | | | | |
| Vendor Totals | Number Name | Gross | Discount | No-Pay | Net |
| | B1220 BECKMAN COULTER INC | 19,352.87 | 0.00 | 0.00 | 19,352.87 |

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 707875 | | 12/16/20 | 11/28/20 | 12/28/20 | | | 160.00 | 0.00 | 0.00 | 160.00 |
| | REPAIRS | | | | | | | | | |
| Vendor Totals | Number Name | | | | | | Gross | Discount | No-Pay | Net |
| | 11211 BHB MACHINE & PUMP REPAIR, LLC | | | | | | 160.00 | 0.00 | 0.00 | 160.00 |

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| BK00818222 | | 12/14/20 | 11/30/20 | 12/25/20 | | | 5,626.40 | 0.00 | 0.00 | 5,626.40 |
| | CPA | | | | | | | | | |
| Vendor Totals | Number Name | | | | | | Gross | Discount | No-Pay | Net |
| | 10599 BKD, LLP | | | | | | 5,626.40 | 0.00 | 0.00 | 5,626.40 |

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 8001490545 | | 12/15/20 | 10/31/20 | 11/30/20 | | | 397.92 | 0.00 | 0.00 | 397.92 |
| | SUPPLIES | | | | | | | | | |
| 8001503069 | | 12/15/20 | 11/11/20 | 12/16/20 | | | 260.78 | 0.00 | 0.00 | 260.78 |
| | SUPPLIES | | | | | | | | | |
| 8001508481 | | 12/15/20 | 11/18/20 | 12/23/20 | | | 394.73 | 0.00 | 0.00 | 394.73 |
| | SUPPLIES | | | | | | | | | |
| Vendor Totals | Number Name | | | | | | Gross | Discount | No-Pay | Net |
| | C1325 CARDINAL HEALTH 414, INC. | | | | | | 1,053.43 | 0.00 | 0.00 | 1,053.43 |

Vendor# Vendor Name Class Pay Code

L1629 CHRISTINA ZAPATA-ARROYO

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 000492 | | 12/14/20 | 10/17/20 | 11/17/20 | | | 165.00 | 0.00 | 0.00 | 165.00 |
| | SPEECH THERAPY SERVICES | | | | | | | | | |
| 000491 | | 12/14/20 | 10/31/20 | | | | 742.50 | 0.00 | 0.00 | 742.50 |
| | SPEECH THERAPY SERVICE | | | | | | | | | |
| Vendor Totals | Number Name | | | | | | Gross | Discount | No-Pay | Net |
| | L1629 CHRISTINA ZAPATA-ARROYO | | | | | | 907.50 | 0.00 | 0.00 | 907.50 |

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 000441 | | 12/16/20 | 11/16/20 | 12/05/20 | | | 409.09 | 0.00 | 0.00 | 409.09 |
| | WATER | | | | | | | | | |
| Vendor Totals | Number Name | | | | | | Gross | Discount | No-Pay | Net |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | C1730 CITY OF PORT LAVACA | | | | | 409.09 | 0.00 | 0.00 | 409.09 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
| 10212 | CLINICAL PATHOLOGY LABS | | | ICP | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 2017110 | | 12/14/20 | 11/30/20 | 12/30/20 | | 7,832.98 | 0.00 | 0.00 | 7,832.98 |
| | | LAB SERVICES | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10212 | CLINICAL PATHOLOGY LABS | | | | 7,832.98 | 0.00 | 0.00 | 7,832.98 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
| C1166 | COASTAL OFFICE SOLUTONS | | | W | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | WO220081 | | 12/16/20 | 11/29/20 | 12/29/20 | | 471.68 | 0.00 | 0.00 | 471.68 |
| | | SUPPLIES | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | C1166 | COASTAL OFFICE SOLUTONS | | | | 471.68 | 0.00 | 0.00 | 471.68 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
| 11030 | COMBINED INSURANCE CO | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 000495 | | 12/16/20 | 11/01/20 | 11/01/20 | | 2,313.82 | 0.00 | 0.00 | 2,313.82 |
| | | EMP INSURANCE | | | | | | | | |
| | 000496 | | 12/16/20 | 12/01/20 | 12/01/20 | | 2,313.82 | 0.00 | 0.00 | 2,313.82 |
| | | EMP INSURANCE | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11030 | COMBINED INSURANCE CO | | | | 4,627.64 | 0.00 | 0.00 | 4,627.64 |
| 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 |
| | 555X02819407 | | 12/04/20 | 11/30/20 | 12/25/20 | | 568.40 | 0.00 | 0.00 | 568.40 |
| | | WATER | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | R1050 | CULLIGAN OF VICTORIA | | | | 568.40 | 0.00 | 0.00 | 568.40 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
| 11287 | DELTA HEALTHCARE PROVIDERS | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 174350186 | | 12/16/20 | 10/29/20 | 11/15/20 | | 2,047.16 | 0.00 | 0.00 | 2,047.16 |
| | | PT SERVICES | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11287 | DELTA HEALTHCARE PROVIDERS | | | | 2,047.16 | 0.00 | 0.00 | 2,047.16 |
| 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 |
| | 5217530 | | 12/16/20 | 11/28/20 | 12/23/20 | | 47.58 | 0.00 | 0.00 | 47.58 |
| | | SUPPLIES | | | | | | | | |
| | 5219050 | | 12/16/20 | 11/29/20 | 12/24/20 | | 113.35 | 0.00 | 0.00 | 113.35 |
| | | SUPPLIES | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10368 | DEWITT POTH & SON | | | | 160.93 | 0.00 | 0.00 | 160.93 |
| 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 |
| | IN20051357 | | 12/15/20 | 11/30/20 | 12/25/20 | | 19,166.67 | 0.00 | 0.00 | 19,166.67 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | CPR PROGRAM | | | | | | | | |
| | IN20051349 | 12/16/20 | 11/30/20 | 12/25/20 | | 33,832.58 | 0.00 | 0.00 | 33,832.58 |
| | BEHAVIORAL HEALTH SERVIC | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 11011 | DIAMOND HEALTHCARE CORP | | | | 52,999.25 | 0.00 | 0.00 | 52,999.25 |
| 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 |
| | MMC113017 | | 11/30/20 | 12/01/20 | 12/31/20 | | 104,903.85 | 0.00 | 0.00 | 104,903.85 |
| | | PHYSICIAN SERVICES | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 10789 | DISCOVERY MEDICAL NETWORK INC | | | | | 104,903.85 | 0.00 | 0.00 | 104,903.85 |
| 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 |
| | 6715 | | 12/11/20 | 12/05/20 | 12/30/20 | | 105.00 | 0.00 | 0.00 | 105.00 |
| | | PEST CONTROL | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 11291 | DOWELL PEST CONTROL | | | | | 105.00 | 0.00 | 0.00 | 105.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| T0383 | ERIN CLEVENGER | | | | W | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 000488 | | 12/14/20 | 12/14/20 | 12/15/20 | | 89.56 | 0.00 | 0.00 | 89.56 |
| | | TRAVEL 12/7/17 Day Travel #HIV Conference | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | T0383 | ERIN CLEVENGER | | | | | 89.56 | 0.00 | 0.00 | 89.56 |
| 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 |
| | 937546 | | 12/14/20 | 12/04/20 | 12/29/20 | | 518.00 | 0.00 | 0.00 | 518.00 |
| | | SUPPLIES | | | | | | | | |
| | A1712061378 | | 12/14/20 | 12/06/20 | 12/31/20 | | 9,899.17 | 0.00 | 0.00 | 9,899.17 |
| | | PURCH SERV | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | C2510 | EVIDENT | | | | | 10,417.17 | 0.00 | 0.00 | 10,417.17 |
| 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 |
| | 12A17MMC | | 12/16/20 | 11/27/20 | 12/12/20 | | 495.00 | 0.00 | 0.00 | 495.00 |
| | | WEBSITE | | | | | | | | |
| 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 | | | |
| F1300 | FIRESTONE OF PORT LAVACA | | | | W | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 0057600 | | 12/16/20 | 11/24/20 | 12/24/20 | | 942.35 | 0.00 | 0.00 | 942.35 |
| | | VEHICLE REPAIR | | | | | | | | |
| Vendor Totals | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | F1300 | FIRESTONE OF PORT LAVACA | | | | | 942.35 | 0.00 | 0.00 | 942.35 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| 10678 | FIVE STAR STERILIZER SERVICES | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5368 | 12/16/20 | 11/28/20 | 12/23/20 | 452.89 | 0.00 | 0.00 | 452.89 |
| SUPPLIES | | | | | | | |
| Vendor Totals | Number | Name | | Gross | Discount | No-Pay | Net |
| | 10678 | FIVE STAR STERILIZER SERVICES | | 452.89 | 0.00 | 0.00 | 452.89 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 6000897085 | | 12/15/20 | 11/01/20 | 11/26/20 | | | 3,236.62 | 0.00 | 0.00 | 3,236.62 |
| | EQUIPMENT | | | | | | | | | |
| 6000917692 | | 12/15/20 | 12/01/20 | 12/26/20 | | | 3,236.62 | 0.00 | 0.00 | 3,236.62 |
| | EQUIPMENT | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10283 | GE HEALTHCARE | 6,473.24 | 0.00 | 0.00 | 6,473.24 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 000467 | | 11/30/20 | 11/30/20 | 12/30/20 | | | 75.00 | 0.00 | 0.00 | 75.00 |
| | DELIVERY SERVICE No. 751240-751242 | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | G0401 | GULF COAST DELIVERY | 75.00 | 0.00 | 0.00 | 75.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 6843 | | 12/11/20 | 11/30/20 | 12/30/20 | | | 300.00 | 0.00 | 0.00 | 300.00 |
| | CHART CODING | | | | | | | | | |
| 6696 | | 12/16/20 | 09/30/20 | 10/30/20 | | | 310.00 | 0.00 | 0.00 | 310.00 |
| | CHART CODING | | | | | | | | | |
| 6767 | | 12/16/20 | 10/31/20 | 11/30/20 | | | 350.00 | 0.00 | 0.00 | 350.00 |
| | CHART CODING | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10804 | HEALTHCARE CODING & CONSULTING | 960.00 | 0.00 | 0.00 | 960.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11552 | HEALTHCARE EQUIPMENT FINANCE | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 90136763009 | | 12/14/20 | 11/08/20 | 12/01/20 | | | 5,165.38 | 0.00 | 0.00 | 5,165.38 |
| | EQUIPMENT LEASE | | | | | | | | | |
| 87260207 | | 12/14/20 | 11/08/20 | 12/01/20 | | | 7,154.17 | 0.00 | 0.00 | 7,154.17 |
| | EQUIPMENT LEASE | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11552 | HEALTHCARE EQUIPMENT FINANCE | 12,319.55 | 0.00 | 0.00 | 12,319.55 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10298 | HITACHI MEDICAL SYSTEMS | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| PJIN0109933 | | 12/15/20 | 11/15/20 | 12/15/20 | | | 8,333.33 | 0.00 | 0.00 | 8,333.33 |
| | MAINT CONTRACT | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10298 | HITACHI MEDICAL SYSTEMS | 8,333.33 | 0.00 | 0.00 | 8,333.33 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| PMP6860 | | 12/14/20 | 11/30/20 | 12/30/20 | | | 282.74 | 0.00 | 0.00 | 282.74 |

SHRED SERVICE

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11200 | IRON MOUNTAIN | 282.74 | 0.00 | 0.00 | 282.74 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| K1000 | KEEP U NEAT DRY CLEANERS | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 000494 | | 12/16/20 | 11/29/20 | 12/29/20 | | 13.50 | 0.00 | 0.00 | 13.50 |
| | LAUNDRY | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | K1000 | KEEP U NEAT DRY CLEANERS | 13.50 | 0.00 | 0.00 | 13.50 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11167 | LAMAR COMPANIES | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 108666624 | | 12/16/20 | 11/27/20 | 12/27/20 | | 400.00 | 0.00 | 0.00 | 400.00 |
| | AD | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11167 | LAMAR COMPANIES | 400.00 | 0.00 | 0.00 | 400.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 000482A | | 12/18/20 | 11/28/20 | 12/28/20 | | 379.15 | 0.00 | 0.00 | 379.15 |
| | SUPPLIES | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | L1640 | LOWE'S HOME CENTERS INC | 379.15 | 0.00 | 0.00 | 379.15 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 115594 | | 12/16/20 | 11/30/20 | 12/25/20 | | 2,146.61 | 0.00 | 0.00 | 2,146.61 |
| | COLLECTION EXPENSE | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11141 | MEDICAL DATA SYSTEMS, INC. | 2,146.61 | 0.00 | 0.00 | 2,146.61 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 1837801885 | | 11/30/20 | 11/30/20 | 12/25/20 | | 172.56 | 0.00 | 0.00 | 172.56 |
| | SUPPLIES | | | | | | | | |
| 1837957204 | | 11/30/20 | 11/30/20 | 12/25/20 | | 356.06 | 0.00 | 0.00 | 356.06 |
| | SUPPLIES | | | | | | | | |
| 1837893720 | | 11/30/20 | 11/30/20 | 12/25/20 | | 150.50 | 0.00 | 0.00 | 150.50 |
| | SUPPLIES | | | | | | | | |
| 1701852162A | | 12/14/20 | 11/18/20 | 12/13/20 | | 39.76 | 0.00 | 0.00 | 39.76 |
| | INTEREST CHARGE | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2470 | MEDLINE INDUSTRIES INC | 718.88 | 0.00 | 0.00 | 718.88 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 4228193A | | 12/14/20 | 11/16/20 | 12/16/20 | | 284.52 | 0.00 | 0.00 | 284.52 |
| | SUPPLIES | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2685 | MICROTEK MEDICAL INC | 284.52 | 0.00 | 0.00 | 284.52 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 000489 | | 12/18/20 | 12/11/20 | 12/21/20 | | 34,287.11 | 0.00 | 0.00 | 34,287.11 |
| | EMP INSURANCE | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 10810 | MMC EMPLOYEE BENEFIT PLAN | | | | 34,287.11 | 0.00 | 0.00 | 34,287.11 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 2091068 | | 12/14/20 | 11/29/20 | 11/30/20 | | 2,601.79 | 0.00 | 0.00 | 2,601.79 |
| 2096355 | | 12/14/20 | 11/30/20 | 12/01/20 | | 385.61 | 0.00 | 0.00 | 385.61 |
| | INVENTORY | | | | | | | | |
| 2096185 | | 12/14/20 | 11/30/20 | 12/01/20 | | 22.20 | 0.00 | 0.00 | 22.20 |
| | INVENTORY | | | | | | | | |
| 2096356 | | 12/14/20 | 11/30/20 | 12/01/20 | | 1,095.46 | 0.00 | 0.00 | 1,095.46 |
| | INVENTORY | | | | | | | | |
| 2096357 | | 12/14/20 | 11/30/20 | 12/01/20 | | 58.96 | 0.00 | 0.00 | 58.96 |
| | INVENTORY | | | | | | | | |
| 0683 | | 12/14/20 | 11/30/20 | 12/01/20 | | -1.39 | 0.00 | 0.00 | -1.39 |
| | CREDIT | | | | | | | | |
| CM70066 | | 12/14/20 | 11/30/20 | 12/01/20 | | -79.13 | 0.00 | 0.00 | -79.13 |
| | CREDIT | | | | | | | | |
| CM70065 | | 12/14/20 | 11/30/20 | 12/01/20 | | -206.46 | 0.00 | 0.00 | -206.46 |
| | CREDIT | | | | | | | | |
| 0893 | | 12/14/20 | 11/30/20 | 12/01/20 | | -15.30 | 0.00 | 0.00 | -15.30 |
| | CREDIT | | | | | | | | |
| 2285 | | 12/14/20 | 12/06/20 | 12/07/20 | | -3,708.41 | 0.00 | 0.00 | -3,708.41 |
| | CREDIT | | | | | | | | |
| 2126758 | | 12/14/20 | 12/07/20 | 12/08/20 | | 467.49 | 0.00 | 0.00 | 467.49 |
| | INVENTORY | | | | | | | | |
| 2126757 | | 12/14/20 | 12/07/20 | 12/08/20 | | 3,866.82 | 0.00 | 0.00 | 3,866.82 |
| | INVENTORY | | | | | | | | |
| 2126759 | | 12/14/20 | 12/07/20 | 12/08/20 | | 154.13 | 0.00 | 0.00 | 154.13 |
| | INVENTORY | | | | | | | | |
| 2131869 | | 12/14/20 | 12/08/20 | 12/09/20 | | 632.81 | 0.00 | 0.00 | 632.81 |
| | INVENTORY | | | | | | | | |
| 2131868 | | 12/14/20 | 12/08/20 | 12/09/20 | | 257.98 | 0.00 | 0.00 | 257.98 |
| | INVENTORY | | | | | | | | |
| 2131867 | | 12/14/20 | 12/08/20 | 12/09/20 | | 64.25 | 0.00 | 0.00 | 64.25 |
| | INVENTORY | | | | | | | | |
| 2893 | | 12/14/20 | 12/11/20 | 12/12/20 | | -4.99 | 0.00 | 0.00 | -4.99 |
| | CREDIT | | | | | | | | |
| 2139307 | | 12/14/20 | 12/11/20 | 12/12/20 | | 26.38 | 0.00 | 0.00 | 26.38 |
| | INVENTORY | | | | | | | | |
| 2139306 | | 12/14/20 | 12/11/20 | 12/12/20 | | 80.81 | 0.00 | 0.00 | 80.81 |
| | INVENTORY | | | | | | | | |
| 2139138 | | 12/14/20 | 12/11/20 | 12/12/20 | | 65.09 | 0.00 | 0.00 | 65.09 |
| | INVENTORY | | | | | | | | |
| 2138648 | | 12/14/20 | 12/11/20 | 12/12/20 | | 13.53 | 0.00 | 0.00 | 13.53 |
| | INVENTORY | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 2139140 | | 12/14/20 | 12/11/20 | 12/12/20 | 1,154.71 | 0.00 | 0.00 | 1,154.71 |
| | INVENTORY | | | | | | | |
| 2139308 | | 12/14/20 | 12/11/20 | 12/12/20 | 2,011.37 | 0.00 | 0.00 | 2,011.37 |
| | INVENTORY | | | | | | | |
| 2145543 | | 12/14/20 | 12/12/20 | 12/13/20 | 2,532.29 | 0.00 | 0.00 | 2,532.29 |
| | SUPPLIES | | | | | | | |
| 2145379 | | 12/14/20 | 12/12/20 | 12/13/20 | 20.42 | 0.00 | 0.00 | 20.42 |
| | INVENTORY | | | | | | | |
| CM3149 | | 12/14/20 | 12/12/20 | 12/13/20 | -946.91 | 0.00 | 0.00 | -946.91 |
| | CREDIT | | | | | | | |
| CM3150 | | 12/14/20 | 12/12/20 | 12/13/20 | -6.41 | 0.00 | 0.00 | -6.41 |
| | CREDIT | | | | | | | |
| 2145542 | | 12/14/20 | 12/12/20 | 12/13/20 | 7.32 | 0.00 | 0.00 | 7.32 |
| | INVENTORY | | | | | | | |
| 2145378 | | 12/14/20 | 12/12/20 | 12/13/20 | 268.66 | 0.00 | 0.00 | 268.66 |
| | INVENTORY | | | | | | | |
| 2149112 | | 12/16/20 | 12/13/20 | 12/14/20 | 68.76 | 0.00 | 0.00 | 68.76 |
| | INVENTORY | | | | | | | |
| 2153535 | | 12/16/20 | 12/13/20 | 12/14/20 | 278.52 | 0.00 | 0.00 | 278.52 |
| | INVENTORY | | | | | | | |
| 2153534 | | 12/16/20 | 12/13/20 | 12/14/20 | 129.65 | 0.00 | 0.00 | 129.65 |
| | SUPPLIES | | | | | | | |
| 2149121 | | 12/16/20 | 12/13/20 | 12/14/20 | 5.78 | 0.00 | 0.00 | 5.78 |
| | INVENTORY | | | | | | | |
| 2156875 | | 12/16/20 | 12/14/20 | 12/15/20 | 1,331.63 | 0.00 | 0.00 | 1,331.63 |
| | INVENTORY | | | | | | | |
| 2156730 | | 12/16/20 | 12/14/20 | 12/15/20 | 20.42 | 0.00 | 0.00 | 20.42 |
| | INVENTORY | | | | | | | |
| 2156874 | | 12/16/20 | 12/14/20 | 12/15/20 | 1,225.80 | 0.00 | 0.00 | 1,225.80 |
| | INVENTORY | | | | | | | |
| Vendor Totals | Number | Name | | | Gross | Discount | No-Pay | Net |
| | 10536 | MORRIS & DICKSON CO, LLC | | | 13,879.64 | 0.00 | 0.00 | 13,879.64 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11472 | OCCUPRO LLC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 8619 | | 12/15/20 | 12/13/20 | 01/13/20 | | | 375.00 | 0.00 | 0.00 | 375.00 |
| | SOFTWARE NEW USER FEES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11472 | OCCUPRO LLC | 375.00 | 0.00 | 0.00 | 375.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 8000127215 | | 12/14/20 | 11/30/20 | 12/30/20 | | | 53.01 | 0.00 | 0.00 | 53.01 |
| | INTEREST CHARGE | | | | | | | | | |
| 8000108808 | | 12/15/20 | 05/31/20 | 06/30/20 | | | 36.71 | 0.00 | 0.00 | 36.71 |
| | FINANCE CHARGE | | | | | | | | | |
| 8000112337 | | 12/15/20 | 06/30/20 | 07/30/20 | | | 25.23 | 0.00 | 0.00 | 25.23 |
| | FINCANCE CHARGES | | | | | | | | | |
| 8000114571 | | 12/15/20 | 11/15/20 | 12/15/20 | | | 43.13 | 0.00 | 0.00 | 43.13 |
| | FINANCE CHARGES | | | | | | | | | |
| 8000089323 | | 12/16/20 | 11/30/20 | 12/30/20 | | | 39.85 | 0.00 | 0.00 | 39.85 |
| | FINANCE CHARGES | | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 8000097041 | 12/16/20 | 01/31/20 | 03/02/20 | | 54.00 | 0.00 | 0.00 | 54.00 |
| INVENTORY | | | | | | | | |
| 8000100764 | 12/16/20 | 02/28/20 | 03/30/20 | | 77.60 | 0.00 | 0.00 | 77.60 |
| FINACNE CHARGES | | | | | | | | |
| 8000101906 | 12/16/20 | 03/31/20 | 04/30/20 | | 101.45 | 0.00 | 0.00 | 101.45 |
| FINANCE CHARGES | | | | | | | | |
| 80000105101 | 12/16/20 | 04/30/20 | 05/30/20 | | 71.28 | 0.00 | 0.00 | 71.28 |
| FINANCE CHARGES | | | | | | | | |
| 8000086882 | 12/16/20 | 11/01/20 | 12/01/20 | | 10.49 | 0.00 | 0.00 | 10.49 |
| FINANCE CHARGES | | | | | | | | |
| Vendor Totals Number | Name | | | | Gross | Discount | No-Pay | Net |
| OM425 | OWENS & MINOR | | | | 512.75 | 0.00 | 0.00 | 512.75 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 000497 | | 12/18/20 | 12/18/20 | 12/18/20 | | | 1,815.00 | 0.00 | 0.00 | 1,815.00 |
| CONTRACT EMPLOYEE | | | | | | | | | | |
| Vendor Totals Number | Name | | | | | | Gross | Discount | No-Pay | Net |
| 11069 | PABLO GARZA | | | | | | 1,815.00 | 0.00 | 0.00 | 1,815.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 33055005 | | 12/16/20 | 11/03/20 | 12/03/20 | | | 220.00 | 0.00 | 0.00 | 220.00 |
| AD | | | | | | | | | | |
| 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 |
|---|---|---|---|
| 11155 | PARA | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 3466 | | 12/14/20 | 12/01/20 | 12/31/20 | | | 2,000.00 | 0.00 | 0.00 | 2,000.00 |
| PURCHASED SERVICES ADMI | | | | | | | | | | |
| Vendor Totals Number | Name | | | | | | Gross | Discount | No-Pay | Net |
| 11155 | PARA | | | | | | 2,000.00 | 0.00 | 0.00 | 2,000.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10032 | PHILIPS HEALTHCARE | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 935594197 | | 12/15/20 | 10/31/20 | 11/25/20 | | | 2,627.00 | 0.00 | 0.00 | 2,627.00 |
| SERVICE AGREEMENT | | | | | | | | | | |
| 935431957 | | 12/18/20 | 09/28/20 | 10/23/20 | | | 2,627.00 | 0.00 | 0.00 | 2,627.00 |
| SERVICE AGREEMENT | | | | | | | | | | |
| Vendor Totals Number | Name | | | | | | Gross | Discount | No-Pay | Net |
| 10032 | PHILIPS HEALTHCARE | | | | | | 5,254.00 | 0.00 | 0.00 | 5,254.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11664 | QUARTERMASTER | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 9380699 | | 12/18/20 | 11/13/20 | 12/13/20 | | | 52.94 | 0.00 | 0.00 | 52.94 |
| UNIFORM | | | | | | | | | | |
| Vendor Totals Number | Name | | | | | | Gross | Discount | No-Pay | Net |
| 11664 | QUARTERMASTER | | | | | | 52.94 | 0.00 | 0.00 | 52.94 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11251 | RAPID PRINTING LLC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 2288 ✓ | | 11/30/20 | 11/29/20 | 12/29/20 | | | 27.00 | 0.00 | 0.00 | 27.00 ✓ |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11251 | RAPID PRINTING LLC | 27.00 | 0.00 | 0.00 | 27.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11009 | RECONDO ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| INV11776 ✓ | | 12/18/20 | 08/01/20 | 08/26/20 | | | 4,050.00 | 0.00 | 0.00 | 4,050.00 ✓ |
| | COMPUTER PROGRAM FOR F | | | | | | | | | |

| 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 |
|---|---|---|---|
| I0520 | RICOH USA, INC. ✓ | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 99707805 ✓ | | 12/14/20 | 11/10/20 | 12/01/20 | | | 172.32 | 0.00 | 0.00 | 172.32 ✓ |
| | EQUIPMENT RENT | | | | | | | | | |
| 99779568 ✓ | | 12/14/20 | 11/30/20 | 12/19/20 | | | 5,909.84 | 0.00 | 0.00 | 5,909.84 ✓ |
| | EQUIPMENT RENTAL | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | I0520 | RICOH USA, INC. | 6,082.16 | 0.00 | 0.00 | 6,082.16 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10625 | SARA RUBIO ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 000486 | | 12/14/20 | 12/12/20 | 12/12/20 | | | 29.85 | 0.00 | 0.00 | 29.85 ✓ |
| | TRAVEL 11/16/17 Golden Crescent Hospital Monthly Meeting in Victoria for November | | | | | | | | | |
| 000487 | | 12/14/20 | 12/12/20 | 12/12/20 | | | 29.10 | 0.00 | 0.00 | 29.10 ✓ |
| | TRAVEL 12/6/17 Golden Crescent Hospital Monthly Meeting December / RAC Meeting | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10625 | SARA RUBIO | 58.95 | 0.00 | 0.00 | 58.95 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| S1405 | SERVICE SUPPLY OF VICTORIA INC ✓ | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 700942057 ✓ | | 12/16/20 | 11/27/20 | 12/27/20 | | | 263.48 | 0.00 | 0.00 | 263.48 ✓ |
| | 401300007 | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | S1405 | SERVICE SUPPLY OF VICTORIA INC | 263.48 | 0.00 | 0.00 | 263.48 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10995 | SHIFTHOUND (ABILITY NETWORK) ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 17S0001774 ✓ | | 11/30/20 | 11/30/20 | 12/30/20 | | | 558.00 | 0.00 | 0.00 | 558.00 ✓ |
| | PURCH SERV | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10995 | SHIFTHOUND (ABILITY NETWORK) | 558.00 | 0.00 | 0.00 | 558.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 000498 | | 12/18/20 | 12/17/20 | 12/17/20 | | | 635.03 | 0.00 | 0.00 | 635.03 ✓ |
| | CONTRACT EMPLOYEE | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | K0536 | SHIRLEY KARNEI | 635.03 | 0.00 | 0.00 | 635.03 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|

10936 SIEMENS FINANCIAL SERVICES

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 4638007 | | 12/14/20 | 12/06/20 | 12/24/20 | | 1,333.33 | 0.00 | 0.00 | 1,333.33 |
| | EQUIPMENT RENTAL | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10936 | SIEMENS FINANCIAL SERVICES | 1,333.33 | 0.00 | 0.00 | 1,333.33 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 115526815 | | 12/15/20 | 11/18/20 | 12/13/20 | | 751.58 | 0.00 | 0.00 | 751.58 |
| | MAINT CONT | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | S2001 | SIEMENS MEDICAL SOLUTIONS INC | 751.58 | 0.00 | 0.00 | 751.58 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 219201 | | 12/16/20 | 11/20/20 | 11/30/20 | | 400.00 | 0.00 | 0.00 | 400.00 |
| | AD | | | | | | | | |
| 219509 | | 12/16/20 | 11/30/20 | 12/10/20 | | 420.00 | 0.00 | 0.00 | 420.00 |
| | AD | | | | | | | | |
| 219515 | | 12/16/20 | 11/30/20 | 12/10/20 | | 380.00 | 0.00 | 0.00 | 380.00 |
| | AD | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10699 | SIGN AD, LTD. | 1,200.00 | 0.00 | 0.00 | 1,200.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 90031838 | | 12/14/20 | 11/30/20 | 12/25/20 | | -3,420.30 | 0.00 | 0.00 | -3,420.30 |
| | BLOOD | | | | | | | | |
| 90031920 | | 12/14/20 | 11/30/20 | 12/25/20 | | 8,522.54 | 0.00 | 0.00 | 8,522.54 |
| | BLOOD | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11296 | SOUTH TEXAS BLOOD & TISSUE CEN | 5,102.24 | 0.00 | 0.00 | 5,102.24 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 095447 | | 12/14/20 | 12/01/20 | 12/31/20 | | 18,938.23 | 0.00 | 0.00 | 18,938.23 |

| 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 |
|---|---|---|---|
| T1724 | TOSHIBA AMERICA MEDICAL SYST. | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 10302797 | | 12/15/20 | 12/04/20 | 12/29/20 | | 2,151.37 | 0.00 | 0.00 | 2,151.37 |
| | MAINT CONTRACT | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | T1724 | TOSHIBA AMERICA MEDICAL SYST. | 2,151.37 | 0.00 | 0.00 | 2,151.37 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| T3334 | TRINITY PHYSICS CONSULTING LLC | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 033720 | | 12/11/20 | 11/29/20 | 12/29/20 | | 2,000.00 | 0.00 | 0.00 | 2,000.00 |

