

# **Exhibit “A-1”**

## Winnie-Stowell Hospital District

## Balance Sheet

As of March 31, 2021

	<u>Mar 31, 21</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
100 Prosperity Bank -Checking	779,362.39
102 Prosperity Bank - CD#0447	109,515.67
104b Allegiance Bank -CD#6434	6,004,602.73
105 TexStar	690,423.50
107 InterBank ICS (Restricted)	520.00
108 Allegiance Bank NH Combined	2,479,558.23
109 First Financial Bank	
109b FFB #4846 DACA	3,596,961.87
<b>Total 109 First Financial Bank</b>	<u>3,596,961.87</u>
<b>Total Checking/Savings</b>	13,660,944.39
<b>Other Current Assets</b>	
110 Sales Tax Receivable	142,755.43
114 Accounts Receivable NH	29,598,324.27
117 NH - QIPP Prog Receivable	8,951,461.74
118 Prepaid Expense	33,389.65
119 Prepaid IGT	9,204,352.24
<b>Total Other Current Assets</b>	<u>47,930,283.33</u>
<b>Total Current Assets</b>	61,591,227.72
<b>Fixed Assets</b>	
120 Equipment	140,654.96
121 Office Building	155,897.63
125 Accumulated Depreciation	-140,654.64
<b>Total Fixed Assets</b>	<u>155,897.95</u>
<b>TOTAL ASSETS</b>	<b><u>61,747,125.67</u></b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
190 NH Payables Combined	2,479,458.23
201 NHP Accounts Payable	5,710,494.31
210.18 Loan Payable 18 QIPP 4	5,609,296.00
210.50 Allegiance Bk Ln 5 QIPP4	5,609,295.47
225 FUTA Tax Payable	112.00
230 SUTA Tax Payable	251.31
235 Payroll Liabilities	543.90
240 Accounts Payable NH	21,076,494.75
<b>Total Other Current Liabilities</b>	<u>40,485,945.97</u>
<b>Total Current Liabilities</b>	40,485,945.97
<b>Total Liabilities</b>	40,485,945.97
<b>Equity</b>	
300 Net Assets, Capital, net of	155,897.63
310 Net Assets-Unrestricted	19,829,049.13
Retained Earnings	-62,691.00
Net Income	1,338,923.94
<b>Total Equity</b>	<u>21,261,179.70</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>61,747,125.67</u></b>

**Winnie-Stowell Hospital District**  
**Profit & Loss Budget vs. Actual**  
**January through March 2021**

	Jan - Mar 21	Budget	\$ Over Budget	% of Budget
<b>Income</b>				
400 Sales Tax Revenue	156,081.33	650,000.00	-493,918.67	24.0%
405 Investment Income	5,035.98	46,000.00	-40,964.02	10.9%
409 Tobacco Settlement	0.00	13,200.00	-13,200.00	0.0%
415 Nursing Home - QIPP Program	12,251,383.02	49,379,998.72	-37,128,615.70	24.8%
<b>Total Income</b>	<b>12,412,500.33</b>	<b>50,089,198.72</b>	<b>-37,676,698.39</b>	<b>24.8%</b>
<b>Gross Profit</b>	<b>12,412,500.33</b>	<b>50,089,198.72</b>	<b>-37,676,698.39</b>	<b>24.8%</b>
<b>Expense</b>				
500 Admin-Administrative Salary	15,500.01	63,000.00	-47,499.99	24.6%
502 Admin-Administrative Assnt	1,243.00			
504 Admin-Administrative PR Tax	1,281.02	5,500.00	-4,218.98	23.3%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
515 Admin-Bank Service Charges	0.00	360.00	-360.00	0.0%
521 Professional Fees - Acctng	5,593.75	25,000.00	-19,406.25	22.4%
522 Professional Fees-Auditing	0.00	25,000.00	-25,000.00	0.0%
523 Professional Fees - Legal	3,000.00	25,000.00	-22,000.00	12.0%
550 Admin-D&O / Liability Ins.	398.00	9,601.04	-9,203.04	4.1%
560 Admin-Cont Ed, Travel	0.00	5,000.00	-5,000.00	0.0%
561 Admin-Cont Ed-Medical Pers.	450.42	5,000.00	-4,549.58	9.0%
562 Admin-Travel&Mileage Reimb.	0.00	1,500.00	-1,500.00	0.0%
569 Admin-Meals	105.01	1,000.00	-894.99	10.5%
570 Admin-District/County Prom	0.00	2,500.00	-2,500.00	0.0%
571 Admin-Office Supp. & Exp.	1,125.91	4,500.00	-3,374.09	25.0%
572 Admin-Web Site	510.00	1,000.00	-490.00	51.0%
573 Admin-Copier Lease/Contract	907.43	2,776.00	-1,868.57	32.7%
575 Admin-Cell Phone Reimburse	450.00	1,800.00	-1,350.00	25.0%
576 Admin-Telephone/Internet	635.85	3,000.00	-2,364.15	21.2%
590 Admin-Election Cost	0.00	0.00	0.00	0.0%
591 Admin-Notices & Fees	862.00	2,600.00	-1,738.00	33.2%
592 Admin Office Rent	1,020.00	4,080.00	-3,060.00	25.0%
593 Admin-Utilities	852.88	3,600.00	-2,747.12	23.7%
594 Admin-Casualty & Windstorm	2,077.52	2,060.00	17.52	100.9%
597 Admin-Flood Insurance	1,431.00	1,282.00	149.00	111.6%
598 Admin-Building Maintenance	1,200.00	6,000.00	-4,800.00	20.0%
600 East Chambers ISD Partnersh	45,000.00	180,000.00	-135,000.00	25.0%
601 IC-Pmt to Hosp (Indigent)	225,810.35	550,330.00	-324,519.65	41.0%
602 IC-WCH 1115 Waiver Prog	24,337.90	75,000.00	-50,662.10	32.5%
603a IC-Pharmaceutical Costs	10,714.45	60,000.00	-49,285.55	17.9%
604a IC-Non Hosp Cost-Other	447.51	5,000.00	-4,552.49	9.0%
604b IC-Non Hosp Costs UTMB	1,805.61	200,000.00	-198,194.39	0.9%
605 IC-Office Supplies/Postage	0.00	500.00	-500.00	0.0%
607 IC-Non Hosp Costs-WSEMS	0.00	223,000.00	-223,000.00	0.0%
608 IC-Non Hosp Costs-Specl Pro	11,449.91	25,000.00	-13,550.09	45.8%
611 IC-Indigent Care Dir Salary	12,999.99	52,000.00	-39,000.01	25.0%
612 IC-Payroll Taxes -Ind Care	994.32	4,000.00	-3,005.68	24.9%
615 IC-Software	3,327.00	13,308.00	-9,981.00	25.0%
616 IC-Travel	0.00	700.00	-700.00	0.0%
617 IC -Youth Counseling	1,530.00	6,300.00	-4,770.00	24.3%
629 - Property Acquisition	0.00	150,000.00	-150,000.00	0.0%
630 NH Program-Mgt Fees	3,104,335.11	12,647,841.68	-9,543,506.57	24.5%
631 NH Program-IGT	6,042,712.83	24,084,314.36	-18,041,601.53	25.1%
632 NH Program-Telehealth Fees	38,625.21	219,941.65	-181,316.44	17.6%
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00	0.0%
634 NH Program-Legal Fees	35,516.26	220,000.00	-184,483.74	16.1%
635 NH Program-LTC Fees	450,000.00	1,872,000.00	-1,422,000.00	24.0%
636 NH Program-Bonds	0.00			
637 NH Program-Interest Expense	1,025,311.14	2,868,496.00	-1,843,184.86	35.7%
638 NH Program-Bank Fees & Misc	15.00	300.00	-285.00	5.0%
639 NH Program-Appraisal	0.00	7,500.00	-7,500.00	0.0%
640 Nursing Home Oper. Expenses	0.00	0.00	0.00	0.0%
641 NH-Not On My Watch	0.00	0.00	0.00	0.0%
653 Service Fee	0.00	100.00	-100.00	0.0%
999 Undistributed	0.00			

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Accrual Basis

**Winnie-Stowell Hospital District**  
**Profit & Loss Budget vs. Actual**  
January through March 2021

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	<u>Jan - Mar 21</u>	<u>Budget</u>	<u>\$ Over Budget</u>	<u>% of Budget</u>
Payroll Expenses	0.00			
Total Expense	11,073,576.39	43,702,040.73	-32,628,464.34	25.3%
Net Income	<u>1,338,923.94</u>	<u>6,387,157.99</u>	<u>-5,048,234.05</u>	<u>21.0%</u>

# **Exhibit “A-2”**

**WSHD Treasurer's Report**

Reporting Date: <b>Wednesday, April 21, 2021</b>				
<b>Pending Expenses</b>	<b>For</b>	<b>Amount</b>	<b>Funds Summary</b>	<b>Totals</b>
Brookshire Brothers	Indigent Care	\$683.79	Prosperity Operating (Unrestricted)	\$791,445.82
Wilcox Pharmacy	Indigent Care	\$1,052.55	Interbank	\$520.00
UTMB at Galveston	Indigent Care	\$23,763.31	Interbank (Restricted)	\$246,575.29
UTMB Faculty Group	Indigent Care	\$3,522.71	First Financial (Restricted)	
Indigent Healthcare Solutions	IC Inv #71617	\$1,109.00	First Financial (Unrestricted)	\$2,190,571.88
American Education Services	S Stern-Student Loan	\$150.14	Prosperity CD	\$109,515.67
Penelope (Polly) Butler	Youth Counseling	\$85.00	TexStar	\$690,410.82
Nicki Holtzman	Youth Counseling	\$765.00	Allegiance Bank LOC (Available)	\$395,307.26
Gaudet Solutions	Youth-Irlen	\$1,000.00	Cash Position (Less Interbank Restricted)	<b>\$4,177,251.45</b>
Benckenstein & Oxford	Inv #50053	\$8,600.00	Pending Expenses	<b>(\$64,050.25)</b>
Hubert Oxford	Legal Retainer	\$1,000.00	Ending Balance (Less expenses)	<b>\$4,113,201.20</b>
David Sticker	Inv #50	\$1,781.25	<b>Last Month</b>	
Technology Solutions of Tx	Inv #1563 & 1554	\$265.00	Prosperity Operating (Unrestricted)	\$822,525.40
Technology Solutions of Tx	Inv #1555 (SVPD)	\$2,655.00	Interbank	\$520.00
Felipe Ojedia-Yard Service	Inv #1011	\$300.00	Interbank (Restricted)	\$12,801,480.18
Graciela Chavez-Office Cleaning	Inv #08018595	\$100.00	First Financial (Restricted)	
Function 4 (Contract)	Inv # 854087	\$42.50	First Financial (Unrestricted)	\$2,130,286.61
HMG (1/2 VMG Health-Appraisals)	Inv# 0044683	\$17,175.00	Prosperity CD	\$109,515.67
			TexStar	\$690,410.82
			Allegiance Bank LOC (Available)	\$395,307.26
			Cash Position (Less Interbank Restricted)	<b>\$4,148,045.76</b>
			Pending Expenses	<b>(\$33,760.06)</b>
<b>Total Pending Expenses</b>		<b>\$64,050.25</b>	Ending Balance (Less expenses)	<b>\$4,114,285.70</b>

**First Financial & Interbank Account Reconciliations**

	<b>Balances</b>	<b>Total Due</b>	<b>Balance Received</b>	<b>Balance Due</b>	<b>Due to District</b>
<b>GIB Balance Mar 31</b>	\$520.00				
<b>FFB Balance Mar 31</b>	\$2,436,627.17				
	<b>\$2,437,147.17</b>				
<b>IGT 8, QIPP Year 4 (Public Only)</b>					
Component 1-March (3rd Quarter)	\$0.00	\$1,741,882.60	\$0.00	\$1,741,882.60	\$1,741,882.60
<b>Total Component 1, IGT 8</b>	<b>\$0.00</b>	<b>\$1,741,882.60</b>	<b>\$0.00</b>	<b>\$1,741,882.60</b>	<b>\$1,741,882.60</b>
<b>Loan 18 Set Aside (Salt Creek &amp; Allegiance)</b>					
Loan 18 Payment-March (3rd Quarter)	\$0.00	\$1,741,882.60	\$0.00	\$1,741,882.60	\$1,741,882.60
<b>Total Loan 18 Set Aside</b>	<b>\$0.00</b>	<b>\$1,741,882.60</b>	<b>\$0.00</b>	<b>\$1,741,882.60</b>	<b>\$1,741,882.60</b>
<b>Component 2 (Public &amp; Private)</b>					
Y4/Q3-Comp. 2-March due to MGRs.	\$0.00	\$313,204.55	\$0.00	\$313,204.55	\$144,040.24
<b>Total Component 2 due to MGRs.</b>	<b>\$0.00</b>	<b>\$313,204.55</b>	<b>\$0.00</b>	<b>\$313,204.55</b>	<b>\$144,040.24</b>
<b>Component 3 (Public &amp; Private)</b>					
Y4/Q3-Comp. 3-March due to MGRs.	\$0.00	\$741,010.70		\$741,010.70	\$370,505.35
<b>Total Component 3 due to MGRs</b>	<b>\$0.00</b>	<b>\$741,010.70</b>	<b>\$0.00</b>	<b>\$741,010.70</b>	<b>\$370,505.35</b>
<b>Component 4 &amp; Lapse Funds (Public Only)</b>					
Component Y4/Q2 due to MGRs (Dec. 2020-Feb. 2021)		\$2,319,458.56		\$2,319,458.56	\$1,679,839.26
<b>Total Component 4 due to MGRs</b>	<b>\$0.00</b>	<b>\$2,319,458.56</b>	<b>\$0.00</b>	<b>\$2,319,458.56</b>	<b>\$1,679,839.26</b>
<b>Variance Payment</b>					
Variance Payment for Mar. 2021		(\$2,189.37)	\$0.00	(\$2,189.37)	(\$1,094.69)
Variance Payment for Apr. 2021					
<b>Total Variance Payment</b>	<b>\$0.00</b>	<b>(\$2,189.37)</b>	<b>\$0.00</b>	<b>(\$2,189.37)</b>	<b>(\$1,094.69)</b>
<b>Interest Reserves</b>					
Reserve Ln 18	(\$235,590.42)				
Allegiance Interest (April 10, 2021)	(\$10,984.87)				
<b>Total Reserves</b>	<b>(\$246,575.29)</b>				
<b>Restricted</b>	<b>\$246,575.29</b>				
<b>Unrestricted</b>	<b>\$2,190,571.88</b>				
<b>Total Funds</b>	<b>\$2,437,147.17</b>	<b>\$5,113,367.04</b>	<b>\$0.00</b>	<b>\$5,113,367.04</b>	<b>\$3,935,172.76</b>
				<b>Comp. 2-4 District's Share</b>	<b>\$2,193,290.16</b>

10 Month Outstanding Short Term Revenue Note-Loan 17a					
Loan 17a-Principle		\$6,042,712.83		Reserve	\$422,989.90
Interest		16.80%	\$845,979.80	Reserve Remaining	\$0
Fund Received		6/1/2020		Set Aside Post Reserve	\$422,989.90
		Date	Balance	Interest	Principal Rcvd.
	1	6/30/2020	\$6,042,712.83	\$84,597.98	\$0.00
	2	7/31/2020	\$6,042,712.83	\$84,597.98	\$0.00
	3	8/31/2020	\$6,042,712.83	\$84,597.98	\$0.00
	4	9/30/2020	\$6,042,712.83	\$84,597.98	\$0.00
	5-(Sept. 2020, Comp. 1)	10/31/2020	\$6,042,712.83	\$84,597.98	\$1,875,628.29
	6-(Oct. 2020, Comp. 1)	11/30/2020	\$6,042,712.83	\$84,597.98	\$1,893,005.80
	7-(Nov. 2020, Comp. 1)	12/31/2020	\$6,042,712.83	\$84,597.98	\$1,845,134.94
	8-(Dec. 2020, Comp. 1)	1/31/2021	\$6,042,712.83	\$84,597.98	\$428,943.80
	9 (Jan. 2021, Comp. 1)	2/28/2021	\$6,042,712.83	\$84,597.98	\$0.00
	10 (Feb. 2021, Comp. 1)	3/31/2021	\$6,042,712.83	\$84,597.98	\$0.00
Amount Paid		3/31/2021	\$0.00	\$845,979.80	\$6,042,712.83
Amount Due: March 31, 2021				\$845,979.80	\$6,042,712.83
Amount Remaining				\$0.00	\$0.00

8 Month Outstanding Short Term Revenue Note-Loan 17b					
Loan 17b-Principle		\$6,042,712.83		Reserve	\$422,989.90
Interest		16.80%	\$676,783.84	Reserve Remaining	\$84,597.98
Fund Received		8/1/2020		Set Aside Post Reserve	\$253,793.94
		Date	Balance	Interest	Principal Rcvd.
	1	8/31/2020	\$6,042,712.83	\$84,597.98	\$0.00
	2	9/30/2020	\$6,042,712.83	\$84,597.98	\$0.00
	3	10/31/2020	\$6,042,712.83	\$84,597.98	\$0.00
	4	11/30/2020	\$6,042,712.83	\$84,597.98	\$0.00
	5	12/31/2020	\$6,042,712.83	\$84,597.98	\$0.00
	6 (Dec. 2020, Comp. 1)	1/31/2021	\$6,042,712.83	\$84,597.98	\$1,507,987.81
	7 (Jan. 2021, Comp. 1)	2/28/2021	\$6,042,712.83	\$84,597.98	\$1,825,393.90
	Reserve		\$6,042,712.83	\$0.00	\$1,042,409.32
	8-(Feb. 2021, Comp. 1)	3/31/2021	\$6,042,712.83	\$84,597.98	\$1,751,519.78
Amount Paid		3/31/2021	\$0.00	\$676,783.84	\$6,042,712.83
Amount Due: March 31, 2021				\$676,783.84	\$6,042,712.83
Amount Remaining				\$0.00	\$0.00

11 Month Outstanding Short Term Revenue Note-Loan 18 (Dec. 1, 2020-Nov. 1, 2020)					
Loan 18-Principle		\$5,609,295.47		Reserve	\$392,650.70
Interest		16.80%			
Fund Received					
		Date	Balance	Interest	Principal Rcvd.
	1	12/30/2020	\$5,609,295.47	\$78,530.14	\$0.00
	2	1/31/2021	\$5,609,295.47	\$78,530.14	\$0.00
	3	2/28/2021	\$5,609,295.47	\$78,530.14	\$0.00
	4	3/31/2021	\$5,609,295.47	\$78,530.14	\$0.00
	5-(Mar. 2021, Comp. 1)	4/30/2021	\$5,609,295.47	\$78,530.14	\$1,741,882.60
	6-(Apr. 2021, Comp. 1)	5/31/2021	\$5,609,295.47	\$78,530.14	\$1,842,235.16
	7-(May 2021, Comp. 1)	6/30/2021	\$5,609,295.47	\$78,530.14	\$1,930,126.52
	8-(June 2021, Comp. 1)	7/31/2021	\$5,609,295.47	\$78,530.14	\$95,051.19
	9 (July 2021, Comp. 1)	8/31/2021	\$0.00	\$78,530.14	\$0.00
	10 (Aug. 2021, Comp. 1)	9/30/2021	\$0.00	\$78,530.14	\$0.00
	11	10/31/2021	\$0.00	\$78,530.14	\$0.00
Amount Paid			\$0.00	\$863,831.54	\$5,609,295.47
Amount Due: October 31, 2021				\$863,831.54	\$5,609,295.47
Amount Remaining				\$0.00	\$0.00

**Allegiance Bank Line of Credit**

<b>Principle (IGT 8)</b>	\$5,609,295.47	<b>Principle Balance Owed</b>	\$5,609,295.47		
<b>Interest Rate:</b>	2.35%	<b>LOC Funds Available</b>	\$390,704.53		
	<b>Date</b>	<b>Balance</b>	<b>Interest</b>	<b>Principal Rcvd.</b>	<b>Payment</b>
1	1/10/2021	Interest Payment	\$12,803.16	\$0.00	\$12,803.16
2	2/10/2021	Interest Payment	\$11,351.04	\$0.00	\$11,351.04
3	3/10/2021	Interest Payment	\$10,721.78	\$0.00	\$10,721.78
4	4/10/2021	Interest Payment	\$11,351.03	\$0.00	\$11,351.03
5-(Mar. 2021, Comp. 1)	5/10/2021	Interest Payment	<i>\$10,984.87</i>	<i>\$0.00</i>	<i>\$10,984.87</i>
6-(Apr. 2021, Comp. 1)	5/30/2021	Interest Payment	<i>\$12,803.16</i>	<i>\$0.00</i>	<i>\$12,803.16</i>
7-(May 2021, Comp. 1)	6/27/2021	Interest Payment	<i>\$12,803.16</i>	<i>\$0.00</i>	<i>\$12,803.16</i>
8-(June 2020, Comp. 1)	7/31/2021	Interest Payment	<i>\$12,803.16</i>	<i>\$1,981,669.36</i>	<i>\$1,994,472.52</i>
9-(July. 2020, Comp. 1)	8/31/2021	Interest Payment	<i>\$12,803.16</i>	<i>\$1,925,856.68</i>	<i>\$1,938,659.84</i>
10-(August 2021, Comp. 1)	9/30/2021	Interest Payment	<i>\$12,803.16</i>	<i>\$1,701,769.43</i>	<i>\$1,714,572.59</i>
<b>Amount Paid</b>	9/30/2020	\$0.00	<b>\$121,227.68</b>	<b>\$5,609,295.47</b>	<b>\$5,730,523.15</b>
<b>Amount Remaining</b>				<b>\$0.00</b>	

**District's Investments**

	<b>Amount</b>	<b>Percentage</b>	<b>From</b>	<b>To</b>	<b>Interest</b>
*CD at Allegiance Bank C.D. #9503	\$6,004,602.73	0.35%	3/1/2021	3/31/2021	Paid Quarterly 4,602.73 Pd Feb 12
CD at Prosperity (Qtr.) C.D. #0447	\$109,515.67	0.4000%	3/1/2021	3/31/2021	Paid \$110.19 Feb 27 2021
Texstar C.D. #1110	\$690,410.82	1.000154%	3/1/2021	3/31/2021	Paid \$12.68 Mar 2021

TO THE BEST OF MY KNOWLEDGE, THESE

\_\_\_\_\_  
Edward Murrell,  
President

\_\_\_\_\_  
Robert "Bobby" Way  
Treasurer/Investment Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Italics are Estimated amounts



**Winnie-Stowell Hospital District**  
**Check Listing by Bank Account**  
**March 24 through April 21, 2021**

Type	Date	Num	Name	Memo	Clr	Amount
<b>100 Prosperity Bank -Checking</b>						
Check	03/24/2021	3209	Brookshire Brothers	IC Rxs (Feb 2021)	X	-2,157.30
Check	03/24/2021	3210	Wilcox Pharmacy	IC Rxs (Feb 2021)	X	-480.35
Check	03/24/2021	3211	UTMB at Galveston	IC Batch Date 02/01/2...	X	-1,017.12
Check	03/24/2021	3212	UTMB Faculty Group Practice	IC Batch Date 02/01/2...	X	-748.45
Check	03/24/2021	3213	Barrier Reef Emergency Physican	IC Batch Date 02/01/2...		-118.78
Check	03/24/2021	3214	Indigent Healthcare Solutions, LTD	Inv 71462		-1,109.00
Check	03/24/2021	3215	American Education Services	92 5529 5461 S Stern		-150.14
Check	03/24/2021	3216	Penelope S Butler, MS, LPC	YC Batch Date 02.02.21	X	-85.00
Check	03/24/2021	3217	Nicki Holtzman MS, LPC	YC Batch Date 02.02.21	X	-425.00
Check	03/24/2021	3221	Benckenstein & Oxford	Reimbursemnt for SV...	X	-10,307.67
Check	03/24/2021	3220	Hubert Oxford	Legal Retainer	X	-1,000.00
Check	03/24/2021	3223	Technology Solutions of Texas, LLC	Invs 1538 & 1549	X	-265.00
Check	03/24/2021	3224	Felipe Ojeda	Inv 1010	X	-300.00
Check	03/24/2021	3225	Graciela Chavez	March Office Cleaning		-100.00
Check	03/24/2021	3218	Gaudet Solutions	YC Batch Date 02.07.21	X	-500.00
Check	03/24/2021	3219	Benckenstein & Oxford	Inv 50040	X	-13,125.00
Check	03/24/2021	3222	David Sticker	Inv 49	X	-1,531.25
Check	03/24/2021	3226	Riceland Medical Center	Office Property Lease ...	X	-340.00
Check	03/26/2021		Prosperity Bank (CC)	2704	X	-760.90
Liability Ch...	03/30/2021		QuickBooks Payroll Service	Created by Payroll Ser...	X	-8,711.16
Paycheck	03/31/2021	DD12...	Norris, Sherrie	Direct Deposit	X	0.00
Paycheck	03/31/2021	DD12...	Ojeda, Patricia	Direct Deposit	X	0.00
Paycheck	03/31/2021	DD12...	Osburn, Jessica L	Direct Deposit	X	0.00
Check	04/05/2021	3227	Allegiance Bank	Opening Deposit for H...		-600.00
Check	04/21/2021		Brookshire Brothers	IC RX's (March 2021)		-683.79
Check	04/21/2021		Wilcox Pharmacy	IC RX's (March 2021)		-1,052.55
Check	04/21/2021		UTMB at Galveston	IC Batch Date 3/1/21		-23,763.31
Check	04/21/2021		UTMB Faculty Group Practice	IC Batch Date 3/1/21		-3,522.71
Check	04/21/2021		Indigent Healthcare Solutions, LTD	Inv #71617		-1,109.00
Check	04/21/2021		American Education Services	92 5529 5461 S Stern		-150.14
Check	04/21/2021		Penelope S Butler, MS, LPC	YC Batch Date 3/7/21		-85.00
Check	04/21/2021		Nicki Holtzman MS, LPC	YC Batch Date 3/7/21		-765.00
Check	04/21/2021		Gaudet Solutions	YSP Batch Date 3/7/21		-1,000.00
Check	04/21/2021		Hubert Oxford	Legal Retainer		-1,000.00
Check	04/21/2021		David Sticker	Inv #50		-1,781.25
Check	04/21/2021		Technology Solutions of Texas, LLC	Inv #s 1563 & 1554		-265.00
Check	04/21/2021		Technology Solutions of Texas, LLC	Inv # 1555 (SVDP Inst...		-2,655.00
Check	04/21/2021		Felipe Ojeda	Inv # 1011		-300.00
Check	04/21/2021		Graciela Chavez	Inv # 8018595		-100.00
Check	04/21/2021		Function 4	3A0064 Inv #854087		-42.50
Check	04/21/2021		HMG Healthcare, LLC	Inv #0044683 (1/2 VM...		-17,175.00
Check	04/21/2021	To Print	Benckenstein & Oxford	Inv # 50053		-8,600.00
Total 100 Prosperity Bank -Checking						-107,882.37
<b>109 First Financial Bank</b>						
<b>109b FFB #4846 DACA</b>						
Check	03/26/2021			(ACH-NH non qipp fun...	X	-5,417.00
Check	03/30/2021		Salt Creek Capital LLC	Interest Pmt Ln 18 - A...	X	-78,530.14
Check	03/30/2021		Salt Creek Capital LLC	ACH PaymenSalt Cre...	X	-84,597.98
Check	03/30/2021		Salt Creek Capital LLC	ACH PaymenSalt Cre...	X	-84,597.98
Check	03/30/2021		Salt Creek Capital LLC	ACH PaymenSalt Cre...	X	-6,042,712.83
Check	03/30/2021		Salt Creek Capital LLC	ACH PaymenSalt Cre...	X	-6,042,712.83
Total 109b FFB #4846 DACA						-12,338,568.76
Total 109 First Financial Bank						-12,338,568.76
<b>TOTAL</b>						<b>-12,446,451.13</b>

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 03/04/21-03/04/21

Brookshire Bros. Phar. (Winnie)  
 P.O. Box 2058  
 Lufkin, TX 75904

Vendor #: 65460

GL #	Description	Amount
WSHD	Wshd	683.79
<b>Expenditures</b>		<b>683.79</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>683.79</b>

46 total invoices

**GL Totals Detail**  
**Invoice #**

GL #	Date in	Amt Billed	Amt Paid
1019*65460*86	03/19/2021	13.51	13.51
1019*65460*87	03/19/2021	9.28	9.28
1019*65460*88	03/19/2021	8.76	8.76
1019*65460*89	03/19/2021	10.64	10.64
1019*65460*90	03/19/2021	12.39	12.39
1044*65460*33	11/13/2020	26.29	26.29
1044*65460*34	11/10/2020	56.72	56.72
1096*65460*42	03/15/2021	10.70	10.70
1096*65460*43	03/03/2021	48.66	48.66
1096*65460*44	03/03/2021	12.90	12.90
1114*65460*12	03/30/2021	11.31	11.31
1114*65460*13	03/01/2021	8.76	8.76
1128*65460*43	03/23/2021	9.85	9.85
1128*65460*44	03/11/2021	11.81	11.81
1128*65460*45	03/11/2021	11.44	11.44
1128*65460*46	03/11/2021	8.76	8.76
1128*65460*47	03/11/2021	20.53	20.53
1128*65460*48	03/10/2021	12.37	12.37
1140*65460*37	03/22/2021	9.47	9.47
1140*65460*38	03/19/2021	11.05	11.05
1151*65460*40	03/05/2021	8.76	8.76
1151*65460*41	03/05/2021	11.89	11.89
1151*65460*42	03/03/2021	8.27	8.27
1151*65460*43	03/01/2021	10.46	10.46
1151*65460*44	03/01/2021	8.47	8.47
1151*65460*45	03/01/2021	9.27	9.27
1151*65460*46	03/01/2021	9.93	9.93
1199*65460*12	03/30/2021	18.29	18.29
1199*65460*13	03/29/2021	40.58	40.58
1201*65460*7	03/09/2021	20.34	20.34
1201*65460*8	03/09/2021	9.23	9.23
2458*65460*22	03/24/2021	10.47	10.47
2458*65460*23	03/24/2021	13.67	13.67
2458*65460*24	03/10/2021	18.97	18.97

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### GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 03/04/21-03/04/21

Brookshire Bros. Phar. (Winnie)  
P.O. Box 2058  
Lufkin, TX 75904

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid
2458*65460*25	WSHD	03/09/2021	9.94	9.94
2458*65460*26	WSHD	03/09/2021	9.22	9.22
2815*65460*53	WSHD	03/01/2021	42.13	42.13
2815*65460*54	WSHD	03/01/2021	10.58	10.58
2815*65460*55	WSHD	03/01/2021	10.21	10.21
2815*65460*56	WSHD	03/01/2021	10.90	10.90
2815*65460*57	WSHD	03/01/2021	13.11	13.11
2815*65460*58	WSHD	03/01/2021	10.34	10.34
2815*65460*59	WSHD	03/01/2021	13.51	13.51
2815*65460*60	WSHD	03/01/2021	10.64	10.64
3400*65460*1	WSHD	03/23/2021	8.32	8.32
3400*65460*2	WSHD	03/23/2021	11.09	11.09
<b>46 invoices, 46 line items</b>			<b>683.79</b>	<b>683.79</b>
<b>Grand Totals</b>			<b>683.79</b>	<b>683.79</b>

**46 total invoices**  
**46 total line items**

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 03/03/21-03/03/21

Wilcox Pharmacy  
 P. O. Box 1850  
 Winnie, TX 77665

Vendor #: 18651

GL #	Description	Amount
WSHD	Wshd	1,052.55
<b>Expenditures</b>		<b>1,052.55</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>1,052.55</b>

48 total invoices

**GL Totals Detail  
 Invoice #**

GL #	Date in	Amt Billed	Amt Paid
1040*18651*54	03/19/2021	9.22	9.22
1093*18651*53	03/29/2021	9.96	9.96
1093*18651*54	03/26/2021	8.74	8.74
1095*18651*46	03/29/2021	11.61	11.61
1095*18651*47	03/12/2021	41.46	41.46
1095*18651*48	03/10/2021	8.92	8.92
1095*18651*49	03/10/2021	10.66	10.66
1095*18651*50	03/29/2021	9.37	9.37
1107*18651*13	03/09/2021	13.76	13.76
1107*18651*14	03/09/2021	14.35	14.35
1107*18651*15	03/09/2021	9.70	9.70
1115*18651*17	03/26/2021	8.46	8.46
1115*18651*18	03/26/2021	8.78	8.78
1115*18651*19	03/03/2021	8.46	8.46
1144*18651*13	03/30/2021	14.35	14.35
1144*18651*14	03/23/2021	8.84	8.84
1144*18651*15	03/23/2021	16.21	16.21
1157*18651*46	03/10/2021	8.71	8.71
1157*18651*47	03/10/2021	10.46	10.46
1157*18651*48	03/02/2021	10.72	10.72
1158*18651*29	03/25/2021	9.96	9.96
1158*18651*30	03/09/2021	17.53	17.53
1158*18651*31	03/09/2021	9.10	9.10
1181*18651*91	03/27/2021	10.63	10.63
1181*18651*92	03/27/2021	9.59	9.59
1181*18651*93	03/27/2021	8.37	8.37
1181*18651*94	03/27/2021	9.10	9.10
1181*18651*95	03/27/2021	9.88	9.88
1181*18651*96	03/12/2021	423.42	423.42
1181*18651*97	03/27/2021	11.90	11.90
1181*18651*98	03/27/2021	8.98	8.98
1181*18651*99	03/27/2021	9.79	9.79
1185*18651*27	03/25/2021	30.80	30.80
1185*18651*28	03/25/2021	12.16	12.16

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### GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 03/03/21-03/03/21

Wilcox Pharmacy  
P. O. Box 1850  
Winnie, TX 77665

Vendor #: 18651

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1185*18651*29	WSHD	03/25/2021	8.59	8.59
1185*18651*30	WSHD	03/25/2021	23.76	23.76
1185*18651*31	WSHD	03/25/2021	9.25	9.25
1188*18651*12	WSHD	03/17/2021	24.42	24.42
1188*18651*13	WSHD	03/16/2021	8.91	8.91
1188*18651*14	WSHD	03/16/2021	16.61	16.61
1188*18651*15	WSHD	03/09/2021	10.67	10.67
1191*18651*21	WSHD	03/12/2021	15.75	15.75
1191*18651*22	WSHD	03/23/2021	10.94	10.94
1191*18651*23	WSHD	03/12/2021	10.59	10.59
2942*18651*14	WSHD	03/23/2021	30.57	30.57
2942*18651*15	WSHD	03/01/2021	38.17	38.17
2994*18651*11	WSHD	03/30/2021	9.32	9.32
2994*18651*12	WSHD	03/30/2021	11.05	11.05
<b>48 invoices, 48 line items</b>			<b>1,052.55</b>	<b>1,052.55</b>
<b>Grand Totals</b>			<b>1,052.55</b>	<b>1,052.55</b>

48 total invoices  
48 total line items

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 03/01/21-03/31/21

Utmh At Galveston  
 P. O. Box 660120 Dept 730  
 Dallas, TX 75266

Vendor #: 63614

GL #	Description	Amount
WSHD	Wshd	23,763.31
	<b>Expenditures</b>	<b>24,565.63</b>
	<b>Reimb/Adjustments</b>	<b>-802.32</b>
	<b>Grand Total</b>	<b>23,763.31</b>

15 total invoices

**GL Totals Detail**  
**Invoice #**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1019*63614*5	WSHD	02/01/2021	14,600.03	3,504.01
1019*63614*6	WSHD	02/02/2021	323.00	77.52
1019*63614*7	WSHD	02/23/2021	323.00	77.52
1044*63614*9	WSHD	08/11/2020	0.00	-77.52
1044*63614*9	WSHD	09/02/2020	0.00	-647.28
1044*63614*9	WSHD	09/23/2020	0.00	-77.52
1091*63614*17	WSHD	12/21/2020	197.00	47.28
1093*63614*20	WSHD	01/28/2021	323.00	77.52
1096*63614*12	WSHD	01/27/2021	323.00	77.52
1103*63614*2	WSHD	02/13/2021	43,085.71	15,510.86
1128*63614*16	WSHD	02/05/2021	323.00	77.52
1146*63614*5	WSHD	07/06/2020	15,382.55	3,845.64
1146*63614*5	WSHD	07/06/2020	3,136.00	784.00
1157*63614*10	WSHD	02/09/2021	391.00	93.84
1181*63614*13	WSHD	02/01/2021	323.00	77.52
1181*63614*13	WSHD	01/29/2021	275.00	66.00
1203*63614*1	WSHD	02/09/2021	391.00	93.84
2994*63614*1	WSHD	01/29/2021	323.00	77.52
2994*63614*2	WSHD	02/10/2021	323.00	77.52