XRAY EQUIPMENT EVALUATI(

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | T3334 | TRINITY PHYSICS CONSULTING LLC | 2,000.00 | 0.00 | 0.00 | 2,000.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 8150785742 | LAUNDRY | 12/16/20 | 11/28/20 | 12/23/20 | | 17.00 | 0.00 | 0.00 | 17.00 |
| 8150786523 | LAUNDRY | 12/16/20 | 12/05/20 | 12/30/20 | | 21.25 | 0.00 | 0.00 | 21.25 |
| 8150786443 | LAUNDRY | 12/16/20 | 12/05/20 | 12/30/20 | | 17.75 | 0.00 | 0.00 | 17.75 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | U1054 | UNIFIRST HOLDINGS | 56.00 | 0.00 | 0.00 | 56.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 8400262308 | LAUNDRY | 11/30/20 | 11/28/20 | 12/23/20 | | 100.48 | 0.00 | 0.00 | 100.48 |
| 8400262273 | LAUNDRY | 11/30/20 | 11/28/20 | 12/23/20 | | 1,004.29 | 0.00 | 0.00 | 1,004.29 |
| 8400262235 | LAUNDRY | 11/30/20 | 11/28/20 | 12/23/20 | | 167.42 | 0.00 | 0.00 | 167.42 |
| 8400262234 | LAUNDRY | 11/30/20 | 11/28/20 | 12/23/20 | | 94.29 | 0.00 | 0.00 | 94.29 |
| 8400262268 | LAUNDRY | 11/30/20 | 11/28/20 | 12/23/20 | | 60.90 | 0.00 | 0.00 | 60.90 |
| 8400262238 | LAUNDRY | 11/30/20 | 11/28/20 | 12/23/20 | | 52.60 | 0.00 | 0.00 | 52.60 |
| 8400262237 | LAUNDRY | 11/30/20 | 11/28/20 | 12/23/20 | | 47.15 | 0.00 | 0.00 | 47.15 |
| 8400262236 | LAUNDRY | 11/30/20 | 11/28/20 | 12/23/20 | | 109.02 | 0.00 | 0.00 | 109.02 |
| 8400262736 | Supplies | 12/11/20 | 12/05/20 | 12/30/20 | | 137.96 | 0.00 | 0.00 | 137.96 |
| 8400262068 | SUPPLIES | 12/16/20 | 11/24/20 | 12/19/20 | | 925.44 | 0.00 | 0.00 | 925.44 |
| 8400262040 | LAUNDRY | 12/16/20 | 11/24/20 | 12/19/20 | | 148.95 | 0.00 | 0.00 | 148.95 |
| 8400262530 | LAUNDRY | 12/16/20 | 12/01/20 | 12/26/20 | | 148.95 | 0.00 | 0.00 | 148.95 |
| 8400262560 | LAUNDRY | 12/16/20 | 12/01/20 | 12/26/20 | | 658.04 | 0.00 | 0.00 | 658.04 |
| 8400262739 | LAUNDRY | 12/16/20 | 12/05/20 | 12/30/20 | | 52.60 | 0.00 | 0.00 | 52.60 |
| 8400262778 | LAUNDRY | 12/16/20 | 12/05/20 | 12/30/20 | | 660.67 | 0.00 | 0.00 | 660.67 |
| 8400262735 | LAUNDRY | 12/16/20 | 12/05/20 | 12/30/20 | | 94.29 | 0.00 | 0.00 | 94.29 |
| 8400262737 | LAUNDRY | 12/16/20 | 12/05/20 | 12/30/20 | | 101.05 | 0.00 | 0.00 | 101.05 |
| 8400262771 | LAUNDRY | 12/16/20 | 12/05/20 | 12/30/20 | | 60.90 | 0.00 | 0.00 | 60.90 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | LAUNDRY | | | | | | | | |
| 8400262738 | | 12/16/20 | 12/05/20 | 12/30/20 | | 47.15 | 0.00 | 0.00 | 47.15 |
| | LAUNDRY | | | | | | | | |
| 8400262814 | | 12/16/20 | 12/05/20 | 12/30/20 | | 78.62 | 0.00 | 0.00 | 78.62 |
| | LAUNDRY | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | U1064 | UNIFIRST HOLDINGS INC | | | | 4,750.77 | 0.00 | 0.00 | 4,750.77 |

| 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 |
| 5740235 | | 12/14/20 | 11/17/20 | 12/07/20 | | 95.22 | 0.00 | 0.00 | 95.22 |
| | FOOD | | | | | | | | |
| 5752952 | | 12/14/20 | 11/20/20 | 12/10/20 | | 795.75 | 0.00 | 0.00 | 795.75 |
| | FOOD SERVICE | | | | | | | | |
| 5802960 | | 12/14/20 | 11/22/20 | 12/12/20 | | 951.82 | 0.00 | 0.00 | 951.82 |
| | FOOD SUPPLIES | | | | | | | | |
| 5859980 | | 12/14/20 | 11/27/20 | 12/17/20 | | 812.35 | 0.00 | 0.00 | 812.35 |
| | FOOD SUPPLIES | | | | | | | | |
| 3100972 | | 12/14/20 | 12/04/20 | 12/24/20 | | 1,284.99 | 0.00 | 0.00 | 1,284.99 |
| | FOOD SUPPLIES | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 10172 | US FOOD SERVICE | | | | 3,940.13 | 0.00 | 0.00 | 3,940.13 |

| 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 |
| 9796412452 | | 12/14/20 | 12/06/20 | | | 155.00 | 0.00 | 0.00 | 155.00 |
| | PHONE | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | V0559 | VERIZON WIRELESS | | | | 155.00 | 0.00 | 0.00 | 155.00 |

| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 11280 | VICTORIA ADVOCATE | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| 000489 | | 12/14/20 | 11/30/20 | 12/25/20 | | 278.86 | 0.00 | 0.00 | 278.86 |
| | AD | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 11280 | VICTORIA ADVOCATE | | | | 278.86 | 0.00 | 0.00 | 278.86 |

| 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 |
| 17110241 | | 12/16/20 | 11/30/20 | 12/30/20 | | 300.00 | 0.00 | 0.00 | 300.00 |
| | AD | | | | | | | | |
| 17110240 | | 12/16/20 | 11/30/20 | 12/30/20 | | 210.00 | 0.00 | 0.00 | 210.00 |
| | AD | | | | | | | | |
| 17110243 | | 12/18/20 | 11/30/20 | 12/30/20 | | 80.00 | 0.00 | 0.00 | 80.00 |
| | AD | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | V1471 | VICTORIA RADIOWORKS, LTD | | | | 590.00 | 0.00 | 0.00 | 590.00 |

| Vendor# | Vendor Name | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 10943 | WALLER,LANSDEN, DORTCH & DAVIS | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
| 10654474 | | 12/11/20 | 11/30/20 | 12/30/20 | | 138.00 | 0.00 | 0.00 | 138.00 |

LEGAL SERVICES

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10943 | WALLER,LANSDEN, DORTCH & DAVIS | 138.00 | 0.00 | 0.00 | 138.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 9110451738 | | 12/14/20 | 11/27/20 | 12/22/20 | | | 13,902.07 | 0.00 | 0.00 | 13,902.07 |

SUPPLIES

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | I1110 | WERFEN USA LLC | 13,902.07 | 0.00 | 0.00 | 13,902.07 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| WCS00001501 | | 12/14/20 | 10/01/20 | 11/01/20 | | | 475.00 | 0.00 | 0.00 | 475.00 |
| | PURCHASED SERVICE OP CL | | | | | | | | | |
| WCS00001435 | | 12/14/20 | 10/01/20 | 11/01/20 | | | 11,825.00 | 0.00 | 0.00 | 11,825.00 |
| | PURCHASED SERVICE OP CL | | | | | | | | | |
| WCS00001565 | | 12/14/20 | 11/01/20 | 12/01/20 | | | 15,425.00 | 0.00 | 0.00 | 15,425.00 |
| | PURCHASED SERVICE OP CL | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10556 | WOUND CARE SPECIALISTS | 27,725.00 | 0.00 | 0.00 | 27,725.00 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 401,599.44 | 0.00 | 0.00 | 401,599.44 |

APPROVED
ON

DEC 20 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 173905
to
# 173976

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

Ø

RUN DATE:12/20/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:53 CHECK REGISTER GLCKREG
12/20/17 THRU 12/20/17

| BANK | CHECK NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 173905 | 12/20/17 | 230.65 | ACE HARDWARE 15521 |
| A/P | 173906 | 12/20/17 | 817.97 | ACOSTA ELECTRIC |
| A/P | 173907 | 12/20/17 | 18.75 | AIRGAS USA, LLC - CENTRAL DIV |
| A/P | 173908 | 12/20/17 | 732.33 | AMGAS INC |
| A/P | 173909 | 12/20/17 | 706.43 | BAXTER HEALTHCARE CORP |
| A/P | 173910 | 12/20/17 | 19,352.87 | BECKMAN COULTER INC |
| A/P | 173911 | 12/20/17 | 160.00 | BHB MACHINE & PUMP REPAIR, LLC |
| A/P | 173912 | 12/20/17 | 5,626.40 | BKD, LLP |
| A/P | 173913 | 12/20/17 | 1,053.43 | CARDINAL HEALTH 414, INC. |
| A/P | 173914 | 12/20/17 | 907.50 | CHRISTINA ZAPATA-ARROYO |
| A/P | 173915 | 12/20/17 | 409.09 | CITY OF PORT LAVACA |
| A/P | 173916 | 12/20/17 | 7,832.98 | CLINICAL PATHOLOGY LABS |
| A/P | 173917 | 12/20/17 | 471.68 | COASTAL OFFICE SOLUTONS |
| A/P | 173918 | 12/20/17 | 4,627.64 | COMBINED INSURANCE CO |
| A/P | 173919 | 12/20/17 | 568.40 | CULLIGAN OF VICTORIA |
| A/P | 173920 | 12/20/17 | 2,047.16 | DELTA HEALTHCARE PROVIDERS |
| A/P | 173921 | 12/20/17 | 160.93 | DEWITT POTH & SON |
| A/P | 173922 | 12/20/17 | 52,999.25 | DIAMOND HEALTHCARE CORP |
| A/P | 173923 | 12/20/17 | 104,903.85 | DISCOVERY MEDICAL NETWORK INC |
| A/P | 173924 | 12/20/17 | 105.00 | DOWELL PEST CONTROL |
| A/P | 173925 | 12/20/17 | 89.56 | ERIN CLEVENGER |
| A/P | 173926 | 12/20/17 | 10,417.17 | EVIDENT |
| A/P | 173927 | 12/20/17 | 495.00 | FASTHEALTH CORPORATION |
| A/P | 173928 | 12/20/17 | 942.35 | FIRESTONE OF PORT LAVACA |
| A/P | 173929 | 12/20/17 | 452.89 | FIVE STAR STERILIZER SERVICES |
| A/P | 173930 | 12/20/17 | 6,473.24 | GE HEALTHCARE |
| A/P | 173931 | 12/20/17 | 75.00 | GULF COAST DELIVERY |
| A/P | 173932 | 12/20/17 | 960.00 | HEALTHCARE CODING & CONSULTING |
| A/P | 173933 | 12/20/17 | 12,319.55 | HEALTHCARE EQUIPMENT FINANCE |
| A/P | 173934 | 12/20/17 | 8,333.33 | HITACHI MEDICAL SYSTEMS |
| A/P | 173935 | 12/20/17 | 282.74 | IRON MOUNTAIN |
| A/P | 173936 | 12/20/17 | 13.50 | KEEP U NEAT DRY CLEANERS |
| A/P | 173937 | 12/20/17 | 400.00 | LAMAR COMPANIES |
| A/P | 173938 | 12/20/17 | 379.15 | LOWE'S HOME CENTERS INC |
| A/P | 173939 | 12/20/17 | 2,146.61 | MEDICAL DATA SYSTEMS, INC. |
| A/P | 173940 | 12/20/17 | 718.88 | MEDLINE INDUSTRIES INC |
| A/P | 173941 | 12/20/17 | 284.52 | MICROTEK MEDICAL INC |
| A/P | 173942 | 12/20/17 | 34,287.11 | MMC EMPLOYEE BENEFIT PLAN |
| A/P | 173943 | 12/20/17 | .00 | VOIDED |
| A/P | 173944 | 12/20/17 | .00 | VOIDED |
| A/P | 173945 | 12/20/17 | 13,879.64 | MORRIS & DICKSON CO, LLC |
| A/P | 173946 | 12/20/17 | 375.00 | OCCUPRO LLC |
| A/P | 173947 | 12/20/17 | 512.75 | OWENS & MINOR |
| A/P | 173948 | 12/20/17 | 1,815.00 | PABLO GARZA |
| A/P | 173949 | 12/20/17 | 220.00 | PALACIOS BEACON |
| A/P | 173950 | 12/20/17 | 2,000.00 | PARA |
| A/P | 173951 | 12/20/17 | 5,254.00 | PHILIPS HEALTHCARE |
| A/P | 173952 | 12/20/17 | 52.94 | QUARTERMASTER |
| A/P | 173953 | 12/20/17 | 27.00 | RAPID PRINTING LLC |
| A/P | 173954 | 12/20/17 | 4,050.00 | RECONDO |

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 173955 | 12/20/17 | 6,082.16 | RICOH USA, INC. |
| A/P | 173956 | 12/20/17 | 58.95 | SARA RUBIO |
| A/P | 173957 | 12/20/17 | 263.48 | SERVICE SUPPLY OF VICTORIA INC |
| A/P | 173958 | 12/20/17 | 558.00 | SHIFTHOUND (ABILITY NETWORK) |
| A/P | 173959 | 12/20/17 | 635.03 | SHIRLEY KARNEI |
| A/P | 173960 | 12/20/17 | 1,333.33 | SIEMENS FINANCIAL SERVICES |
| A/P | 173961 | 12/20/17 | 751.58 | SIEMENS MEDICAL SOLUTIONS INC |
| A/P | 173962 | 12/20/17 | 1,200.00 | SIGN AD, LTD. |
| A/P | 173963 | 12/20/17 | 5,102.24 | SOUTH TEXAS BLOOD & TISSUE CEN |
| A/P | 173964 | 12/20/17 | 18,938.23 | STUDER GROUP, LLC |
| A/P | 173965 | 12/20/17 | 2,151.37 | TOSHIBA AMERICA MEDICAL SYST. |
| A/P | 173966 | 12/20/17 | 2,000.00 | TRINITY PHYSICS CONSULTING LLC |
| A/P | 173967 | 12/20/17 | 56.00 | UNIFIRST HOLDINGS |
| A/P | 173968 | 12/20/17 | .00 | VOIDED |
| A/P | 173969 | 12/20/17 | 4,750.77 | UNIFIRST HOLDINGS INC |
| A/P | 173970 | 12/20/17 | 3,940.13 | US FOOD SERVICE |
| A/P | 173971 | 12/20/17 | 155.00 | VERIZON WIRELESS |
| A/P | 173972 | 12/20/17 | 278.86 | VICTORIA ADVOCATE |
| A/P | 173973 | 12/20/17 | 590.00 | VICTORIA RADIOWORKS, LTD |
| A/P | 173974 | 12/20/17 | 138.00 | WALLER,LANSDEN, DORTCH & DAVIS |
| A/P | 173975 | 12/20/17 | 13,902.07 | WERFEN USA LLC |
| A/P | 173976 | 12/20/17 | 27,725.00 | WOUND CARE SPECIALISTS |
| TOTALS: | | | 401,599.44 | |

APPROVED
ON

DEC 20 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

12/20/2017
13:45

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11256 | NOVITAS SOLUTIONS - PART A | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 000504 | | 12/20/20 | 12/14/20 | 12/19/20 | | | 32,583.00 | 0.00 | 0.00 | 32,583.00 |
| | PROVIDER AUDIT AND REIMB | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11256 | NOVITAS SOLUTIONS - PART A | 32,583.00 | 0.00 | 0.00 | 32,583.00 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 32,583.00 | 0.00 | 0.00 | 32,583.00 |

APPROVED
ON

DEC 20 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 173978

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

RUN DATE:12/20/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:18 CHECK REGISTER GLCKREG
12/20/17 THRU 12/20/17

| BANK--CHECK CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P * | 172181 | 12/20/17 | 63.49CR | EPIPHANY ARCHANGEL |
| A/P * | 172994 | 12/20/17 | 485.49CR | WPS TRIWEST VAPC3 |
| A/P * | 173386 | 12/20/17 | 412.50CR | OCCUPRO LLC |
| A/P | 173905 | 12/20/17 | 230.65 | ACE HARDWARE 15521 |
| A/P | 173906 | 12/20/17 | 817.97 | ACOSTA ELECTRIC |
| A/P | 173907 | 12/20/17 | 18.75 | AIRGAS USA, LLC - CENTRAL DIV |
| A/P | 173908 | 12/20/17 | 732.33 | AMGAS INC |
| A/P | 173909 | 12/20/17 | 706.43 | BAXTER HEALTHCARE CORP |
| A/P | 173910 | 12/20/17 | 19,352.87 | BECKMAN COULTER INC |
| A/P | 173911 | 12/20/17 | 160.00 | BHB MACHINE & PUMP REPAIR, LLC |
| A/P | 173912 | 12/20/17 | 5,626.40 | BKD, LLP |
| A/P | 173913 | 12/20/17 | 1,053.43 | CARDINAL HEALTH 414, INC. |
| A/P | 173914 | 12/20/17 | 907.50 | CHRISTINA ZAPATA-ARROYO |
| A/P | 173915 | 12/20/17 | 409.09 | CITY OF PORT LAVACA |
| A/P | 173916 | 12/20/17 | 7,832.98 | CLINICAL PATHOLOGY LABS |
| A/P | 173917 | 12/20/17 | 471.68 | COASTAL OFFICE SOLUTONS |
| A/P | 173918 | 12/20/17 | 4,627.64 | COMBINED INSURANCE CO |
| A/P | 173919 | 12/20/17 | 568.40 | CULLIGAN OF VICTORIA |
| A/P | 173920 | 12/20/17 | 2,047.16 | DELTA HEALTHCARE PROVIDERS |
| A/P | 173921 | 12/20/17 | 160.93 | DEWITT POTH & SON |
| A/P | 173922 | 12/20/17 | 52,999.25 | DIAMOND HEALTHCARE CORP |
| A/P | 173923 | 12/20/17 | 104,903.85 | DISCOVERY MEDICAL NETWORK INC |
| A/P | 173924 | 12/20/17 | 105.00 | DOWELL PEST CONTROL |
| A/P | 173925 | 12/20/17 | 89.56 | ERIN CLEVENGER |
| A/P | 173926 | 12/20/17 | 10,417.17 | EVIDENT |
| A/P | 173927 | 12/20/17 | 495.00 | FASTHEALTH CORPORATION |
| A/P | 173928 | 12/20/17 | 942.35 | FIRESTONE OF PORT LAVACA |
| A/P | 173929 | 12/20/17 | 452.89 | FIVE STAR STERILIZER SERVICES |
| A/P | 173930 | 12/20/17 | 6,473.24 | GE HEALTHCARE |
| A/P | 173931 | 12/20/17 | 75.00 | GULF COAST DELIVERY |
| A/P | 173932 | 12/20/17 | 960.00 | HEALTHCARE CODING & CONSULTING |
| A/P | 173933 | 12/20/17 | 12,319.55 | HEALTHCARE EQUIPMENT FINANCE |
| A/P | 173934 | 12/20/17 | 8,333.33 | HITACHI MEDICAL SYSTEMS |
| A/P | 173935 | 12/20/17 | 282.74 | IRON MOUNTAIN |
| A/P | 173936 | 12/20/17 | 13.50 | KEEP U NEAT DRY CLEANERS |
| A/P | 173937 | 12/20/17 | 400.00 | LAMAR COMPANIES |
| A/P | 173938 | 12/20/17 | 379.15 | LOWE'S HOME CENTERS INC |
| A/P | 173939 | 12/20/17 | 2,146.61 | MEDICAL DATA SYSTEMS, INC. |
| A/P | 173940 | 12/20/17 | 718.88 | MEDLINE INDUSTRIES INC |
| A/P | 173941 | 12/20/17 | 284.52 | MICROTEK MEDICAL INC |
| A/P | 173942 | 12/20/17 | 34,287.11 | MMC EMPLOYEE BENEFIT PLAN |
| A/P | 173943 | 12/20/17 | .00 | VOIDED |
| A/P | 173944 | 12/20/17 | .00 | VOIDED |
| A/P | 173945 | 12/20/17 | 13,879.64 | MORRIS & DICKSON CO, LLC |
| A/P | 173946 | 12/20/17 | 375.00 | OCCUPRO LLC |
| A/P | 173947 | 12/20/17 | 512.75 | OWENS & MINOR |
| A/P | 173948 | 12/20/17 | 1,815.00 | PABLO GARZA |
| A/P | 173949 | 12/20/17 | 220.00 | PALACIOS BEACON |
| A/P | 173950 | 12/20/17 | 2,000.00 | PARA |
| A/P | 173951 | 12/20/17 | 5,254.00 | PHILIPS HEALTHCARE |

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 173952 | 12/20/17 | 52.94 | QUARTERMASTER |
| A/P | 173953 | 12/20/17 | 27.00 | RAPID PRINTING LLC |
| A/P | 173954 | 12/20/17 | 4,050.00 | RECONDO |
| A/P | 173955 | 12/20/17 | 6,082.16 | RICOH USA, INC. |
| A/P | 173956 | 12/20/17 | 58.95 | SARA RUBIO |
| A/P | 173957 | 12/20/17 | 263.48 | SERVICE SUPPLY OF VICTORIA INC |
| A/P | 173958 | 12/20/17 | 558.00 | SHIFTHOUND (ABILITY NETWORK) |
| A/P | 173959 | 12/20/17 | 635.03 | SHIRLEY KARNEI |
| A/P | 173960 | 12/20/17 | 1,333.33 | SIEMENS FINANCIAL SERVICES |
| A/P | 173961 | 12/20/17 | 751.58 | SIEMENS MEDICAL SOLUTIONS INC |
| A/P | 173962 | 12/20/17 | 1,200.00 | SIGN AD, LTD. |
| A/P | 173963 | 12/20/17 | 5,102.24 | SOUTH TEXAS BLOOD & TISSUE CEN |
| A/P | 173964 | 12/20/17 | 18,938.23 | STUDER GROUP, LLC |
| A/P | 173965 | 12/20/17 | 2,151.37 | TOSHIBA AMERICA MEDICAL SYST. |
| A/P | 173966 | 12/20/17 | 2,000.00 | TRINITY PHYSICS CONSULTING LLC |
| A/P | 173967 | 12/20/17 | 56.00 | UNIFIRST HOLDINGS |
| A/P | 173968 | 12/20/17 | .00 | VOIDED |
| A/P | 173969 | 12/20/17 | 4,750.77 | UNIFIRST HOLDINGS INC |
| A/P | 173970 | 12/20/17 | 3,940.13 | US FOOD SERVICE |
| A/P | 173971 | 12/20/17 | 155.00 | VERIZON WIRELESS |
| A/P | 173972 | 12/20/17 | 278.86 | VICTORIA ADVOCATE |
| A/P | 173973 | 12/20/17 | 590.00 | VICTORIA RADIOWORKS, LTD |
| A/P | 173974 | 12/20/17 | 138.00 | WALLER,LANSDEN, DORTCH & DAVIS |
| A/P | 173975 | 12/20/17 | 13,902.07 | WERFEN USA LLC |
| A/P | 173976 | 12/20/17 | 27,725.00 | WOUND CARE SPECIALISTS |
| A/P | 173977 | 12/20/17 | 63.49 | EPIPHANY ARCHANGEL |
| A/P | 173978 | 12/20/17 | 32,583.00 | NOVITAS SOLUTIONS - PART A |
| TOTALS: | | | 433,284.45 | |

This Register for
CK # 173978 only

APPROVED
ON

DEC 20 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

12/21/2017
15:23

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Q003617282 | WORK COMP INS | 12/21/20 | 11/20/20 | 12/01/20 | | | 6,667.95 | 0.00 | 0.00 | 6,667.95 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | T2204 | TEXAS MUTUAL INSURANCE CO | 6,667.95 | 0.00 | 0.00 | 6,667.95 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 6,667.95 | 0.00 | 0.00 | 6,667.95 |

APPROVED
ON
DEC 22 2017 CK# 173979

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

RUN DATE:12/22/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:40 CHECK REGISTER GLCKREG
12/22/17 THRU 12/22/17

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 173979 | 12/22/17 | 6,667.95 | TEXAS MUTUAL INSURANCE CO |
| TOTALS: | | | 6,667.95 | |

APPROVED
ON

DEC 2 2 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
12/26/2017

| Nursing Home | IBC Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Pending Deposits | 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 | 65,161.18 | 76,938.45 | 50,974.68 | 8,059.11 | - | - | - | 47,256.52 | **47,156.52** |

*Routing Information for Ashford Gardens:*
*Ashford Health Care Center Ltd Co*
*JP Morgan Chase Bank*
*ABA 10614*
*Account # 4257*

| Nursing Home | IBC Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Pending Deposits | 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 | 21,367.59 | 21,267.59 | 26,885.34 | 911.36 | | - | - | 27,896.70 | **27,796.70** |
| Crescent | 4588 | 14,398.40 | 14,298.40 | 9,962.20 | 441.09 | | - | - | 10,503.29 | **10,403.29** |
| Broadmoor | 4596 | 26,275.67 | 31,591.04 | 8,904.87 | | | - | - | 3,589.50 | **3,489.50** |
| Fort Bend | 4618 | 22,453.84 | 23,551.13 | 22,809.63 | 5,334.00 | | - | - | 27,046.34 | **26,946.34** |
| | | | | | | | | | | **68,635.83** |

*Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:*
*Cantex Health Care Centers III LLC*
*JP Morgan Chase Bank*
*ABA 10614*
*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.*

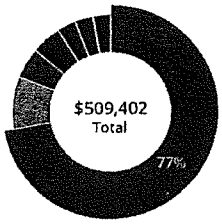
Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

APPROVED
DEC 27 2017
COUNTY AUDITOR

Accounts

| | |
|---|---|
| Memorial Medical Center Operat *0301<br>Available Balance | $392,919.67 |
| County of Calhoun Indigent *1101<br>Available Balance | $190.01 |
| Memorial Medical Center *4553<br>Available Balance | $47,256.52 |
| Memorial Medical Center *4561<br>Available Balance | $27,896.70 ✓ |
| Memorial Medical Center *4588<br>Available Balance | $10,503.29 ✓ |
| Memorial Medical Center *4596 Broadmore<br>Available Balance | $3,589.50 |
| Memorial Medical Center *4618<br>Available Balance | $27,046.34 |

Account Summary




Memorial Medical Cent...
*0301 77.13%

Available Balance $392,919.67

IBC Bank Activity
12/18/17 through 12/25/17

| Ashford Gardens | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| *4553 | 12/18/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 7,800.95 |
| *4553 | 12/18/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 4,076.32 |
| *4553 | 12/19/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 17,694.88 |
| *4553 | 12/19/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 13,287.85 |
| *4553 | 12/21/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 2,867.67 |
| *4553 | 12/21/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 2,238.81 |
| *4553 | 12/22/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1,885.60 |
| *4553 | 12/22/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 1,057.11 |
| *4553 | 12/22/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 65.49 |
| *4553 | 12/22/2017 | Wire Debit - 0152 ASHFORD HEALTH CARE CENTER LTD811 | 76,938.45 | |
| | | | **76,938.45** | **50,974.68** |

| Solera at West Houston | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| *4561 | 12/19/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 7,517.77 |
| *4561 | 12/19/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 5,771.46 |
| *4561 | 12/19/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 2,660.61 |
| *4561 | 12/19/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1,775.00 |
| *4561 | 12/20/2017 | ACH Deposit - MANAGEANDNET1718 MNS PMNT | | 2,559.60 |
| *4561 | 12/20/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 268.00 |
| *4561 | 12/21/2017 | ACH Deposit - MANAGEANDNET1718 MNS PMNT | | 4,118.16 |
| *4561 | 12/21/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 949.85 |
| *4561 | 12/21/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 539.88 |
| *4561 | 12/22/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 725.01 |
| *4561 | 12/22/2017 | Wire Debit - 0153 CANTEX HEALTH CARE CENTERS LLC811 | 21,267.59 | |
| | | | **21,267.59** | **26,885.34** |

| Crescent | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| *4588 | 12/19/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 2,595.64 |
| *4588 | 12/19/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1,586.97 |
| *4588 | 12/21/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 1,137.65 |
| *4588 | 12/22/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 4,017.34 |
| *4588 | 12/22/2017 | ACH Deposit - MANAGEANDNET1718 MNS PMNT | | 624.60 |
| *4588 | 12/22/2017 | Wire Debit - 0154 CANTEX HEALTH CARE CENTERS III811 | 14,298.40 | |
| | | | **14,298.40** | **9,962.20** |

| Broadmoor | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| *4596 | 12/18/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 4,596.98 |
| *4596 | 12/18/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 1,800.45 |
| *4596 | 12/21/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 1,525.84 |
| *4596 | 12/22/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 981.60 |
| *4596 | 12/22/2017 | Wire Debit - 0155 CANTEX HEALTH CARE CENTERS III811 | 31,591.04 | |
| | | | **31,591.04** | **8,904.87** |

| Fort Bend | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| *4618 | 12/18/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 1,197.29 |
| *4618 | 12/19/2017 | ACH Deposit - Molina HC of TX HCCLAIMPMT | | 8,261.73 |
| *4618 | 12/20/2017 | ACH Deposit - CENTENE CORP HCCLAIMPMT | | 1,143.12 |
| *4618 | 12/22/2017 | ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT | | 12,207.49 |
| *4618 | 12/22/2017 | Wire Debit - 0156 CANTEX HEALTH CARE CENTERS III811 | 23,551.13 | |
| | | | **23,551.13** | **22,809.63** |