15 invoices, 19 line items \*\*\* 80,042.29      23,763.31

**Grand Totals** **80,042.29      23,763.31**

15 total invoices  
 19 total line items

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 03/01/21-03/31/21

Utnb Faculty Grp Practice  
 Po Box 650859 Dep 710  
 Dallas, TX 75265

Vendor #: 63615  
 NPI: 1942241146

GL #	Description	Amount
WSHD	Wshd	3,522.71
<b>Expenditures</b>		<b>3,522.71</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>3,522.71</b>

21 total invoices

**GL Totals Detail**  
**Invoice #**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1019*63615*6	WSHD	02/01/2021	118.00	0.00
1019*63615*7	WSHD	02/01/2021	560.00	220.00
1019*63615*8	WSHD	02/01/2021	1,673.00	602.72
1019*63615*9	WSHD	02/01/2021	294.00	161.70
1040*63615*33	WSHD	12/14/2020	183.00	39.92
1091*63615*19	WSHD	12/21/2020	83.00	27.91
1091*63615*19	WSHD	12/21/2020	68.00	23.10
1096*63615*10	WSHD	01/27/2021	270.00	56.08
1103*63615*2	WSHD	02/13/2021	153.00	56.77
1103*63615*3	WSHD	02/16/2021	413.00	77.95
1103*63615*3	WSHD	02/16/2021	83.00	29.51
1103*63615*4	WSHD	02/13/2021	118.00	0.00
1103*63615*5	WSHD	02/14/2021	183.00	68.00
1103*63615*5	WSHD	02/14/2021	180.00	68.00
1103*63615*6	WSHD	02/13/2021	223.00	83.40
1103*63615*7	WSHD	02/15/2021	315.00	104.24
1103*63615*7	WSHD	02/15/2021	290.00	104.57
1103*63615*7	WSHD	02/15/2021	315.00	104.24
1128*63615*18	WSHD	02/05/2021	270.00	56.08
1146*63615*11	WSHD	07/06/2020	1,378.00	239.93
1146*63615*11	WSHD	07/06/2020	1,225.00	189.58
1146*63615*11	WSHD	07/06/2020	898.00	130.24
1146*63615*12	WSHD	07/06/2020	800.00	513.85
1146*63615*12	WSHD	07/06/2020	420.00	256.92
1151*63615*3	WSHD	12/29/2020	415.00	75.64
1157*63615*12	WSHD	02/09/2021	183.00	39.92
1181*63615*14	WSHD	02/01/2021	183.00	31.61
1203*63615*1	WSHD	02/09/2021	273.00	65.29
1205*63615*1	WSHD	02/24/2021	415.00	95.54

21 invoices, 29 line items

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**11,982.00**      **3,522.71**

**Grand Totals**

**11,982.00**      **3,522.71**

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**GL Totals**

Issued 04/15/21

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 03/01/21-03/31/21

Utnb Faculty Grp Practice  
Po Box 650859 Dep 710  
Dallas, TX 75265

Vendor #: 63615  
NPI: 1942241146

<b>Invoice #</b>	<b>GL #</b>	<b>Date in</b>	<b>Amt Billed</b>	<b>Amt Paid</b>
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**21 total invoices**  
**29 total line items**



Indigent Healthcare Solutions, Ltd.  
2040 North Loop, 336 West, Suite 304  
Conroe, TX 77304

Invoice # 71617

Phone # (800) 834-0560  
Fax # (936) 756-6741

Date: 4/1/2021

WINNIE STOWELL HOSPITAL DISTRICT  
P O BOX 1997  
WINNIE, TX 77665

**RECEIVED**  
MAR 31 2021

Terms: Net receipt of invoice

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Professional services for the month of May 2021

1,109.00

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**Total**

**\$1,109.00**

PLEASE REMIT PAYMENT TO  
INDIGENT HEALTHCARE SOLUTIONS, LTD  
ATTN: KELLEY ASTOLOS  
3011 ARMORY DRIVE, SUITE 190  
NASHVILLE, TN 37204

*THANK YOU FOR YOUR BUSINESS!!!*

**IHS**

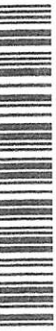


RECEIVED

APR 13 2021

**1040**  
**YOUR TAX INFO IS NOW ONLINE!**  
 aesSuccess.org/GetTaxInfo

09400301686401



April 4, 2021

# MONTHLY BILL

Name: SHERRY STERN  
Account Number: 92 5529 5461

Payment Summary	
Last Payment Received	03/09/2021
Amount Past Due	\$150.14
Current Payment Due	\$150.14
<b>Total Due by 04/25/2021</b>	<b>\$300.28</b>

## YOUR LOAN DETAILS

Loan Sequence	Date Disbursed	Loan Program	Original Balance	Current Balance	Outstanding Interest	Interest Rate	Monthly Payment	Past Due	Current Due
*1002	11/29/2006	SUBCNS	\$13,150.00	\$4,065.80	\$10.86	3.750%	\$90.67	\$90.67	\$90.67
*1001	11/29/2006	UNCNS	\$8,625.28	\$2,666.51	\$7.12	3.750%	\$59.47	\$59.47	\$59.47

Outstanding interest accrued as of 04/04/2021



### YOU HAVE MISSED SOME PAYMENTS!

Sometimes life doesn't go as planned and your financial situation may change. If you can't afford your payments, there may be options that can help.

If you are having trouble making payments, you can also visit [aesSuccess.org/TroublePaying](http://aesSuccess.org/TroublePaying).

Your account contains at least one loan that is past due. Depending on the terms of your loan agreement(s) and the level of delinquency, these loans may require payment prior to the due date shown on this statement to avoid default and/or acceleration of the debt. Please contact us immediately at 800-233-0557 to discuss.

You may continue to pay the full Monthly Payment amount if your loans are paid ahead (the Current Due is less than the Monthly Payment amount). It may be necessary to continue to pay the full Monthly Payment amount when your loans are paid ahead in order to qualify for benefit programs, such as reduced interest rates or cosigner release, that may be offered by your lenders. Contact us at 800-233-0557 if you do not want overpayments to be applied to future bills and to opt out of paid ahead status.

**Make checks payable to American Education Services and include your 10 digit account number.**

### Customer Statement

(IF LATE, SEE LAST PAGE)

Amount Enclosed: Do not write dollar sign in boxes below or on check.

Account Number:

Due Date:

Total Amount Due:

92 5529 5461

04/25/2021

\$

150.14

\$300.28

20210940192552954611000030028000000000000000004

#BWNDHKB  
#B612 1327 2504 04L7#  
SHERRY STERN  
538 BROADWAY  
WINNIE TX 77665-7600



AMERICAN EDUCATION SERVICES  
P.O. BOX 65093  
BALTIMORE, MD 21264-5093

\*Late fees will be assessed in accordance to the requirements set forth by the loan owner. Each unique owner/loan program may have differing late fee requirements. The owner will assess late fees on any loans listed above that are identified with an asterisk. If there are dates listed below the heading 'Received After This Date', which are prior to the date you are making your payment, the following late fee will be assessed.

Received After This Date	Late Fee to be Assessed
04/08/2021	\$7.50 Late fee to be assessed if payment not received for prior statement
05/09/2021	\$7.50

### ADDITIONAL LOAN DETAILS

See below for the Current Owner and Repayment Term for each loan listed.

Loan Sequence	Date Disbursed	Loan Program	Current Owner	Repayment Term
*1002	11/29/2006	SUBCNS	CIT EDUCATION LOAN T	240
*1001	11/29/2006	UNCNS	CIT EDUCATION LOAN T	240

### Would you rather receive this statement electronically?

Sign in to Account Access at [aesSuccess.org](http://aesSuccess.org) and update your Account Profile preferences if you would prefer that we send you an email reminder instead of a paper statement.

Total paid since your last statement	\$150.14
Interest Satisfied	\$29.56
Principal Satisfied	\$120.58
Late Fees Paid	\$0.00

As of today, the amount paid on your loans	\$18,166.95
Total Interest Satisfied	\$5,188.31
Total Principal Satisfied	\$12,971.14
Total Late Fees Paid	\$7.50

The Total Principal Satisfied includes any payment that satisfies principal (not just payments made by you) and may include consolidation payments, refunds, cancellation payments, returned disbursements, etc.

© IHS  
 Issued 04/13/21

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 03/07/21-03/07/21

Penelope (Polly) Butler  
 7750 Gladys, Suite B  
 Beaumont, TX 77706

Vendor #: 13632

GL #	Description	Amount
WSHD	Wshd	85.00
	<b>Expenditures</b>	<b>85.00</b>
	<b>Reimb/Adjustments</b>	
	<b>Grand Total</b>	<b>85.00</b>

1 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC17*13632*19	WSHD	03/12/2021	85.00	85.00
<b>1 invoices, 1 line items</b>	<b>***</b>		<b>85.00</b>	<b>85.00</b>
<b>Grand Totals</b>			<b>85.00</b>	<b>85.00</b>

1 total invoices  
 1 total line items

©IHS  
 Issued 04/13/21

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 03/07/21-03/07/21

Vendor #: 90007

Nicki Holtzman  
 5825 Phelan, Ste. 104  
 Beaumont, TX 77706

GL #	Description	Amount
WSHD	Wshd	765.00
	<b>Expenditures</b>	<b>765.00</b>
	<b>Reimb/Adjustments</b>	
	<b>Grand Total</b>	<b>765.00</b>

4 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC01*90007*7	WSHD	03/09/2021	85.00	85.00
YC01*90007*7	WSHD	03/25/2021	85.00	85.00
YC24*90007*7	WSHD	03/08/2021	85.00	85.00
YC24*90007*7	WSHD	03/25/2021	85.00	85.00
YC27*90007*1	WSHD	03/08/2021	85.00	85.00
YC27*90007*1	WSHD	03/16/2021	85.00	85.00
YC27*90007*1	WSHD	03/25/2021	85.00	85.00
YC28*90007*1	WSHD	03/08/2021	85.00	85.00
YC28*90007*1	WSHD	03/25/2021	85.00	85.00
<b>4 invoices, 9 line items</b>	***		<b>765.00</b>	<b>765.00</b>
<b>Grand Totals</b>			<b>765.00</b>	<b>765.00</b>

4 total invoices  
 9 total line items

©IHS  
 Issued 04/13/21

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 03/07/21-03/07/21

Gaudet Solutions  
 1530 Sahara Dr  
 Crosby, TX 77532

Vendor #: 90008

GL #	Description	Amount
WSHD	Wshd	1,000.00
	<b>Expenditures</b>	<b>1,000.00</b>
	<b>Reimb/Adjustments</b>	
	<b>Grand Total</b>	<b>1,000.00</b>

2 total invoices

**GL Totals Detail**  
**Invoice #**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
IS02*90008*1	WSHD	02/21/2021	500.00	500.00
IS03*90008*1	WSHD	03/26/2021	500.00	500.00
<b>2 invoices, 2 line items</b>	***		<b>1,000.00</b>	<b>1,000.00</b>
<b>Grand Totals</b>			<b>1,000.00</b>	<b>1,000.00</b>

2 total invoices  
 2 total line items

**BENCKENSTEIN & OXFORD, L.L.P.**

ATTORNEYS AT LAW  
BBVA COMPASS BANK BUILDING  
3535 CALDER AVENUE, SUITE 300

Hubert Oxford, IV

BEAUMONT, TEXAS 77706  
TELEPHONE:(409) 833-9182  
FAX: (409) 833-8819

hoxfordiv@benoxford.com

April 21, 2021

Mr. Edward Murrell  
President  
Winnie Stowell Hospital District  
520 Broadway  
Winnie, Texas 77665

Re: Winnie Stowell Hospital District; Billable Invoice for January 2021 Time Entries  
less Retainer; Our File No. 87250.

Dear President Murrell,

Attached, please find Benckenstein & Oxford's monthly time entry invoice for January 2021. This invoice is for \$9,600.00 but the amount due is \$8,600.00 after reducing the invoice by \$1,000.00 for the monthly retainer already paid.

Will you please review and let me know if there are any questions? If not, we would appreciate your payment of this invoice in the amount of \$8,600.00 representing the balance owed for January 2021.

With best wishes, I am

Sincerely,

**BENCKENSTEIN & OXFORD, L.L.P.**

By: 

Hubert Oxford, IV

Enclosure

**Benckenstein & Oxford, L.L.P.**

3535 Calder Avenue, Suite 300  
Beaumont, TX 77706

**April 21, 2021**

**INVOICE #:** 50053 **HOIV**  
**Billed through:** January 31, 2021  
**Client/Matter #:** WSHD 87250

Winnie-Stowell Hospital District  
P.O. Box 1997  
Winnie, TX 77665

RE: Winnie-Stowell Hospital District

**PROFESSIONAL SERVICES RENDERED**

01/04/21	HOIV	Read and reviewed release for Donna Gore; responded to Plaintiff's counsel; and submitted to the District for signature.	1.00 hrs
01/04/21	HOIV	Read, reviewed, and responded to five e-mails between LTC and staff requesting prior CHOW documents for Oak Manor and Oakland Manor when the facilities were owned by Genesis; and researched files to try to locate requested documents.	0.80 hrs
01/05/21	HOIV	Received link on Tobacco settlement; reviewed link; and compared to budget.	0.40 hrs
01/05/21	HOIV	Read, reviewed, and responded to three (3) e-mails from Staff and HMG regarding QIPP Y4 November Cigna Check for \$29,908.80.	0.30 hrs
01/07/21	HOIV	Conference call with staff and St. Vincent DePaul representative regarding grant request and prepared notes for grant application to explain which sections were necessary to be completed for computer application.	0.80 hrs
01/08/21	HOIV	Read, reviewed, and responded to request by HHSC for Monument Hill, Spring Branch, and Cypress station Audit information regarding QAPI reports; researched HHSC Rules; prepared draft response; and responded to twelve (12) e-mails with staff and LTC regarding the same.	3.80 hrs
01/11/21	HOIV	Read, reviewed and responded to four (4) e-mails regarding to QIPP PGY3 IGT Refunds and reconciliation of the funds.	0.40 hrs
01/11/21	HOIV	Read, reviewed, and responded to three (3) e-mails with indigent care staff regarding ECISD assuming responsibility for Irlen's Program.	0.50 hrs
01/11/21	HOIV	Exchanged six (6) e-mails with ECISD regarding the District's youth counseling program and the Irlen's program to clarify the District's goals and intentions.	1.10 hrs
01/13/21	HOIV	Exchanged three (3) e-mails and multiple conference calls with CFO for HMG and their outside counsel to discuss the status of CHOWs for the three (3) new round 4 nursing facilities and a plan of action to finalize setting these facilities up in the system.	0.70 hrs
01/13/21	HOIV	Received notice of DY10 Advance UC IGT; reviewed spreadsheets attached with notice; conveyed notice to Hospital and Staff; and added the IGT request to the upcoming agenda.	0.80 hrs



01/14/21	HOIV	Began preparation of minutes for the December 16, 2020 Regular Meeting and December 21, 2020 Public Hearing and Special Meeting.	3.80 hrs
01/14/21	HOIV	Received revised UC DY-10 Advance Payment IGT calculations and exchanged seven (7) e-mails with staff and Hospital to verify the change and to update records for the Board's consideration.	1.20 hrs
01/15/21	HOIV	Continued preparation and finalizing extensive set of minutes for the December 16, 2020 Regular Meeting Minutes and December 21, 2020 Special Meeting Minutes.	4.70 hrs
01/15/21	HOIV	Received e-mail advising that multiple Caring Healthcare facilities were not on the QIPP, Yr. 5 list and exchanged six (6) e-mails with staff, Caring, and LTC to verify the facilities were, in fact, on the list.	0.80 hrs
01/15/21	HOIV	Received e-mail from staff showing of \$2,000,000.00 variance payment; then reviewed QIPP spreadsheets; and exchanged six (6) e-mails with LTC and two (2) conference calls regarding the same.	1.40 hrs
01/18/21	HOIV	Read, reviewed, and commented on proposed Management Agreement; Agreement and Consent to Sublease; Bill of Sale; Operations Transfer Agreement; and Sublease Agreements for three (3) nursing facilities being acquired from HMG for QIPP Year 5.	4.60 hrs
01/19/21	HOIV	Received and reviewed Adjustment spreadsheet for QIPP, Year 3, and exchanged four (4) e-mails with LTC Group regarding the basis for the payment and whether the payment was in the QIPP Model.	0.70 hrs
01/19/21	HOIV	Conference call with CPA to discuss budgeting matters, including the purchase of the ambulance and County Van and the fiscal year purchased.	0.40 hrs
01/20/21	HOIV	Worked with staff to make revisions to the Treasurer's Report, gathered documents, and prepared Board Binder.	3.20 hrs
01/20/21	HOIV	Prepared for and attended Regular Meeting.	3.00 hrs
01/20/21	HOIV	Received and reviewed QIPP Year 4 (SFY21) Scorecard for Component 4 and lapse funds; and then exchanged four (4) e-mails with LTC Group to confirm payment amounts.	0.80 hrs
01/20/21	HOIV	Exchanged six (6) e-mails with staff and HMG updating Board member list for CHOW transfer documents.	0.30 hrs
01/20/21	HOIV	Exchanged four (4) e-mails with LTC Group regarding reporting deadlines and requirements for Covid 19 grant funds	0.30 hrs
01/20/21	HOIV	Read, reviewed, and made recommended changes to the job description for the part-time assistant position.	0.40 hrs
01/21/21	HOIV	Researched deadline for Covid-19 audits for CMS Grant funds; and exchanged six (6) e-mails with CPA, Auditor, and LTC to provide the information I found.	1.00 hrs
01/22/21	HOIV	Read and reviewed three (3) e-mails from Staff to Salt Creek Capital, confirming transfer amounts for loan payments.	0.20 hrs

01/25/21	HOIV	Read and reviewed e-mail from CMS regarding Provider Relief Fund Nursing Home Distributions and exchanged two e-mails with LTC Group and staff to verify funds.	0.60 hrs
01/29/21	HOIV	Exchanged four (4) e-mails with staff and Hospital Staff regarding upcoming IGT for DY10 Uncompensated Care Payment.	0.40 hrs
		Total fees for this matter	\$9,600.00

**BILLING SUMMARY:**

Oxford, IV Hubert	38.40 hrs @	\$250.00 /hr	\$9,600.00
TOTAL FEES			\$9,600.00
TOTAL CHARGES FOR THIS INVOICE			\$9,600.00
RETAINER			\$1,000.00 CR
<b>TOTAL BALANCE NOW DUE</b>			<b>\$8,600.00</b>

Federal ID# 74-1646478

**Invoice Terms: Net 10 Days Upon Receipt**  
Please Reference Invoice Number on Your Check

**BENCKENSTEIN & OXFORD, L.L.P.**

ATTORNEYS AT LAW  
BBVA COMPASS BANK BUILDING  
3535 CALDER AVENUE, SUITE 300

Hubert Oxford, IV

BEAUMONT, TEXAS 77706  
TELEPHONE:(409) 833-9182  
FAX: (409) 833-8819

hoxfordiv@benoxford.com

April 19, 2021

Mr. Edward Murrell  
President  
Winnie Stowell Hospital District  
825 State Hwy 124  
Winnie Texas 77665

Re: Invoice and Draft Minutes for the Regular Meeting on March 24, 2021; Our File No. 87250.