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/26/2017

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Interest Earned | 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 | 4381 | 106,861.89 | 106,606.20 | 216,841.22 | 155.69 | - | 40,545.68 | - | - | 217,096.91 | 176,295.54 |

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

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Interest Earned | 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 | 4438 | 109,934.99 | 109,555.61 | 321,480.56 | 279.38 | - | 10,817.86 | - | - | 321,859.94 | 310,662.70 |
| Crescent | 4411 | 49,906.41 | 49,653.56 | 206,517.55 | 152.85 | - | 2,896.12 | - | - | 206,770.40 | 203,621.43 |
| Broadmoor | 4403 | 125,792.84 | 125,406.54 | 422,694.64 | 286.30 | - | - | - | - | 423,080.94 | 422,694.64 |
| Fort Bend | 4446 | 32,173.78 | 31,971.08 | 110,070.33 | 102.70 | - | 11,669.66 | - | - | 110,273.03 | 98,400.67 |
| | | | | | | | | | | | 1,035,379.44 |

*Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:*
*Contex 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: 1-3-18

APPROVED
DEC 27 2017
COUNTY AUDITOR

L:\NH Weekly Transfers\NH UPL Transfer Summary 12-26-17.xlsx

# Home

ALL ACCOUNTS | FAVORITES ☆

Always

Sort By: Account Number

| Checking | Available | Previous Day |
|---|---|---|
| MEMORIAL MEDICAL CENTER - OPERATING *4357 ☆ | $2,005,652.73 | $1,712,529.40 |
| MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365 ☆ | $100.16 | $100.16 |
| MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373 ☆ | $1,000.00 | $1,000.00 |
| MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆ | $222,551.52 | $217,096.91 ✓ |
| MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆ | $438,218.26 | $423,080.94 |
| MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆ | $210,506.54 | $206,770.40 |
| MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆ | $321,923.56 | $321,859.94 |
| MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆ | $131,913.50 | $110,273.03 |
| MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆ | $22,652.51 | $22,652.51 |
| CAL CO INDIGENT HEALTHCARE *4551 ☆ | $32,096.02 | $32,096.02 |
| TOTAL | $3,386,614.80 | $3,047,459.31 |

Cantex Prosperity Bank Activity
12-18-17 through 12-25-17

| Ashford Gardens | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| 12/20/2017 | 4381 | CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD | 106,606.20 | |
| 12/22/2017 | 4381 | ACH Deposit MOLINA HEALTHCAR MOLINAACH | | 15,774.64 |
| 12/22/2017 | 4381 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 19,398.65 |
| 12/19/2017 | 4381 | ACH Deposit AMERIGROUP CORPO E-PAYMENT | | 24,771.04 |
| 12/22/2017 | 4381 | Deposit | | 33,585.54 |
| 12/21/2017 | 4381 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 123,311.35 |
| | | | **106,606.20** | **216,841.22** |

| Broadmoor | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| 12/20/2017 | 4403 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | 125,406.54 | |
| 12/22/2017 | 4403 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 733.66 |
| 12/18/2017 | 4403 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 1,345.05 |
| 12/21/2017 | 4403 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 24,323.86 |
| 12/22/2017 | 4403 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 39,983.98 |
| 12/22/2017 | 4403 | Deposit | | 50,143.54 |
| 12/20/2017 | 4403 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 306,164.55 |
| | | | **125,406.54** | **422,694.64** |

| Crescent | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| 12/20/2017 | 4411 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | 49,653.56 | |
| 12/22/2017 | 4411 | ACH Deposit MOLINA HEALTHCAR MOLINAACH | | 1,126.76 |
| 12/19/2017 | 4411 | ACH Deposit AMERIGROUP CORPO E-PAYMENT | | 1,769.36 |
| 12/22/2017 | 4411 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 10,992.08 |
| 12/22/2017 | 4411 | Deposit | | 15,743.75 |
| 12/21/2017 | 4411 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 176,885.60 |
| | | | **49,653.56** | **206,517.55** |

| Fort Bend | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| 12/20/2017 | 4446 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | 31,971.08 | |
| 12/19/2017 | 4446 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS | | 3,022.98 |
| 12/22/2017 | 4446 | ACH Deposit MOLINA HEALTHCAR MOLINAACH C | | 4,540.18 |
| 12/22/2017 | 4446 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 5,511.32 |
| 12/19/2017 | 4446 | ACH Deposit AMERIGROUP CORPO E-PAYMENT | | 7,129.48 |
| 12/22/2017 | 4446 | Deposit | | 11,406.56 |
| 12/21/2017 | 4446 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 78,459.81 |
| | | | **31,971.08** | **110,070.33** |

| Solera at We ton | | | Transfer-Out | Transfer-In |
|---|---|---|---|---|
| 12/20/2017 | 4438 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | 109,555.61 | |
| 12/18/2017 | 4438 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 13.64 |
| 12/22/2017 | 4438 | ACH Deposit MOLINA HEALTHCAR MOLINAACH | | 4,208.78 |
| 12/19/2017 | 4438 | ACH Deposit AMERIGROUP CORPO E-PAYMENT I | | 6,609.08 |
| 12/22/2017 | 4438 | Deposit | | 38,650.28 |
| 12/22/2017 | 4438 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT | | 271,998.78 |
| | | | **109,555.61** | **321,480.56** |

**McKESSON**

Company: 8000

# STATEMENT

As of: 12/22/2017

Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 12/23/2017

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: 12/22/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 12/23/2017 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: 3,912.43 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 12/26/2017,
Pay This Amount: 3,836.31 ✓ USD

If Paid After 12/26/2017,
Pay this Amount: 3,912.43 USD

Due If Paid On Time:
USD 3,836.31
Disc lost if paid late:
76.12
Due If Paid Late:
USD 3,912.43

Check #960

340B Prescription Expense

1,495.79 +
53.06 +
2,287.46 +
3,836.31 *

APPROVED
ON
DEC 27 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

# 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: 12/22/2017 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 12/23/2017

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

As of: 12/22/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 12/23/2017 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** | | | | | | | | | | | |
| 12/18/2017 | 12/26/2017 | 7846110090 | 1001137549 | 115Invoice | 7.29 | 364.39 | | 357.10 | | 7846110090 | |
| 12/18/2017 | 12/26/2017 | 7846110097 | 1001138005 | 115Invoice | 1.99 | 99.62 | | 97.63 | | 7846110097 | |
| 12/18/2017 | 12/26/2017 | 7846110105 | 1001138429 | 115Invoice | 2.65 | 132.30 | | 129.65 | | 7846110105 | |
| 12/18/2017 | 12/26/2017 | 7846110112 | 1001138429 | 115Invoice | 0.29 | 14.57 | | 14.28 | | 7846110112 | |
| 12/19/2017 | 12/26/2017 | 7846387769 | 1001138833 | 115Invoice | 7.17 | 358.40 | | 351.23 | | 7846387769 | |
| 12/20/2017 | 12/26/2017 | 7846624067 | 1001139629 | 115Invoice | 1.44 | 71.88 | | 70.44 | | 7846624067 | |
| 12/22/2017 | 12/26/2017 | 7847082129 | 1001141345 | 115Invoice | 9.70 | 485.16 | | 475.46 | | 7847082129 | |

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:** 1,526.32 USD

**Future Due:** 0.00

**Past Due:** 0.00

**Last Payment** 1,978.12
12/18/2017

**If Paid By 12/26/2017, Pay This Amount:** 1,495.79 ✓ USD

**If Paid After 12/26/2017, Pay this Amount:** 1,526.32 USD

**Due If Paid On Time:** USD 1,495.79

**Disc lost if paid late:** 30.53

**Due If Paid Late:** USD 1,526.32

APPROVED
ON
DEC 27 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# McKESSON

# STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/22/2017 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 12/23/2017

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

As of: 12/22/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 12/23/2017 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 | | | | | | | | | | | |
| 12/22/2017 | 12/26/2017 | 8900867603 | 0000098501 | Addbill INV | | 53.06 | | 53.06 ✓ | | 8900867603 | |

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: 53.06 ✓USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,538.14
11/13/2017

If Paid By 12/26/2017,
Pay This Amount: 53.06 USD

If Paid After 12/26/2017,
Pay this Amount: 53.06 USD

Due If Paid On Time:
USD 53.06

Disc lost if paid late:
0.00

Due If Paid Late:
USD 53.06

APPROVED
ON

DEC 27 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# McKESSON

# STATEMENT

Company: 8000

As of: 12/22/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 12/23/2017

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

As of: 12/22/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 256342 PLEASE CHECK ANY
Date: 12/23/2017 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 | | | | | | | | | | | |
| 12/18/2017 | 12/26/2017 | 7846125956 | 1357625375 | 115Invoice | 3.03 | 151.72 | | ✓148.69 | ✓ | 7846125956 | |
| 12/19/2017 | 12/26/2017 | 7846372580 | 1218170236-00 | 115Invoice | 9.05 | 452.26 | | ✓443.21 | ✓ | 7846372580 | |
| 12/20/2017 | 12/26/2017 | 7846614581 | 5657623790 | 115Invoice | 0.91 | 45.74 | | ✓44.83 | ✓ | 7846614581 | |
| 12/20/2017 | 12/26/2017 | 7846614582 | 1219170251-00 | 115Invoice | 3.00 | 150.05 | | ✓147.05 | ✓ | 7846614582 | |
| 12/21/2017 | 12/26/2017 | 7846846941 | 9112420694 | 115Invoice | 2.58 | 129.24 | | ✓126.66 | ✓ | 7846846941 | |
| 12/21/2017 | 12/26/2017 | 7846846942 | 1220170558-00 | 115Invoice | 22.29 | 1,114.63 | | ✓1,092.34 | ✓ | 7846846942 | |
| 12/22/2017 | 12/26/2017 | 7847092026 | 9112426433 | 115Invoice | 4.73 | 236.35 | | ✓231.62 | ✓ | 7847092026 | |
| 12/22/2017 | 12/26/2017 | 8900867773 | 0000098501 | Addbill INV | | 53.06 | | ✓53.06 | ✓ | 8900867773 | |

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: 2,333.05 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,978.12
12/18/2017

If Paid By 12/26/2017,
Pay This Amount: 2,287.46 ✓USD

If Paid After 12/26/2017,
Pay this Amount: 2,333.05 USD

Due If Paid On Time:
USD 2,287.46

Disc lost if paid late:
45.59

Due If Paid Late:
USD 2,333.05

APPROVED
ON
DEC 27 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:12/27/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:35 CHECK REGISTER GLCKREG
12/27/17 THRU 12/27/17

| BANK--CHECK CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 000960 | 12/27/17 | 3,836.31 | MCKESSON |
| TOTALS: | | | 3,836.31 | |

APPROVED
ON

DEC 27 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 12/27/17

APPROVED ON DEC 27 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $5,480.80

G/L NUMBER: 21000010

EXPLANATION: Crescent - To transfer funds for November 2017 QIPP payment.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

CK# 000002

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

**QIPP Scorecard Summary**
**November**

**Golden Creek - '6097**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Superior | 21,432.97 | 21,432.97 | 12/20/2017 | 21,432.97 | 12/27/2017 |
| United | 25,121.08 | 25,121.08 | 12/27/2017 | 25,121.08 | 12/27/2017 |
| | 46,554.05 | 46,554.05 | | 46,554.05 ✓ | |

**Ashford Gardens 5423**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 24,771.04 | 24,771.04 | 12/26/2017 | 24,771.04 | 12/27/2017 |
| Molina | 15,774.64 | 15,774.64 | 12/26/2017 | 15,774.64 | 12/27/2017 |
| United | 36,185.52 | 36,185.52 | 12/27/2017 | 36,185.52 | 12/27/2017 |
| | 76,731.20 | 76,731.20 | | 76,731.20 ✓ | |

**The Crescent · 6323**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 1,769.36 | 1,769.36 | 12/26/2017 | 1,769.36 | 12/27/2017 |
| Molina | 1,126.76 | 1,126.76 | 12/17/2017 | 1,126.76 | 12/27/2017 |
| United | 2,584.68 | 2,584.68 | 12/27/2017 | 2,584.68 | 12/27/2017 |
| | 5,480.80 | 5,480.80 | | 5,480.80 ✓ | |

**Fort Bend Healthcare Center · 5663**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 7,129.48 | 7,129.48 | 12/26/2017 | 7,129.48 | 12/27/2017 |
| Molina | 4,540.18 | 4,540.18 | 12/26/2017 | 4,540.18 | 12/27/2017 |
| United | 10,414.74 | 10,414.74 | 12/27/2017 | 10,414.74 | 12/27/2017 |
| | 22,084.40 | 22,084.40 | | 22,084.40 ✓ | |

**Solera at West Houston · 6310**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 6,609.08 | 6,609.08 | 12/26/2017 | 6,609.08 | 12/27/2017 |
| Molina | 4,208.78 | 4,208.78 | 12/26/2017 | 4,208.78 | 12/27/2017 |
| United | 9,654.54 | 9,654.54 | 12/27/2017 | 9,654.54 | 12/27/2017 |
| | 20,472.40 | 20,472.40 | | 20,472.40 ✓ | |

**Totals**

| | | | | |
|---|---|---|---|---|
| Component 1 | 171,322.85 | 171,322.85 | | 171,322.85 |

*Note: United sends 1 ck to be broken up between NH

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/27/17

APPROVED ON DEC 27 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT: $188.19

G/L NUMBER: 21000010

EXPLANATION: Crescent - To transfer funds for interest earned.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

CK # 000003

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

| NH | Notes | Aug 17 | Sep 17 | Oct 17 | Nov 17 | Total |
|---|---|---|---|---|---|---|
| Fort Bend | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 57.25 | 27.42 | 7.78 | 45.59 | 138.04 |
| Broadmoor | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 135.43 | 117.06 | 7.96 | 61.19 | 321.64 |
| Crescent | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 37.49 | 14.23 | 18.98 | 117.49 | 188.19 |
| Solera | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 40.39 | 15.14 | 49.67 | 209.52 | 314.72 |
| Ashford | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 62.35 | 47.13 | 18.01 | 63.54 | 191.03 |
| Golden Creek | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 35.34 | 61.19 | 4.03 | 35.67 | 136.23 |

| BANK | CHECK NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| NHC | 000002 | 12/27/17 | 5,480.80 | MEMORIAL MEDICAL CENTER |
| NHC | 000003 | 12/27/17 | 188.19 | MEMORIAL MEDICAL CENTER |
| TOTALS: | | | 5,668.99 | |

APPROVED
ON
DEC 27 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/27/17

APPROVED ON DEC 27 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $20,472.40

G/L NUMBER: 21000011

EXPLANATION: Solera - To transfer funds for November 2017 QIPP payment.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

CK#000002

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

**QIPP Scorecard Summary**
**November**

**Golden Creek 6097**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Superior | 21,432.97 | 21,432.97 | 12/20/2017 | 21,432.97 | 12/27/2017 |
| United | 25,121.08 | 25,121.08 | 12/27/2017 | 25,121.08 | 12/27/2017 |
| | 46,554.05 | 46,554.05 | | 46,554.05 ✓ | |

**Ashford Gardens 5423**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 24,771.04 | 24,771.04 | 12/26/2017 | 24,771.04 | 12/27/2017 |
| Molina | 15,774.64 | 15,774.64 | 12/26/2017 | 15,774.64 | 12/27/2017 |
| United | 36,185.52 | 36,185.52 | 12/27/2017 | 36,185.52 | 12/27/2017 |
| | 76,731.20 | 76,731.20 | | 76,731.20 ✓ | |

**The Crescent - 6323**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 1,769.36 | 1,769.36 | 12/26/2017 | 1,769.36 | 12/27/2017 |
| Molina | 1,126.76 | 1,126.76 | 12/17/2017 | 1,126.76 | 12/27/2017 |
| United | 2,584.68 | 2,584.68 | 12/27/2017 | 2,584.68 | 12/27/2017 |
| | 5,480.80 | 5,480.80 | | 5,480.80 ✓ | |

**Fort Bend Healthcare Center 5663**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 7,129.48 | 7,129.48 | 12/26/2017 | 7,129.48 | 12/27/2017 |
| Molina | 4,540.18 | 4,540.18 | 12/26/2017 | 4,540.18 | 12/27/2017 |
| United | 10,414.74 | 10,414.74 | 12/27/2017 | 10,414.74 | 12/27/2017 |
| | 22,084.40 | 22,084.40 | | 22,084.40 ✓ | |

**Solera at West Houston 6310**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 6,609.08 | 6,609.08 | 12/26/2017 | 6,609.08 | 12/27/2017 |
| Molina | 4,208.78 | 4,208.78 | 12/26/2017 | 4,208.78 | 12/27/2017 |
| United | 9,654.54 | 9,654.54 | 12/27/2017 | 9,654.54 | 12/27/2017 |
| | 20,472.40 | 20,472.40 | | 20,472.40 ✓ | |

**Totals**

| | | | | |
|---|---|---|---|---|
| Component 1 | 171,322.85 | 171,322.85 | | 171,322.85 |

*Note: United sends 1 ck to be broken up between NH

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/27/17

APPROVED ON DEC 27 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT: $314.72

G/L NUMBER: 21000011

EXPLANATION: Solera - To transfer funds for interest earned.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

CK#100000 3

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

| BANK--CHECK | | | | |
|---|---|---|---|---|
| CODE | NUMBER | DATE | AMOUNT | PAYEE |
| NHS | 000002 | 12/27/17 | 20,472.40 | MEMORIAL MEDICAL CENTER |
| NHS | 000003 | 12/27/17 | 314.72 | MEMORIAL MEDICAL CENTER |
| TOTALS: | | | 20,787.12 | |

APPROVED
ON
DEC 27 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON
DEC 27 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 12/27/17

APPROVED ON DEC 27 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $22,084.40

G/L NUMBER: 21000008

EXPLANATION: Fort Bend - To transfer funds for November 2017 QIPP payment.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

CK #000002

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

**QIPP Scorecard Summary**
**November**

**Golden Creek 6097**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Superior | 21,432.97 | 21,432.97 | 12/20/2017 | 21,432.97 | 12/27/2017 |
| United | 25,121.08 | 25,121.08 | 12/27/2017 | 25,121.08 | 12/27/2017 |
| | 46,554.05 | 46,554.05 | | 46,554.05 ✓ | |

**Ashford Gardens 5423**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 24,771.04 | 24,771.04 | 12/26/2017 | 24,771.04 | 12/27/2017 |
| Molina | 15,774.64 | 15,774.64 | 12/26/2017 | 15,774.64 | 12/27/2017 |
| United | 36,185.52 | 36,185.52 | 12/27/2017 | 36,185.52 | 12/27/2017 |
| | 76,731.20 | 76,731.20 | | 76,731.20 ✓ | |

**The Crescent 6323**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 1,769.36 | 1,769.36 | 12/26/2017 | 1,769.36 | 12/27/2017 |
| Molina | 1,126.76 | 1,126.76 | 12/17/2017 | 1,126.76 | 12/27/2017 |
| United | 2,584.68 | 2,584.68 | 12/27/2017 | 2,584.68 | 12/27/2017 |
| | 5,480.80 | 5,480.80 | | 5,480.80 ✓ | |

**Fort Bend Healthcare Center 5663**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 7,129.48 | 7,129.48 | 12/26/2017 | 7,129.48 | 12/27/2017 |
| Molina | 4,540.18 | 4,540.18 | 12/26/2017 | 4,540.18 | 12/27/2017 |
| United | 10,414.74 | 10,414.74 | 12/27/2017 | 10,414.74 | 12/27/2017 |
| | 22,084.40 | 22,084.40 | | 22,084.40 ✓ | |

**Solera at West Houstor 6310**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 6,609.08 | 6,609.08 | 12/26/2017 | 6,609.08 | 12/27/2017 |
| Molina | 4,208.78 | 4,208.78 | 12/26/2017 | 4,208.78 | 12/27/2017 |
| United | 9,654.54 | 9,654.54 | 12/27/2017 | 9,654.54 | 12/27/2017 |
| | 20,472.40 | 20,472.40 | | 20,472.40 ✓ | |

**Totals**

| | | | | |
|---|---|---|---|---|
| Component 1 | 171,322.85 | 171,322.85 | | 171,322.85 |

*Note: United sends 1 ck to be broken up between NH

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 12/27/17

APPROVED ON DEC 27 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT: $138.04

G/L NUMBER: 21000008

EXPLANATION: Fort Bend - To transfer funds for interest earned.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

CK#000003

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

| NH | Notes | Aug 17 | Sep 17 | Oct 17 | Nov 17 | Total |
|---|---|---|---|---|---|---|
| Fort Bend | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 57.25 | 27.42 | 7.78 | 45.59 | 138.04 |
| Broadmoor | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 135.43 | 117.06 | 7.96 | 61.19 | 321.64 |
| Crescent | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 37.49 | 14.23 | 18.98 | 117.49 | 188.19 |
| Solera | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 40.39 | 15.14 | 49.67 | 209.52 | 314.72 |
| Ashford | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 62.35 | 47.13 | 18.01 | 63.54 | 191.03 |
| Golden Creek | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 35.34 | 61.19 | 4.03 | 35.67 | 136.23 |

| BANK | CHECK NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| NHF | 000002 | 12/27/17 | 22,084.40 | MEMORIAL MEDICAL CENTER |
| NHF | 000003 | 12/27/17 | 138.04 | MEMORIAL MEDICAL CENTER |
| TOTALS: | | | 22,222.44 | |

APPROVED
ON

DEC 27 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 12/27/17

APPROVED ON DEC 27 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $76,731.20

G/L NUMBER: 21000012

EXPLANATION: Ashford - To transfer funds for November 2017 QIPP payment.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

CK#000002

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

**QIPP Scorecard Summary**
**November**

**Golden Creek 6097**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Superior | 21,432.97 | 21,432.97 | 12/20/2017 | 21,432.97 | 12/27/2017 |
| United | 25,121.08 | 25,121.08 | 12/27/2017 | 25,121.08 | 12/27/2017 |
| | 46,554.05 | 46,554.05 | | 46,554.05 ✓ | |

**Ashford Gardens 5423**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 24,771.04 | 24,771.04 | 12/26/2017 | 24,771.04 | 12/27/2017 |
| Molina | 15,774.64 | 15,774.64 | 12/26/2017 | 15,774.64 | 12/27/2017 |
| United | 36,185.52 | 36,185.52 | 12/27/2017 | 36,185.52 | 12/27/2017 |
| | 76,731.20 | 76,731.20 | | 76,731.20 ✓ | |

**The Crescent - 6323**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 1,769.36 | 1,769.36 | 12/26/2017 | 1,769.36 | 12/27/2017 |
| Molina | 1,126.76 | 1,126.76 | 12/17/2017 | 1,126.76 | 12/27/2017 |
| United | 2,584.68 | 2,584.68 | 12/27/2017 | 2,584.68 | 12/27/2017 |
| | 5,480.80 | 5,480.80 | | 5,480.80 ✓ | |

**Fort Bend Healthcare Center - '5663**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 7,129.48 | 7,129.48 | 12/26/2017 | 7,129.48 | 12/27/2017 |
| Molina | 4,540.18 | 4,540.18 | 12/26/2017 | 4,540.18 | 12/27/2017 |
| United | 10,414.74 | 10,414.74 | 12/27/2017 | 10,414.74 | 12/27/2017 |
| | 22,084.40 | 22,084.40 | | 22,084.40 ✓ | |

**Solera at West Houston '6310**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 6,609.08 | 6,609.08 | 12/26/2017 | 6,609.08 | 12/27/2017 |
| Molina | 4,208.78 | 4,208.78 | 12/26/2017 | 4,208.78 | 12/27/2017 |
| United | 9,654.54 | 9,654.54 | 12/27/2017 | 9,654.54 | 12/27/2017 |
| | 20,472.40 | 20,472.40 | | 20,472.40 ✓ | |

**Totals**

| | | | | |
|---|---|---|---|---|
| Component 1 | 171,322.85 | 171,322.85 | | 171,322.85 |

*Note: United sends 1 ck to be broken up between NH

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/27/17

APPROVED ON DEC 27 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT: $191.03

G/L NUMBER: 21000012

EXPLANATION: Ashford - To transfer funds for interest earned.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

CK#000003

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

| NH | Notes | Aug 17 | Sep 17 | Oct 17 | Nov 17 | Total |
|---|---|---|---|---|---|---|
| Fort Bend | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 57.25 | 27.42 | 7.78 | 45.59 | 138.04 |
| Broadmoor | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 135.43 | 117.06 | 7.96 | 61.19 | 321.64 |
| Crescent | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 37.49 | 14.23 | 18.98 | 117.49 | 188.19 |
| Solera | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 40.39 | 15.14 | 49.67 | 209.52 | 314.72 |
| Ashford | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 62.35 | 47.13 | 18.01 | 63.54 | 191.03 |
| Golden Creek | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 35.34 | 61.19 | 4.03 | 35.67 | 136.23 |

| BANK--CHECK CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| NHA | 000002 | 12/27/17 | 76,731.20 | MEMORIAL MEDICAL CENTER |
| NHA | 000003 | 12/27/17 | 191.03 | MEMORIAL MEDICAL CENTER |
| TOTALS: | | | 76,922.23 | |

APPROVED
ON

DEC 27 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 12/27/17

APPROVED ON DEC 27 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $46,554.05

G/L NUMBER: 21000013

EXPLANATION: Golden Creek - To transfer funds for November 2017 QIPP payment.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

CK# 000002

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

**QIPP Scorecard Summary**
**November**

**Golden Creek · 6097**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Superior | 21,432.97 | 21,432.97 | 12/20/2017 | 21,432.97 | 12/27/2017 |
| United | 25,121.08 | 25,121.08 | 12/27/2017 | 25,121.08 | 12/27/2017 |
| | 46,554.05 | 46,554.05 | | 46,554.05 ✓ | |

**Ashford Gardens 5423**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 24,771.04 | 24,771.04 | 12/26/2017 | 24,771.04 | 12/27/2017 |
| Molina | 15,774.64 | 15,774.64 | 12/26/2017 | 15,774.64 | 12/27/2017 |
| United | 36,185.52 | 36,185.52 | 12/27/2017 | 36,185.52 | 12/27/2017 |
| | 76,731.20 | 76,731.20 | | 76,731.20 ✓ | |

**The Crescent · 6323**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 1,769.36 | 1,769.36 | 12/26/2017 | 1,769.36 | 12/27/2017 |
| Molina | 1,126.76 | 1,126.76 | 12/17/2017 | 1,126.76 | 12/27/2017 |
| United | 2,584.68 | 2,584.68 | 12/27/2017 | 2,584.68 | 12/27/2017 |
| | 5,480.80 | 5,480.80 | | 5,480.80 ✓ | |

**Fort Bend Healthcare Center 5663**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 7,129.48 | 7,129.48 | 12/26/2017 | 7,129.48 | 12/27/2017 |
| Molina | 4,540.18 | 4,540.18 | 12/26/2017 | 4,540.18 | 12/27/2017 |
| United | 10,414.74 | 10,414.74 | 12/27/2017 | 10,414.74 | 12/27/2017 |
| | 22,084.40 | 22,084.40 | | 22,084.40 ✓ | |

**Solera at West Houston · 6310**

| MCO | Component 1 | Received | Date | IGT Recoup | Date Paid |
|---|---|---|---|---|---|
| Amerigroup | 6,609.08 | 6,609.08 | 12/26/2017 | 6,609.08 | 12/27/2017 |
| Molina | 4,208.78 | 4,208.78 | 12/26/2017 | 4,208.78 | 12/27/2017 |
| United | 9,654.54 | 9,654.54 | 12/27/2017 | 9,654.54 | 12/27/2017 |
| | 20,472.40 | 20,472.40 | | 20,472.40 ✓ | |

**Totals**

| | | | | |
|---|---|---|---|---|
| Component 1 | 171,322.85 | 171,322.85 | | 171,322.85 |

*Note: United sends 1 ck to be broken up between NH

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/27/17

APPROVED ON DEC 27 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $136.23

G/L NUMBER: 21000013

EXPLANATION: Golden Creek - To transfer funds for interest earned.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

CK# 000003

Michael J. Pfeifer
Calhoun County Judge
Date: 1-2-18

| NH | Notes | Aug 17 | Sep 17 | Oct 17 | Nov 17 | Total |
|---|---|---|---|---|---|---|
| Fort Bend | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 57.25 | 27.42 | 7.78 | 45.59 | 138.04 |
| Broadmoor | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 135.43 | 117.06 | 7.96 | 61.19 | 321.64 |
| Crescent | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 37.49 | 14.23 | 18.98 | 117.49 | 188.19 |
| Solera | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 40.39 | 15.14 | 49.67 | 209.52 | 314.72 |
| Ashford | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 62.35 | 47.13 | 18.01 | 63.54 | 191.03 |
| Golden Creek | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 35.34 | 61.19 | 4.03 | 35.67 | 136.23 |

| BANK | CHECK NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| NHG | 000002 | 12/27/17 | 46,554.05 | MEMORIAL MEDICAL CENTER |
| NHG | 000003 | 12/27/17 | 136.23 | MEMORIAL MEDICAL CENTER |
| TOTALS: | | | 46,690.28 | |

APPROVED
ON

DEC 27 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# MEMORIAL MEDICAL CENTER
# CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 12/27/17

APPROVED ON DEC 27 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $321.64

G/L NUMBER: 21000009

EXPLANATION: Broadmoor - To transfer funds for interest earned.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

CK# 000002

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

| NH | Notes | Aug 17 | Sep 17 | Oct 17 | Nov 17 | Total |
|---|---|---|---|---|---|---|
| Fort Bend | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 57.25 | 27.42 | 7.78 | 45.59 | 138.04 |
| Broadmoor | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 135.43 | 117.06 | 7.96 | 61.19 | 321.64 |
| Crescent | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 37.49 | 14.23 | 18.98 | 117.49 | 188.19 |
| Solera | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 40.39 | 15.14 | 49.67 | 209.52 | 314.72 |
| Ashford | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 62.35 | 47.13 | 18.01 | 63.54 | 191.03 |
| Golden Creek | Interest Earnings and Check Fee - Withold Ck Fees and Write Check for Int. | 35.34 | 61.19 | 4.03 | 35.67 | 136.23 |

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| NHB | 000002 | 12/27/17 | 321.64 | MEMORIAL MEDICAL CENTER |
| TOTALS: | | | 321.64 | |

APPROVED
ON

DEC 27 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Elan

**December 2017 Statement**
Open Date: 11/04/2017 Closing Date: 12/05/2017

**Visa® Business Card**
MEMORIAL MEDICAL CNT
JASON W ANGLIN (

| | |
|---|---|
| **New Balance** | **$1,670.15** |
| **Minimum Payment Due** | **$17.00** |
| **Payment Due Date** | **01/01/2018** |

**Cardmember Service**
BUS 30 ELN 8 3

**Activity Summary**

| | | |
|---|---|---|
| Previous Balance | + | $2,511.21 |
| Payments | - | $2,511.21CR |
| Other Credits | | $0.00 |
| Purchases | + | $1,670.15 |
| Balance Transfers | | $0.00 |
| Advances | | $0.00 |
| Other Debits | | $0.00 |
| Fees Charged | | $0.00 |
| Interest Charged | | $0.00 |
| **New Balance** | = | **$1,670.15** |
| **Past Due** | | **$0.00** |
| **Minimum Payment Due** | | **$17.00** |
| Credit Line | | $10,000.00 |
| Available Credit | | $8,329.85 |
| Days in Billing Period | | 32 |

Michael J Pfeifer

**Michael J. Pfeifer**
**Calhoun County Judge**
**Date:** 1-3-18

0.00
694.93 +
795.22 +
180.00 +
1,670.15 *

1,670.15 +
1,670.15 -
0.00 *

MMC will pay by phone

#1,670.15
APPROVED ON
DEC 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Elan

| | |
|---|---|
| **Payment Due Date** | 1/01/2018 |
| **New Balance** | $1,670.15 |
| **Minimum Payment Due** | $17.00 |

( . 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

**December 2017 Statement** 11/04/2017 - 12/05/2017

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.