Dear President Murrell,

Attached, please find the draft minutes for the Regular Meeting on March 24, 2021. After you have had a chance to review these minutes, please let me know if there are any changes that need to be made.

Also, please allow this letter to serve as a *partial invoice* for \$1,000.00 representing the retainer for work performed in March 2021. We would request that you put this invoice in line for payment at the April 21, 2021 Regular Meeting and we will give the District credit for the \$1,000.00 payment when we submit the hourly invoice for March 2021.

If you concur, please draft a check in the amount of \$1,000.00 to Hubert Oxford, IV.

With best wishes, I am

Sincerely,  
BENCKENSTEIN & OXFORD, L.L.P.

---

Hubert Oxford, IV

**David B Sticker & Company PC**2180 Eastex Freeway  
Beaumont, TX 77703**Invoice****Invoice #:** 50**Invoice Date:** 04/17/2021**Due Date:** 04/17/2021**Project:****P.O. Number:****Bill To:**Winnie Stowell Hospital District  
PO Box 1997  
Winnie, TX 77665

Date	Description	Amount
03/10/2021	Review bank recs and books, work on E&O application, respond to POI with Sherrie, and review insurance renewal application. 5.50 Hrs	
03/24/2021	Review Final Audit for 2019. .50 Hrs	
03/24/2021	Make additional adjustments and run monthly reports. 4.00 Hrs	
03/24/2021	Prepare for board meeting, review binder and reports. Attend regular board meeting. 3.50 Hrs	
03/29/2021	Approve monthly payroll & payroll tax deposit. .75 Hrs.	
	Total Hrs. 14.25 Hrs @ \$125	1,781.25

**Total** \$1,781.25**Payments/Credits** \$0.00**Balance Due** \$1,781.25

Technology Solutions of Texas,  
L.L.C.

Invoice 1563

TECHNOLOGY  
SOLUTIONS-TX

5725 Frost St  
Beaumont, TX 77706  
4095545953  
ronnie@techsol-tx.com  
<http://www.techsol-tx.com>

BILL TO	SHIP TO
Sherrie Norris	Sherrie Norris
Winnie Stowell Hospital District	Winnie Stowell Hospital District
538 Broadway	538 Broadway
Winnie, TX 77665	Winnie, TX 77665
United States	United States

DATE	PLEASE PAY	DUE DATE
04/15/2021	\$75.00	04/15/2021

DATE	DESCRIPTION	QTY	RATE	AMOUNT
	IT Services:MSP-Dsk MSP Support per Desktop	3	25.00	75.00

TOTAL DUE	\$75.00
-----------	---------

THANK YOU.

Technology Solutions of Texas,  
L.L.C.

Invoice 1554

# TECHNOLOGY SOLUTIONS-TX

5725 Frost St  
Beaumont, TX 77706  
4095545953  
ronnie@techsol-tx.com  
http://www.techsol-tx.com

(Install & Setup - New Computer - Office Clerk)

BILL TO	SHIP TO
Sherrie Norris	Sherrie Norris
Winnie Stowell Hospital District	Winnie Stowell Hospital District
538 Broadway	538 Broadway
Winnie, TX 77665	Winnie, TX 77665
United States	United States

DATE  
03/25/2021

PLEASE PAY  
\$190.00

DUE DATE  
03/25/2021

DATE	DESCRIPTION	QTY	RATE	AMOUNT
03/03/2021	<b>IT Services:Support Hours</b> Out of box new PC and migrate data	1	95.00	95.00
03/04/2021	<b>IT Services:Support Hours</b> Run Cable for new desk and set up laptop	1	95.00	95.00

PC (Dell) Service Tag Number: 2QS4G73

TOTAL DUE

\$190.00

THANK YOU.

Technology Solutions of Texas,  
L.L.C.

5725 Frost St  
Beaumont, TX 77706

4095545953

ronnie@techsol-tx.com

http://www.techsol-tx.com

Invoice 1555

TECHNOLOGY  
SOLUTIONS-TX

BILL TO	SHIP TO
Sherrie Norris	Sherrie Norris
Winnie Stowell Hospital District	Winnie Stowell Hospital District
538 Broadway	538 Broadway
Winnie, TX 77665	Winnie, TX 77665
United States	United States

DATE  
03/26/2021

PLEASE PAY  
\$2,655.00

DUE DATE  
03/26/2021

DATE	DESCRIPTION	QTY	RATE	AMOUNT
03/11/2021	<b>IT Services:OOB-PC</b> Out-Of-Box New Computer for SVDP	9	190.00	1,710.00
03/12/2021	<b>IT Services:Support Hours</b> Complete Software Installs and Windows Updates	1	95.00	95.00
03/26/2021	<b>IT Services:Support Hours</b> SVDP PC setup/replacement and data migration	8	95.00	760.00
03/30/2021	<b>IT Services:Network Cable Install</b> Run Cable, Terminate both ends, verify terminations.	1	90.00	90.00

PC (Dell) Service Tag Number:

GHGV243

GHFQ243

BZP5773

BTD6773

B@BNH63

GHFV243

GHHT243

B21RH63

BZT1773

HKJQK93

TOTAL DUE

\$2,655.00

THANK YOU.

Logitech Camera Serial Number:

2053AP0167Y9

**Monitor Serial Numbers:**

UG02048C0107

UG02050C3676

UG02048C0094

UG02048C0109

UG02048C0092

UG02048C0108

UG02048C0195

UG02048C0081



# Yard Service Invoice

**Felipe Ojeda**

Invoice# 1011

558 W.LeBlanc Rd  
Winnie, TX 77665  
Phone: (409) 466-7105

**DATE** April 13, 2021

**Property Location:**  
Winnie-Stowell Hospital District  
520 Broadway  
Winnie, TX 77665

<b>Description</b>	<b>AMOUNT</b>
Yard Maintenance completed 03/10/21	\$ 125.00
Yard Maintenance completed 03/25/21	\$ 125.00
Trash Service	\$ 50.00
<b>TOTAL</b>	<b>\$ 300.00</b>

If you have any questions concerning this quotation, Contact Felipe Ojeda, (409) 466-7105

**THANK YOU FOR ALLOWING ME TO PROVIDE YARD SERVICES FOR YOUR BUSINESS!**

DATE 4-20-21 No. 08918595

CUSTOMER'S ORDER NO.						
NAME <u>Graciela Chavez</u>						
ADDRESS <u>220 8TH ST</u>						
CITY, STATE, ZIP <u>Winnie, TX 77665</u>						
SOLD BY	CASH	C.O.D	CHARGE	ONACCT.	MOSE.RETD	PAID OUT
			<input checked="" type="checkbox"/>			
QUAN.	DESCRIPTION	PRICE	AMOUNT			
1						
2	<u>Office</u>					
3						
4	<u>cleaning</u>	<u>\$100</u>				
5						
6	<u>April 6</u>					
7						
8	<u>April 20</u>					
9						
10	<u>Total</u>	<u>\$100</u>				
11						
12						
RECEIVED BY						

KEEP THIS SLIP FOR REFERENCE



**CONTRACT INVOICE**

Invoice Number: INV854087

Invoice Date: 04/14/2021

**Bill To:** Winnie - Stowell Hospital District  
PO Box 1997  
Winnie, TX 77665

**Customer:** Winnie - Stowell Hospital District  
520 Broadway  
Winnie, TX 77665

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
3A0064	Net 30	05/14/2021	\$42.50	<b>\$42.50</b>	
<b>Invoice Remarks</b>					
Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
7987PTM-01		\$42.50		07/05/2019	10/04/2024
<b>Contract Remarks</b>					

**Summary:**

Contract base rate charge for this billing period	\$0.00
Contract overage charge for the 01/05/2021 to 04/04/2021 overage period	\$42.50 **
	<b>\$42.50</b>

\*\*See overage details below

**Detail:**

**Equipment included under this contract**

**HP/E57540dn**

Number	Serial Number	Base Adj.	Location						
3A4114	MXBCM5M00N	\$0.00	Winnie - Stowell Hospital District 520 Broadway Winnie, TX 77665						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
Color	3A4114 - Color	1,606	1,843		237	300	0	\$0.082500	\$0.00
B\W	3A4114 - B\W	37,570	50,082		12,512	9,000	3,512	\$0.012100	\$42.50
									\$42.50

 Hello, paperless billing!  
CONVENIENCE • SECURITY • ECO-FRIENDLY  
Log in to sign up at [function-4.com/paperless](http://function-4.com/paperless)

**Please include invoice number on payment.**  
**Remit Payment To:**  
**Function 4, LLC**  
**12560 Reed Rd, Ste 200**  
**Sugar Land, TX 77478**

3A0064	INV854087
Invoice SubTotal	\$42.50
Tax:	\$0.00
Invoice Total	\$42.50
<b>Balance Due:</b>	<b>\$42.50</b>



**VMG HEALTH**  
WE VALUE HEALTHCARE

EIN: 47-5118322

**INVOICE**

Mr. Laurence Daspit  
Chief Financial Officer  
HMG Healthcare LLC  
Laurence.Daspit@healthmarkgroup.com

March 31, 2021  
Invoice No: 0044683

Engagement 2100584.00 HMG Healthcare - Multiple SNF's, TX  
-----  
Phase 01 Real Estate - FMR of Skilled Nursing Facilities located at 1500 Medical Ave in College Station, 3801 Cimarron Blvd in Corpus Christi, 1690 N. Treadaway Blvd in Abilene, and 227 Russell Blvd in Nacogdoches. All properties in the State of Texas.

**Professional Fees: 18,000.00**  
-----

Phase 02 FMV of the management services agreements related to the four SNFs.

**Professional Fees: 16,000.00**

**Additional Fees**

Admin Fee		350.00	
<b>Total Additional Fees</b>		<b>350.00</b>	<b>350.00</b>

**Total this Invoice \$34,350.00**

WSHD 42 17,175.00

Payment due upon receipt of invoice unless otherwise stated in the engagement letter.  
If paying via mail, please include a copy of this invoice and send the check to the address below: VMG Health P.O. Box 674046 Dallas, Texas 75267-4046  
Please include the invoice number in the memo of the payment.



Sherrie Norris &lt;sherrie@wshd-tx.com&gt;

**Re: FW: VMG Health Invoice #0044683**

1 message

David Sticker <davidsticker@gmail.com>  
To: Sherrie Norris <sherrie@wshd-tx.com>

Wed, Apr 7, 2021 at 9:28 AM

Sherrie - The account to code the check will be:

**639 - NH Program - Appraisal.**

David

On Wed, Apr 7, 2021 at 8:16 AM Sherrie Norris <sherrie@wshd-tx.com> wrote:

Hubert

Who will the check be payable to, HMG or VMG Health and half will be 17,175.00.

David

What account will this be coded to in Quickbooks?

Thank you  
Sherrie Norris  
WSHD Administrator  
409-296-1003 office  
409-201-3922 cell

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On Wed, Apr 7, 2021 at 8:05 AM Hubert Oxford IV <hoxfordiv@benoxford.com> wrote:

Sherrie,

See attached. We need to put the payment of half this invoice in line for payment. The invoice is for the fair market value appraisal for College Station, Cimarron, and Silver Spring. The appraisals have been placed in the 2021 Audit file.

Laurence,

I also think we still owe you money for Willowbrook fair market appraisal. Will you double check this and let us know? If we do, will you send that invoice as well?

Sincerely,

Hubert Oxford, IV  
Benckenstein & Oxford, L.L.P.  
3535 Calder Avenue, Suite 300  
Beaumont, Texas 77706  
(409) 951-4721 Direct  
(409) 351-0000 Cell

(409) 833-8819 Fax

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---

**From:** Laurence Daspit <Laurence.Daspit@healthmarkgroup.com>  
**Sent:** Tuesday, April 6, 2021 5:12 PM  
**To:** Annette Carson <Annette.Carson@healthmarkgroup.com>  
**Cc:** Sonia Mendoza <Sonia.Mendoza@healthmarkgroup.com>; Hubert Oxford IV <hoxfordiv@benoxford.com>; sherrie@wshd-tx.com  
**Subject:** FW: VMG Health Invoice #0044683  
**Importance:** High

Annette, please pay from the 4 facilities on the attached documents. Also we need to bill Winnie for half.

Please code to Start up Cost.

Let me know if you have any questions.

Thanks Laurence

---

**From:** Cori Perkins <Cori.Perkins@vmghealth.com>  
**Sent:** Tuesday, April 6, 2021 4:00 PM  
**To:** Laurence Daspit <Laurence.Daspit@healthmarkgroup.com>  
**Cc:** Accounts Receivable - VMG <AR@vmghealth.com>  
**Subject:** VMG Health Invoice #0044683  
**Importance:** High

**This message comes from outside the HMG organization. Do not open attachments or click on links unless you are sure of the sender.**

---

Hello,

Please see Invoice #0044683, attached above, as well as the proposal for reference. If this document should be forwarded to another contact for timely processing, please let me know.

As always, do not hesitate to contact us with any questions regarding this invoice or work completed. We look forward to working with you in the future.

Thank you,

**Cori Perkins**

4/7/2021



Winnie Stowell Hospital District Mail - Re: FW: VMG Health Invoice #0044683

*Executive Assistant*

Direct: 720-305-9304

Denver, CO

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# **EXHIBIT “B”**





## 04.21.21 WSHD Regular Board Meeting Indigent Care Report

### 1) Active Client Count:

- a) Indigent Clients – **41**
- b) Youth Counseling – **6**
- c) Irlen Services – **3**

### 2) Pharmacy:

- a) Pharmacy expense was **DOWN by \$900.00, from \$2,637.65**. The **decrease** of was due to clients being approved for the Prescription Assistance Program, which has saved the District a total of **\$5,302.94 for Mar 2021**.
- b) We received a **\$302.95 Refund** from **Brookshire Brothers** for overpayments from **07/2019** through **10/2020**.

### 3) Riceland Hospital & Clinics:

- a) Riceland Contracted Reimbursement Rate Amount was **DOWN by \$13K, from \$25,297.82**. There were no ER charges for **MAR**, as well as Lab/X-ray charges being significantly less.
- b) We received a **\$2,173.82 Credit Adjustment** in **MAR** due to a client being approved for SSI Medicaid. We will receive another credit Adjustment in Apr due to another client being approved for
- c) There were **13 Referrals** for **MAR**; **11** were **Approved** and **1 Denied**. There were no major expenses from those referrals for **MAR**. However, there are **3 PROCEDURES** and **1 SURGERY** scheduled for **APR** totaling **\$16K**.

### 4) UTMB Hospital & Clinics:

- a) UTMB expense was significantly **UP by \$26.5K from \$1,765.57**. This is due to a **\$15.5K In-Patient** stay and a **\$10K** increase in Physician and Outpatient charges.
- b) We received an **\$802.32 Refund** for a client who was approved for SSI Medicaid in **NOV 2020**.

### 5) Youth Counseling:

- a) Youth Counseling expense was **UP by \$340 from \$510** due to a **2 new clients**.

### 6) Irlen Services:

- a) Irlen Services expense was **UP by \$500.00 from \$500** due to another new client.

### 7) Our over-all YTD expenditures for 2021:

- a) Total YTD Amount Paid is **\$106,056.92**. This amount includes **\$225,810.35** pre-paid to Riceland Hospital and Clinic, and of that pre-payment, RMC still has **\$165,971.26 remaining**.

### 8) Source Code Totals for MAR 2021:

- a) **Riceland** was **28%** of the total expenses for **MAR**
- b) **UTMB** was **64%** of the total expenses for **MAR**
- c) **Everything else** was comparatively non-impressionable in regard to the percentage of total expenses.

### 9) 2021 YTD Paid Graph:

- a) **Riceland** – is trending as the highest expense for all vendors at **\$62K**.
- b) **UTMB** – is trending 2<sup>nd</sup> at **\$32.3K**.
- c) **Pharmacy** – is trending 3<sup>rd</sup> at **\$8K**.
- d) **Youth Counseling** – is trending higher at **\$1.8K**.
- e) **Irlen services** – is trending higher at **\$1.5K**
- f) **Client Count** – Indigent Client count **decreased** to **41**, Youth Counseling **increased** to **6**, and Irlen Services **increased** to **3**.
- g) **Pharmacy Savings** – was **\$2,652.60** for **MAR**.

### 10) Additional Information:

- a) **ICAP Applications**–
  - i) For **MAR**: **27** applications were GIVEN; **12** were APPROVED; **4** were DENIED; **7** RESCHEDULED to **APR**; **4** did not completed the process.
- b) **County Van Report** – There were **2** WSHD riders and **2** WSHD related trips for the month of **MAR**.