## Transactions

### Payments and Other Credits

| Post Date | Trans Date | Ref # | Transaction Description | Amount | Notation |
|---|---|---|---|---|---|
| 11/28 | | | PAYMENT THANK YOU | $2,511.21CR | |
| | | | **TOTAL THIS PERIOD** | **$2,511.21CR** | |

### Purchases and Other Debits

| Post Date | Trans Date | Ref # | Transaction Description | Amount | Notation |
|---|---|---|---|---|---|
| 11/07 | 11/06 | 4493 | PAYPAL *CAHCOALITN 402-935-7733 CA | $35.00 | |
| 11/07 | 11/06 | 5910 | TXDPS CRIME RECS 512-424-2090 TX | $30.93 | |
| 11/07 | 11/07 | 0073 | AMA*CREDENTIALING 800-621-8335 IL | $20.00 | |
| 11/08 | 11/07 | 5140 | PAYPAL *TEXASORGANI 402-935-7733 TX | $250.00 | |
| 11/09 | 11/08 | 2707 | PROGRESSIVE BUSINESS C 800-9646033 PA | $199.00 | |
| 11/13 | 11/10 | 4690 | AORN INC 303-755-6304 CO | $160.00 | |
| 11/21 | 11/20 | 1838 | TX CII RX PADS 512-305-8014 TX | $20.65 | |
| 11/22 | 11/21 | 8110 | APIC 202-454-2641 VA | $180.00 | |
| 11/29 | 11/28 | 0617 | THE CODING INSTITUTE N 800-508-2582 NC | $227.00 | |
| 12/01 | 11/30 | 0219 | N.A.R.H.C. 231-924-0788 MI | $450.00 | |
| 12/04 | 12/01 | 2592 | SMK*SURVEYMONKEY.COM 971-2445555 CA | $35.00 | |
| 12/04 | 12/01 | 8439 | TX CII RX PADS 512-305-8014 TX | $48.57 | |
| 12/05 | 12/04 | 5303 | NPDB NPDB.HRSA.GOV 800-767-6732 VA | $10.00 | |
| 12/05 | 12/04 | 5485 | NPDB NPDB.HRSA.GOV 800-767-6732 VA | $2.00 | |
| 12/05 | 12/04 | 5550 | NPDB NPDB.HRSA.GOV 800-767-6732 VA | $2.00 | |
| | | | **TOTAL THIS PERIOD** | **$1,670.15** | |

| 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*

# 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: 12/27/17

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #9401

Date Required | Expense # | Department | Deliver To Pam V

| Line No. | Qty. | Catalog Number | Description | Unit Cost | Unit Meas. | Extended Cost |
|---|---|---|---|---|---|---|
| 1 | — | | PayPal - Webinar Admin | | | 35.00 ✓ |
| 2 | — | | TXDPS Crime Recs - Search | | | 30.93 ✓ |
| 3 | | | Credits for HR | | | |
| 4 | — | | AMA - Reappt + Cont. Mon. | | | 20.00 ✓ |
| 5 | — | | PayPal - Registration for | | | 250.00 ✓ |
| 6 | | | Jason Anglin - 2018 TORCH Conf. | | | |
| 7 | — | | Progressive Business - Webinar | | | 199.00 ✓ |
| 8 | | | for HR - Alison King | | | |
| 9 | — | | ADRN - Subscription for Sandy | | | 160.00 ✓ |
| 10 | | | Ruddick - OR Director | | | |

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

NOTES:

Charges made to Jason's CC

Pg 1 = 694.93

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

APPROVED ON DEC 28 2017

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# 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: Card member Service

Date: 12/27/17

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #9401

Date Required | Expense # | Department | Deliver To Pam V

| Line No. | Qty. | Catalog Number | Description | Unit Cost | Unit Meas. | Extended Cost |
|---|---|---|---|---|---|---|
| 1 | — | | TX C11 Rx Pads - Dr. Schultz | | | 20.65 ✓ |
| 2 | — | | Coding Institute - HR Webinar | | | 227.00 ✓ |
| 3 | — | | NARHC - Registration for Danette | | | 450.00 ✓ |
| 4 | | | Bethany | | | |
| 5 | — | | Survey Monkey - Advertisement | | | 35.00 ✓ |
| 6 | — | | TX C11 Rx Pads - Dr. Arroyo - Diaz | | | 48.57 ✓ |
| 7 | — | | NPDB - 5 Renewals | | | 10.00 ✓ |
| 8 | — | | NPDB - 1 new physician | | | 2.00 ✓ |
| 9 | — | | NPDB - 1 new physician | | | 2.00 ✓ |
| 10 | | | | | | |

Est. Freight _____ Est. Total Cost _____ TOTAL COST 795.22

Pg 2 =

NOTES:

Charges made to Jason's CC

APPROVED ON

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director DEC 28 2017

Dir. Nursing

Adm. Dir. Clinical Service COUNTY AUDITOR CALHOUN

CFO

Administrator

(3)

# 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: APIC

Date: 11-20-17

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: NG

Form #/9401

Date Required | Expense # | Department | Deliver To: Nadine Garner

| Line No. | Qty. | Catalog Number | Description | Unit Cost | Unit Meas. | Extended Cost |
|---|---|---|---|---|---|---|
| 1 | 1 | | APIC Forms & Checklist for IP Vol 2 | | | 79.00 ~~79.00~~ |
| 2 | 1 | | " " " " Vol 1 | | | 79.00 |
| 3 | | | | Shipping | | ~~19.00~~ 22.00 |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | #180.00 |

MEMORIAL MEDICAL CENTER
815 N. Virginia Street Port Lavaca, TX 77979
(361) 552-6713
www.mmcportlavaca.com

order on line -
Pay By credit card
$109.00 Nadal
$ 79.00 ē my membership
19.00 shipping

APPROVED ON
DEC 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Est. Freight ~~$19.00~~ Est. Total Cost _____ TOTAL COST ~~98.00~~

NOTES:

Pg 3 = 180.00

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

Dept. Director Nadine Garner
Dir. Nursing Erin Cleveng RN
Adm.Dir. Clinical Service _____
CFO _____
Administrator _____

12/27/2017 MEMORIAL MEDICAL CENTER 0
14:58 AP Open Invoice List ap_open_invoice.template
Dates Through:

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11492 | MMC OPERATING PROSPERITY ACC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 000540 | | 12/27/20 | 12/27/20 | 12/27/20 | | | 366,268.93 | 0.00 | 0.00 | 366,268.93 |
| | TRANSFER | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11492 | MMC OPERATING PROSPERITY ACC | 366,268.93 | 0.00 | 0.00 | 366,268.93 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 366,268.93 | 0.00 | 0.00 | 366,268.93 |

Transfer from IBC to Prosperity

APPROVED
ON
DEC 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

RUN DATE:12/28/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:57 CHECK REGISTER GLCKREG
12/28/17 THRU 12/28/17

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 172386 | 12/28/17 | 366,268.93 | MMC OPERATING PROSPERITY ACC |
| TOTALS: | | | 366,268.93 | |

APPROVED ON
DEC 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

12/28/2017 MEMORIAL MEDICAL CENTER 0
12:20 AP Open Invoice List ap_open_invoice.template
Dates Through:

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 000533 | | 12/27/20 | 11/29/20 | 12/29/20 | | 54.68 | 0.00 | 0.00 | 54.68 |
| | GAS | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | E1270 | CENTERPOINT ENERGY | 54.68 | 0.00 | 0.00 | 54.68 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 54.68 | 0.00 | 0.00 | 54.68 |

APPROVED ON
DEC 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

12/28/2017
12:26

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 01/01/2018

0
ap_open_invoice.template

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 1408243 | SUPPLIES | 12/20/20 | 11/07/20 | 12/07/20 | | 231.58 | 0.00 | 0.00 | 231.58 |
| 1416496 | SUPPLIES | 12/20/20 | 11/27/20 | 12/27/20 | | 240.93 | 0.00 | 0.00 | 240.93 |
| 1393145 | | 12/22/20 | 10/10/20 | 11/09/20 | | 80.06 | 0.00 | 0.00 | 80.06 |
| 1400703 | SUPPLIES | 12/22/20 | 10/24/20 | 11/23/20 | | 455.54 | 0.00 | 0.00 | 455.54 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | G1210 | GULF COAST PAPER COMPANY | 1,008.11 | 0.00 | 0.00 | 1,008.11 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 1,008.11 | 0.00 | 0.00 | 1,008.11 |

APPROVED
ON
DEC 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

12/28/2017
12:23

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| H1227 | HEALTHSURE INSURANCE SERVICES | | |

| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ✓ | 5852 | INSURANCE | 12/28/20 | 12/22/20 | 01/01/20 | | | 33,839.85 | 0.00 | 0.00 | 33,839.85 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | H1227 | HEALTHSURE INSURANCE SERVICES | 33,839.85 | 0.00 | 0.00 | 33,839.85 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 33,839.85 | 0.00 | 0.00 | 33,839.85 |

✓

APPROVED
ON

DEC 28 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

12/28/2017
12:25

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 01/01/2018

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10298 | HITACHI MEDICAL SYSTEMS | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| PJIN0107689A | MRI QUENCH | 12/11/20 | 09/22/20 | 01/01/20 | | 31,041.58 | 0.00 | 0.00 | 31,041.58 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10298 | HITACHI MEDICAL SYSTEMS | 31,041.58 | 0.00 | 0.00 | 31,041.58 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 31,041.58 | 0.00 | 0.00 | 31,041.58 |

APPROVED ON
DEC 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

12/28/2017
12:23

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11285 | ITA RESOURCES INC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| MMC122017 | | 12/27/20 | 12/18/20 | 12/29/20 | | | 22,498.00 | 0.00 | 0.00 | 22,498.00 |
| | RESPIRATORY CARE SERVICI | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11285 | ITA RESOURCES INC | 22,498.00 | 0.00 | 0.00 | 22,498.00 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 22,498.00 | 0.00 | 0.00 | 22,498.00 |

APPROVED
ON
DEC 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-2-18

12/28/2017 MEMORIAL MEDICAL CENTER 0
12:19 AP Open Invoice List ap_open_invoice.template
Dates Through:

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 000531 | | 12/27/20 | 12/18/20 | 12/31/20 | | | 17,331.72 | 0.00 | 0.00 | 17,331.72 |
| | | EMP INSURANCE | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10810 | MMC EMPLOYEE BENEFIT PLAN | 17,331.72 | 0.00 | 0.00 | 17,331.72 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 17,331.72 | 0.00 | 0.00 | 17,331.72 |

APPROVED ON
DEC 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

12/28/2017
12:22

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| T2050 | TEXAS HOSPITAL INS EXCHANGE | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 000541 | | 12/28/20 | 12/21/20 | 12/21/20 | | | 5,607.00 | 0.00 | 0.00 | 5,607.00 |
| | PREMIUM | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | T2050 | TEXAS HOSPITAL INS EXCHANGE | 5,607.00 | 0.00 | 0.00 | 5,607.00 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 5,607.00 | 0.00 | 0.00 | 5,607.00 |

APPROVED
ON

DEC 2 8 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 1-3-18

Ø

RUN DATE:12/28/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:42 CHECK REGISTER GLCKREG
12/28/17 THRU 12/28/17

| BANK--CHECK CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 173980 | 12/28/17 | 54.68 | CENTERPOINT ENERGY |
| A/P | 173981 | 12/28/17 | 1,008.11 | GULF COAST PAPER COMPANY |
| A/P | 173982 | 12/28/17 | 33,839.85 | HEALTHSURE INSURANCE SERVICES |
| A/P | 173983 | 12/28/17 | 31,041.58 | HITACHI MEDICAL SYSTEMS |
| A/P | 173984 | 12/28/17 | 22,498.00 | ITA RESOURCES INC |
| A/P | 173985 | 12/28/17 | 17,331.72 | MMC EMPLOYEE BENEFIT PLAN |
| A/P | 173986 | 12/28/17 | 5,607.00 | TEXAS HOSPITAL INS EXCHANGE |
| TOTALS: | | | 111,380.94 | |

17,331.72 +
54.68 +
5,607.00 +
33,839.85 +
31,041.58 +
22,498.00 +
1,008.11 +
111,380.94 *

APPROVED
ON

DEC 28 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" | ★ | 941 # |
| ☑ "IF FEDERAL TAX DEPOSIT ENTER 1" | | 1 |
| ☑ "ENTER 2-DIGIT TAX FILING YEAR" | ★ | 17 |
| ☑ "ENTER 2-DIGIT TAX FILING ENDING MONTH" | ★ | 12 |

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" | ★ | $ 88,392.48 # |
| "1 TO CONFIRM" | | 1 |
| "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" | 0 | $ 41,583.72 # |
| "ENTER W/CENTS AMOUNT OF MEDICARE" | | $ 10,062.16 # |
| "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING" | | $ 36,746.60 # |
| | CHECK | $ - |
| ☑ "6-DIGIT SETTLEMENT DATE" | ★ | 12/14/17 |
| "1 TO CONFIRM" | | 1 |

☐ ACKNOWLEDGEMENT NUMBER 35590272

| | |
|---|---|
| **CALLED IN BY:** | AK |
| **CALLED IN DATE:** | 12/12/17 |
| **CALLED IN TIME:** | 2:07 pm |

# 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 | 11/24/17 | | | | | |
| PAY PERIOD: END | 12/07/17 | | | | | |
| PAY DATE: | 12/14/17 | | | | | |
| GROSS PAY: | $ 370,889.32 | | | | | $ 370,889.32 |
| DEDUCTIONS: | | | | | | |
| A/R | $ 875.11 | | | | | $ 875.11 |
| ADVANC | | | | | | $ - |
| BOOTS | $ - | | | | | $ - |
| CAFÉ-1 | $ 1,689.92 | | | | | $ 1,689.92 |
| CAFÉ-2 | $ 1,132.00 | | | | | $ 1,132.00 |
| CAFE-3 | | | | | | $ - |
| CAFÉ-4 | $ 353.26 | | | | | $ 353.26 |
| CAFÉ-5 | $ 376.58 | | | | | $ 376.58 |
| CAFÉ-D | $ 1,625.14 | | | | | $ 1,625.14 |
| CAFÉ-H | $ 17,990.58 | | | | | $ 17,990.58 |
| CAFÉ-I | | | | | | $ - |
| CAFÉ-L | | | | | | $ - |
| CAFÉ-P | $ 271.76 | | | | | $ 271.76 |
| CANCER | | | | | | $ - |
| CHILD | | | | | | $ - |
| CLINIC | $ 241.29 | | | | | $ 241.29 |
| COMBIN | $ 854.90 | | | | | $ 854.90 |
| CREDUN | | | | | | $ - |
| DENTAL | | | | | | $ - |
| DEP-LF | | | | | | $ - |
| DIS-LF | $ 1,878.93 | | | | | $ 1,878.93 |
| EAT | $ 40.00 | | | | | $ 40.00 |
| FED TAX | $ 36,746.60 | | | | | $ 36,746.60 |
| FICA-M | $ 5,070.97 | | | | | $ 5,070.97 |
| FICA-O | $ 20,791.93 | | | | | $ 20,791.93 |
| FIRST C | $ 75.00 | | | | | $ 75.00 |
| FLEX S | $ 1,990.55 | | | | | $ 1,990.55 |
| FLX-FE | | | | | | $ - |
| GIFT S | $ 116.69 | | | | | $ 116.69 |
| GRP-IN | $ 129.26 | | | | | $ 129.26 |
| GTL | | | | | | $ - |
| HOSP-I | | | | | | $ - |
| LEGAL SHEILD | $ 204.72 | | | | | $ 21.60 |
| MISC | $ 21.60 | | | | | $ 1,450.93 |
| OTHER | $ 1,450.93 | | | | | $ 331.50 |
| PHI/MASA | $ 331.50 | | | | | $ 345.29 |
| PR FIN | $ 345.29 | | | | | $ - |
| RELAY | | | | | | $ - |
| REPAY | | | | | | $ 1,165.00 |
| STONEDF | $ 1,165.00 | | | | | $ - |
| STONE | | | | | | $ - |
| STONE 2 | | | | | | $ - |
| STUDEN | | | | | | $ 25,962.35 |
| TSA-R | $ 25,962.35 | | | | | $ - |
| UW/HOS | | | | | | |
| TOTAL DEDUCTIONS: | $ 121,731.86 | $ - | $ - | $ - | $ - | $ 121,731.86 |
| | "SHOULD MATCH REPORT" | "SHOULD MATCH REPORT" | "SHOULD MATCH REPORT" | "SHOULD MATCH REPORT" | "SHOULD MATCH REPORT" | |
| NET PAY: | $ 249,157.46 | $ - | $ - | $ - | $ - | $ 249,157.46 |
| | "SHOULD MATCH REPORT" | "SHOULD MATCH REPORT" | "SHOULD MATCH REPORT" | "SHOULD MATCH REPORT" | "SHOULD MATCH REPORT" | |
| TOTAL CAFÉ 125 PLAN: | $ 26,669.79 | Less Exempt: | | | | |
| TAXABLE PAY: | $ 344,219.53 | $ 335,352.53 | | | | |

| | | "CALCULATED" | From MMC Report | Difference |
|---|---|---|---|---|
| FICA - MED (ER) | 1.45% | $ 4,991.18 | | |
| FICA - MED (EE) | 1.45% | $ 5,070.98 | $ 5,070.97 | $ 0.01 |
| FICA - SOC SEC (ER) | 6.20% | $ 20,791.86 | | |
| FICA - SOC SEC (EE) | 6.20% | $ 20,791.86 | $ 20,791.93 | $ (0.07) |
| FED WITHHOLDING | | $ 36,746.60 | $ 36,746.60 | |
| TAX DEPOSIT: | | $ 88,392.48 | $ 88,472.40 | $ (79.92) |
| FICA - MEDICARE | 2.90% | $ 10,062.16 | | |
| FICA - SOCIAL SECURITY | 12.40% | $ 41,583.72 | | |
| FED WITHHOLDING | | $ 36,746.60 | | |
| TOTAL TAX: | | $ 88,392.48 | | |

| | Exempt Amt: |
|---|---|
| Employees over FICA-SS Cap: | |
| Jason Anglin | $ 8,867.00 |
| Jerry | |
| Paycode S - Employee Reimb.: | |
| Roshanda S. Gray | |
| TOTAL: | $ 8,867.00 |

PREPARED BY: _____

PREPARED DATE: _____

Final Summary

**PayCode Summary**

| PayCd | Description | Hrs | OT | SH | WE | HO | CB | Gross |
|---|---|---|---|---|---|---|---|---|
| 1 | REGULAR PAY-S1 | 8943.82 | N | | N | N | | 178535.51 |
| 1 | REGULAR PAY-S1 | 1071.17 | N | | N | N | N | 44973.95 |
| 1 | REGULAR PAY-S1 | 3.75 | N | | N | Y | | 74.25 |
| 1 | REGULAR PAY-S1 | 265.00 | Y | | N | N | | 6326.36 |
| 2 | REGULAR PAY-S2 | 2492.00 | N | | N | N | | 54847.97 |
| 2 | REGULAR PAY-S2 | 71.50 | Y | | N | N | | 2279.26 |
| 3 | REGULAR PAY-S3 | 1445.50 | N | | N | N | | 37216.53 |
| 3 | REGULAR PAY-S3 | 61.50 | Y | | N | N | | 2683.44 |
| C | CALL PAY | 2984.00 | N | 1 | N | N | | 5968.00 |
| D | DOUBLE TIME | 12.00 | N | 1 | N | N | | 326.16 |
| E | EXTRA WAGES | | N | 1 | N | N | N | 1500.75 |
| F | FUNERAL LEAVE | 40.00 | N | 1 | N | N | | 920.40 |
| I | INSERVICE | 12.50 | N | 1 | N | N | | 356.50 |
| K | EXTENDED-ILLNESS-BANK | 256.00 | N | 1 | N | N | | 6252.40 |
| P | PAID-TIME-OFF | 1130.04 | N | 1 | N | N | | 25763.71 |
| X | CALL PAY 2 | 128.00 | N | 1 | N | N | | 256.00 |
| Z | CALL PAY 3 | 136.00 | N | 1 | N | N | | 408.00 |
| p | PAID TIME OFF - PROBATION | 30.00 | N | 1 | N | N | | 1003.74 |
| t | PHONE & DATA | | N | | N | N | N | 980.00 |

**Deductions Summary**

| Code | Amount | Code | Amount | Code | Amount |
|---|---|---|---|---|---|
| A/R | 809.73 | A/R2 | 65.38 | A/R3 | |
| ADVANC | | AWARDS | | BOOTS | |
| CAFE H | | CAFE-1 | 1689.92 | CAFE-2 | 1132.00 |
| CAFE-3 | | CAFE-4 | 353.26 | CAFE-5 | 376.58 |
| CAFE-C | | CAFE-D | 1625.14 | CAFE-F | |
| CAFE-H | 17990.58 | CAFE-I | | CAFE-L | |
| CAFE-P | 271.76 | CANCER | | CHILD | |
| CLINIC | 241.29 | COMBIN | 854.90 | CREDUN | |
| DD ADV | | DENTAL | | DEP-LF | |
| DIS-LF | 1878.93 | EAT | 40.00 | EATCSH | 397.50 |
| FEDTAX | 36746.60 | FICA-M | 5067.83 | FICA-O | 20778.51 |
| FIRSTC | 75.00 | FLEX S | 1990.55 | FLX FE | |
| FORT D | | FUTA | | GIFT S | 116.69 |
| GRANT | | GRP-IN | 129.26 | GTL | |
| HOSP-I | | ID TFT | | LEAF | |
| LEGAL | 204.72 | MASA | 331.50 | MEALS | 118.00 |
| MISC | 21.60 | MISC/ | | MMCSHR | 835.19 |
| OTHER | | PHI | | PHI*** | |
| PR FIN | 345.29 | RELAY | | REPAY | |
| SAMS | | SCRUBS | | SIGNON | |
| ST-TX | | STONDF | 1165.00 | STONE | |
| STONE2 | | STUDEN | | TSA-1 | |
| TSA-2 | | TSA-C | | TSA-P | |
| TSA-R | 25947.20 | TUTION | | UNIFOR | 100.24 |
| UW/HOS | | | | | |

Grand Totals: 19082.78 ------- ( Gross: 370672.93 Deductions: 121700.15 Net: 248972.78 )

Checks Count:- FT 189 PT 9 Other 44 Female 206 Male 35 Credit OverAmt 2 ZeroNet Term Total: 241

Final Summary

**PayCode Summary**

| PayCd | Description | Hrs | OT | SH | WE | HO | CB | Gross |
|---|---|---|---|---|---|---|---|---|
| E | | | N | | N | N | N | 216.39 |

**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 | | EATCSH | |
| FEDTAX | | FICA-M | 3.14 | FICA-O | 13.42 |
| FIRSTC | | FLEX S | | FLX FE | |
| FORT D | | FUTA | | GIFT S | |
| GRANT | | GRP-IN | | GTL | |
| HOSP-I | | ID TFT | | LEAF | |
| LEGAL | | MASA | | MEALS | |
| MISC | | MISC/ | | MMCSHR | |
| OTHER | | PHI | | PHI*** | |
| PR FIN | | RELAY | | REPAY | |
| SAMS | | SCRUBS | | SIGNON | |
| ST-TX | | STONDF | | STONE | |
| STONE2 | | STUDRN | | TSA-1 | |
| TSA-2 | | TSA-C | | TSA-P | |
| TSA-R | 15.15 | TUTION | | UNIFOR | |
| UW/HOS | | | | | |

**Grand Totals:**

Checks Count:- FT 1 PT Other Female Male 1 Credit

( Gross: 216.39 Deductions: 31.71 Net: 184.68 )

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" | ★ | 941 | # |
| ☑ "IF FEDERAL TAX DEPOSIT ENTER 1" | | 1 | |
| ☑ "ENTER 2-DIGIT TAX FILING YEAR" | ★ | 17 | |
| ☑ "ENTER 2-DIGIT TAX FILING ENDING MONTH" | ★ | 12 | |