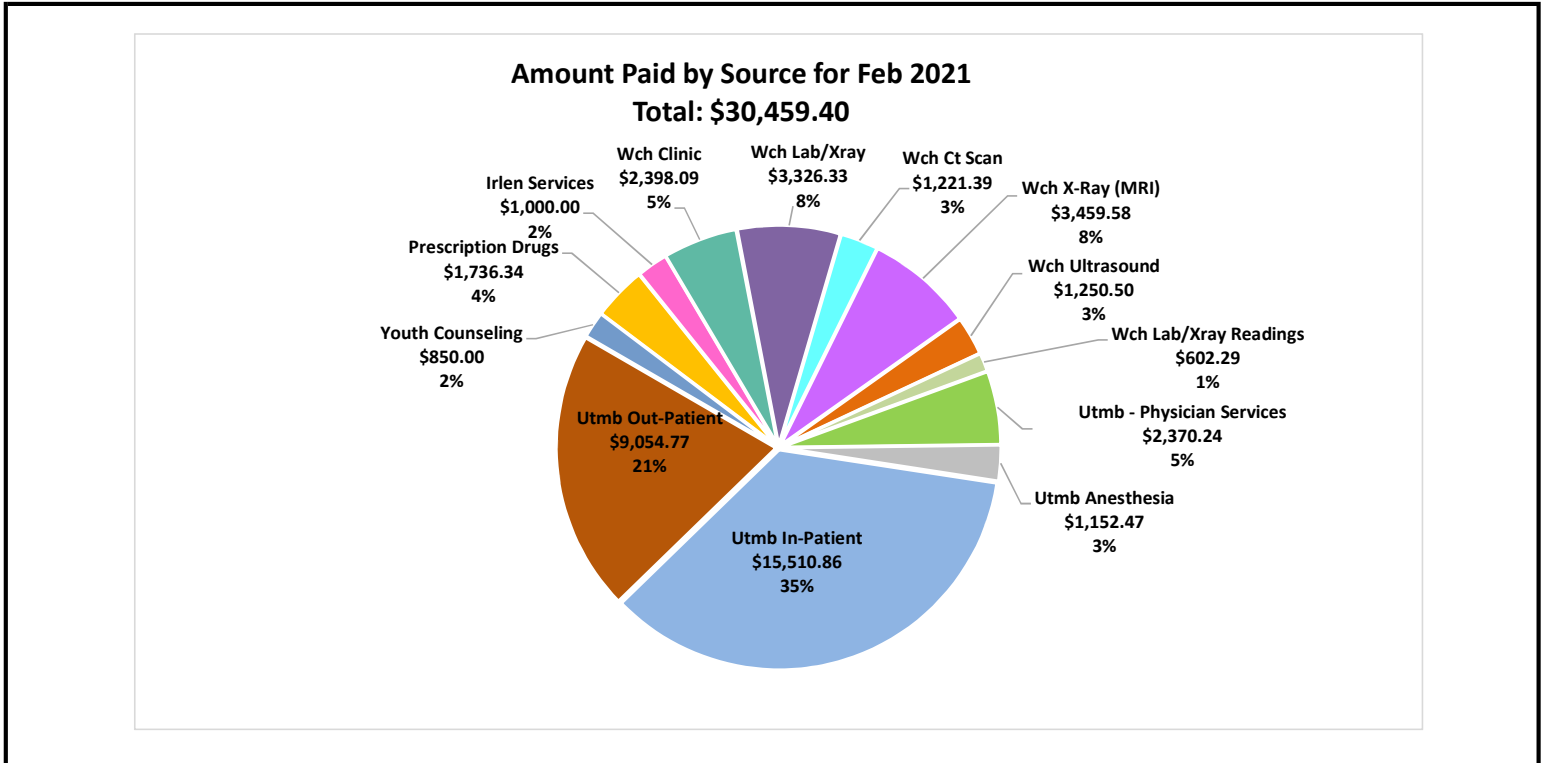
**WSHD Indigent Care Director Report**  
2020 YTD Expenditures Worksheet

	February			March			Year to Date		
<b>Indigent Clients:</b>	Indigent Clients:	49		Indigent Clients:	41		<b>Clients Enrolled:</b>	52	44
<b>Youth Counseling:</b>	Youth Counseling:	4		Youth Counseling:	6		<b>YC Enrolled:</b>	8	5
<b>Irlen Services:</b>	Irlen Services:	2		Irlen Services:	3		<b>IS Enrolled:</b>	2	2
<b>PROVIDER TOTALS</b>	<b>Billed Amount</b>	<b>Contracted Rate</b>	<b>Actually Paid</b>	<b>Billed Amount</b>	<b>Contracted Rate</b>	<b>Actually Paid</b>	<b>Billed Amount</b>	<b>Contracted Rate</b>	<b>Actually Paid</b>
<b>Pharmacy</b>									
Brookshire Brothers Pharmacy Corp	\$2,278.72	\$2,157.30	\$2,157.30	\$683.79	\$683.79	\$683.79	\$4,346.33	\$4,213.18	\$4,213.18
Wilcox Pharmacy	\$480.35	\$480.35	\$480.35	\$1,052.55	\$1,052.55	\$1,052.55	\$3,920.43	\$3,833.23	\$3,833.23
<i>ADJUSTMENTS-Refunds/Credits</i>				<i>Refund</i>		<i>\$302.95</i>			
<b>Pharmacy Totals</b>	<b>\$2,759.07</b>	<b>\$2,637.65</b>	<b>\$2,637.65</b>	<b>\$1,736.34</b>	<b>\$1,736.34</b>	<b>\$1,736.34</b>	<b>\$8,266.76</b>	<b>\$8,046.41</b>	<b>\$8,046.41</b>
<b>Winnie Community Hospital</b>									
WCH Clinic	\$5,943.00	\$2,436.63	\$2,436.63	\$6,100.00	\$2,398.09	\$2,398.09	\$16,341.00	\$6,596.90	\$6,596.90
WCH ER	\$5,266.00	\$2,159.06	\$2,159.06	\$0.00	\$0.00	\$0.00	\$14,786.00	\$6,062.26	\$6,062.26
WCH Lab/Xray	\$34,046.00	\$13,958.86	\$13,958.86	\$8,113.00	\$3,326.33	\$3,326.33	\$48,435.00	\$19,858.35	\$19,858.35
WCH CT Scan	\$2,979.00	\$1,221.39	\$1,221.39	\$2,979.00	\$1,221.39	\$1,221.39	\$18,665.00	\$7,652.65	\$7,652.65
WCH Xray (MRI)	\$10,569.00	\$4,333.29	\$4,333.29	\$8,438.00	\$3,459.58	\$3,459.58	\$38,370.00	\$15,731.70	\$15,731.70
WCH Lab/Xray Reading	\$1,435.00	\$588.35	\$588.35	\$1,469.00	\$602.29	\$602.29	\$4,731.00	\$1,939.71	\$1,939.71
WCH Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH Physical Therapy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,732.00	\$1,120.12	\$1,120.12
WCH Ultrasound	\$1,464.00	\$600.24	\$600.24	\$3,050.00	\$1,250.50	\$1,250.50	\$7,442.00	\$3,051.22	\$3,051.22
<b>WCH Totals</b>	<b>\$61,702.00</b>	<b>\$25,297.82</b>	<b>\$25,297.82</b>	<b>\$30,149.00</b>	<b>\$12,258.18</b>	<b>\$12,258.18</b>	<b>\$151,502.00</b>	<b>\$62,012.91</b>	<b>\$62,012.91</b>
<i>ADJUSTMENTS-Refunds/Credits</i>	<i>Credit Adjustment</i>			<i>Credit Adjustment</i>		<i>(\$2,173.82)</i>	<i>Credit Adjustment</i>		<i>(\$2,173.82)</i>
<b>Balance on Contracted Amount (Lump Sum Payment of \$225,810.35)</b>		<b>\$176,055.62</b>			<b>\$165,971.26</b>			<b>\$165,971.26</b>	
<b>UTMB</b>									
UTMB Physician Services	\$3,419.00	\$714.85	\$714.85	\$9,908.00	\$2,370.24	\$2,370.24	\$14,567.00	\$3,279.29	\$3,279.29
UTMB Anesthesia	\$0.00	\$0.00	\$0.00	\$2,074.00	\$1,152.47	\$1,152.47	\$2,928.00	\$1,696.86	\$1,696.86
UTMB In-Patient	\$0.00	\$0.00	\$0.00	\$43,085.71	\$15,510.86	\$15,510.86	\$43,085.71	\$15,510.86	\$15,510.86
UTMB Outpatient	\$3,217.00	\$772.08	\$772.08	\$36,956.58	\$9,054.77	\$9,054.77	\$47,574.95	\$11,603.17	\$11,603.17
UTMB Lab&Xray	\$1,161.02	\$278.64	\$278.64	\$0.00	\$0.00	\$0.00	\$1,161.02	\$278.64	\$278.64
<i>ADJUSTMENTS-Refunds/Credits</i>				<i>Refund</i>		<i>\$802.32</i>			
<b>UTMB Totals</b>	<b>\$7,797.02</b>	<b>\$1,765.57</b>	<b>\$1,765.57</b>	<b>\$92,024.29</b>	<b>\$28,088.34</b>	<b>\$28,088.34</b>	<b>\$109,316.68</b>	<b>\$32,368.82</b>	<b>\$32,368.82</b>
<b>Non-Contracted Services</b>									
Barrier Reef (UTMB ER Physician)	\$2,374.00	\$118.78	\$118.78	\$0.00	\$0.00	\$0.00	\$2,374.00	\$118.78	\$118.78
Chambers Co Public Hosp Distr ER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Winnie-Stowell EMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Non-Contract Services Totals</b>	<b>\$2,374.00</b>	<b>\$118.78</b>	<b>\$118.78</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,374.00</b>	<b>\$118.78</b>	<b>\$118.78</b>
<b>Youth Counseling</b>									
Nicki Holtzman	\$425.00	\$425.00	\$425.00	\$765.00	\$765.00	\$765.00	\$1,530.00	\$1,530.00	\$1,530.00
Penelope Butler	\$85.00	\$85.00	\$85.00	\$85.00	\$85.00	\$85.00	\$340.00	\$340.00	\$340.00
<b>Youth Counseling Totals</b>	<b>\$510.00</b>	<b>\$510.00</b>	<b>\$510.00</b>	<b>\$850.00</b>	<b>\$850.00</b>	<b>\$850.00</b>	<b>\$1,870.00</b>	<b>\$1,870.00</b>	<b>\$1,870.00</b>
<b>Irlen Services</b>									
Nancy Gaudet	\$500.00	\$500.00	\$500.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,500.00	\$1,500.00	\$1,500.00
<b>Irlen Services Totals</b>	<b>\$500.00</b>	<b>\$500.00</b>	<b>\$500.00</b>	<b>\$1,000.00</b>	<b>\$1,000.00</b>	<b>\$1,000.00</b>	<b>\$1,500.00</b>	<b>\$1,500.00</b>	<b>\$1,500.00</b>
<b>Medical Supplies</b>									
Alliance Medical Supply (C-PAP)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$140.00	\$140.00	\$140.00
<b>Medial Supplies Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$140.00</b>	<b>\$140.00</b>	<b>\$140.00</b>
<b>Grant Totals</b>	<b>\$75,642.09</b>	<b>\$30,829.82</b>	<b>\$30,829.82</b>	<b>\$125,759.63</b>	<b>\$43,932.86</b>	<b>\$43,932.86</b>	<b>\$274,969.44</b>	<b>\$106,056.92</b>	<b>\$106,056.92</b>

**WSDH Indigent Care Director Report  
Mar 2021 SOURCE CODE REPORT**

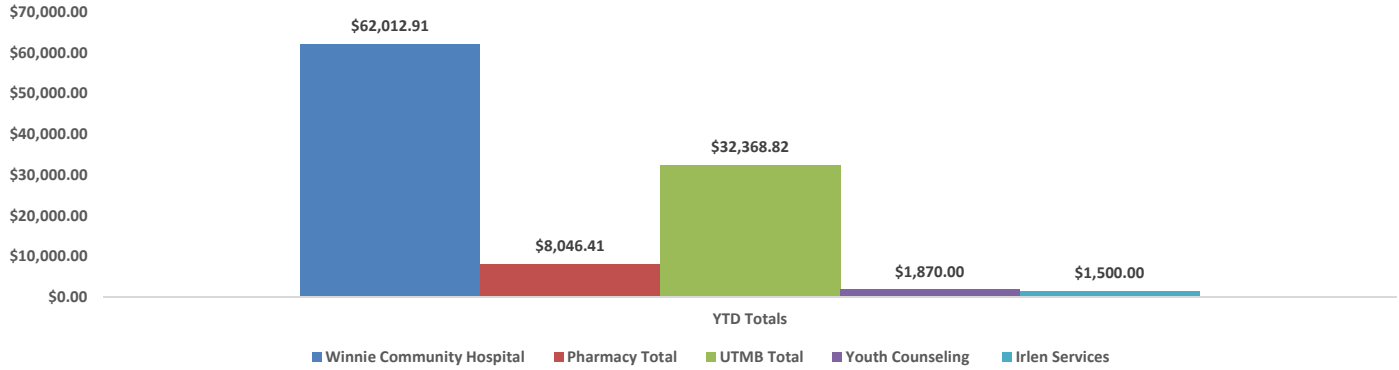
**Source Totals for Batch Dates 2/01/2021 through 2/28/2021 for All Vendors**

Source	Description	Amount Billed	Amount Paid	% of Total
02	Prescription Drugs	\$1,736.34	\$1,736.34	3.95%
12	Irlen Services	\$1,000.00	\$1,000.00	2.28%
21	Wch Clinic	\$6,100.00	\$2,398.09	5.46%
25	Wch Lab/Xray	\$8,113.00	\$3,326.33	7.57%
26	Wch Ct Scan	\$2,979.00	\$1,221.39	2.78%
28	Wch X-Ray (MRI)	\$8,438.00	\$3,459.58	8%
29	Wch Ultrasound	\$3,050.00	\$1,250.50	3%
44	Wch Lab/Xray Readings	\$1,469.00	\$602.29	1.37%
31	Utmb - Physician Services	\$9,908.00	\$2,370.24	5.40%
31-1	Utmb Anesthesia	\$2,074.00	\$1,152.47	2.62%
33	Utmb In-Patient	\$43,085.71	\$15,510.86	35.31%
34	Utmb Out-Patient	\$36,956.58	\$9,054.77	20.61%
39	Youth Counseling	\$850.00	\$850.00	1.93%
<b>Expenditures/Reimbursements/Adjustments</b>		<b>\$125,759.63</b>	<b>\$43,932.86</b>	<b>0%</b>
<b>Grand Total</b>		<b>\$125,759.63</b>	<b>\$43,932.86</b>	<b>100%</b>

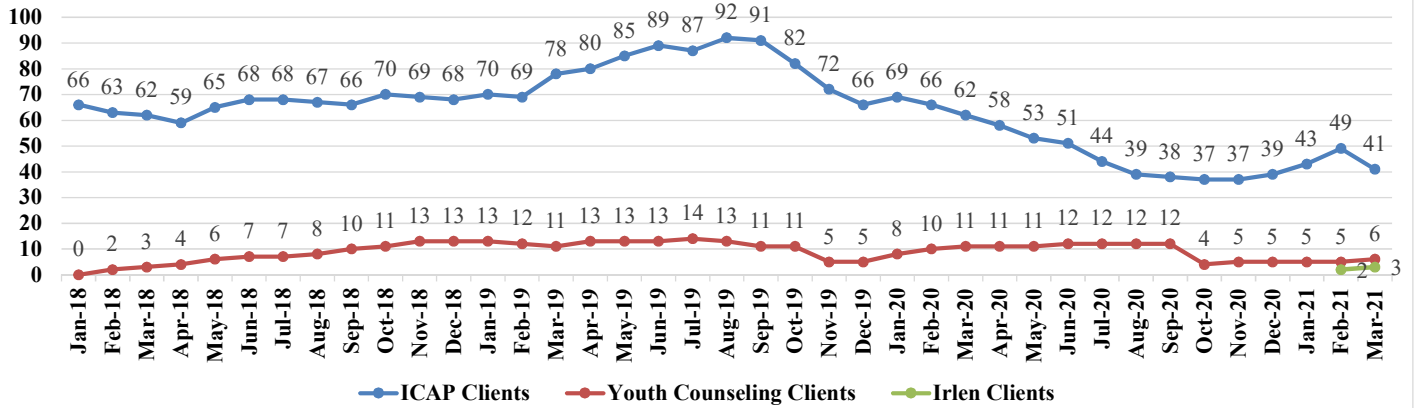


**2021 YTD Paid = \$105,798.14**

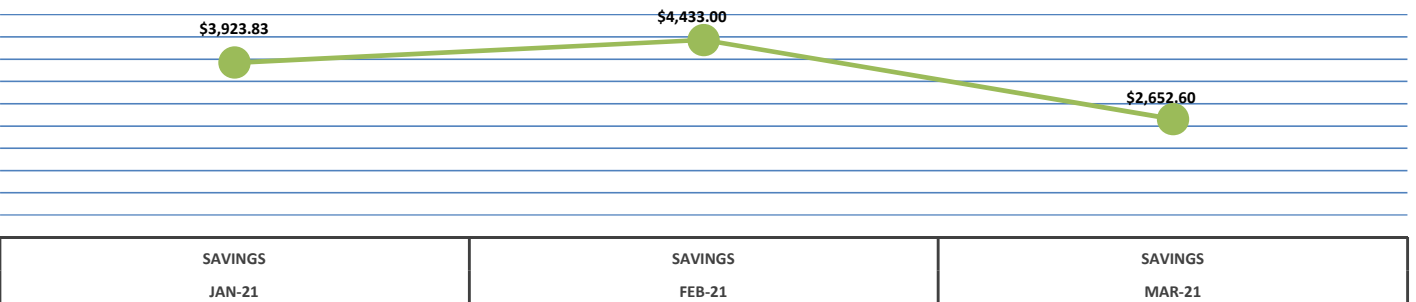
WCH: \$62,012.91 | RX: \$8,046.41 | UTMB: \$32,368.82 | YC: \$1,870.00 | Irlen: \$1,500.00



**Client Count Trending**



**PHARMACY SAVINGS TO DATE = \$11,009.43**



# Over 65 and Disabled Van Monthly Report

## Mar-21



Commissioner PCT #1, Jimmy E Gore  
 211 Broadway | PO BOX 260  
 Winnie, Texas 77665  
 409-296-8250

VEHICLE #1		EAST SIDE VAN	
TOTAL MILES DRIVEN			3011
TOTAL HOURS DRIVEN			162.33
TOTAL EXPENSES FOR MONTH			\$674.73
<i>FUEL COST</i>			\$577.69
<i>REPAIRS &amp; MAINTENANCE COST</i>	oil change		\$47.04
<i>MISC EXPENSES</i>	WHEELCHAIR		\$50.00
TOTAL RIDERS			12
<i>TOTAL WSHD RIDERS</i>			1
TOTAL TRIPS			40
<i>TOTAL TRIPS FOR WSHD RIDERS</i>			1

VEHICLE #2		VEHICLE FROM JUDGE'S FLEET	
TOTAL MILES DRIVEN			2428
TOTAL HOURS DRIVEN			117.42
TOTAL EXPENSES FOR MONTH			\$253.12
<i>FUEL COST</i>			\$237.14
<i>REPAIRS &amp; MAINTENANCE COST</i>	windshield wipers		\$15.98
<i>MISC EXPENSES</i>			
TOTAL RIDERS			15
<i>TOTAL WSHD RIDERS</i>			1
TOTAL TRIPS			37
<i>TOTAL TRIPS FOR WSHD RIDERS</i>			1

GRAND TOTALS	
MILES DRIVEN	5439
RIDERS	27
<i>WSHD RIDERS</i>	2
TRIPS	77
<i>WSHD TRIPS</i>	2
EXPENSES	\$927.85

# **EXHIBIT “C”**

**Winnie-Stowell Hospital District**

**Executive Summary of Nursing Home Monthly Site Visits**

**March 2021**

Facility	Operator		Comments
<b>Park Manor of Conroe</b>	HMG		Current Census: 90. The facility last had an annual survey in June 2019, the facility continues to receive infection control surveys due to the COVID positive tests. There were eight reportable incidents since the last visit, one resulted in an IJ which was cleared in February 2021. The facility did well during the storm, several staff stayed at the facility to make sure the residents had care in case the roads became too hazardous to traverse.
<b>Park Manor of the Woodlands</b>	HMG		Current Census: 83. The facility had their annual survey in March 2021, the facility had a deficiency free health survey and received two minor tags in life safety. There were no reportable incidents since the last visit. The facility has had three rounds of vaccinations for residents and staff, they have inquired with the state about a fourth round of vaccines. The facility did not suffer any damage during the storm.
<b>The Woodlands Nursing and Rehabilitation Center</b>	Regency		Current Census: 114. The facility had their annual survey in October 2020, the state was in the facility in February for an unsubstantiated self-report. There were 28 reportable incidents since the last visit, four have been unsubstantiated and the others are still awaiting investigation. The facility had their irrigation line bust during the freeze but otherwise did not suffer any damage from the storm.

**February 2021**

Facility	Operator		Comments
<b>Garrison Nursing and Rehab</b>	Caring		Current Census: 71. The facility had their annual survey in December 2020, their POC was accepted by the state. There were no reportable incidents since the last visit. The facility had three residents test positive for COVID at the end of January, all three have fully recovered and there are no positive cases at the facility. The facility has completed their COVID vaccine clinic, 85% of the residents received the vaccine and all are doing well.

<b>Golden Villa</b>	Caring		Current Census: 75. The facility had their annual survey in September 2020, they are in compliance with the state. There were no reportable incidents since the last visit. During the snowstorm the facility had twenty-two nurses spend the night at the facility due to the staff members losing power. The facility made it through the snowstorm without suffering any damage.
<b>Marshall Manor Nursing and Rehab</b>	Caring		Current Census: 82. The facility has been in their survey window since May 2020. There was one reportable incident since the last visit, a resident fell and fractured their hip, the incident was unsubstantiated. The facility has been COVID free since the end of January. The facility had their final vaccine clinic cancelled by the snowstorm; they are hopeful to have it rescheduled in the next week.
<b>Marshall Manor West</b>	Caring		Current Census: 51. Facility last had their survey in January 2020, they are currently in their survey window. There were no reportable incidents since the last visit, the facility does have a few outstanding reportable incidents that have not yet been investigated. The facility has been COVID free since before Christmas. The facility is continuing to do essential caregiver appointments for the residents.
<b>Rose Haven Retreat</b>	Caring		Current Census: 44. The facility had their annual survey in November 2020, the facility received numerous tags, none are considered major. There were no reportable incidents since the last visit. The facility has hired a new DON, so far things are going well. The facility made it through the snowstorm without any damage, they had their staff working in twelve hour shifts in case there was a loss of power or water.
<b>Park Manor of Quail Valley</b>	HMG		Current Census: 76. The facility had their annual survey in January 2020, they are currently in their survey window. There were no reportable incidents since the last visit. The facility had some sprinkler heads that burst during the snowstorm, they used their generator to drain the sprinkler system so that they could perform the repairs. The facility has completed their COVID vaccine clinic and had a very good turnout.
<b>Park Manor of Tomball</b>	HMG		Current Census: 88. The facility is currently in their survey window. The only reportable incidents since the last visit were for positive COVID tests. The facility had a COVID outbreak in December in which 40 residents tested positive for COVID. As of now there are four residents who are still on quarantine and the rest have recovered. Due to the number of residents and staff who tested positive for COVID, the facility has had to use agency staffing in their general population.



Administrator: Kimberly Weathers  
DON: Ramona Cain, RN

## **FACILITY INFORMATION**

Park Manor Conroe is a licensed 123- bed facility with an overall star rating of 5 and Quality of Care of 5. Census given that day was 90: PP (1); MC (14); MCD; (47)' Hospice (1) and HMO (25).

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The Administrator was on the call.

The Administrator stated they continue to implement their emergency plan and are following all the state/federal/local mandates. At the time of the call, Montgomery County's positivity rate is 10.1%. Testing is twice a week for staff on Monday's and Thursday's. Last COVID\_19 positive was the employee back on December 14<sup>th</sup>. Testing of residents stopped after two weeks on December 14<sup>th</sup> as all test results came back negative. Employees are still wearing N95 masks in the general population and full PPE in the Warm Zone. Residents are wearing surgical masks. PPE inventory is still very good.

Administrator reported they sheltered in place during the snow/sleet storm in February. Some of the staff stayed over (3 days) just to make sure residents were cared for. Between management staying in the building and additional staff staying, they did well. Park Manor Conroe did not lose any power or running water and had plenty of food. The Administrator reported the staff who stayed overnight received overtime pay and extra "poker chips" from her in which they are able to cash the chips in. On average, these poker chips gave them an extra \$250 to \$300 each. The Administrator mentioned most of the landscaping outside was okay but still monitoring a few to see if they will come back to life.

With the new visitation regulations that came out last week, Park Manor Conroe is rolling out this information and have sent it out to their families. General visitations will start this week. Administrator stated they have (3) designated areas for these visitations: front porch, lobby and additional room in the building, if there is an overflow.

Administrator stated they have (2) Warm Zones. Full hallway on 300 and half of hallway on 400. At this time, they have 20 residents total...5 on 400 Hallway and 15 on 300 Hallway. Park Manor Conroe had their first COVID\_19 clinic on December 31, then their second on January 21<sup>st</sup> and thirdly on February 11<sup>th</sup>. Most of Park Manor Conroe's residents (72%) received their vaccine and half (50%) of employees received theirs. The company is looking at having a fourth clinic but the facility will also be able to allocate the vaccines and become a distributor. Administrator reported they have been approved, ordered them and just waiting to receive the vaccines.

The beautician is still working in the building and it is going well. Small groups of ten or less for activities are in place at Park Manor Conroe. Residents are not sharing any items so either the residents keep them or they dispose of them. In-room activities are still occurring as well in individual resident rooms as requested or needed. Administrator reports they are still following CMS/CDC/state infection control guidelines for COVID-19. Training of staff is on-going regarding infection control.

Hallway activities for this week are planned and the Easter bunny will show up for pictures. The Administrator mentioned they are trying to beautify their building such as the common areas. The lobby and public bathrooms have already been updated and after the common areas they want to work on the resident rooms. Painting and placing some vinyl up half the wall behind the bed to protect the sheetrock will also be some future projects.

### **SURVEY Information**

The facility had their last survey at the end of June of 2019 and still expecting state. Infection control surveys continue due to COVID\_19 positives but no citations have been given since March.

### **REPORTABLE INCIDENTS**

During **December/January/February** the facility had the following reportable incidents below in which state was in the building and all were cleared:

December: 1 self-report (no citations) & 1 complaint visit-received an IJ (infection control/cohorting of residents as isolation unit was full and not able to separate roommates when one was positive for a short time) which had been cleared in February.

January: 2 self-reports – all cleared

February: 5 self-reports – all cleared

### **CLINICAL TRENDING**

#### **Incidents/Falls:**

**December/January/February**, Park Manor of Conroe had 55 total falls without injury, 8 falls with injury, 10 skin tears, 2 elopements, 8 fractures, 4 bruises, 6 behaviors and 2 Other.

#### **Infection Control:**

**December/January/February**, Park Manor of Conroe reported 42 infections during, of which 18 were UTI's, 10 were URIs; 4 GI tract infections, and 10 others.

**Weight loss:**

**December/January/February,** Park Manor of Conroe had 10 residents with 5-10% weight loss in 1 month and 8 with >10% weight loss in 6 months.

**Pressure Ulcers:**

Park Manor of Conroe reported 9 residents with pressure ulcers with 9 sites, 2 were facility-acquired during **December/January/February,**

**Restraints:**

Park Manor of Conroe does not use side rails or restraints.

**Staffing:**

Currently the facility is in need of: (1) LVN; (4) CNA's; (1) CMA.

**CASPER REPORT**

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	1.9	2.2%	2.0%	
Fall w/Major Injury (L)	0.0	3.7%	3.6%	
UTI (L)	0.0	2.1%	2.8%	
High risk with pressure ulcers (L)	5.3	9.7%	9.5%	
Loss of Bowel/Bladder Control(L)	80	51.9%	47.5%	Bowel and Bladder program in place by MDS and ADON
Catheter(L)	0.0	2.2%	2.2%	
Physical restraint(L)	0.0	0.1%	0.2%	
Increased ADL Assistance(L)	35.0	21.3%	18.5%	PIP in place to increase ADL.

Excessive Weight Loss(L)	6.7	7.2%	8.5%	
Depressive symptoms(L)	0.0	0.0%	0.0%	
Antipsychotic medication (L)	0.0	12.2%	14.6`%	

**QIPP Component 1**

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	Dec.18, 2020 January22, 2021 Feb.19 2021	Return to acute care, ADLs increase related to decrease in movement of residents, Increase in Falls  Increase in falls, ADL increase

**Component 2**

Indicator	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours of RN staffing coverage per day, beyond the CMS mandate?	N	
Did NF maintain 8 additional hours of RN staffing coverage per day, beyond the CMS mandate?	N	

Does the NF have a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes?	Y	
Was Workforce Development data submitted q month to QIPP during the quarter?	Y	

**QIPP Component 3 – CMS Long-Stay Quality Metrics**

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	7.32%	5.48%	7.32%	Y	
Percent of residents who received an anti-psychotic medication	14.24%	8.61%	14.24%	Y	
Percent of residents whose ability to move independently has worsened	17.09%	10.95%	17.09%	Y	

**QIPP Component 4 – CMS Long-Stay Quality Metrics**

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.65 %	1.98%	2.65%	Yes	

Percent of residents whose pneumococcal vaccine is up to date.	%	%	%	Yes	
Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.				Yes	<p>Infection Control Policy reviewed.</p> <p>Antibiotic Stewardship Program review and is in place with all components.</p>

Administrator: AV Meghani  
DON: Julie Slyotsky

## **FACILITY INFORMATION**

Park Manor Woodlands is a licensed 124- bed facility with an overall star rating of 2 and a rating of 5 stars in Quality Measures. Current census given 83: 5 PP; 21 MC; 35 MCD; 18 HMO; 4 Hospice.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The Administrator was on the call.

The Administrator reported they continue with their emergency plan and are following all the state/federal/local mandates. Administrator reports Montgomery positivity rate was 9.9%. At this time, testing of employees is once per week. They do not have to test residents at this time. PPE inventory is great with no issues. All employees still wear the N95 with goggles or face shields in the general population. Residents wear surgical masks.

As mentioned from February's report, Mr. Meghani reported their facility did very well with the snow/sleet storm in February. Park Manor of the Woodlands did not lose any power nor did they have any issues with frozen pipes or leaks. No damage for landscaping and currently planting new spring plants. If the facility needed to evacuate, they have a contract with the hospital or would go to sister facilities up the North part of Texas.

Park Manor Woodlands already had their three COVID\_19 clinics. The Administrator reported they are wanting to be able to allocate vaccinations in-house and have also reached out to the State to see if they can have a fourth clinic, if needed.

With the new visitation guidelines, Park Manor Woodlands has already implemented the policies and procedures mandated by the State. Essential caregiver visits are inside but also outside. The dining room will be used for visitations as well or they can go into the resident's rooms, depending on the criteria they meet.

Park Manor Woodlands has not been inundated with requests for visits. Families have been respectful and considerate, which has been helpful. Not too many conflicts have occurred and they are able to disinfect after each visit. More people have called wanting to schedule for the Easter weekend but everything seems to be going well.

COVID\_19 Hallway 400 is available but no one is in there. Hallway 200 & 300 are Cold Zone's (general population) and Hallway 100 & 400 is used as the Warm Zone. The Administrator mentioned if they have a resident test COVID\_19 positive, then Hallway 400 will be the Hot Zone.

Administrator reports they continue to follow CMS/CDC/state infection control guidelines for COVID-19 and cleans the high touch areas every (2) hours. PPE inventory is still good.

Employees are receiving lunch to show appreciation on Friday. An Easter egg hunt is also scheduled for inside with the residents. No renovations or remodeling at this time is planned for the property.

### **SURVEY INFORMATION**

Full book survey was March 2nd-5th, 2021 and they received a deficiency free health survey. Two citations for Life Safety.

### **REPORTABLE INCIDENTS**

Park Manor Woodlands did not provide the number of self-reports for the quarter but was told everything was cleared and no citations.

### **CLINICAL TRENDING**

#### **Incidents/Falls:**

During **December/January/February**, Park Manor Woodlands had 25 total falls without injury and 3 falls with injury.

#### **Infection Control:**

Park Manor Woodlands reported 43 infections during **December/January/February**, of which 13 were UTI's; 7 Wounds; 10 RESP; 2 Stool; and 11 Other (no details).

#### **Weight loss:**

**December/January/February**, Park Manor Woodlands had 1 resident with 5-10% weight loss in 1 month and 0 with >10% weight loss in 6 months.

#### **Pressure Ulcers:**

**December/January/February**, Park Manor Woodlands reported 1 resident with pressure ulcers with 1 site, of them 1 facility-acquired.

#### **Restraints:**

Park Manor Woodlands does not use side rails or restraints.

#### **Staffing:**

Currently, Park Manor Woodlands needs: (2) CNA 10p-6a.



## CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0	%	%	State and National not provided.
Fall w/Major Injury (L)	5.5	%	%	
UTI (L)	0	%	%	
High risk with pressure ulcers (L)	2.6	%	%	
Loss of Bowel/Bladder Control(L)	85.2	%	%	
Catheter(L)	2.1	%	%	
Physical restraint(L)	0	%	%	
Increased ADL Assistance(L)	20.4	%	%	
Excessive Weight Loss(L)	0	%	%	
Depressive symptoms(L)	1.9	%	%	
Antipsychotic medication (L)	11.3	%	%	

## QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	12/15/2021 1/15/2021 2/15/2021	PIP for Fall Prevention.

**Component 2**

Indicator	Benchmark  Met Y/N	Comments
Did NF maintain 4 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	
Did NF maintain 8 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	
Does the NF have a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes?	Y	
Was Workforce Development data submitted q month to QIPP during the quarter?	Y	

**QIPP Component 3 – CMS Long-Stay Quality Metrics**

Indicator	National Benchmark	Baseline Target	Results	Met  Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	%	%	2.6%	Y	National and Baseline not provided.
Percent of residents who received an anti-psychotic medication	%	%	11.3%	Y	

Percent of residents whose ability to move independently has worsened	%	%	20.4%	Y	
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**QIPP Component 4 – CMS Long-Stay Quality Metrics**

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	%	%	0%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	%	%	100%	Y	
Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.				Y	Infection Control Policy reviewed.  Antibiotic Stewardship Program review and is in place with all components.

Administrator: Patrick Lawrence – Interim for last 2 weeks

Assistant Administrator: Jordon Hall

DON: Sherri Hunter, RN

## **FACILITY INFORMATION**

The Woodlands Nursing and Rehabilitation Center is a licensed 214 - bed facility with an overall star rating of 3 and a rating of 3 stars in Quality Measures. Census given was 114: (6) PP; (8) MC; (79) MCD; (5) HMO; (5) Hospice; (11) VA; and (17) Memory Care.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The Administrator was on the call.

The Assistant Administrator continues to implement their emergency plan and are following all the state/federal/local mandates. Mr. Hall stated he and the DON were at the building when they had the winter snow/sleet storm in February. Their power went out briefly but the generator was able to take care of them until power came back on. Everything still worked because of the generator and they didn't lose having water for the building either. Ms. Hunter stayed over in the building all week and Mr. Hall stayed over one night. The main issue was trying to get staff in to work due to the bad roads but their maintenance person had a big truck and was able to help out tremendously picking up and taking employees home. They did have a fire sprinkler head break outside and their irrigation line broke as well. Mr. Hall happened to be there when that happened in the middle of the night. Assistant Administrator mentioned when the irrigation line broke at 2 am, he and the maintenance man were trying so hard to find the valve to turn off the water and how it took forever in finding one that would slow the water down. He said it was 13 degrees outside and it was definitely cold. Eventually they found a valve but it was under a geyser of water and he had to take off his jacket to "tackle" it. Mr. Hall laughed about it but said he was glad the storm was over. All has been repaired and everything is fine now.

Current positivity rate in Montgomery County is 12.1%. Testing is twice per week for staff only. February 18<sup>th</sup> was the last time an employee tested positive for COVID\_19. Assistant Administrator mentioned they had one resident back in May test positive and the same one again in October and in January. She never had any signs or symptoms of COVID\_19 and their Medical Director suggested to treat her as a false positive. The facility went ahead and quarantined her just to be safe for fourteen days in their Warm Zone.

All staff are wearing either a KN95 mask or higher with goggles, gowns and face shields and in the Warm Zone. Residents are wearing surgical masks outside of their room and during direct care. The Woodlands has a beautician now from a few months ago. A lot of families are very appreciative they have one as many residents had not had their haircut in a year. The beautician is there as needed and lives close by. She is also a part-time employee in which she is a screener at the front, twice per week.