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" | ★ | $ 90,977.86 | # |
| "1 TO CONFIRM" | | 1 | |
| "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" | 0 | $ 41,374.76 | # |
| "ENTER W/CENTS AMOUNT OF MEDICARE" | | $ 10,335.44 | # |
| "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING" | | $ 39,267.66 | # |
| CHECK | | $ - | |
| ☑ "6-DIGIT SETTLEMENT DATE" | ★ | 12/28/2017 | |
| "1 TO CONFIRM" | | 1 | |
| ☑ ACKNOWLEDGEMENT NUMBER | | 41316375 | |

| | |
|---|---|
| **CALLED IN BY:** | AMK |
| **CALLED IN DATE:** | 12/27/17 |
| **CALLED IN TIME:** | 12:15 pm |

# 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 | 10/13/30 | | | | | |
| PAY PERIOD: END | 05/05/34 | | | | | |
| PAY DATE: | 04/04/36 | | | | | |
| GROSS PAY: | $ 377,753.02 | | | | | $ 377,753.02 |
| DEDUCTIONS: | | | | | | |
| A/R | $ 873.00 | | | | | $ 873.00 |
| ADVANC | | | | | | $ - |
| BOOTS | $ - | | | | | $ - |
| CAFÉ-1 | $ 1,689.92 | | | | | $ 1,689.92 |
| CAFÉ-2 | $ 1,132.00 | | | | | $ 1,132.00 |
| CAFE-3 | | | | | | $ - |
| CAFÉ-4 | $ 353.26 | | | | | $ 353.26 |
| CAFÉ-5 | $ 376.58 | | | | | $ 376.58 |
| CAFÉ-D | $ 1,635.50 | | | | | $ 1,635.50 |
| CAFÉ-H | $ 18,052.00 | | | | | $ 18,052.00 |
| CAFÉ-I | | | | | | $ - |
| CAFÉ-L | | | | | | $ - |
| CAFÉ-P | $ 271.76 | | | | | $ 271.76 |
| CANCER | | | | | | $ - |
| CHILD | | | | | | $ - |
| CLINIC | $ 206.29 | | | | | $ 206.29 |
| COMBIN | $ 854.90 | | | | | $ 854.90 |
| CREDUN | | | | | | $ - |
| DENTAL | | | | | | $ - |
| DEP-LF | | | | | | $ - |
| DIS-LF | $ 1,878.93 | | | | | $ 1,878.93 |
| EAT | $ 20.00 | | | | | $ 20.00 |
| FED TAX | $ 39,267.66 | | | | | $ 39,267.66 |
| FICA-M | $ 5,245.81 | | | | | $ 5,245.81 |
| FICA-O | $ 20,687.41 | | | | | $ 20,687.41 |
| FIRST C | $ 75.00 | | | | | $ 75.00 |
| FLEX S | $ 1,990.55 | | | | | $ 1,990.55 |
| FLX-FE | | | | | | $ - |
| GIFT S | $ 77.96 | | | | | $ 77.96 |
| GRP-IN | $ 129.26 | | | | | $ 129.26 |
| GTL | | | | | | $ - |
| HOSP-I | | | | | | $ - |
| LEGAL SHEILD | $ 204.72 | | | | | $ 21.60 |
| MISC | $ 21.60 | | | | | $ 898.16 |
| OTHER | $ 898.16 | | | | | $ 297.00 |
| PHI/MASA | $ 297.00 | | | | | $ 345.29 |
| PR FIN | $ 345.29 | | | | | $ - |
| RELAY | | | | | | $ - |
| REPAY | | | | | | $ 1,165.00 |
| STONEDF | $ 1,165.00 | | | | | $ - |
| STONE | | | | | | $ - |
| STONE 2 | | | | | | $ - |
| STUDEN | | | | | | $ 26,442.73 |
| TSA-R | $ 26,442.73 | | | | | $ - |
| UW/HOS | | | | | | |
| TOTAL DEDUCTIONS: | $ 124,192.29 | $ - | $ - | $ - | $ - | $ 124,192.29 |
| | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | |
| NET PAY: | $ 253,560.73 | $ - | $ - | $ - | $ - | $ 253,560.73 |
| | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | |
| TOTAL CAFÉ 125 PLAN: | $ 26,741.57 | Less Exempt: | | | | |
| TAXABLE PAY: | $ 351,011.45 | $ 333,667.49 | | | | |

| | | **CALCULATED** | From MMC Report | Difference |
|---|---|---|---|---|
| FICA - MED (ER) | 1.46% | $ 5,089.67 | | |
| FICA - MED (EE) | 1.45% | $ 5,245.77 | $ 5,245.81 | $ (0.04) |
| FICA - SOC SEC (ER) | 6.20% | $ 20,687.38 | | |
| FICA - SOC SEC (EE) | 6.20% | $ 20,687.38 | $ 20,687.41 | $ (0.03) |
| FED WITHHOLDING | | $ 39,267.66 | $ 39,267.66 | |
| TAX DEPOSIT: | | $ 90,977.86 | $ 91,134.10 | $ (156.24) |
| FICA - MEDICARE | 2.90% | $ 10,335.44 | | |
| FICA - SOCIAL SECURITY | 12.40% | $ 41,374.76 | | |
| FED WITHHOLDING | | $ 39,267.66 | | |
| TOTAL TAX: | | $ 90,977.86 | | |

| | Exempt Amt: |
|---|---|
| **Employees over FICA-SS Cap:** | |
| Jason Anglin | $ 17,343.96 |
| Jerry | |
| **Paycode S - Employee Reimb.:** | |
| Roshanda S. Gray | |
| TOTAL: | $ 17,343.96 |

PREPARED BY: _____

PREPARED DATE: _____

Final Summary

**PayCode Summary**

| PayCd | Description | Hrs | OT | SH | WE | HO | CB | Gross |
|---|---|---|---|---|---|---|---|---|
| 1 | REGULAR PAY-S1 | 8948.52 | N | | N | N | | 178282.38 |
| 1 | REGULAR PAY-S1 | 1229.98 | N | | N | N | N | 51565.56 |
| 1 | REGULAR PAY-S1 | 327.25 | Y | | N | N | | 8240.89 |
| 2 | REGULAR PAY-S2 | 2482.75 | N | | N | N | | 54619.16 |
| 2 | REGULAR PAY-S2 | 70.50 | Y | | N | N | | 2387.55 |
| 3 | REGULAR PAY-S3 | 1507.50 | N | | N | N | | 39071.93 |
| 3 | REGULAR PAY-S3 | 31.50 | Y | | N | N | | 1142.35 |
| C | CALL PAY | 2981.25 | N | 1 | N | N | | 5962.50 |
| E | EXTRA WAGES | | N | | N | N | N | 70.00 |
| E | EXTRA WAGES | | N | 1 | N | N | N | 1305.00 |
| F | FUNERAL LEAVE | 72.00 | N | 1 | N | N | | 919.68 |
| I | INSERVICE | 1.50 | N | 1 | N | N | | 39.00 |
| K | EXTENDED-ILLNESS-BANK | 206.00 | N | 1 | N | N | | 3416.52 |
| M | MEAL REIMBURSEMENT | | N | | N | N | N | 35.00 |
| P | PAID-TIME-OFF | 204.00 | N | | N | N | N | 10039.16 |
| P | PAID-TIME-OFF | 936.74 | N | 1 | N | N | | 19391.46 |
| X | CALL PAY 2 | 64.00 | N | 1 | N | N | | 128.00 |
| Z | CALL PAY 3 | 64.00 | N | 1 | N | N | | 192.00 |
| p | PAID TIME OFF - PROBATION | 8.00 | N | 1 | N | N | | 124.88 |

**Deductions Summary**

| Code | Amount | Code | Amount | Code | Amount |
|---|---|---|---|---|---|
| A/R | 731.17 | A/R2 | 141.83 | A/RJ | |
| ADVANC | | AWARDS | | BOOTS | |
| CAFE H | | CAFE-1 | 1689.92 | CAFE-2 | 1132.00 |
| CAFE-3 | | CAFE-4 | 353.26 | CAFE-5 | 376.58 |
| CAFE-C | | CAFE-D | 1630.50 | CAFE-F | |
| CAFE-H | 17997.00 | CAFE-I | | CAFE-L | |
| CAFE-P | 271.76 | CANCER | | CHILD | |
| CLINIC | 206.29 | COMBIN | 854.90 | CREDUN | |
| DD ADV | | DENTAL | | DEP-LF | |
| DIS-LF | 1878.93 | EAT | 20.00 | EATCSH | 297.50 |
| FEDTAX | 39193.47 | FICA-M | 5234.79 | FICA-O | 20640.29 |
| FIRSTC | 75.00 | FLEX S | 1990.55 | FLX FE | |
| FORT D | | FUTA | | GIFT S | 77.96 |
| GRANT | | GRP-IN | 129.26 | GTL | |
| HOSP-I | | ID TFT | | LEAF | |
| LEGAL | 204.72 | MASA | 297.00 | MEALS | 61.70 |
| MISC | 21.60 | MISC/ | | MMCSHR | 404.82 |
| OTHBR | | PHI | | PHI*** | |
| PR FIN | 345.29 | RELAY | | REPAY | |
| SAMS | | SCRUBS | | SIGNON | |
| ST-TX | | STONDF | 1165.00 | STONE | |
| STONE2 | | STUDEN | | TSA-1 | |
| TSA-2 | | TSA-C | | TSA-P | |
| TSA-R | 26385.33 | TUTION | | UNIFOR | 134.14 |
| UW/HOS | | | | | |

Grand Totals: 19135.49 ------- ( Gross: 376933.02 Deductions: 123942.56 Net: 252990.46 )
Checks Count:- FT 190 PT 9 Other 32 Female 195 Male 35 Credit OverAmt 2 ZeroNet Term Total: 230

Final Summary

**PayCode Summary**

| PayCd | Description | Hrs | OT | SH | WE | HO | CB | Gross |
|---|---|---|---|---|---|---|---|---|
| K | | 80.00 | N | | N | N | N | 820.00 |

**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 | 5.00 | CAFE-F | |
| CAFE-H | 55.00 | CAFE-I | | CAFE-L | |
| CAFE-P | | CANCER | | CHILD | |
| CLINIC | | COMBIN | | CREDUN | |
| DD ADV | | DENTAL | | DEP-LF | |
| DIS-LF | | EAT | | EATCSH | |
| FEDTAX | 74.19 | FICA-M | 11.02 | FICA-O | 47.12 |
| FIRSTC | | FLEX S | | FLX FE | |
| FORT D | | FUTA | | GIFT S | |
| GRANT | | GRP-IN | | GTL | |
| HOSP-I | | ID TFT | | LEAF | |
| LEGAL | | MASA | | MEALS | |
| MISC | | MISC/ | | MMCSHR | |
| OTHER | | PHI | | PHI*** | |
| PR FIN | | RELAY | | REPAY | |
| SAMS | | SCRUBS | | SIGNON | |
| ST-TX | | STONDF | | STONE | |
| STONE2 | | STUDEN | | TSA-1 | |
| TSA-2 | | TSA-C | | TSA-P | |
| TSA-R | 57.40 | TUTION | | UNIFOR | |
| UW/HOS | | | | | |

| Grand Totals: | 80.00 | ( Gross: | 820.00 | Deductions: | 249.73 | Net: | 570.27 |
|---|---|---|---|---|---|---|---|
| Checks Count:- FT | 1 PT | Other | Female | 1 Male | Credit | OverAmt | ZeroNet | Term | Total: 1 |

# MEMORIAL MEDICAL CENTER
## IBC
## ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- DECEMBER 2017

*Monthly Electronic Transfers for Operating Expenses*

| | | | |
|---|---|---|---|
| 12/4/2017 | IBC Merch Bank Fee | - Credit Card Processing Fee | 29.95 |
| 12/5/2017 | Vivonet Acquisit Payment | - Credit Card Machine Lease Expense | 99.00 |
| 12/11/2017 | Clover APP MRKT Clover App | - Credit Card Machine Lease Expense | 81.20 |
| 12/20/2017 | FDGL Lease Payment | - Credit Card Machine Lease Expense | 151.23 |
| 12/20/2017 | Telecheck | - Credit Card Processing Fee | 5.00 |

Total Electronic Payments 366.38

Jason Anglin
MMC Chief Executive Officer

APPROVED
JAN 24 2018
COUNTY AUDITOR

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/2678
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

# STATEMENT

3

| CUSTOMER NO. | PAGE NO. |
|---|---|
| | 1 of 7 |

12/01/2017 to 12/31/2017
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 |
|---|---|---|---|---|---|
| 547,278.86 | 274 | 1,020,314.81 | 8 | 1,005,720.62 | 561,873.05 |

## Checks (Debits)

| Date | Check # | Amount | Date | Check # | Amount | Date | Check # | Amount |
|---|---|---|---|---|---|---|---|---|
| 12/01 | 172383 | 492,942.13 | 12/18 | 172384 | 337,361.59 | 12/20 | 172385 | 175,050.52 |

## Electronic Activity

| | Credits | | |
|---|---|---|---|
| 12/01 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 31,777.77 |
| 12/01 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 451356 | 8,571.59 |
| 12/01 | Electronic Deposit | TMHP HCCLAIMPMT xxxxx9111 | 5,884.38 |
| 12/01 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 673422 | 3,740.01 |
| 12/01 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 3,673.58 |
| 12/01 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17333E03506880 | 1,760.66 |
| 12/01 | Electronic Deposit | 36 TREAS 310 MISC PAY 746003411360012 | 1,435.43 |
| 12/01 | Electronic Deposit | AETNA AS01 HCCLAIMPMT 1689630865 | 1,162.01 |
| 12/01 | Electronic Deposit | TMHP HCCLAIMPMT xxxxx9112 | 869.82 |
| 12/01 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17333E03506890 | 546.12 |
| 12/01 | Electronic Deposit | 36 TREAS 310 MISC PAY 746003411360012 | 276.89 |
| 12/01 | Electronic Deposit | 36 TREAS 310 MISC PAY 746003411360012 | 195.27 |
| 12/01 | Electronic Deposit | 36 TREAS 310 MISC PAY 746003411360012 | 78.31 |
| 12/01 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113000 | 72.00 |
| 12/01 | Electronic Deposit | AETNA AS01 HCCLAIMPMT 1497153589 | 60.82 |
| 12/01 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 21.86 |
| 12/04 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 16,570.44 |
| 12/04 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17334E03666270 | 12,808.13 |
| 12/04 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 451356 | 8,173.05 |
| 12/04 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 673422 | 4,560.32 |
| 12/04 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 3,419.33 |
| 12/04 | Electronic Deposit | NOVITAS HCCLAIMPMT 1689630865 | 1,553.87 |
| 12/04 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 1,307.68 |
| 12/04 | Electronic Deposit | AETNA AS01 HCCLAIMPMT 1689630865 | 1,086.15 |
| 12/04 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17334E26950040 | 566.40 |
| 12/04 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17334E03666280 | 176.42 |
| 12/04 | Electronic Deposit | AETNA H09 HCCLAIMPMT 1689630865 | 39.20 |
| 12/04 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 1.50 |
| 12/05 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 45Z356 | 22,572.34 |
| 12/05 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 451356 | 17,136.07 |
| 12/05 | Electronic Deposit | AETNA AS01 HCCLAIMPMT 1497143259 | 4,277.00 |
| 12/05 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17335E03816520 | 2,936.38 |
| 12/06 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 26,142.59 |
| 12/06 | Electronic Deposit | Driscoll Childre Driscoll C MEMORIAL MEDICA | 5,749.87 |
| 12/06 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17338E03981620 | 4,359.60 |
| 12/06 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 673422 | 3,090.81 |
| 12/06 | Electronic Deposit | Driscoll Childre Driscoll C MEMORIAL MEDICA | 3,041.82 |
| 12/06 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 1,935.17 |

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

B/NE/131/019/2682
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

# STATEMENT

| CUSTOMER NO. | PAGE NO. |
|---|---|
| 1 | 5 of 7 |

12/01/2017 to 12/31/2017
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.

| | | | |
|---|---|---|---|
| 12/21 | Electronic Deposit | AETNA H09 HCCLAIMPMT 1689630865 | 248.16 |
| 12/21 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17353E05574290 | 151.03 |
| 12/21 | Electronic Deposit | AETNA A04 HCCLAIMPMT 1497153589 | 57.28 |
| 12/21 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17353E05574300 | 50.47 |
| 12/21 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113000 | 18.00 |
| 12/22 | Electronic Deposit | TMHP HCCLAIMPMT xxxxx9111 | 53,999.87 |
| 12/22 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 45Z356 | 44,931.00 |
| 12/22 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 15,805.86 |
| 12/22 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17354E05747180 | 5,987.90 |
| 12/22 | Electronic Deposit | AETNA AS01 HCCLAIMPMT 1689630865 | 5,205.36 |
| 12/22 | Electronic Deposit | Driscoll Childre Driscoll C MEMORIAL MEDICA | 3,135.32 |
| 12/22 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 2,402.50 |
| 12/22 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 673422 | 2,137.65 |
| 12/22 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17354E27598590 | 1,602.41 |
| 12/22 | Electronic Deposit | TMHP HCCLAIMPMT xxxxx9112 | 1,113.91 |
| 12/22 | Electronic Deposit | DRISCOLL HEALTH HCCLAIMPMT MEMORIAL MEDICA | 893.79 |
| 12/22 | Electronic Deposit | Driscoll Childre Driscoll C MEMORIAL MEDICA | 506.97 |
| 12/22 | Electronic Deposit | AETNA H09 HCCLAIMPMT 1689630865 | 407.92 |
| 12/22 | Electronic Deposit | AETNA A04 HCCLAIMPMT 1689630865 | 332.00 |
| 12/22 | Electronic Deposit | AETNA AS01 HCCLAIMPMT 1497153589 | 290.84 |
| 12/22 | Electronic Deposit | DRISCOLL CHILDRE HCCLAIMPMT MEMORIAL MEDICA | 171.32 |
| 12/22 | Electronic Deposit | TMHP HCCLAIMPMT xxxxx9113 | 166.99 |
| 12/22 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17354E05747190 | 156.80 |
| 12/22 | Electronic Deposit | DRISCOLL HEALTH HCCLAIMPMT MEMORIAL MEDICA | 148.99 |
| 12/22 | Electronic Deposit | 36 TREAS 310 MISC PAY 746003411360012 | 144.75 |
| 12/22 | Electronic Deposit | 36 TREAS 310 MISC PAY 746003411360012 | 126.60 |
| 12/22 | Electronic Deposit | 36 TREAS 310 MISC PAY 746003411360012 | 119.84 |
| 12/22 | Electronic Deposit | DRISCOLL CHILDRE HCCLAIMPMT MEMORIAL MEDICA | 88.40 |
| 12/22 | Electronic Deposit | 36 TREAS 310 MISC PAY 746003411360012 | 78.31 |
| 12/22 | Electronic Deposit | HEALTH HUMAN SVC INV-PAYMTS 17460034113000 | 54.00 |
| 12/22 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17354E05747200 | 42.59 |
| 12/22 | Electronic Deposit | 36 TREAS 310 MISC PAY 746003411360012 | 15.53 |
| 12/22 | Electronic Deposit | 36 TREAS 310 MISC PAY 746003411360012 | 12.38 |
| 12/26 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 13,852.65 |
| 12/26 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17355E05914430 | 11,264.26 |
| 12/26 | Electronic Deposit | AETNA H09 HCCLAIMPMT 1497143259 | 8,556.24 |
| 12/26 | Electronic Deposit | CIGNA EDGE TRANS HCCLAIMPMT 603200048145 | 3,054.43 |
| 12/26 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 673422 | 2,357.01 |
| 12/26 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17355E05914440 | 1,955.30 |
| 12/26 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17355E05914450 | 1,101.90 |
| 12/26 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 835.86 |
| 12/26 | Electronic Deposit | AETNA H09 HCCLAIMPMT 1689630865 | 194.24 |
| 12/26 | Electronic Deposit | AETNA H09 HCCLAIMPMT 1497153589 | 164.62 |
| 12/26 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17355E27656310 | 79.93 |
| 12/26 | Electronic Deposit | AETNA H09 HCCLAIMPMT 1497153589 | 54.73 |
| 12/27 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 45Z356 | 8,649.48 |
| 12/27 | Electronic Deposit | Driscoll Childre Driscoll C MEMORIAL MEDICA | 8,003.73 |
| 12/27 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 673422 | 6,125.63 |
| 12/27 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17356E06080580 | 1,393.30 |
| 12/27 | Electronic Deposit | Driscoll Childre Driscoll C MEMORIAL MEDICA | 1,182.93 |

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/2683
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

# STATEMENT

3

| CUSTOMER NO. | PAGE NO. |
|---|---|
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12/01/2017 to 12/31/2017
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.

| | | | |
|---|---|---|---|
| 12/27 | Electronic Deposit | Driscoll Childre Driscoll C MEMORIAL MEDICA | 1,049.65 |
| 12/27 | Electronic Deposit | NOVITAS HCCLAIMPMT 1689630865 | 352.62 |
| 12/27 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17356E06080600 | 261.33 |
| 12/27 | Electronic Deposit | DRISCOLL HEALTH HCCLAIMPMT MEMORIAL MEDICA | 163.99 |
| 12/27 | Electronic Deposit | 36 TREAS 310 MISC PAY | 144.75 |
| 12/27 | Electronic Deposit | DRISCOLL CHILDRE HCCLAIMPMT MEMORIAL MEDICA | 127.43 |
| 12/27 | Electronic Deposit | 36 TREAS 310 MISC PAY 746003411360012 | 118.71 |
| 12/28 | Electronic Deposit | Driscoll Childre Driscoll C MEMORIAL MEDICA | 34,961.30 |
| 12/28 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 20,408.07 |
| 12/28 | Electronic Deposit | AETNA AS01 HCCLAIMPMT 1689630865 | 12,336.79 |
| 12/28 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17360E06254820 | 7,804.01 |
| 12/28 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17360E27764760 | 1,895.87 |
| 12/28 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 1,803.32 |
| 12/28 | Electronic Deposit | Driscoll Childre Driscoll C MEMORIAL MEDICA | 1,351.92 |
| 12/28 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 995.00 |
| 12/28 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17360E06254830 | 899.93 |
| 12/28 | Electronic Deposit | Driscoll Childre Driscoll C MEMORIAL MEDICA | 168.99 |
| 12/28 | Electronic Deposit | AETNA AS01 HCCLAIMPMT 1497153589 | 155.46 |
| 12/28 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17360E06254840 | 110.27 |
| 12/28 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 75.89 |
| 12/29 | Electronic Deposit | TMHP HCCLAIMPMT xxxxx9111 | 33,743.58 |
| 12/29 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 6,454.25 |
| 12/29 | Electronic Deposit | NOVITAS SOLUTION HCCLAIMPMT 673422 | 4,702.83 |
| 12/29 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17361E06402230 | 3,373.91 |
| 12/29 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 3,020.96 |
| 12/29 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17361E06402240 | 1,494.07 |
| 12/29 | Electronic Deposit | 36 TREAS 310 MISC PAY 746003411360012 | 1,125.00 |
| 12/29 | Electronic Deposit | TMHP HCCLAIMPMT xxxxx9112 | 1,112.16 |
| 12/29 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17361E06402270 | 1,077.82 |
| 12/29 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17361E27806010 | 594.68 |
| 12/29 | Electronic Deposit | TMHP HCCLAIMPMT xxxxx9103 | 583.91 |
| 12/29 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17361E06402250 | 548.21 |
| 12/29 | Electronic Deposit | AETNA H09 HCCLAIMPMT 1497153589 | 306.93 |
| 12/29 | Electronic Deposit | AETNA H09 HCCLAIMPMT 1497153589 | 113.89 |
| 12/29 | Electronic Deposit | CIGNA HCCLAIMPMT xxxxx3411 | 104.44 |
| 12/29 | Electronic Deposit | BCBS TEXAS HCCLAIMPMT C17361E06402260 | 56.37 |

Debits

| | | | |
|---|---|---|---|
| 12/04 | Electronic Payment | IBC MERCH BNKCD FEE 674200009993 | 29.95 |
| 12/05 | Electronic Payment | VIVONET ACQUISIT PAYMENT 1136 | 99.00 |
| 12/11 | Electronic Payment | CLOVER APP MRKT CLOVER APP | 81.20 |
| 12/20 | Electronic Payment | Telecheck INV122017D xxxxx9736 | 5.00 |
| 12/20 | Electronic Payment | FDGL LEASE PYMT | 151.23 |

## Daily Ending Balance

| | | | | | |
|---|---|---|---|---|---|
| 12/01 | 114,463.25 | 12/07 | 298,285.37 | 12/13 | 464,469.00 |
| 12/04 | 164,695.79 | 12/08 | 350,818.38 | 12/14 | 486,919.57 |
| 12/05 | 211,518.58 | 12/11 | 371,953.79 | 12/15 | 539,526.55 |
| 12/06 | 261,789.33 | 12/12 | 391,585.88 | 12/18 | 229,274.81 |

IBC

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International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER
8/NE/131/019/2684
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

**STATEMENT** 3

| CUSTOMER NO. | PAGE NO. |
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12/01/2017 to 12/31/2017
STATEMENT PERIOD

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| | | | | | |
|---|---|---|---|---|---|
| 12/19 | 231,091.54 | 12/22 | 349,448.50 | 12/28 | 503,460.04 |
| 12/20 | 134,065.80 | 12/26 | 392,919.67 | 12/29 | 561,873.05 |
| 12/21 | 209,368.70 | 12/27 | 420,493.22 | | |

## Obtain Your WE DO MORE RX Card Today!

Please check the IMPORTANT INFORMATION link to learn about the IBC prescription discount card.
The We Do More RX card offers significant savings on all prescription drugs at pharmacies nationwide.
Click on the handy link below to start saving money!

https://www.paramountrx.com/clients/ibcbank/Home.aspx

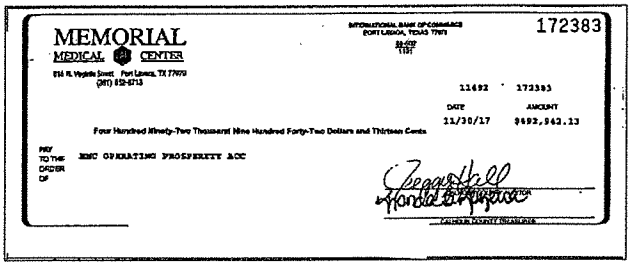
## Notice to Customers: A CTR Reference Guide

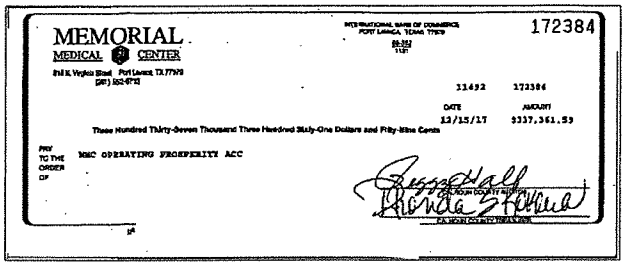
Why is my financial institution asking me for identification and personal information?

Federal law requires financial institutions to report currency (cash or coin) transactions over $10,000 conducted by, or on behalf of, one person, as well as multiple currency transactions that aggregate to be over $10,000 in a single day. These transactions are reported on Currency Transaction Reports (CTRs). The federal law requiring these reports was passed to safeguard the financial industry from threats posed by money laundering and other financial crime. To comply with this law, financial institutions must obtain personal identification information about the individual conducting the transaction such as a Social Security number as well as a driver's license or other government issued document. This requirement applies whether the individual conducting the transaction has an account relationship with the institution or not. There is no general prohibition against handling large amounts of currency and the filing of a CTR is required regardless of the reasons for the currency transaction. The financial institution collects this information in a manner consistent with a customer's right to financial privacy.

Can I break up my currency transactions into multiple, smaller amounts to avoid being reported to the government?

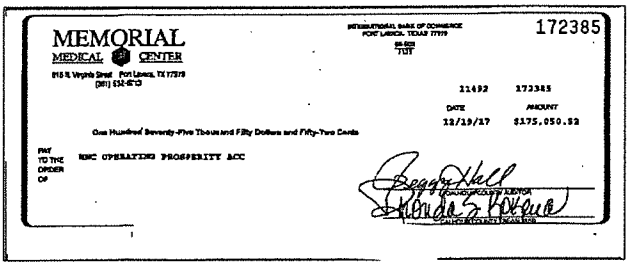
No. This is called "structuring." Federal law makes it a crime to break up transactions into smaller amounts for the purpose of evading the CTR reporting requirement and this may lead to a required disclosure from the financial institution to the government. Structuring transactions to prevent a CTR from being reported can result in imprisonment for not more than five years and/or a fine of up to $250,000. If structuring involves more than $100,000 in a twelve month period or is performed while violating another law of the United States, the penalty is doubled.


MEMORIAL MEDICAL CENTER
INTERNATIONAL BANK OF COMMERCE
PORT LAVACA, TEXAS 77979
172383
11492 172383
DATE 11/30/17 AMOUNT 492,942.13
Four Hundred Ninety-Two Thousand Nine Hundred Forty-Two Dollars and Thirteen Cents
PAY TO THE ORDER OF MMC OPERATING PROSPERITY ACC


MEMORIAL MEDICAL CENTER
INTERNATIONAL BANK OF COMMERCE
PORT LAVACA, TEXAS 77979
172384
11492 172384
DATE 12/15/17 AMOUNT $337,361.59
Three Hundred Thirty-Seven Thousand Three Hundred Sixty-One Dollars and Fifty-Nine Cents
PAY TO THE ORDER OF MMC OPERATING PROSPERITY ACC

**172383 12/01/2017 $492,942.13**

**172384 12/18/2017 $337,361.59**


MEMORIAL MEDICAL CENTER
INTERNATIONAL BANK OF COMMERCE
PORT LAVACA, TEXAS 77979
172385
11492 172385
DATE 12/19/17 AMOUNT $175,050.52
One Hundred Seventy-Five Thousand Fifty Dollars and Fifty-Two Cents
PAY TO THE ORDER OF MMC OPERATING PROSPERITY ACC

**172385 12/20/2017 $175,050.52**

# MEMORIAL MEDICAL CENTER
## PROSPERITY BANK
## ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- DECEMBER 2017

**Monthly Electronic Transfers for Operating Expenses**

| | | | |
|---|---|---|---|
| 12/1/2017 | IRS USATAXPYMT | - Payroll Taxes | 90,198.76 |
| 12/4/2017 | Expertpay | - Child Support | 213.81 |
| 12/5/2017 | FDGL Lease Payment | - Credit Card Machine Lease Expense | 59.25 |
| 12/5/2017 | FDGL Lease Payment | - Credit Card Machine Lease Expense | 86.30 |
| 12/5/2017 | FDGL Lease Payment | - Credit Card Machine Lease Expense | 59.25 |
| 12/5/2017 | Mckesson Drug Auto ACH | - 340B Drug Program Expense | 2,304.96 |
| 12/5/2017 | Merch Bank Interchng | - Credit Card Processing Fee | 115.85 |
| 12/5/2017 | Merch Bank Interchng | - Credit Card Processing Fee | 61.87 |
| 12/5/2017 | Merch Bank Interchng | - Credit Card Processing Fee | 153.26 |
| 12/5/2017 | Merch Bank Interchng | - Credit Card Processing Fee | 1,193.99 |
| 12/5/2017 | Merch Bank Fee | - Credit Card Processing Fee | 65.54 |
| 12/5/2017 | Merch Bank Fee | - Credit Card Processing Fee | 73.71 |
| 12/5/2017 | Merch Bank Fee | - Credit Card Processing Fee | 52.79 |
| 12/5/2017 | Merch Bank Fee | - Credit Card Processing Fee | 119.12 |
| 12/5/2017 | Merch Bank Fee | - Credit Card Processing Fee | 9.95 |
| 12/5/2017 | Merch Bank Discount | - Credit Card Processing Fee | 180.80 |
| 12/5/2017 | Merch Bank Discount | - Credit Card Processing Fee | 903.48 |
| 12/5/2017 | Merch Bank Discount | - Credit Card Processing Fee | 288.12 |
| 12/5/2017 | Merch Bank Discount | - Credit Card Processing Fee | 82.14 |
| 12/5/2017 | Merch Bank Discount | - Credit Card Processing Fee | 1,241.31 |
| 12/7/2017 | FDGL Lease Payment | - Credit Card Machine Lease Expense | 30.25 |
| 12/7/2017 | Deposit Item Return Check | - Returned Check | 25.00 |
| 12/8/2017 | Deposit Item Return Check | - Returned Check | 100.00 |
| 12/11/2017 | Clover APP MRKT Clover App | - Credit Card Machine Lease Expense | 16.25 |
| 12/11/2017 | FDGL Lease Payment | - Credit Card Machine Lease Expense | 30.17 |
| 12/11/2017 | TSYS/Transfirst Discount | - New Credit Card Machine Fee | 20.51 |
| 12/12/2017 | Mckesson Drug Auto ACH | - 340B Drug Program Expense | 1,168.46 |
| 12/14/2017 | IRS USATAXPYMT | - Payroll Taxes | 88,392.48 |
| 12/14/2017 | Memorial Medical Payroll | - Payroll | 243,169.62 |
| 12/15/2017 | Texas County DRS | - Retirement Funding | 169,126.05 |
| 12/19/2017 | Mckesson Drug Auto ACH | - 340B Drug Program Expense | 1,978.12 |
| 12/19/2017 | Webfile Tax Pymt | - Sales Tax | 1,136.09 |
| 12/20/2017 | FDGL Lease Payment | - Credit Card Machine Lease Expense | 26.98 |
| 12/26/2017 | Deposit Item Return Check | - Returned Check | 30.00 |
| 12/27/2017 | Mckesson Drug Auto ACH | - 340B Drug Program Expense | 3,836.31 |
| 12/28/2017 | IRS USATAXPYMT | - Payroll Taxes | 90,977.86 |
| 12/28/2017 | Memorial Medical Payroll | - Payroll | 249,455.72 |

Total Electronic Payments 946,984.13

Jason Anglin
MMC Chief Executive Officer

APPROVED
JAN 24 2018
COUNTY AUDITOR

L:\2017\Electronic Bank Activity To County\Electronic Transfer Activity.xlsx

# PROSPERITY BANK®

Statement Date 12/31/2017
Account No



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

2349

## STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

| | | | | | |
|---|---|---|---|---|---|
| 12/01/2017 | Beginning Balance | | | | $936,015.89 |
| | 273 Deposits/Other Credits | | | + | $3,376,874.46 |
| | 316 Checks/Other Debits | | | - | $2,158,528.32 |
| 12/31/2017 | Ending Balance | 31 | Days in Statement Period | | $2,154,362.03 |
| | Total Enclosures | | | | 382 |

## DEPOSITS/OTHER CREDITS

| Date | Description | Amount |
|---|---|---|
| 12/01/2017 | ACH Deposit CENTENE CORP HCCLAIMPMT 61000107106655 | $2,394.44 |
| 12/01/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160915882 11490252000 | $1,609.09 |
| 12/01/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160913887 11490252000 | $102.64 |
| 12/01/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160914885 11490252000 | $104.60 |
| 12/01/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160910883 11490252000 | $238.25 |
| 12/01/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160911881 11490252000 | $290.27 |
| 12/01/2017 | Deposit | $678.00 |
| 12/01/2017 | Deposit | $507.00 |
| 12/01/2017 | Deposit | $381.32 |
| 12/01/2017 | Deposit | $7,475.85 |
| 12/04/2017 | ACH Deposit CENTENE CORP HCCLAIMPMT 61000103039116 | $465.37 |
| 12/04/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160910883 11490252000 | $1,378.67 |
| 12/04/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160914885 11490252000 | $756.59 |
| 12/04/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160915882 11490252000 | $681.94 |
| 12/04/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160911881 11490252000 | $50.00 |
| 12/04/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160913887 11490252000 | $100.89 |
| 12/04/2017 | Deposit | $28,634.58 |
| 12/04/2017 | Deposit | $151.73 |
| 12/04/2017 | Deposit | $450.85 |
| 12/04/2017 | Deposit | $105.00 |
| 12/04/2017 | Deposit | $80.00 |
| 12/04/2017 | Deposit | $288.00 |
| 12/04/2017 | Deposit | $31.35 |
| 12/04/2017 | Deposit | $182.68 |
| 12/05/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160911881 11490252000 | $806.27 |
| 12/05/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160910883 11490252000 | $914.80 |
| 12/05/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160915882 11490252000 | $1,366.13 |
| 12/05/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160914885 11490252000 | $884.22 |
| 12/05/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160913887 11490252000 | $18.10 |
| 12/05/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160911881 11490252000 | $214.41 |
| 12/05/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160915882 11490252000 | $275.00 |
| 12/05/2017 | ACH Deposit MERCH BNKCD DEPOSIT 971160913887 11490252000 | $193.96 |

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10L011 : 00234901

## CHECKS

| Check Number | Date | Amount | Check Number | Date | Amount | Check Number | Date | Amount |
|---|---|---|---|---|---|---|---|---|
| 173874 | 12-20 | $13,958.67 | 173907 | 12-27 | $18.75 | 173945* | 12-27 | $13,879.64 |
| 173875 | 12-18 | $5,700.00 | 173909* | 12-27 | $706.43 | 173946 | 12-28 | $375.00 |
| 173876 | 12-20 | $302.00 | 173910 | 12-29 | $19,352.87 | 173947 | 12-26 | $512.75 |
| 173877 | 12-26 | $286.00 | 173912* | 12-27 | $5,626.40 | 173948 | 12-22 | $1,815.00 |
| 173879* | 12-26 | $395.58 | 173913 | 12-27 | $1,053.43 | 173951* | 12-28 | $5,254.00 |
| 173885* | 12-21 | $7,917.85 | 173915* | 12-29 | $409.09 | 173953* | 12-27 | $27.00 |
| 173886 | 12-18 | $75.22 | 173916 | 12-27 | $7,832.98 | 173955* | 12-26 | $6,082.16 |
| 173888* | 12-20 | $1,322.34 | 173917 | 12-28 | $471.68 | 173957* | 12-29 | $263.48 |
| 173889 | 12-20 | $4,237.53 | 173918 | 12-27 | $4,627.64 | 173958 | 12-29 | $558.00 |
| 173890 | 12-18 | $132.08 | 173919 | 12-28 | $568.40 | 173959 | 12-22 | $635.03 |
| 173891 | 12-18 | $240.00 | 173920 | 12-26 | $2,047.16 | 173960 | 12-28 | $1,333.33 |
| 173892 | 12-19 | $375.00 | 173925* | 12-21 | $89.56 | 173961 | 12-29 | $751.58 |
| 173893 | 12-21 | $183.97 | 173926 | 12-28 | $10,417.17 | 173962 | 12-27 | $1,200.00 |
| 173894 | 12-20 | $8,500.00 | 173927 | 12-28 | $495.00 | 173963 | 12-27 | $5,102.24 |
| 173895 | 12-19 | $3,690.52 | 173928 | 12-29 | $942.35 | 173966* | 12-27 | $2,000.00 |
| 173896 | 12-18 | $5,728.00 | 173930* | 12-28 | $6,473.24 | 173967 | 12-28 | $56.00 |
| 173897 | 12-20 | $48.40 | 173931 | 12-28 | $75.00 | 173969* | 12-29 | $4,750.77 |
| 173898 | 12-21 | $1,678.09 | 173932 | 12-28 | $960.00 | 173970 | 12-28 | $3,940.13 |
| 173899 | 12-27 | $329.88 | 173933 | 12-28 | $12,319.55 | 173972* | 12-27 | $278.86 |
| 173900 | 12-21 | $481.78 | 173934 | 12-29 | $8,333.33 | 173973 | 12-29 | $590.00 |
| 173901 | 12-21 | $85,280.65 | 173935 | 12-27 | $282.74 | 173974 | 12-29 | $138.00 |
| 173902 | 12-28 | $270.80 | 173938* | 12-29 | $379.15 | 173975 | 12-28 | $13,902.07 |
| 173903 | 12-22 | $1,571.67 | 173939 | 12-28 | $2,146.61 | 173976 | 12-28 | $27,725.00 |
| 173904 | 12-19 | $40,062.50 | 173940 | 12-29 | $718.88 | 173977 | 12-26 | $63.49 |
| 173905 | 12-27 | $230.65 | 173941 | 12-27 | $284.52 | 173978 | 12-28 | $32,583.00 |
| 173906 | 12-28 | $817.97 | 173942 | 12-22 | $34,287.11 | 173979 | 12-28 | $6,667.95 |

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## OTHER DEBITS

| Date | Description | Amount |
|---|---|---|
| 12/01/2017 | ACH Payment IRS USATAXPYMT 220773510975002 6103601000966 | $90,198.76 |
| 12/04/2017 | ACH Payment EXPERTPAY EXPERTPAY 746003411 91000010166848 | $213.81 |
| 12/05/2017 | ACH Payment FDGL LEASE PYMT 052-0802938-000 410001289441 | $59.25 |
| 12/05/2017 | ACH Payment FDGL LEASE PYMT 052-0802937-000 410001289441 | $86.30 |
| 12/05/2017 | ACH Payment FDGL LEASE PYMT 052-0802939-000 410001289441 | $59.25 |
| 12/05/2017 | ACH Payment MCKESSON DRUG AUTO ACH ACH03314174 910000146 | $2,304.96 |
| 12/05/2017 | ACH Payment MERCH BNKCD INTERCHNG 971160914885 *****2520 | $115.85 |
| 12/05/2017 | ACH Payment MERCH BNKCD INTERCHNG 971160913887 *****2520 | $61.87 |
| 12/05/2017 | ACH Payment MERCH BNKCD INTERCHNG 971160911881 *****2520 | $153.26 |
| 12/05/2017 | ACH Payment MERCH BNKCD INTERCHNG 971160910883 *****2520 | $1,193.99 |
| 12/05/2017 | ACH Payment MERCH BNKCD FEE 971160914885 114902520002253 | $65.54 |
| 12/05/2017 | ACH Payment MERCH BNKCD FEE 971160910883 114902520002249 | $73.71 |
| 12/05/2017 | ACH Payment MERCH BNKCD FEE 971160911881 114902520002250 | $52.79 |
| 12/05/2017 | ACH Payment MERCH BNKCD FEE 971160913887 114902520002252 | $119.12 |
| 12/05/2017 | ACH Payment MERCH BNKCD FEE 971160912889 114902520002251 | $9.95 |
| 12/05/2017 | ACH Payment MERCH BNKCD DISCOUNT 971160911881 1149025200 | $180.80 |
| 12/05/2017 | ACH Payment MERCH BNKCD DISCOUNT 971160915882 1149025200 | $903.48 |
| 12/05/2017 | ACH Payment MERCH BNKCD DISCOUNT 971160914885 1149025200 | $288.12 |
| 12/05/2017 | ACH Payment MERCH BNKCD DISCOUNT 971160913887 1149025200 | $82.14 |
| 12/05/2017 | ACH Payment MERCH BNKCD DISCOUNT 971160910883 1149025200 | $1,241.31 |
| 12/07/2017 | ACH Payment FDGL LEASE PYMT 052-1300412-000 410001242628 | $30.25 |
| 12/07/2017 | Deposit Item Ret CK 503 | $25.00 |

## OTHER DEBITS

| Date | Description | Amount |
|---|---|---|
| 12/08/2017 | Deposit Item Ret CK 1026 | $100.00 |
| 12/11/2017 | ACH Payment CLOVER APP MRKT CLOVER APP 899-9043311-000 1 | $16.25 |
| 12/11/2017 | ACH Payment FDGL LEASE PYMT 052-1038879-000 410001295184 | $30.17 |
| 12/11/2017 | ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982541616 6110 | $20.51 |
| 12/12/2017 | ACH Payment MCKESSON DRUG AUTO ACH ACH03323288 910000111 | $1,168.46 |
| 12/14/2017 | ACH Payment IRS USATAXPYMT 220774835590272 6103601000731 | $88,392.48 |
| 12/14/2017 | ACH Payment PAYROLL ONLINE TRF PAYROLL 113122655072699 | $243,169.62 |
| 12/15/2017 | ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024021 | $169,126.05 |
| 12/19/2017 | ACH Payment MCKESSON DRUG AUTO ACH ACH03327418 910000118 | $1,978.12 |
| 12/19/2017 | ACH Payment WEBFILE TAX PYMT DD 902/29117034 21000028274 | $1,136.09 |
| 12/20/2017 | ACH Payment FDGL LEASE PYMT 052-1405221-000 410001296907 | $26.98 |
| 12/26/2017 | Deposit Item Ret ck 103 | $30.00 |
| 12/27/2017 | ACH Payment MCKESSON DRUG AUTO ACH ACH03336491 910000121 | $3,836.31 |
| 12/28/2017 | ACH Payment IRS USATAXPYMT 220776241316375 6103601000008 | $90,977.86 |
| 12/28/2017 | ACH Payment PAYROLL ONLINE TRF PAYROLL 113122655985009 | $249,455.72 |

## DAILY ENDING BALANCE

| Date | Balance | Date | Balance | Date | Balance |
|---|---|---|---|---|---|
| 12-01 | $813,922.00 | 12-12 | $962,147.42 | 12-21 | $1,553,270.04 |
| 12-04 | $837,922.17 | 12-13 | $893,916.26 | 12-22 | $1,712,529.40 |
| 12-05 | $847,840.54 | 12-14 | $552,108.45 | 12-26 | $2,005,652.73 |
| 12-06 | $888,692.43 | 12-15 | $720,357.18 | 12-27 | $2,068,205.11 |
| 12-07 | $840,437.01 | 12-18 | $789,870.28 | 12-28 | $1,787,545.12 |
| 12-08 | $1,080,824.66 | 12-19 | $1,647,024.10 | 12-29 | $2,153,910.48 |
| 12-11 | $979,817.94 | 12-20 | $1,634,971.40 | 12-31 | $2,154,362.03 |

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## EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

| | | | |
|---|---|---|---|
| Interest Paid This Period | $451.55 | Annual Percentage Yield Earned | 0.45 % |
| Interest Paid YTD | $2,258.59 | Days in Earnings Period | 31 |

00L015 : 00234905

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/2685

COUNTY OF CALHOUN TEXAS
INDIGENT HEALTHCARE
202 S Ann St Ste A
Port Lavaca TX 77979

# STATEMENT

0

| CUSTOMER NO. | PAGE NO. |
|---|---|
| | 1 of 1 |

12/01/2017 to 12/31/2017
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 |
|---|---|---|---|---|---|
| 190.01 | 0 | 0.00 | 0 | 0.00 | 190.01 |

## Obtain Your WE DO MORE RX Card Today!

Please check the IMPORTANT INFORMATION link to learn about the IBC prescription discount card.
The We Do More RX card offers significant savings on all prescription drugs at pharmacies nationwide.
Click on the handy link below to start saving money!

https://www.paramountrx.com/clients/ibcbank/Home.aspx

## Notice to Customers: A CTR Reference Guide

Why is my financial institution asking me for identification and personal information?

Federal law requires financial institutions to report currency (cash or coin) transactions over $10,000 conducted by, or on behalf of, one person, as well as multiple currency transactions that aggregate to be over $10,000 in a single day. These transactions are reported on Currency Transaction Reports (CTRs). The federal law requiring these reports was passed to safeguard the financial industry from threats posed by money laundering and other financial crime. To comply with this law, financial institutions must obtain personal identification information about the individual conducting the transaction such as a Social Security number as well as a driver's license or other government issued document. This requirement applies whether the individual conducting the transaction has an account relationship with the institution or not. There is no general prohibition against handling large amounts of currency and the filing of a CTR is required regardless of the reasons for the currency transaction. The financial institution collects this information in a manner consistent with a customer's right to financial privacy.

Can I break up my currency transactions into multiple, smaller amounts to avoid being reported to the government?

No. This is called "structuring." Federal law makes it a crime to break up transactions into smaller amounts for the purpose of evading the CTR reporting requirement and this may lead to a required disclosure from the financial institution to the government. Structuring transactions to prevent a CTR from being reported can result in imprisonment for not more than five years and/or a fine of up to $250,000. If structuring involves more than $100,000 in a twelve month period or is performed while violating another law of the United States, the penalty is doubled.

# PROSPERITY BANK®

Statement Date 12/31/2017
Account No -



THE COUNTY OF CALHOUN TEXAS
CAL CO INDIGENT HEALTHCARE
202 S ANN ST STE A
PORT LAVACA TX 77979

13257

## STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No [redacted]

| | | | | | |
|---|---|---|---|---|---|
| 12/01/2017 | Beginning Balance | | | | $15,223.29 |
| | 4 Deposits/Other Credits | | | + | $19,475.53 |
| | 6 Checks/Other Debits | | | - | $2,591.88 |
| 12/31/2017 | Ending Balance | 31 | Days in Statement Period | | $32,106.94 |
| | Total Enclosures | | | | 9 |

## DEPOSITS/OTHER CREDITS

| Date | Description | Amount |
|---|---|---|
| 12/07/2017 | Deposit | $18,534.24 |
| 12/07/2017 | Deposit | $481.81 |
| 12/19/2017 | Deposit | $448.56 |
| 12/31/2017 | Accr Earning Pymt Added to Account | $10.92 |

## CHECKS

| Check Number | Date | Amount | Check Number | Date | Amount | Check Number | Date | Amount |
|---|---|---|---|---|---|---|---|---|
| 12023 | 12-12 | $445.77 | 12027* | 12-04 | $599.45 | 12032* | 12-11 | $54.41 |
| 12024 | 12-01 | $804.78 | 12029* | 12-01 | $215.80 | 12034* | 12-14 | $471.67 |

## DAILY ENDING BALANCE

| Date | Balance | Date | Balance | Date | Balance |
|---|---|---|---|---|---|
| 12-01 | $14,202.71 | 12-11 | $32,564.90 | 12-19 | $32,096.02 |
| 12-04 | $13,603.26 | 12-12 | $32,119.13 | 12-31 | $32,106.94 |
| 12-07 | $32,619.31 | 12-14 | $31,647.46 | | |

## EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

| | | | |
|---|---|---|---|
| Interest Paid This Period | $10.92 | Annual Percentage Yield Earned | 0.45 % |
| Interest Paid YTD | $41.60 | Days in Earnings Period | 31 |

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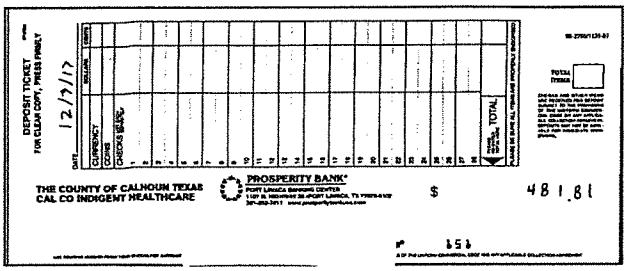
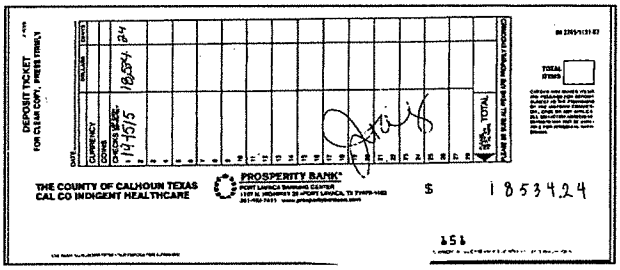
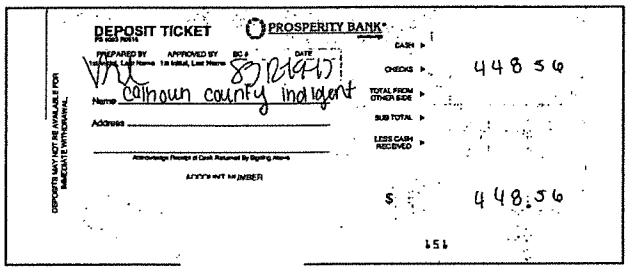
101361 : 01325701



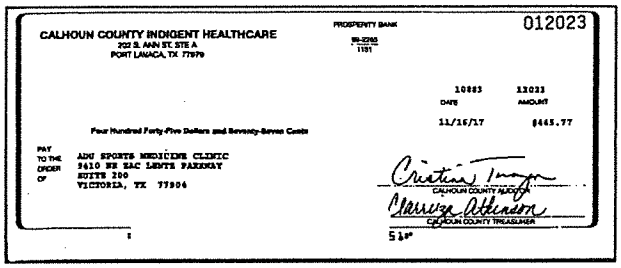

12/7/2017 $481.81



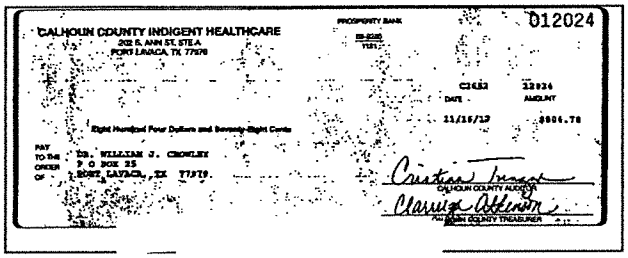

12/7/2017 $18,534.24



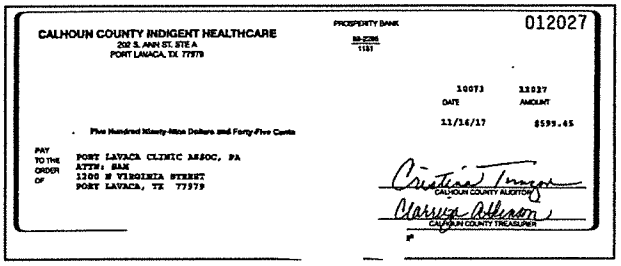

12/19/2017 $448.56



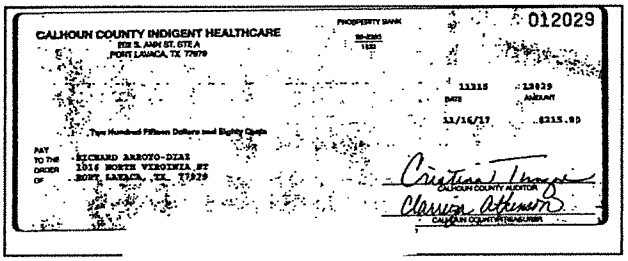

12/12/2017 12023 $445.77



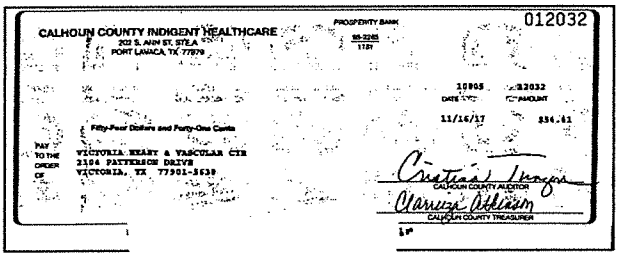

12/1/2017 12024 $804.78



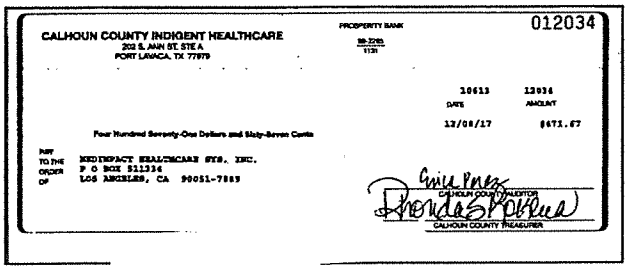

12/4/2017 12027 $599.45




12/1/2017 12029 $215.80




12/11/2017 12032 $54.41




12/14/2017 12034 $471.67

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# PROSPERITY BANK®

Statement Date 12/31/2017
Account No



MEMORIAL MEDICAL CENTER
CLINIC SERIES 2014
202 S ANN ST STE A
PORT LAVACA TX 77979

13242

## STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

| | | | | | |
|---|---|---|---|---|---|
| 12/01/2017 | Beginning Balance | | | | $100.16 |
| | 1 Deposits/Other Credits | | | + | $0.04 |
| | 0 Checks/Other Debits | | | - | $0.00 |
| 12/31/2017 | Ending Balance | 31 | Days in Statement Period | | $100.20 |

## DEPOSITS/OTHER CREDITS

| Date | Description | Amount |
|---|---|---|
| 12/31/2017 | Accr Earning Pymt Added to Account | $0.04 |

## DAILY ENDING BALANCE

| Date | Balance | Date | Balance |
|---|---|---|---|
| 12-01 | $100.16 | 12-31 | $100.20 |

0000

## EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

| | | | |
|---|---|---|---|
| Interest Paid This Period | $0.04 | Annual Percentage Yield Earned | 0.47 % |
| Interest Paid YTD | $0.20 | Days in Earnings Period | 31 |

101211 : 01324201

# PROSPERITY BANK®

Statement Date 12/31/2017
Account No



MEMORIAL MEDICAL CENTER
PRIVATE WAVIER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

13243

## STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

| | | | | | |
|---|---|---|---|---|---|
| 12/01/2017 | Beginning Balance | | | | $817,822.61 |
| | 1 Deposits/Other Credits | | | + | $181.65 |
| | 1 Checks/Other Debits | | | - | $816,822.61 |
| 12/31/2017 | Ending Balance | 31 | Days in Statement Period | | $1,181.65 |
| | Total Enclosures | | | | 1 |

## DEPOSITS/OTHER CREDITS

| Date | Description | Amount |
|---|---|---|
| 12/31/2017 | Accr Earning Pymt Added to Account | $181.65 |

## CHECKS

| Check Number | Date | Amount |
|---|---|---|
| 1 | 12-19 | $816,822.61 |

0000

## DAILY ENDING BALANCE

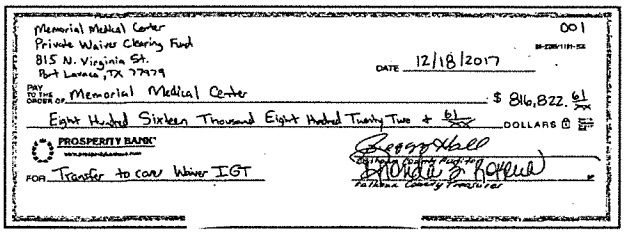
| Date | Balance | Date | Balance | Date | Balance |
|---|---|---|---|---|---|
| 12-01 | $817,822.61 | 12-19 | $1,000.00 | 12-31 | $1,181.65 |

101221 : 01324301

## EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

| | | | |
|---|---|---|---|
| Interest Paid This Period | $181.65 | Annual Percentage Yield Earned | 0.45 % |
| Interest Paid YTD | $1,410.59 | Days in Earnings Period | 31 |


Memorial Medical Center
Private Waiver Clearing Fund
815 N. Virginia St.
Port Lavaca, TX 77979

001

DATE 12/18/2017

PAY TO THE ORDER OF Memorial Medical Center $ 816,822.61

Eight Hundred Sixteen Thousand Eight Hundred Twenty Two & 61/100 DOLLARS

PROSPERITY BANK

FOR Transfer to cover Waiver IGT

| | | |
|---|---|---|
| 12/19/2017 | 1 | $816,822.61 |

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# PROSPERITY BANK®

Statement Date 12/31/2017
Account No



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

13244

## STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

| | | | | |
|---|---|---|---|---|
| 12/01/2017 | Beginning Balance | | | $416,293.80 |
| | 16 Deposits/Other Credits | | + | $468,788.68 |
| | 6 Checks/Other Debits | | - | $787,791.54 |
| 12/31/2017 | Ending Balance | 31 Days in Statement Period | | $97,290.94 |
| | Total Enclosures | | | 8 |

## DEPOSITS/OTHER CREDITS

| Date | Description | Amount |
|---|---|---|
| 12/01/2017 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2 | $194.51 |
| 12/04/2017 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2 | $11,734.95 |
| 12/07/2017 | Deposit | $45,951.65 |
| 12/08/2017 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2 | $2,251.47 |
| 12/15/2017 | Deposit | $58,403.08 |
| 12/19/2017 | ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51598578 111000 | $24,771.04 |
| 12/21/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000114 | $123,311.35 |
| 12/22/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000186 | $19,398.65 |
| 12/22/2017 | ACH Deposit MOLINA HEALTHCAR MOLINAACH 00734376 42000013 | $15,774.64 |
| 12/22/2017 | Deposit | $33,585.54 |
| 12/26/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000169 | $5,454.61 |
| 12/26/2017 | Deposit | $36,185.52 |
| 12/27/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000183 | $3,638.46 |
| 12/28/2017 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2 | $23,171.90 |
| 12/29/2017 | Deposit | $64,899.29 |
| 12/31/2017 | Accr Earning Pymt Added to Account | $62.02 |