Assistant Administrator reports PPE inventory is still good with no issues. They are still following CMS/CDC/state infection control guidelines for COVID-19. Housekeeping cleaning facility daily as per guidelines, constantly cleaning the high touch areas with disinfectant every 2 hours.

Assistant Administrator reported they have not been using agency for the last 2 ½ weeks. The facility continues performing and documenting the screening of all employees on entrance and exit of the facility and all required in-servicing of staff is being done on a continuous basis.

The Woodlands were recently approved (yesterday) for outdoor visitation. Essential Caregiver and Compassion visits are also available for their residents. The Woodlands can not have Indoor Visits with the Plexi-glass as the county positivity rate is still over 10%. Once they are stabilized under 10%, they can reach out to the HHSC Program Manager to receive approval for the indoor visit.

The Woodlands had their first COVID\_19 vaccine clinic on December 29<sup>th</sup> and then three weeks later, the second clinic and lastly three weeks thereafter, the third clinic. HHSC contacted their program manager to see if they would be interested in having a fourth clinic for either new residents and/or staff and for those that may need their second shot. Assistant Administrator mentioned they would be interested and so they could have the fourth clinic in the near future. The majority of residents (above 80%) received the COVID\_19 vaccine and approximately 50% for staff. No one had any major side effects, which was good.

The Woodlands just finished renovations that had started pre COVID. Last week, a lot of new art work was hung on the walls and the skilled side of the building received new bedroom furniture. The dining room also received new tables and chairs and looks nice. Assistant Administrator stated it looked really great and everyone states it looks wonderful.

## **SURVEY INFORMATION**

Facility had their annual survey in October of 2020. State was in the building on February 24<sup>th</sup> due to a self-report which was unsubstantiated.

## **REPORTABLE INCIDENTS**

**In December/January/February of 2020 and 2021, Woodlands Nursing and Rehab had:**

### **Self-Reports December:**

- 6 Injury of Unknown Origin – all open
- 4 Abuse Allegation – 3 open and 1 unsubstantiated
- 1 Death – open
- 1 Misappropriation - unsubstantiated

1 resident to resident abuse – open

**Self-Reports January:**

5 Injury of Unknown Origin – all open

1 Abuse – open

1 Resident to Resident – open

**Self-Reports for February:**

2 Abuse – one open and other unsubstantiated

2 Injury of Unknown Origin – all open

1 Resident to Resident – open

1 Life Safety Fire Sprinkler Head – open

1 Misappropriation – unsubstantiated

1 Elopement - open

**CLINICAL TRENDING**

**Incidents/Falls:**

During **December/January and February**, there were 59 falls with no injury, 5 falls with injury, 6 skin tears, 2 fractures, 1 elopement, 11 bruises, 6 lacerations, and 4 behaviors.

**Infection Control:**

During **December/January and February** the facility reported a total of 40 infections – 15 UTI's; 16 wound sites; 7 resp; 2 EENT.

**Weight loss:**

During **December/January and February**, (24) total residents had weight lost in which (3) had 5-10% loss and (21) with >10% loss in 6 months.

**Pressure Ulcers:**

During **December/January and February**, 10 residents had pressure ulcers with 10 sites. Of these, 6 were acquired in house.

**Restraints:**

The Woodlands do not use side rails or restraints.

**Staffing:**

The facility currently needs: (1) RN 10p-6a, (1) LVN 10p-6a, (3) CNA's 6a-2p, (4) CNA's 2p-10p, (2) CNA's 10p-6a and (2) dietary aides 6a-2p.

**CASPER REPORT**

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	1.6	1.9	1.8	
Fall w/Major Injury (L)	5.6	3.4	3.4	In recent months, injuries from falls have dropped dramatically.
UTI (L)	1.9	2.1	2.5	February and March had less UTI's and continue to go down.
High risk with pressure ulcers (L)	12.9	13.2	13.2	
Loss of Bowel/Bladder Control(L)	64.4	51	48.1	PIP
Catheter(L)	2.8	1.5	1.6	Has been trending down
Physical restraint(L)	0	.1	.2	
Increased ADL Assistance(L)	17.8	17.2	15	Has seen increase after reviewing the system and focusing on accurate documentation.
Excessive Weight Loss(L)	19.8	4.8	5.9	PIP has been in place with dietician involvement.
Depressive symptoms(L)	.3	3.8	6.1	
Antipsychotic medication (L)	10.2	12	14	

### QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	12/17/20	Lab system; Registered Dietician Reports; Grievance Log Updated; Discharge Forms; Staff Turnover; Annual Survey with 5 Health Citations.
	1/21/2021	RTA; COVID_19 Outbreak from October; Ongoing Weight System PIP.
	2/18/2021	Facility acquired pressure ulcers; Incident Accident System; Med Room; Skin Assessments; TELS Maintenance System.

### Component 2

Indicator	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	
Did NF maintain 8 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	
Does the NF have a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes?	Y	
Was Workforce Development data submitted q month to QIPP during the quarter?	Y	



**QIPP Component 3 – CMS Long-Stay Quality Metrics**

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	7.3%	7.8%	18.3%	N	PIP in place.
Percent of residents who received an anti-psychotic medication	14.2%	14.2%	10.2%	Y	
Percent of residents whose ability to move independently has worsened	17.1%	17.2%	11.9%	Y	

**QIPP Component 4 – CMS Long-Stay Quality Metrics**

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.2%	1.7%	1.8%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	%	%	%		
Facility has an infection control program that includes antibiotic stewardship. The program				Y	Infection Control Policy reviewed.

includes policies and training as well as monitoring, documenting and providing staff feedback.					Antibiotic Stewardship Program review and is in place with all components.
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# **EXHIBIT “D”**

2020

Census	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Average	Texas Average
ER Visits	187	178	193	147	162	166	141	169	190	188	194	168	174	
Conversion to Inpatient/observation	9	14	17	14	10	7	6	17	21	10	14	11	13	
Percentage	5%	8%	9%	10%	6%	4%	4%	10%	11%	5%	7%	7%	7%	
Transferred out	8	14	7	13	16	11	11	8	9	12	17	12	12	
Percentage	4%	8%	4%	9%	10%	7%	8%	5%	5%	6%	9%	7%	7%	
ER shifts covered by doctors	80%	82%	87%	72%	57%	67%	61%	55%	66%	52%	47%	52%	65%	
Number Inpatient days	83	95	69	64	75	74	60	124	90	183	201	257	115	
Number Hospice days	1	17	27	7	1	0	0	4	6	0	0	0	5	
Number Swingbed days	2	7	16	20	99	57	53	43	62	41	48	119	47	
Number Observation days	36	47	21	5	8	11	5	28	33	33	25	26	23	
Total All Inpt. Days	122	166	133	96	183	142	118	199	191	257	274	402	190	
Average Inpatient days per day	3.94	5.72	4.29	3.20	5.90	4.73	3.81	6.42	6.37	8.29	9.13	12.97	6.23	1.63
CTs	56	71	59	39	56	48	46	57	54	80	56	60	57	
Xrays	270	268	185	160	200	169	151	194	248	280	306	305	228	
Ultrasounds	20	20	14	8	5	1	3	2	21	30	44	26	16	
Encounters - Adult Clinic	637	598	591	349	360	452	383	387	524	478	539	447	479	
Encounters - Pediatric Clinic	275	306	221	69	95	168	178	233	279	243	256	190	209	
Behavioral Health patients	45	44	39	0	0	0	0	0	0	0	0	0	11	
Physical Therapy	0	1	2	0	1	0	0	0	0	0	0	0	0	

2021

Census	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Average	Texas Average
ER Visits	167	170	184										174	
Conversion to Inpatient/observation	16	17	9										14	
Percentage	10%	10%	5%										8%	
Transferred out	7	7	12										9	
Percentage	4%	4%	7%										5%	
ER shifts covered by doctors	74%	51%	55%										60%	
Number Inpatient days	167	172	146										162	
Number Hospice days	0	13	7										7	
Number Swingbed days	0	50	35										28	
Number Observation days	31	12	18										20	
Total All Inpt. Days	198	247	206										217	
Average Inpatient days per day	6.39	8.52	6.65										7.18	1.63
CTs	66	66	60										64	
Xrays	248	240	309										266	
Ultrasounds	30	42	37										36	
Encounters - Adult Clinic	409	368	514										430	
Encounters - Pediatric Clinic	226	171	287										228	
Behavioral Health patients	0	0	0										0	
Physical Therapy	1	0	0										0	

Additional Items:

- \* Work has begun on HVAC Generator Project
- \* Hired New Director of Nursing
- \* Interviewing for Assistant DON and Quality positions
- \* Have delivered 15,000 COVID Vaccines
- \* New Telemetry System Installation in ~90 days

# **EXHIBIT “E”**

## Hubert Oxford IV

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**From:** Hubert Oxford IV  
**Sent:** Thursday, May 20, 2021 1:06 PM  
**To:** Sherrie Norris  
**Cc:** Anthony Stramecki; Bobby Way; 'mo@starcoimpex.com'; Edward Murrell; David Sticker  
**Subject:** Payment to Hospital  
**Attachments:** Post Meeting Summary of RMC Receipts (2021.5.20).xlsx

Sherrie,

After last night, I went back and double checked the numbers for the amounts owed to Riceland for the beds, Covid testing machine, and the four (ventilators) and figured out the amount approved was slightly less than what is owed. The amount due for the hospital is **\$147,279.03** (see Payment Column in the attached on Page 1 originally \$146,206.26), **not** \$146,822.84 (Invoiced Amount Column as discussed last night). There are three (3) reasons for this change.

1. The basis for the payment amount is the “Payment” column, not the “Invoice Amount” column because the Payment column reflects how much of the total invoice is due to the grant. For example, in the invoice below, Riceland paid \$3,000.00 paid of which \$2,346.12 was assigned to the grant.

Vendor	Description			Invoice No.	Invoice Date	Invoice Amount	P
Medline Industries	Cv19-4 Ventilators	1909509019	4/29/2020	\$3,000.00	6/19/20	60211	S

2. The amount of the invoice to Artex Group changed slightly from \$1,264.00 to \$1301.00 because the payment was made with an American Express, not a wire transfer. We verified this this morning. When you pay with Amex, they charge the purchase 3%.

Vendor	Description			Invoice No.	Invoice Date	Invoice Amount	P
Artec Group Services	6-Resmed Bipap Bi-level Adapt SV (Ventilator)	20200401	4/1/2020	<b>\$1,264.00</b>			

3. Most importantly, my fault, when I ran the totals formula, the formula did not pick up the invoice for Cardinal Health. This was \$1,072.77.

Cardinal Health	Purell Sanitizer (gel) ES 8	7113153014	3/8/2020	<b>\$1,072.77</b>	4/7/20	Unknown	\$1
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	Healthy Soap & Hand sanitizer instant 8 oz						
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Therefore, the difference in price as to what was approved last night, in red, versus the correct amount also in red is \$456.19 more than we discussed.

Approved Amount:

Vendor	Description	Invoice No.	Invoice Date	Invoice Amount	P
<b>Totals</b>				<b>\$146,822.84</b>	

Updated and Correct Amount:

Vendor	Description	Invoice No.	Invoice Date	Invoice Amount	P
<b>Totals</b>				<b>\$147,895.61</b>	

I know we are not talking about a bunch of money but we need to make sure it is correct. We can advise the Board at the next meeting but the \$456.19 is within your spending authority. Plus, Ed, Bobby, and Anthony are copied on this e-mail.

If you have any questions, please call me.

Sincerely,  
 Hubert Oxford, IV  
 Benckenstein & Oxford, L.L.P.  
 3535 Calder Avenue, Suite 300  
 Beaumont, Texas 77706  
 (409) 951-4721 Direct  
 (409) 351-0000 Cell  
 (409) 833-8819 Fax

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**List of Documents/Receipts**  
**4/21/2021 from Mo at Riceland Medical Center**

Vendor	Description	Invoice No.	Invoice Date	Invoice Amount	Payment Date	Ck #/Wire	Payments	Notes	
Medical Equipment Solutions	Stryker Hospital 1 Total Care and 7 Secure Hospital Beds	11737	3/25/2020	\$10,200.00	3/27/20	59603	\$10,200.00	Did we agree to pay for beds?	
Artec Group Servies	6-Resmed Bipap Bi-level Adapt SV (Ventilator)	20200401	4/1/2020	\$1,264.00			\$1,301.00	Invoice on page 6. Paid by Amex.	
Medline Industries	Cv19-4 Ventilators	1909509019	4/29/2020	\$3,000.00	6/19/20	60211	\$2,346.42	See page 10	
Medline Industries	Cv19-4 Ventilators	1909509019	4/29/2020	\$15,000.00	6/26/20	60250	\$15,000.00	See page 11	
Medline Industries	Cv19-4 Ventilators	1909509019	4/29/2020	\$21,528.95	7/1/20	60266	\$21,528.95	See page 12	
				\$39,528.95			\$38,875.37	Ventilator's cost \$35,600 plus \$2,962.79 and \$312.58 in taxes and freight	
CardinalHealth	CV19 Med & Sm Gloves	71133996969	3/25/2020	\$1,786.12	4/24/20	Unknown	\$1,786.12	Proof of payment on page 17 of 40.	
CardinalHealth	Purell Sanitizer (gel) ES 8 Healthy Soap & Hand sanitizer instant 8 oz	7113153014	3/8/2020	\$1,072.77	4/7/20	Unknown	\$1,072.77	Proof of payment on page 22 of 40.	
Medline Industries	4 Patient Monitors and 3 Rollstand w/mounting plate (20,543.77)	1908358982	6/15/2020	\$20,543.77	5/15/20	59957	\$5,543.77	4 monitors for ventilators See page 24 of 40.	
		1908358982	5/19/2020	\$15,000.00	5/19/20	59974	\$5,000.00		
		1908358982	5/27/2020	\$10,000.00	5/27/20	60047	\$5,000.00		
		1908358982	6/2/2020	\$5,000.00	6/2/20	60091	\$5,000.00		
				\$20,543.77			\$20,543.77		
Elite Diagnostics LLC	Consulting Services	\$29,000.00	1532	7/6/2020	\$73,500.00	7/8/20	AM EX 5126	\$36,750.00	See page 33-36
						8/1/2020	Credit	-\$360.00	See page 37
	ABI 7500 (Covid Testing)	\$44,500.00		8/1/2020	\$37,110.00	11/9/20	AM EX 1042	\$18,375.00	See page 37-38
		\$73,500.00	1648	9/1/2020	\$18,735.00	11/9/20	AM EX 1042	\$18,735.00	See page 39-40
					\$73,500.00			\$73,500.00	
<b>Totals</b>					\$147,895.61			\$147,279.03	



**List of Documents/Receipts  
4/21/2021 from Mo at Riceland Medical Center**

Vendor	Description	Invoice No.	Invoice Date	Invoice Amount	Payment Date	Ck #/Wire	Payments	Notes	
Medical Equipment Solution	Stryker Hospital 1 Total Care and 7 Secure Hospital Beds	11737	3/25/2020	\$10,200.00	3/27/20	59603	\$10,200.00	Did we agree to pay for beds?	
Artec Group Servies	6-Resmed Bipap Bi-level Adapt SV (Ventilator)	20200401	4/1/2020	\$1,264.00			\$1,264.00	Need proof of payment.	
Medline Industries	Cv19-4 Ventilators	1909509019	4/29/2020	\$3,000.00	6/19/20	60211	\$2,346.42	Venillator's cost \$35,600 plus \$2,962.79 and \$312.58 in taxes and freight.	
Medline Industries	Cv19-4 Ventilators	1909509019	4/29/2020	\$15,000.00	6/26/20	60250	\$15,000.00		
Medline Industries	Cv19-4 Ventilators	1909509019	4/29/2020	\$21,528.95	7/1/20	60266	\$21,528.95		
				<b>\$39,528.95</b>			<b>\$38,875.37</b>		
CardinalHealth	CV19 Med & Sm Gloves	71133996969	3/25/2020	\$1,786.12	4/24/20	Unknown	\$1,786.12	Proof of payment on page 17 of 40.	
CardinalHealth	Purell Sanitizer (gel) ES 8 Healthy Soap & Hand sanitizer instant 8 oz	7113153014	3/8/2020	\$1,072.77	4/7/20	Unknown	\$1,072.77	Proof of payment on page 22 of 40.	
Medline Industries	4 Patient Monitors and 3 Rollstand w/mounting plate (20,543.77)	1908358982	6/15/2020	\$20,543.77	5/15/20	59957	\$5,543.77	4 monitors for ventillators	
		1908358982	5/19/2020	\$15,000.00	5/19/20	59974	\$5,000.00		
		1908358982	5/27/2020	\$10,000.00	5/27/20	60047	\$5,000.00		
		1908358982	6/2/2020	\$5,000.00	6/2/20	60091	\$5,000.00		
				<b>\$20,543.77</b>			<b>\$20,543.77</b>		
Elite Diagnositcs LLC	Consulting Services	\$29,000.00	1532	7/6/2020	\$73,500.00	7/8/20	AM EX 5126	\$36,750.00	See page 33-36
				8/1/2020			Credit	-\$360.00	See page 37
	ABI 7500 (Covid Testing)	\$44,500.00		8/1/2020	\$37,110.00	11/9/20	AM EX 1042	\$18,375.00	See page 37-38
		\$73,500.00	1648	9/1/2020	\$18,735.00	11/9/20	AM EX 1042	\$18,735.00	See page 39-40
					\$73,500.00			\$73,500.00	
<b>Totals</b>					<b>\$146,822.84</b>			<b>\$146,169.26</b>	





MedEquipSol.com, LLC

Invoice

Medical Equipment Solutions  
110 N 13th St  
Beaumont, TX 77702

Date	Invoice #
3/25/2020	11737

Bill To
Winnie Community Hospital, LLC 538 Broadway Winnie, TX 77665

Ship To
Winnie Community Hospital, LLC 538 Broadway Winnie, TX 77665

P. O. Number	Terms	Rep	Ship	Via	F.O.B.
153197	Due on receipt	TLP	3/25/2020	MES Truck	77707

Quantity	Item Code	Description	Serial #	Inventory #	Price Ea	Amount
1	Item	Stryker Total Care Hospital Bed			400.00	400.00
7	Item	Stryker Secure Hospital Bed			1,400.00	9,800.00
		Sales Tax			8.25%	0.00

Phone #		Total	\$10,200.00
409-832-0447	Fax # 409-730-3134 Tanya@medequipsold.com	medequipsold.com	
Office use only:			