## CHECKS

| Check Number | Date | Amount | Check Number | Date | Amount | Check Number | Date | Amount |
|---|---|---|---|---|---|---|---|---|
| 1 | 12-08 | $104,015.52 | 2 | 12-28 | $76,731.20 | 3 | 12-28 | $191.03 |

## OTHER DEBITS

| Date | Description | Amount |
|---|---|---|
| 12/08/2017 | CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD | $323,952.05 |
| 12/20/2017 | CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD | $106,606.20 |
| 12/27/2017 | CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD | $176,295.54 |

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102231 : 01324401

## DAILY ENDING BALANCE

| Date | Balance | Date | Balance | Date | Balance |
|---|---|---|---|---|---|
| 12-01 | $416,488.31 | 12-19 | $131,632.93 | 12-27 | $86,079.96 |
| 12-04 | $428,223.26 | 12-20 | $25,026.73 | 12-28 | $32,329.63 |
| 12-07 | $474,174.91 | 12-21 | $148,338.08 | 12-29 | $97,228.92 |
| 12-08 | $48,458.81 | 12-22 | $217,096.91 | 12-31 | $97,290.94 |
| 12-15 | $106,861.89 | 12-26 | $258,737.04 | | |

## EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

| | | | |
|---|---|---|---|
| Interest Paid This Period | $62.02 | Annual Percentage Yield Earned | 0.45 % |
| Interest Paid YTD | $217.71 | Days in Earnings Period | 31 |

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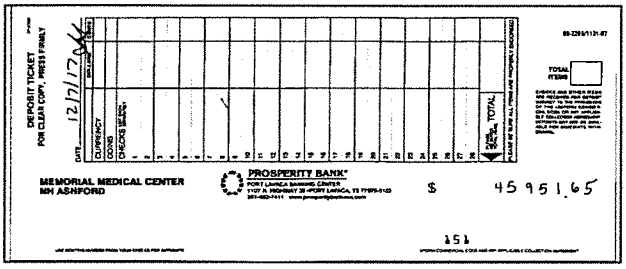
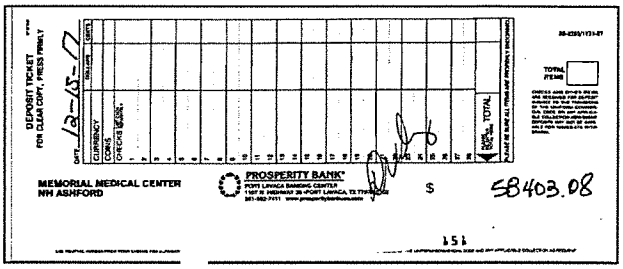
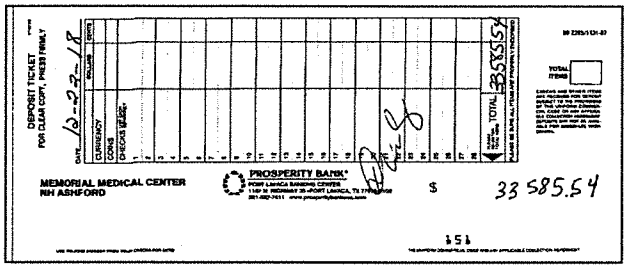


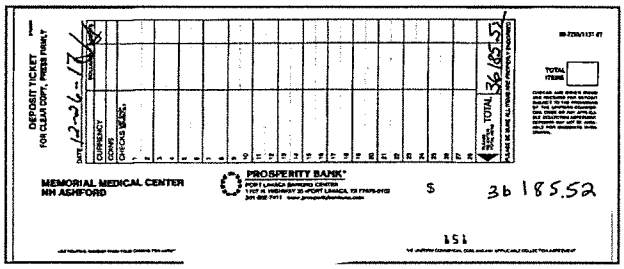

12/7/2017 $45,951.65



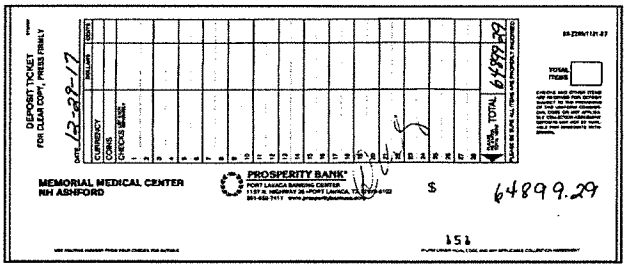

12/15/2017 $58,403.08



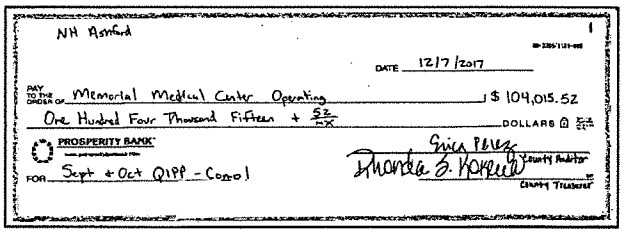

12/22/2017 $33,585.54



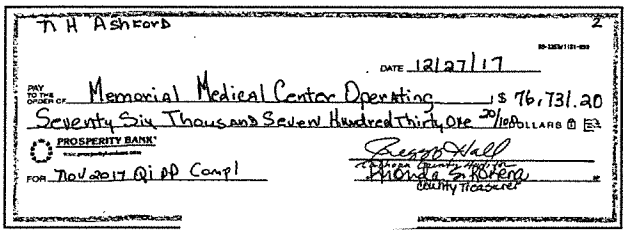

12/26/2017 $36,185.52



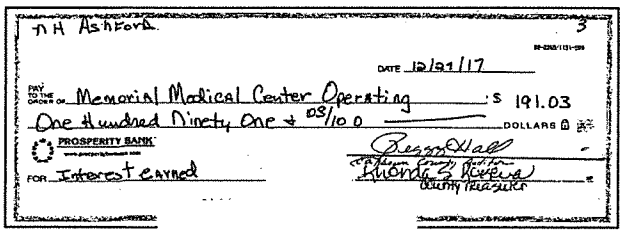

12/29/2017 $64,899.29




12/8/2017 1 $104,015.52




12/28/2017 2 $76,731.20




12/28/2017 3 $191.03

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002232 : 01324402

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/2193
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

# STATEMENT

| CUSTOMER NO. | PAGE NO. |
|---|---|
| | 1 of 2 |

12/01/2017 to 12/31/2017
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 |
|---|---|---|---|---|---|
| 56,064.31 | 37 | 222,539.24 | 3 | 263,933.03 | 14,670.52 |

## Electronic Activity

| | | | |
|---|---|---|---|
| | **Credits** | | |
| 12/01 | Electronic Deposit | HHP HCCLAIMPMT 390860 | 27,820.56 |
| 12/01 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17112918500088 | 13,914.09 |
| 12/01 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17112912402691 | 8,470.00 |
| 12/04 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1326436189 | 12,712.37 |
| 12/04 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17113019100191 | 7,146.43 |
| 12/04 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17113011402024 | 1,329.72 |
| 12/05 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120111600977 | 10,040.11 |
| 12/05 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120215300959 | 1,296.14 |
| 12/05 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120217400227 | 1,144.33 |
| 12/08 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120612901158 | 3,094.04 |
| 12/11 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1326436189 | 7,033.49 |
| 12/11 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1326436189 | 5,398.23 |
| 12/12 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120914700104 | 22,510.47 |
| 12/12 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120912000595 | 11,933.78 |
| 12/12 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120813102298 | 3,565.67 |
| 12/13 | Electronic Deposit | MANAGEANDNET1718 MNS PMNT 93 | 877.50 |
| 12/14 | Electronic Deposit | MANAGEANDNET1718 MNS PMNT 93 | 1,957.50 |
| 12/15 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17121311002278 | 8,690.50 |
| 12/18 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1326436189 | 7,800.95 |
| 12/18 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1326436189 | 4,076.32 |
| 12/19 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17121613100177 | 17,694.88 |
| 12/19 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17121617604060 | 13,287.85 |
| 12/21 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1326436189 | 2,867.67 |
| 12/21 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1326436189 | 2,238.81 |
| 12/22 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17122018300043 | 1,885.60 |
| 12/22 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1326436189 | 1,057.11 |
| 12/22 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17122014600526 | 65.49 |
| 12/26 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1326436189 | 5,664.06 |
| 12/26 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1326436189 | 1,590.58 |
| 12/26 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17122111300089 | 804.47 |
| 12/27 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17122316500068 | 7,308.93 |
| 12/27 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1326436189 | 1,855.89 |
| 12/27 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1326436189 | 192.77 |
| 12/28 | Electronic Deposit | CENTENE CORP HCCLAIMPMT | 371.49 |
| 12/29 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1326436189 | 2,084.36 |
| 12/29 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1326436189 | 1,635.69 |
| 12/29 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17122715103170 | 1,121.39 |
| | **Debits** | | |
| 12/11 | Outgoing Wire | 0057 ASHFORD HEALTH CARE CENTER LTD | 139,838.06 |
| 12/22 | Outgoing Wire | 0152 ASHFORD HEALTH CARE CENTER LTD | 76,938.45 |

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/2194
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

# STATEMENT

| CUSTOMER NO. | PAGE NO. |
|---|---|
| | 2 of 2 |

12/01/2017 to 12/31/2017
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.

| | | | | |
|---|---|---|---|---|
| 12/29 | Outgoing Wire | 0050 ASHFORD HEALTH CARE CENTER LTD | 39,097.41 + 8059.11 | 47,156.52 |

## Daily Ending Balance

| | | | | | |
|---|---|---|---|---|---|
| 12/01 | 106,268.96 | 12/13 | 54,513.18 | 12/22 | 39,197.41 |
| 12/04 | 127,457.48 | 12/14 | 56,470.68 | 12/26 | 47,256.52 |
| 12/05 | 139,938.06 | 12/15 | 65,161.18 | 12/27 | 56,614.11 |
| 12/08 | 143,032.10 | 12/18 | 77,038.45 | 12/28 | 56,985.60 |
| 12/11 | 15,625.76 | 12/19 | 108,021.18 | 12/29 | 14,670.52 |
| 12/12 | 53,635.68 | 12/21 | 113,127.66 | | |

## Obtain Your WE DO MORE RX Card Today!

Please check the IMPORTANT INFORMATION link to learn about the IBC prescription discount card.
The We Do More RX card offers significant savings on all prescription drugs at pharmacies nationwide.
Click on the handy link below to start saving money!

https://www.paramountrx.com/clients/ibcbank/Home.aspx

## Notice to Customers: A CTR Reference Guide

Why is my financial institution asking me for identification and personal information?

Federal law requires financial institutions to report currency (cash or coin) transactions over $10,000 conducted by, or on behalf of, one person, as well as multiple currency transactions that aggregate to be over $10,000 in a single day. These transactions are reported on Currency Transaction Reports (CTRs). The federal law requiring these reports was passed to safeguard the financial industry from threats posed by money laundering and other financial crime. To comply with this law, financial institutions must obtain personal identification information about the individual conducting the transaction such as a Social Security number as well as a driver's license or other government issued document. This requirement applies whether the individual conducting the transaction has an account relationship with the institution or not. There is no general prohibition against handling large amounts of currency and the filing of a CTR is required regardless of the reasons for the currency transaction. The financial institution collects this information in a manner consistent with a customer's right to financial privacy.

Can I break up my currency transactions into multiple, smaller amounts to avoid being reported to the government?

No. This is called "structuring." Federal law makes it a crime to break up transactions into smaller amounts for the purpose of evading the CTR reporting requirement and this may lead to a required disclosure from the financial institution to the government. Structuring transactions to prevent a CTR from being reported can result in imprisonment for not more than five years and/or a fine of up to $250,000. If structuring involves more than $100,000 in a twelve month period or is performed while violating another law of the United States, the penalty is doubled.

# PROSPERITY BANK®

Statement Date 12/31/2017
Account No


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

13245

## STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

| | | | | | |
|---|---|---|---|---|---|
| 12/01/2017 | Beginning Balance | | | | $525,341.60 |
| | 17 Deposits/Other Credits | | | + | $611,882.45 |
| | 4 Checks/Other Debits | | | - | $1,075,998.21 |
| 12/31/2017 | Ending Balance | 31 | Days in Statement Period | | $61,225.84 |
| | Total Enclosures | | | | 5 |

## DEPOSITS/OTHER CREDITS

| Date | Description | Amount |
|---|---|---|
| 12/01/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000149 | $152.59 |
| 12/04/2017 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2 | $2,467.50 |
| 12/07/2017 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2 | $1,632.35 |
| 12/07/2017 | Deposit | $58,431.79 |
| 12/08/2017 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2 | $966.16 |
| 12/15/2017 | Deposit | $64,376.24 |
| 12/18/2017 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2 | $1,345.05 |
| 12/20/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000111 | $306,164.55 |
| 12/21/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000113 | $24,323.86 |
| 12/22/2017 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2 | $733.66 |
| 12/22/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000186 | $39,983.98 |
| 12/22/2017 | Deposit | $50,143.54 |
| 12/26/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000169 | $15,137.32 |
| 12/28/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000169 | $7,622.66 |
| 12/29/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000108 | $593.48 |
| 12/29/2017 | Deposit | $37,698.98 |
| 12/31/2017 | Accr Earning Pymt Added to Account | $108.74 |

## CHECKS

| Check Number | Date | Amount |
|---|---|---|
| 2 | 12-28 | $321.64 |

## OTHER DEBITS

| Date | Description | Amount |
|---|---|---|
| 12/11/2017 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | $527,575.39 |
| 12/20/2017 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | $125,406.54 |
| 12/27/2017 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | $422,694.64 |

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102241 : 01324501

## DAILY ENDING BALANCE

| Date | Balance | Date | Balance | Date | Balance |
|---|---|---|---|---|---|
| 12-01 | $525,494.19 | 12-15 | $125,792.84 | 12-26 | $438,218.26 |
| 12-04 | $527,961.69 | 12-18 | $127,137.89 | 12-27 | $15,523.62 |
| 12-07 | $588,025.83 | 12-20 | $307,895.90 | 12-28 | $22,824.64 |
| 12-08 | $588,991.99 | 12-21 | $332,219.76 | 12-29 | $61,117.10 |
| 12-11 | $61,416.60 | 12-22 | $423,080.94 | 12-31 | $61,225.84 |

## EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

| | | | |
|---|---|---|---|
| Interest Paid This Period | $108.74 | Annual Percentage Yield Earned | 0.45 % |
| Interest Paid YTD | $395.04 | Days in Earnings Period | 31 |

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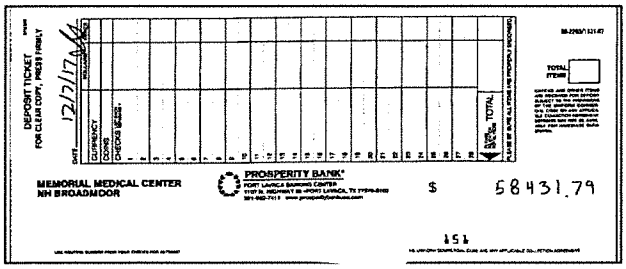
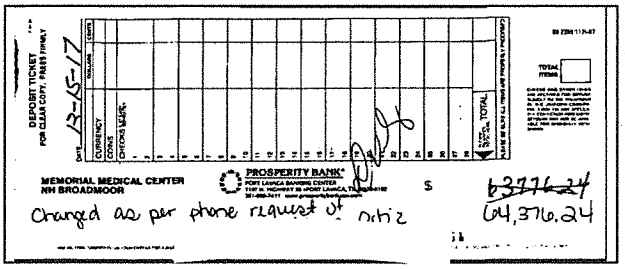
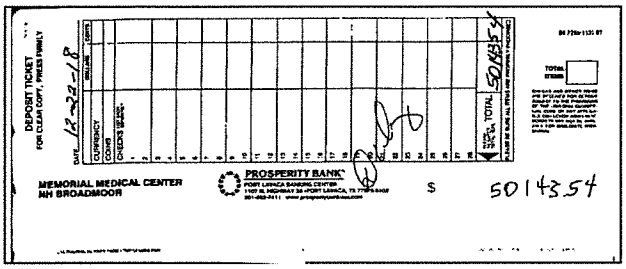


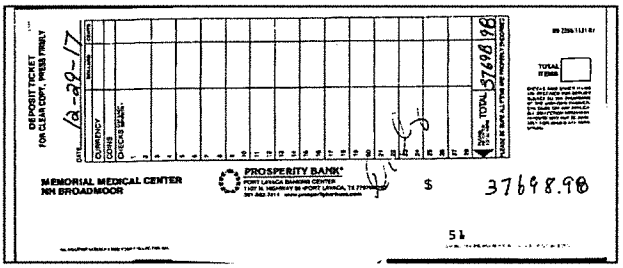

12/7/2017 $58,431.79



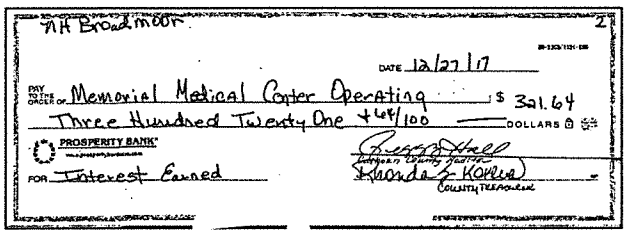

12/15/2017 $64,376.24




12/22/2017 $50,143.54




12/29/2017 $37,698.98




12/28/2017 2 $321.64

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002242 : 01324502

IBC BANK
International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/2199
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

# STATEMENT

| CUSTOMER NO. | PAGE NO. |
|---|---|
| : | 1 of 2 |

12/01/2017 to 12/31/2017
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 |
|---|---|---|---|---|---|
| 8,977.35 | 18 | 131,836.02 | 3 | 128,033.84 | 12,779.53 |

## Electronic Activity

| | | | |
|---|---|---|---|
| | **Credits** | | |
| 12/01 | Electronic Deposit | HHP HCCLAIMPMT 390861 | 13,129.31 |
| 12/01 | Electronic Deposit | HHP TEXAS HCCLAIMPMT 390861 | 11,367.58 |
| 12/01 | Electronic Deposit | HUMANA INS CO HCCLAIMPMT 390861 | 1,000.76 |
| 12/05 | Electronic Deposit | HUMANA INS CO EFPAYMENT 390861 | 55,123.80 |
| 12/05 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1669860433 | 3,454.50 |
| 12/11 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1669860433 | 4,211.30 |
| 12/11 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1669860433 | 1,650.03 |
| 12/12 | Electronic Deposit | HUMANA INS CO EFPAYMENT 390861 | 6,409.57 |
| 12/12 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1669860433 | 1,208.84 |
| 12/14 | Electronic Deposit | HUMANA INS CO EFPAYMENT 390861 | 3,572.87 |
| 12/15 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17121315801497 | 8,141.00 |
| 12/18 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1669860433 | 4,596.98 |
| 12/18 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1669860433 | 1,800.45 |
| 12/21 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1669860433 | 1,525.84 |
| 12/22 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1669860433 | 981.60 |
| 12/26 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1669860433 | 982.06 |
| 12/27 | Electronic Deposit | HUMANA INS CO EFPAYMENT 390861 | 11,212.75 |
| 12/27 | Electronic Deposit | HHP TEXAS HCCLAIMPMT 390861 | 1,466.78 |
| | **Debits** | | |
| 12/11 | Outgoing Wire | 0063 CANTEX HEALTH CARE CENTERS III | 92,953.30 |
| 12/22 | Outgoing Wire | 0155 CANTEX HEALTH CARE CENTERS III | 31,591.04 |
| 12/29 | Outgoing Wire | 0054 CANTEX HEALTH CARE CENTERS III | 3,489.50 |

## Daily Ending Balance

| | | | | | |
|---|---|---|---|---|---|
| 12/01 | 34,475.00 | 12/14 | 17,152.61 | 12/22 | 2,607.44 |
| 12/05 | 93,053.30 | 12/15 | 25,293.61 | 12/26 | 3,589.50 |
| 12/11 | 5,961.33 | 12/18 | 31,691.04 | 12/27 | 16,269.03 |
| 12/12 | 13,579.74 | 12/21 | 33,216.88 | 12/29 | 12,779.53 |

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Please check the IMPORTANT INFORMATION link to learn about the IBC prescription discount card.
The We Do More RX card offers significant savings on all prescription drugs at pharmacies nationwide.
Click on the handy link below to start saving money!

https://www.paramountrx.com/clients/ibcbank/Home.aspx

# PROSPERITY BANK®

Statement Date 12/31/2017
Account No



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

13246

## STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

| | | | | |
|---|---|---|---|---|
| 12/01/2017 | Beginning Balance | | | $249,470.53 |
| | 13 Deposits/Other Credits | | + | $288,705.12 |
| | 6 Checks/Other Debits | | - | $508,161.66 |
| 12/31/2017 | Ending Balance | 31 Days in Statement Period | | $30,013.99 |
| | Total Enclosures | | | 8 |

## DEPOSITS/OTHER CREDITS

| Date | Description | Amount |
|---|---|---|
| 12/07/2017 | Deposit | $18,762.36 |
| 12/15/2017 | Deposit | $30,891.20 |
| 12/19/2017 | ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51598577 111000 | $1,769.36 |
| 12/21/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000113 | $176,885.60 |
| 12/22/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000186 | $10,992.08 |
| 12/22/2017 | ACH Deposit MOLINA HEALTHCAR MOLINAACH 00734500 42000013 | $1,126.76 |
| 12/22/2017 | Deposit | $15,743.75 |
| 12/26/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000169 | $3,736.14 |
| 12/26/2017 | Deposit | $2,584.68 |
| 12/27/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000182 | $4,123.11 |
| 12/29/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000108 | $357.08 |
| 12/29/2017 | Deposit | $21,693.06 |
| 12/31/2017 | Accr Earning Pymt Added to Account | $39.94 |

## CHECKS

| Check Number | Date | Amount | Check Number | Date | Amount | Check Number | Date | Amount |
|---|---|---|---|---|---|---|---|---|
| 1 | 12-08 | $7,429.68 | 2 | 12-28 | $5,480.80 | 3 | 12-28 | $188.19 |

## OTHER DEBITS

| Date | Description | Amount |
|---|---|---|
| 12/08/2017 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | $241,788.00 |
| 12/20/2017 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | $49,653.56 |
| 12/27/2017 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | $203,621.43 |

## DAILY ENDING BALANCE

| Date | Balance | Date | Balance | Date | Balance |
|---|---|---|---|---|---|
| 12-01 | $249,470.53 | 12-08 | $19,015.21 | 12-19 | $51,675.77 |
| 12-07 | $268,232.89 | 12-15 | $49,906.41 | 12-20 | $2,022.21 |



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102251 : 01324601

## DAILY ENDING BALANCE

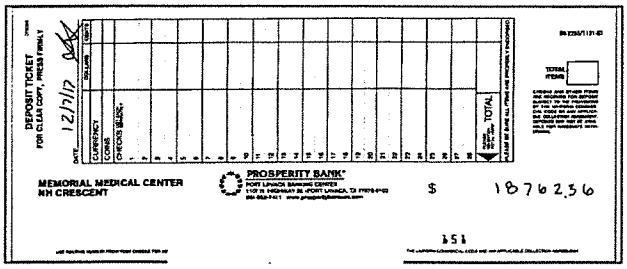
| Date | Balance | Date | Balance | Date | Balance |
|---|---|---|---|---|---|
| 12-21 | $178,907.81 | 12-27 | $13,592.90 | 12-31 | $30,013.99 |
| 12-22 | $206,770.40 | 12-28 | $7,923.91 | | |
| 12-26 | $213,091.22 | 12-29 | $29,974.05 | | |

## EARNINGS SUMMARY

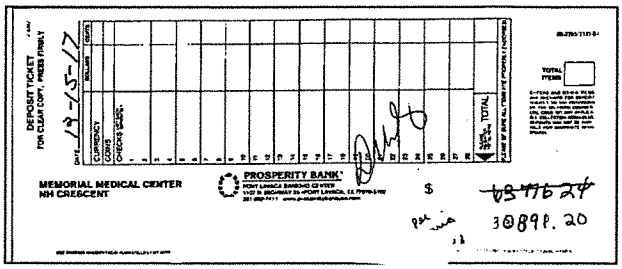
** Below is an itemization of the Earnings paid this period. **

| | | | |
|---|---|---|---|
| Interest Paid This Period | $39.94 | Annual Percentage Yield Earned | 0.45 % |
| Interest Paid YTD | $192.79 | Days in Earnings Period | 31 |

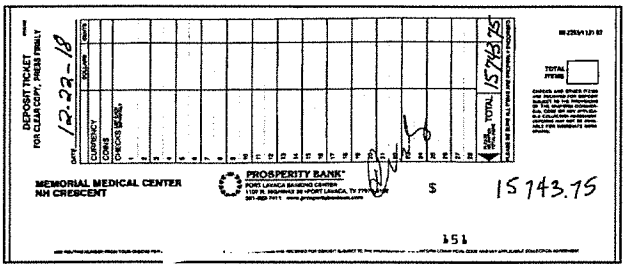
0000




12/7/2017 $18,762.36




12/15/2017 $30,891.20

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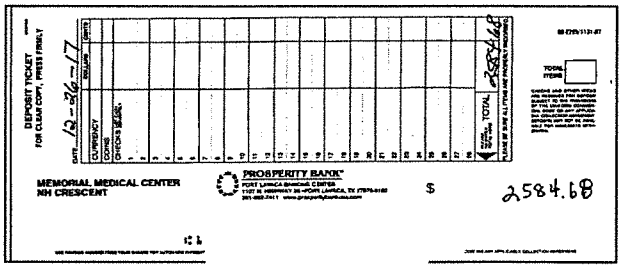
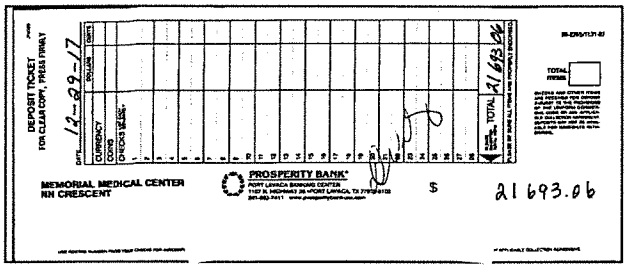
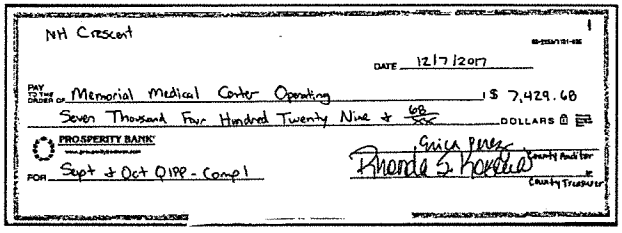


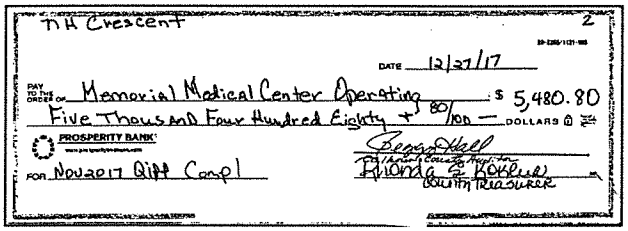

12/26/2017 $2,584.68



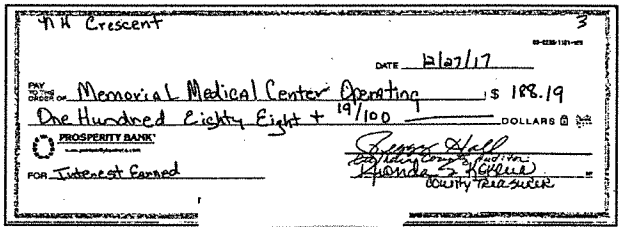

12/29/2017 $21,693.06




12/8/2017 1 $7,429.68




12/28/2017 2 $5,480.80




12/28/2017 3 $188.19

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IBC

BANK
International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER
8/NE/131/019/2197
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

# STATEMENT

| CUSTOMER NO. | PAGE NO. |
|---|---|
| | 1 of 2 |

12/01/2017 to 12/31/2017
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 |
|---|---|---|---|---|---|
| 36,986.41 | 27 | 54,999.12 | 3 | 84,809.44 | 7,176.09 |

## Electronic Activity

| | | | | |
|---|---|---|---|---|
| | **Credits** | | | |
| 12/01 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17112912402699 | | 4,410.00 |
| 12/01 | Electronic Deposit | HUMANA INS CO HCCLAIMPMT 390864 | | 4,059.24 |
| 12/01 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17112918500084 | | 1,431.31 |
| 12/01 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17112910301261 | | 1,021.58 |
| 12/04 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17113011402021 | | 5,428.50 |
| 12/05 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120215300966 | | 3,290.00 |
| 12/05 | Electronic Deposit | MANAGEANDNET1718 MNS PMNT 3268 | | 1,990.80 |
| 12/05 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120112200148 | | 1,021.58 |
| 12/05 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120111200024 | | 413.06 |
| 12/05 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120111600975 | | 155.27 |
| 12/12 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120913801833 | | 1,459.40 |
| 12/12 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120914700101 | | 1,214.70 |
| 12/13 | Electronic Deposit | MANAGEANDNET1718 MNS PMNT 3268 | | 7,739.40 |
| 12/15 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17121311002287 | | 2,425.50 |
| 12/15 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17121319400175 | | 1,459.40 |
| 12/19 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17121613100174 | | 2,595.64 |
| 12/19 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17121619601842 | | 1,586.97 |
| 12/21 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1669860425 | | 1,137.65 |
| 12/22 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1669860425 | | 4,017.34 |
| 12/22 | Electronic Deposit | MANAGEANDNET1718 MNS PMNT 3268 | | 624.60 |
| 12/26 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17122111800551 | | 441.09 |
| 12/27 | Electronic Deposit | MANAGEANDNET1718 MNS PMNT 3268 | | 3,697.20 |
| 12/27 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17122316500064 | | 1,221.04 |
| 12/27 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17122313302689 | | 865.62 |
| 12/27 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17122210800172 | | 402.00 |
| 12/29 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1669860425 | | 885.71 |
| 12/29 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17122714700443 | | 4.52 |
| | **Debits** | | | |
| 12/11 | Outgoing Wire | 0062 CANTEX HEALTH CARE CENTERS III | | 60,107.75 |
| 12/22 | Outgoing Wire | 0154 CANTEX HEALTH CARE CENTERS III | | 14,298.40 |
| 12/29 | Outgoing Wire | 0053 CANTEX HEALTH CARE CENTERS III | | 10,403.29 |

## Daily Ending Balance

| | | | | | |
|---|---|---|---|---|---|
| 12/01 | 47,908.54 | 12/13 | 10,513.50 | 12/22 | 10,062.20 |
| 12/04 | 53,337.04 | 12/15 | 14,398.40 | 12/26 | 10,503.29 |
| 12/05 | 60,207.75 | 12/19 | 18,581.01 | 12/27 | 16,689.15 |
| 12/11 | 100.00 | 12/21 | 19,718.66 | 12/29 | 7,176.09 |
| 12/12 | 2,774.10 | | | | |

# PROSPERITY BANK®

Statement Date 12/31/2017
Account No



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

13248

## STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

| | | | | | |
|---|---|---|---|---|---|
| 12/01/2017 | Beginning Balance | | | | $152,311.61 |
| | 16 Deposits/Other Credits | | | + | $183,693.68 |
| | 6 Checks/Other Debits | | | - | $304,703.10 |
| 12/31/2017 | Ending Balance | 31 | Days in Statement Period | | $31,302.19 |
| | Total Enclosures | | | | 8 |

## DEPOSITS/OTHER CREDITS

| Date | Description | Amount |
|---|---|---|
| 12/07/2017 | Deposit | $18,813.90 |
| 12/11/2017 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2 | $2,178.76 |
| 12/15/2017 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2 | $1,373.75 |
| 12/15/2017 | Deposit | $9,604.67 |
| 12/19/2017 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2 | $3,022.98 |
| 12/19/2017 | ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51598575 111000 | $7,129.48 |
| 12/21/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000113 | $78,459.81 |
| 12/22/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000186 | $5,511.32 |
| 12/22/2017 | ACH Deposit MOLINA HEALTHCAR MOLINAACH 00734410 42000013 | $4,540.18 |
| 12/22/2017 | Deposit | $11,406.56 |
| 12/26/2017 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2 | $10,865.49 |
| 12/26/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000169 | $10,774.98 |
| 12/26/2017 | Deposit | $10,414.74 |
| 12/27/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000182 | $1,641.69 |
| 12/29/2017 | Deposit | $7,929.29 |
| 12/31/2017 | Accr Earning Pymt Added to Account | $26.08 |

## CHECKS

| Check Number | Date | Amount | Check Number | Date | Amount | Check Number | Date | Amount |
|---|---|---|---|---|---|---|---|---|
| 1 | 12-08 | $29,937.24 | 2 | 12-28 | $22,084.40 | 3 | 12-28 | $138.04 |

## OTHER DEBITS

| Date | Description | Amount |
|---|---|---|
| 12/08/2017 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | $122,171.67 |
| 12/20/2017 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | $31,971.08 |
| 12/27/2017 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | $98,400.67 |

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## DAILY ENDING BALANCE

| Date | Balance | Date | Balance | Date | Balance |
|---|---|---|---|---|---|
| 12-01 | $152,311.61 | 12-19 | $42,326.24 | 12-27 | $45,569.26 |
| 12-07 | $171,125.51 | 12-20 | $10,355.16 | 12-28 | $23,346.82 |
| 12-08 | $19,016.60 | 12-21 | $88,814.97 | 12-29 | $31,276.11 |
| 12-11 | $21,195.36 | 12-22 | $110,273.03 | 12-31 | $31,302.19 |
| 12-15 | $32,173.78 | 12-26 | $142,328.24 | | |

## EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

| | | | |
|---|---|---|---|
| Interest Paid This Period | $26.08 | Annual Percentage Yield Earned | 0.45 % |
| Interest Paid YTD | $128.78 | Days in Earnings Period | 31 |

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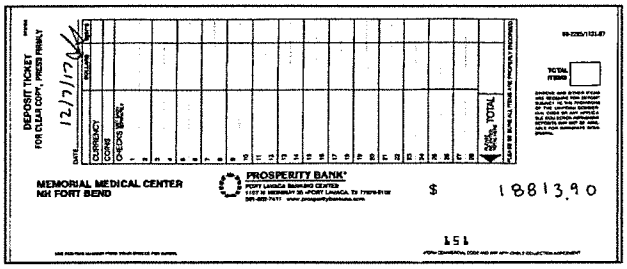
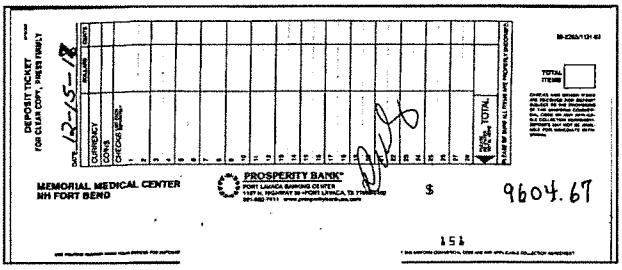



12/7/2017 $18,813.90

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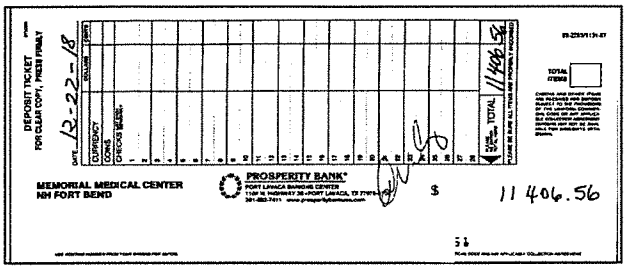
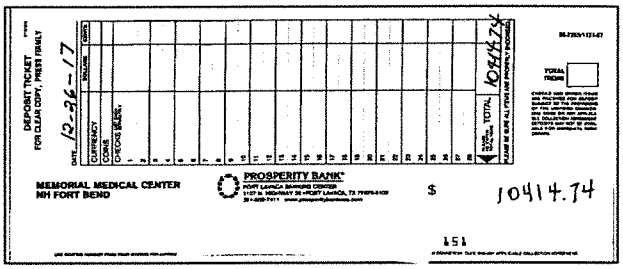
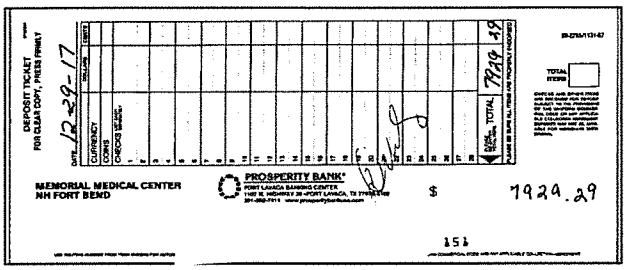



12/22/2017 $11,406.56




12/26/2017 $10,414.74

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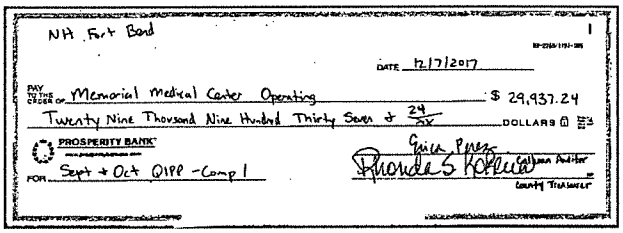
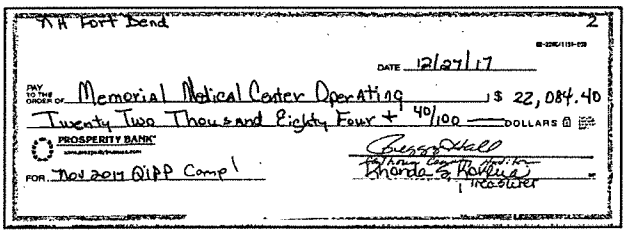
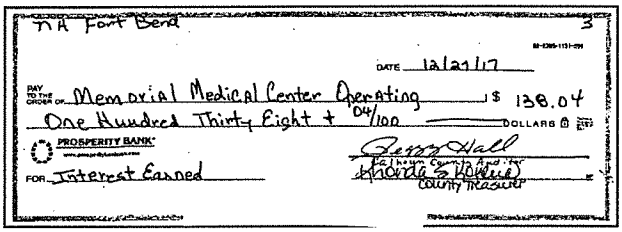



12/8/2017 1 $29,937.24




12/28/2017 2 $22,084.40




12/28/2017 3 $138.04

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IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/2201
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

# STATEMENT

CUSTOMER NO. | PAGE NO.
1 of 2

12/01/2017 to 12/31/2017
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 |
|---|---|---|---|---|---|
| 40,540.48 | 18 | 86,823.07 | 3 | 117,094.56 | 10,268.99 |

## Electronic Activity

| | | | | |
|---|---|---|---|---|
| | Credits | | | |
| 12/01 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17112918500085 | | 5,185.45 |
| 12/04 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17113011402022 | | 2,075.23 |
| 12/04 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1730577503 | | 924.91 |
| 12/05 | Electronic Deposit | HUMANA INS CO EFPAYMENT 390863 | | 17,191.16 |
| 12/05 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120111600976 | | 779.86 |
| 12/11 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1730577503 | | 7,764.42 |
| 12/11 | Electronic Deposit | CENTENE CORP HCCLAIMPMT | | 1,033.63 |
| 12/12 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120914700102 | | 12,404.29 |
| 12/14 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1730577503 | | 1,151.50 |
| 12/18 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17121413000244 | | 1,197.29 |
| 12/19 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1730577503 | | 8,261.73 |
| 12/20 | Electronic Deposit | CENTENE CORP HCCLAIMPMT | | 1,143.12 |
| 12/22 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17122013700115 | | 12,207.49 |
| 12/26 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1730577503 | | 4,710.48 |
| 12/26 | Electronic Deposit | CENTENE CORP HCCLAIMPMT | | 623.52 |
| 12/27 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17122316500065 | | 6,658.63 |
| 12/27 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17122210800173 | | 2,779.85 |
| 12/27 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1730577503 | | 730.51 |
| | Debits | | | |
| 12/11 | Outgoing Wire | 0064 CANTEX HEALTH CARE CENTERS III | | 66,597.09 |
| 12/22 | Outgoing Wire | 0156 CANTEX HEALTH CARE CENTERS III | | 23,551.13 |
| 12/29 | Outgoing Wire | 0055 CANTEX HEALTH CARE CENTERS III | | 26,946.34 |

## Daily Ending Balance

| | | | | | |
|---|---|---|---|---|---|
| 12/01 | 45,725.93 | 12/14 | 22,453.84 | 12/22 | 21,712.34 |
| 12/04 | 48,726.07 | 12/18 | 23,651.13 | 12/26 | 27,046.34 |
| 12/05 | 66,697.09 | 12/19 | 31,912.86 | 12/27 | 37,215.33 |
| 12/11 | 8,898.05 | 12/20 | 33,055.98 | 12/29 | 10,268.99 |
| 12/12 | 21,302.34 | | | | |

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https://www.paramountrx.com/clients/ibcbank/Home.aspx

# PROSPERITY BANK®

Statement Date 12/31/2017
Account No



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

13247

## STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

| | | | | | |
|---|---|---|---|---|---|
| 12/01/2017 | Beginning Balance | | | | $462,588.94 |
| | 15 Deposits/Other Credits | | | + | $487,584.70 |
| | 6 Checks/Other Debits | | | - | $903,214.99 |
| 12/31/2017 | Ending Balance | 31 | Days in Statement Period | | $46,958.65 |
| | Total Enclosures | | | | 8 |

## DEPOSITS/OTHER CREDITS

| Date | Description | Amount |
|---|---|---|
| 12/07/2017 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2 | $3,039.46 |
| 12/08/2017 | ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2 | $1,361.55 |
| 12/08/2017 | Deposit | $48,918.80 |
| 12/13/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000189 | $2,645.29 |
| 12/15/2017 | Deposit | $53,590.51 |
| 12/18/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000123 | $13.64 |
| 12/19/2017 | ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51598576 111000 | $6,609.08 |
| 12/22/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000186 | $271,998.78 |
| 12/22/2017 | ACH Deposit MOLINA HEALTHCAR MOLINAACH 00734488 42000013 | $4,208.78 |
| 12/22/2017 | Deposit | $38,650.28 |
| 12/26/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000169 | $63.62 |
| 12/26/2017 | Deposit | $9,654.54 |
| 12/27/2017 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000182 | $24,959.23 |
| 12/29/2017 | Deposit | $21,803.50 |
| 12/31/2017 | Accr Earning Pymt Added to Account | $67.64 |

## CHECKS

| Check Number | Date | Amount | Check Number | Date | Amount | Check Number | Date | Amount |
|---|---|---|---|---|---|---|---|---|
| 1 | 12-08 | $27,752.04 | 2 | 12-28 | $20,472.40 | 3 | 12-28 | $314.72 |

## OTHER DEBITS

| Date | Description | Amount |
|---|---|---|
| 12/08/2017 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | $434,457.52 |
| 12/20/2017 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | $109,555.61 |
| 12/27/2017 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | $310,662.70 |

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102261 : 01324701

## DAILY ENDING BALANCE

| Date | Balance | Date | Balance | Date | Balance |
|---|---|---|---|---|---|
| 12-01 | $462,588.94 | 12-18 | $109,948.63 | 12-27 | $45,874.63 |
| 12-07 | $465,628.40 | 12-19 | $116,557.71 | 12-28 | $25,087.51 |
| 12-08 | $53,699.19 | 12-20 | $7,002.10 | 12-29 | $46,891.01 |
| 12-13 | $56,344.48 | 12-22 | $321,859.94 | 12-31 | $46,958.65 |
| 12-15 | $109,934.99 | 12-26 | $331,578.10 | | |

## EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

| | | | |
|---|---|---|---|
| Interest Paid This Period | $67.64 | Annual Percentage Yield Earned | 0.45 % |
| Interest Paid YTD | $347.02 | Days in Earnings Period | 31 |

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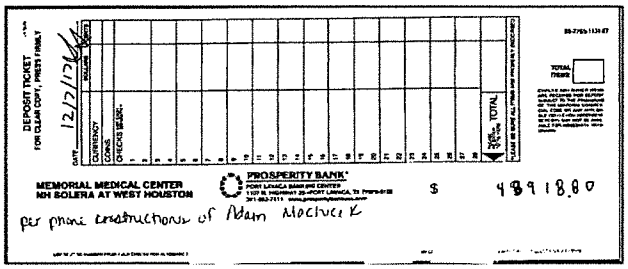
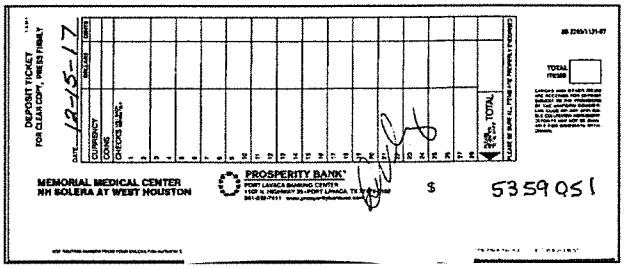
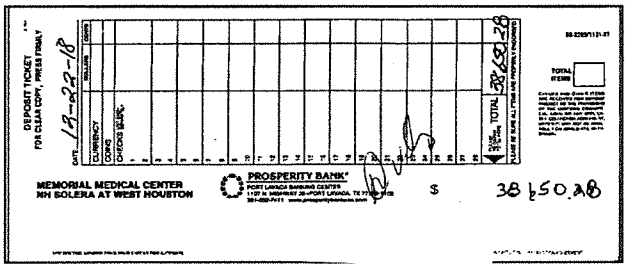


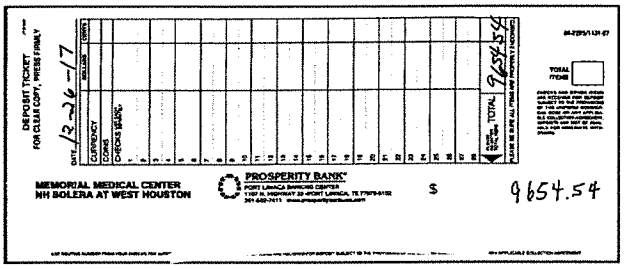

12/8/2017 $48,918.80



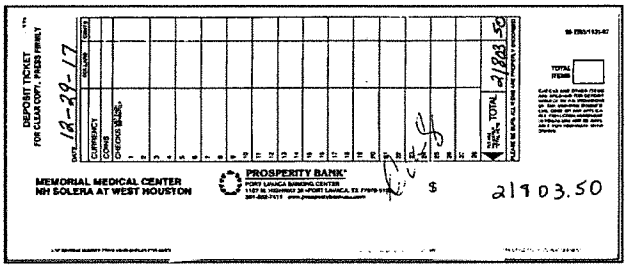

12/15/2017 $53,590.51




12/22/2017 $38,650.28




12/26/2017 $9,654.54

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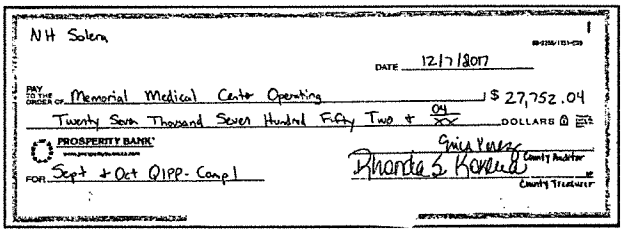


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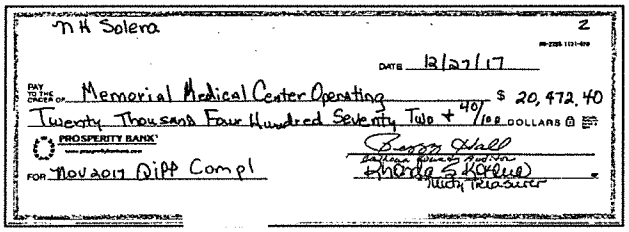
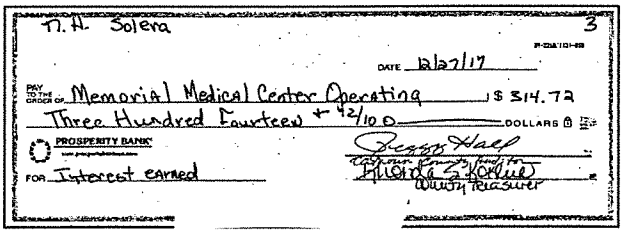



12/28/2017 2 $20,472.40




12/28/2017 3 $314.72

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002262 : 01324702

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/RE/131/019/2195
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

# STATEMENT

| CUSTOMER NO. | PAGE NO. |
|---|---|
| | 1 of 2 |

12/01/2017 to 12/31/2017
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 |
|---|---|---|---|---|---|
| 35,522.51 | 29 | 144,086.36 | 3 | 176,937.56 | 2,671.31 |

## Electronic Activity

| | | | |
|---|---|---|---|
| | **Credits** | | |
| 12/01 | Electronic Deposit | HHP TEXAS HCCLAIMPMT 390862 | 4,101.52 |
| 12/01 | Electronic Deposit | HUMANA INS CO HCCLAIMPMT 390862 | 1,019.26 |
| 12/04 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17113019100193 | 3,541.09 |
| 12/05 | Electronic Deposit | HUMANA INS CO EFPAYMENT 390862 | 65,243.20 |
| 12/05 | Electronic Deposit | HHP HCCLAIMPMT 390862 | 15,062.57 |
| 12/05 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120114102305 | 3,483.12 |
| 12/07 | Electronic Deposit | HUMANA INS CO HCCLAIMPMT 390862 | 3,603.45 |
| 12/11 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1497143259 | 4,705.47 |
| 12/11 | Electronic Deposit | HUMANA INS CO EFPAYMENT 390862 | 3,002.49 |
| 12/11 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1497143259 | 1,752.58 |
| 12/12 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120912000597 | 5,058.68 |
| 12/12 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17120914700106 | 701.19 |
| 12/14 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1497143259 | 1,583.41 |
| 12/14 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17121217400099 | 860.32 |
| 12/19 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1497143259 | 7,517.77 |
| 12/19 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17121617604062 | 5,771.46 |
| 12/19 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1497143259 | 2,660.61 |
| 12/19 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17121613100179 | 1,775.00 |
| 12/20 | Electronic Deposit | MANAGEANDNET1718 MNS PMNT 2482 | 2,559.60 |
| 12/20 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1497143259 | 268.00 |
| 12/21 | Electronic Deposit | MANAGEANDNET1718 MNS PMNT 2482 | 4,118.16 |
| 12/21 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1497143259 | 949.85 |
| 12/21 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1497143259 | 539.88 |
| 12/22 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1497143259 | 725.01 |
| 12/26 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1497143259 | 911.36 |
| 12/27 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17122316500070 | 716.12 |
| 12/27 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1497143259 | 693.47 |
| 12/27 | Electronic Deposit | AMERIGROUP CORPO HCCLAIMPMT 17122319706511 | 681.78 |
| 12/27 | Electronic Deposit | Molina HC of TX HCCLAIMPMT PN1497143259 | 479.94 |
| | **Debits** | | |
| 12/11 | Outgoing Wire | 0060 CANTEX HEALTH CARE CENTERS LLC | 127,873.27 |
| 12/22 | Outgoing Wire | 0153 CANTEX HEALTH CARE CENTERS LLC | 21,267.59 |
| 12/29 | Outgoing Wire | 0052 CANTEX HEALTH CARE CENTERS LLC | 27,796.70 |

## Daily Ending Balance

| | | | | | |
|---|---|---|---|---|---|
| 12/01 | 40,643.29 | 12/12 | 18,923.86 | 12/22 | 26,985.34 |
| 12/04 | 44,184.38 | 12/14 | 21,367.59 | 12/26 | 27,896.70 |
| 12/05 | 127,973.27 | 12/19 | 39,092.43 | 12/27 | 30,468.01 |
| 12/07 | 131,576.72 | 12/20 | 41,920.03 | 12/29 | 2,671.31 |
| 12/11 | 13,163.99 | 12/21 | 47,527.92 | | |

IBC

BANK
International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER
8/NE/131/019/2196
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT 0

| CUSTOMER NO. | PAGE NO. |
|---|---|
| | 2 of 2 |

12/01/2017 to 12/31/2017
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.

## Obtain Your WE DO MORE RX Card Today!

Please check the IMPORTANT INFORMATION link to learn about the IBC prescription discount card.
The We Do More RX card offers significant savings on all prescription drugs at pharmacies nationwide.
Click on the handy link below to start saving money!

https://www.paramountrx.com/clients/ibcbank/Home.aspx

## Notice to Customers: A CTR Reference Guide

**Why is my financial institution asking me for identification and personal information?**

Federal law requires financial institutions to report currency (cash or coin) transactions over $10,000 conducted by, or on behalf of, one person, as well as multiple currency transactions that aggregate to be over $10,000 in a single day. These transactions are reported on Currency Transaction Reports (CTRs). The federal law requiring these reports was passed to safeguard the financial industry from threats posed by money laundering and other financial crime. To comply with this law, financial institutions must obtain personal identification information about the individual conducting the transaction such as a Social Security number as well as a driver's license or other government issued document. This requirement applies whether the individual conducting the transaction has an account relationship with the institution or not. There is no general prohibition against handling large amounts of currency and the filing of a CTR is required regardless of the reasons for the currency transaction. The financial institution collects this information in a manner consistent with a customer's right to financial privacy.

**Can I break up my currency transactions into multiple, smaller amounts to avoid being reported to the government?**

No. This is called "structuring." Federal law makes it a crime to break up transactions into smaller amounts for the purpose of evading the CTR reporting requirement and this may lead to a required disclosure from the financial institution to the government. Structuring transactions to prevent a CTR from being reported can result in imprisonment for not more than five years and/or a fine of up to $250,000. If structuring involves more than $100,000 in a twelve month period or is performed while violating another law of the United States, the penalty is doubled.

# PROSPERITY BANK®

Statement Date 12/31/2017
Account No

Page 1 of 2

MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
202 S ANN ST STE A
PORT LAVACA TX 77979

13249

## STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

| | | | | | |
|---|---|---|---|---|---|
| 12/01/2017 | Beginning Balance | | | | $87,681.39 |
| | 4 Deposits/Other Credits | | | + | $47,583.01 |
| | 4 Checks/Other Debits | | | - | $134,170.75 |
| 12/31/2017 | Ending Balance | 31 | Days in Statement Period | | $1,093.65 |
| | Total Enclosures | | | | 5 |

## DEPOSITS/OTHER CREDITS

| Date | Description | Amount |
|---|---|---|
| 12/07/2017 | Deposit | $1,018.62 |
| 12/20/2017 | ACH Deposit Centene Manageme CCD+ 38888463 3110020828431 | $21,432.97 |
| 12/26/2017 | Deposit | $25,121.08 |
| 12/31/2017 | Accr Earning Pymt Added to Account | $10.34 |

47572.67

## CHECKS

| Check Number | Date | Amount | Check Number | Date | Amount | Check Number | Date | Amount |
|---|---|---|---|---|---|---|---|---|
| 1 | 12-08 | $61,754.40 | 2 | 12-28 | $46,554.05 | 3 | 12-28 | $136.23 |

## OTHER DEBITS

| Date | Description | Amount |
|---|---|---|
| 12/08/2017 | CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK | $25,726.07 |

## DAILY ENDING BALANCE

| Date | Balance | Date | Balance | Date | Balance |
|---|---|---|---|---|---|
| 12-01 | $87,681.39 | 12-20 | $22,652.51 | 12-31 | $1,093.65 |
| 12-07 | $88,700.01 | 12-26 | $47,773.59 | | |
| 12-08 | $1,219.54 | 12-28 | $1,083.31 | | |

## EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

| | | | |
|---|---|---|---|
| Interest Paid This Period | $10.34 | Annual Percentage Yield Earned | 0.45 % |
| Interest Paid YTD | $111.26 | Days in Earnings Period | 31 |

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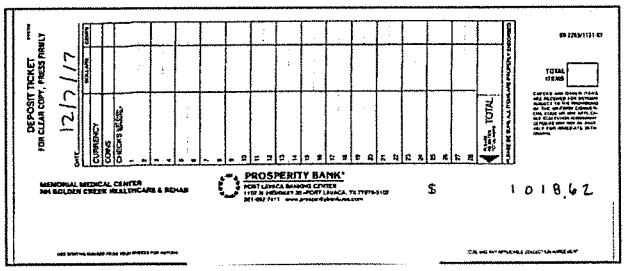
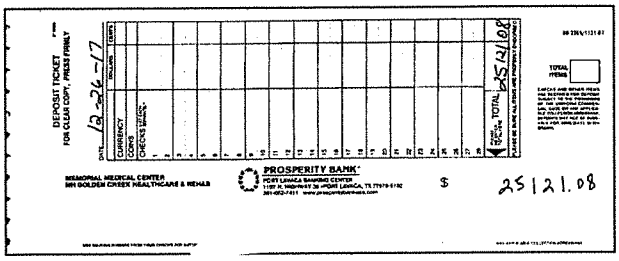
101281 : 01324901




12/7/2017 $1,018.62

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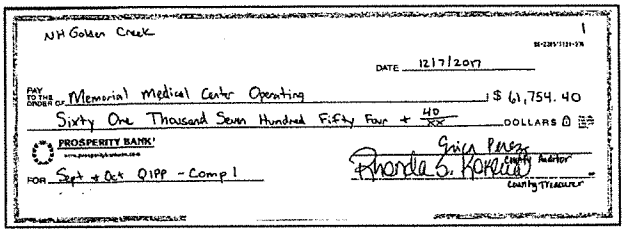


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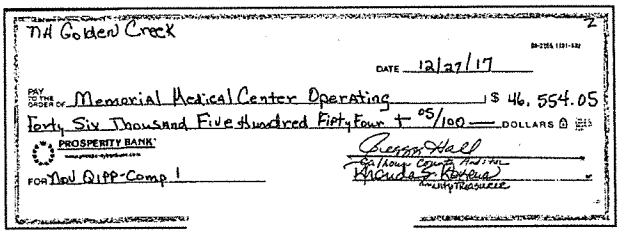


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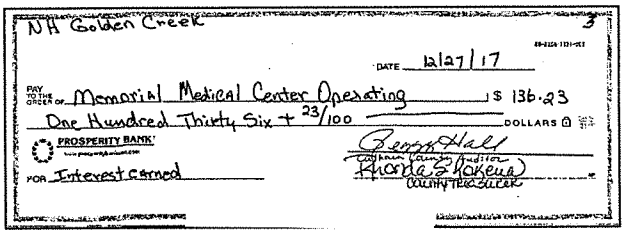


12/28/2017 3 $136.23

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