WINNIE COMMUNITY HOSPITAL, LLC

059603

MEDICAL EQUIPMENT SOLUTIONS			Customer #:	Check #: 59603	Check Date: 03/27/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
03/25/20	11737	CV19 HOSPITAL BEDS		10,200.00		10,200.00

	10,200.00	0.00	10,200.00
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WINNIE COMMUNITY HOSPITAL, LLC

059603

MEDICAL EQUIPMENT SOLUTIONS			Customer #:	Check #: 59603	Check Date: 03/27/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
03/25/20	11737	CV19 HOSPITAL BEDS		10,200.00		10,200.00

	10,200.00	0.00	10,200.00
--	-----------	------	-----------

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX



**WINNIE COMMUNITY HOSPITAL, LLC**  
 538 BROADWAY AVENUE • WINNIE, TX 77665

**First Financial Bank NA**  
 88-112/1113

059603

TEN THOUSAND TWO HUNDRED AND 00 / 100 Dollars

PAY TO THE ORDER OF:

MEDICAL EQUIPMENT SOLUTIONS  
 110 N 13TH ST

Beaumont TX 77702

DATE	AMOUNT
03/27/20	***** 10,200.00

VOID IF NOT PRESENTED FOR PAYMENT WITHIN 180 DAYS FROM DATE HEREOF

AUTHORIZED SIGNATURE



⑈059603⑈ ⑆111301122⑆

⑈125110005126⑈





**MEDICAL EQUIPMENT**

**SALES ORDER 20200401**

April 1, 2020

**To:**  
 Riceland Healthcare Center  
 538 Broadway Ave.  
 Winnie, Tx, 77665  
 Att. Brittany Givens

**From:**  
 Artec Group Services  
 6948 NW 50<sup>TH</sup> ST  
 MIAMI, FL 33166  
 (305) 884-4533  
 (305) 884-4363

CANT	DESCRIPCION	PRECIO UNITARIO	PRECIO TOTAL
6	Resmed Bipap Bi-level Adapt SV (checked)	US \$199	US\$ 1,194
1	Shipping to Winnie Tx (77665) 55 lbs, Ground 3 busisess day	US\$ 70	US\$ 70
<b>Fob Miami</b>		<b>TOTAL</b>	<b>US\$ 1,264</b>

**How can you pay:**

- Wire Transfer  
 Citibank account # 3200335552  
 Beneficiary: Artec Group Services  
 Swift code: citiUS33  
 ABA#266086554
- Credit Card + 3%

**Artec GROUP SERVICES**

6948 NW 50<sup>th</sup> street – Miami, FL 33166  
 Phone: 305-884-4533 – Fax: 305-884-4363 – E-mail: pmichel@teccomusa.com



MEDICAL EQUIPMENT

April 2, 2020

**To:**  
 Riceland Healthcare Center  
 538 Broadway Ave.  
 Winnie, Tx, 77665  
 Att. Brittany Givens  
 409-273-9133

**FROM:**  
 ARTEC GROUP SERVICES  
 6948 NW 50TH ST  
 MIAMI, FL 33166  
 (305) 884-4533  
 (305) 884-4363

Invoice 20200402

QTY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
6	Resmed Bipap Bi-level Adapt SV (checked) SN/ 20070813394 – 20101241890 – 20070138736 – 20080488771 – 20102057094 - 20090226092	US\$ 199	US\$ 1,194
1	Shipping to Winnie Tx (77665) 55 lbs, Ground 3 busisess day	US\$ 70	US\$ 70
<b>Fob Miami</b>		Total	US\$ 1,264
		Total +3%	US\$ 1,301

Payment:

1. WireTransfer  
 BANK NAME: CITIBANK  
 ACCOUNT #: 3200335552  
 BENEFICIARY: ARTEC GROUP SERVICES  
 SWIFT CODE: CITIUS33  
 ABA #: 266086554
2. Credit Card + 3%
3. Cash

**PAID**  
2020/04/02

**ARTEC GROUP SERVICES**  
 6948 NW 50<sup>th</sup> street – Miami, FL 33166  
 Phone: 305-884-4533 – Fax: 305-884-4363 – E-mail: pmichel@teccomusa.com

## Laura Rodriguez

---

**From:** Brittany Givens  
**Sent:** Wednesday, April 1, 2020 2:25 PM  
**To:** Laura Rodriguez  
**Subject:** FW: FW: DOTmed Listing #2043958 Bi-level PAP, ADAPT-SV by RESMED  
**Attachments:** SO Riceland Medical Center 20200401.pdf

I need to pay for this with AMEX.

Thanks,

*Brittany Givens*

**PURCHASING MANAGER**

WINNIE COMMUNITY HOSPITAL, DBA RICELAND HEALTHCARE  
EMAIL: [BGIVENS@RICELANDHEALTHCARE.COM](mailto:BGIVENS@RICELANDHEALTHCARE.COM) CELL: 409-273-9133  
WEB: [WWW.RICELANDHEALTHCARE.COM](http://WWW.RICELANDHEALTHCARE.COM)

**From:** Mo Danishmund <[mo@starcoimpex.com](mailto:mo@starcoimpex.com)>  
**Sent:** Wednesday, April 1, 2020 2:23 PM  
**To:** Brittany Givens <[bgivens@ricelandhealthcare.com](mailto:bgivens@ricelandhealthcare.com)>  
**Subject:** Re: FW: DOTmed Listing #2043958 Bi-level PAP, ADAPT-SV by RESMED

amex

On Wed, Apr 1, 2020 at 1:32 PM Brittany Givens <[bgivens@ricelandhealthcare.com](mailto:bgivens@ricelandhealthcare.com)> wrote:

How do we want to pay? Wire transfer or AMEX (3% charge).

Are Julie and Laura working? Need to process this today so we don't lose them.

Thanks,

*Brittany Givens*

**PURCHASING MANAGER**

WINNIE COMMUNITY HOSPITAL, DBA RICELAND HEALTHCARE  
EMAIL: [BGIVENS@RICELANDHEALTHCARE.COM](mailto:BGIVENS@RICELANDHEALTHCARE.COM) CELL: 409-273-9133  
WEB: [WWW.RICELANDHEALTHCARE.COM](http://WWW.RICELANDHEALTHCARE.COM)





WINNIE COMMUNITY HOSPITAL, LLC

060211

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 60211	Check Date: 06/19/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/25/20	1909184837	CV PACKS		209.46		209.46
04/29/20	1909509019	CV19- 4 VENTILLATORS		2,346.42		2,346.42
05/20/20	1911583348	TEST, LUNG, LATEX-FREE		130.77		130.77
05/20/20	1911583349	CARDIOVASCULAR, DRAPE		205.34		205.34
05/20/20	1911583350	CATH, CLOSED SUCTION		108.01		108.01
				3,000.00	0.00	3,000.00

WINNIE COMMUNITY HOSPITAL, LLC

060211

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 60211	Check Date: 06/19/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/25/20	1909184837	CV PACKS		209.46		209.46
04/29/20	1909509019	CV19- 4 VENTILLATORS		2,346.42		2,346.42
05/20/20	1911583348	TEST, LUNG, LATEX-FREE		130.77		130.77
05/20/20	1911583349	CARDIOVASCULAR, DRAPE		205.34		205.34
05/20/20	1911583350	CATH, CLOSED SUCTION		108.01		108.01
				3,000.00	0.00	3,000.00

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX



**WINNIE COMMUNITY HOSPITAL, LLC**  
538 BROADWAY AVENUE • WINNIE, TX 77665

First Financial Bank NA  
88-112/1113

060211

THREE THOUSAND AND 00 / 100 Dollars

PAY  
TO THE  
ORDER  
OF:

MEDLINE INDUSTRIES INC.  
THREE LAKES DRIVE  
  
NORTHFIELD IL 60093

DATE	AMOUNT
06/19/20	***** 3,000.00

VOID IF NOT PRESENTED FOR PAYMENT  
WITHIN 180 DAYS FROM DATE HEREOF

\_\_\_\_\_  
AUTHORIZED SIGNATURE



060211 111301122

125110005126

WINNIE COMMUNITY HOSPITAL, LLC

060250

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 60250	Check Date: 06/26/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/29/20	1909509019	CV19- 4 VENTILLATORS		15,000.00		15,000.00

15,000.00	0.00	15,000.00

WINNIE COMMUNITY HOSPITAL, LLC

060250

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 60250	Check Date: 06/26/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/29/20	1909509019	CV19- 4 VENTILLATORS		15,000.00		15,000.00

15,000.00	0.00	15,000.00

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX



WINNIE COMMUNITY HOSPITAL, LLC  
538 BROADWAY AVENUE • WINNIE, TX 77665

First Financial Bank NA  
88-112/1113

060250

FIFTEEN THOUSAND AND 00 / 100 Dollars

PAY  
TO THE  
ORDER  
OF:

MEDLINE INDUSTRIES INC.  
THREE LAKES DRIVE  
NORTHFIELD IL 60093

DATE	AMOUNT
06/26/20	***** 15,000.00

VOID IF NOT PRESENTED FOR PAYMENT  
WITHIN 180 DAYS FROM DATE HEREOF

AUTHORIZED SIGNATURE



060250 111301122 1125110005126

WINNIE COMMUNITY HOSPITAL, LLC

060266

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 60266	Check Date: 07/01/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/29/20	1909509019	CV19- 4 VENTILLATORS		21,528.95		21,528.95

	21,528.95	0.00	21,528.95
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WINNIE COMMUNITY HOSPITAL, LLC

060266

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 60266	Check Date: 07/01/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/29/20	1909509019	CV19- 4 VENTILLATORS		21,528.95		21,528.95

	21,528.95	0.00	21,528.95
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DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX



**WINNIE COMMUNITY HOSPITAL, LLC**  
 538 BROADWAY AVENUE • WINNIE, TX 77665

**First Financial Bank NA**  
 88-112/1113

060266

DATE	AMOUNT
07/01/20	***** 21,528.95

TWENTY-ONE THOUSAND FIVE HUNDRED TWENTY-EIGHT AND 95 / 100 Dollars

PAY  
 TO THE  
 ORDER  
 OF:

MEDLINE INDUSTRIES INC.  
 THREE LAKES DRIVE  
 NORTHFIELD IL 60093

VOID IF NOT PRESENTED FOR PAYMENT  
 WITHIN 180 DAYS FROM DATE HEREOF

AUTHORIZED SIGNATURE



⑈060266⑈ ⑆11301122⑆ ⑆125110005126⑈



www.medline.com

ORIGINAL

# INVOICE

CUSTOMER PO # 153184	INVOICE DATE 04/29/2020	INVOICE # 1909509019
-------------------------	----------------------------	-------------------------

**SOLD TO:**  
 RICELAND MEDICAL CENTER  
 538 BROADWAY  
 WINNIE, TX 77665-7600

**SHIP TO:**  
 RICELAND MEDICAL CENTER  
 538 BROADWAY  
 WINNIE, TX 77665-7600

Page 1 of 1

SALES REP# 25	SALES ORDER # 502064861	CARRIER VENDOR	FREIGHT TERMS CUSTOMER	CUSTOMER # 1699070	CURRENCY USD	AMOUNT DUE \$38,875.37
------------------	----------------------------	-------------------	---------------------------	-----------------------	-----------------	---------------------------

Line No.	Order Qty	U/M	Invoice Qty	Item No / Description	Code*	Delivery #	Unit Price	Amount
10	4.00	EA	4.00	SQAK03202056A /VENTILLATOR,LIFECARE PLV-102B,CTM,REFURB			8,900.00	35,600.00



<b>GROSS</b>	<b>TAX AMOUNT</b>	<b>FREIGHT</b>	<b>TOTAL</b>
35,600.00	2,962.79	312.58	38,875.37

\*\*

\* Code  
 TE Tax Exempt  
 C Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED. EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION. (PH: 800-307-8386) INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE. MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE PARTNERSHIP, AND MEDCAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Vacant-Tina Ridley x7705324

011560P



www.medline.com

# REMITTANCE

**REMIT TO:**  
 Medline Industries, Inc.  
 Dept 1080  
 PO Box 121080  
 Dallas, TX 75312-1080

Customer # 1699070  
 Invoice # 1909509019  
 Invoice Date 04/29/2020  
 Sales Rep # 25  
 Payment Terms Net 30  
 Amount Due \$38,875.37

**BILL TO:**

MDG2020 0011560 1 AB 0419 01



 RICELAND MEDICAL CENTER  
 538 BROADWAY  
 WINNIE, TX 77665-7600

AMOUNT PAID \$ \_\_\_\_\_

Detach and return this portion with your payment

Check here for address change.  
 Indicate changes on the back of this form.

000169907019095090190429202000038875370035912580038562790038875370



ADVANCING  
THE HEALTH OF  
HEALTHCARE.

Three Lakes Drive, Northfield, IL 60093 | 1.800.MEDLINE (633.5463) | medline.com

**Customer Quote**

**Customer:** 0001699070  
RICELAND MEDICAL CENTER  
538 BROADWAY  
WINNIE, TX 77665-7600

**Date:** 03/24/2020  
**Sales Rep:** Swillinger, Jeremy (0026)  
jswillinger@MEDLINE.COM

This pricing is valid until 4/23/2020 unless otherwise specified. Exact freight and tax will be added at the time of invoice.

Product #	Product Family Name	Product Description	Pkg / Order UoM	Related Literature	Pkg Price	Quoted Qty	Extended Price
SQAK03202056A	VENTILLATOR,LIFECARE PLV-102B,CTM,REFURB	VENTILLATOR,LIFECARE PLV-102B,CTM,REFURB	1 EA / EA		\$8,900.00	4	\$35,600.00

In some cases, images may be stock and not representative of final product.

**Estimated Total**                      \$35,600.00



CARDINAL HEALTH -WCH 11141838

Customer #:

Check #: 20050457

Check Date: 05/04/20

Inv. Date	Invoice No	Description	Gross	Discount	Net
03/11/20	7113316166	TABLE COVER	33.99		33.99
03/12/20	7113387684	TOWEL, CHLORAPREP, ICE BAG, KE	4,961.51		4,961.51
03/13/20	7113429829	SUCTION TUBING, TEAL PREP, SAL	573.19		573.19
03/13/20	7113429830	22x5 SPINAL NEEDLE	346.12		346.12
03/14/20	7113455853	16FR CATHETER FOLEY	206.70		206.70
03/18/20	7113647392	KERLIX	101.24		101.24
03/18/20	7113647393	SUCTION TUBING	44.90		44.90
03/19/20	7113695008	LACERATION TRAY	79.07		79.07
03/22/20	7113821528	IV STARTER KIT, CONE MASK	103.40		103.40
03/25/20	7113996969	CV19 MED GLOVE, SM GLOVE	1,786.12		1,786.12
03/25/20	7113996970	PURELL HAND SOAP	61.33		61.33
			<hr/>		
			8,297.57	0.00	8,297.57

CARDINAL HEALTH -WCH 11141838

Customer #:

Check #: 20050457

Check Date: 05/04/20

Inv. Date	Invoice No	Description	Gross	Discount	Net
03/11/20	7113316166	TABLE COVER	33.99		33.99
03/12/20	7113387684	TOWEL, CHLORAPREP, ICE BAG, KE	4,961.51		4,961.51
03/13/20	7113429829	SUCTION TUBING, TEAL PREP, SAL	573.19		573.19
03/13/20	7113429830	22x5 SPINAL NEEDLE	346.12		346.12
03/14/20	7113455853	16FR CATHETER FOLEY	206.70		206.70
03/18/20	7113647392	KERLIX	101.24		101.24
03/18/20	7113647393	SUCTION TUBING	44.90		44.90
03/19/20	7113695008	LACERATION TRAY	79.07		79.07
03/22/20	7113821528	IV STARTER KIT, CONE MASK	103.40		103.40
03/25/20	7113996969	CV19 MED GLOVE, SM GLOVE	1,786.12		1,786.12
03/25/20	7113996970	PURELL HAND SOAP	61.33		61.33
			<hr/>		
			8,297.57	0.00	8,297.57

EIGHT THOUSAND TWO HUNDRED NINETY-SEVEN AND 57 / 100 Dollars

05/04/20

\*\*\*\*\*8,297.57

CARDINAL HEALTH -WCH 11141838  
 MEDICAL PRODUCTS AND SERVICES  
 PO BOX 730112  
 Dallas TX 75373





**CardinalHealth**

[Open Bills](#)

[Paid Bills](#)

[Payments](#)

[Address Data](#)

[Bank Data](#)

[Automatic Debit Authorization](#)

[FAQ](#)

[Log Off](#)

**WINNIE COMMUNITY HOSPITAL LLC**

**Confirmation of payment**

You have paid the bills listed. We are debiting your bank account FF - BANK16 by:  
USD 8,297.57

To access the open bills, click on [Back to Bill List](#).

Bill Description	Due On	Billed Amount	Open	Payment Amount
Invoice G021383517 of 03/25/2020	Apr 24, 2020	USD 1,786.12	USD 1,786.12	USD 1,786.12
Invoice G021340751 of 03/25/2020	Apr 24, 2020	USD 61.33	USD 61.33	USD 61.33
Invoice G021363582 of 03/22/2020	Apr 21, 2020	USD 103.40	USD 103.40	USD 103.40
Invoice G021366993 of 03/19/2020	Apr 18, 2020	USD 79.07	USD 79.07	USD 79.07
Invoice G021362751 of 03/18/2020	Apr 17, 2020	USD 101.24	USD 101.24	USD 101.24
Invoice G021363582 of 03/18/2020	Apr 17, 2020	USD 44.90	USD 44.90	USD 44.90
Invoice G021119503 of 03/14/2020	Apr 13, 2020	USD 206.70	USD 206.70	USD 206.70
Invoice G021362751 of 03/13/2020	Apr 12, 2020	USD 573.19	USD 573.19	USD 573.19
Invoice G021379558 of 03/13/2020	Apr 12, 2020	USD 346.12	USD 346.12	USD 346.12
Invoice G021363582 of 03/12/2020	Apr 11, 2020	USD 4,961.51	USD 4,961.51	USD 4,961.51
Invoice G021331339 of 03/11/2020	Apr 10, 2020	USD 33.99	USD 33.99	USD 33.99

Grand Total USD 8,297.57

Credits USD 0.00

Total Net Payment Amount USD 8,297.57

[Back to Bill List](#)

[Print](#)



**INVOICE**  
 Cardinal Health 200, LLC  
 Fed ID# 36-4095179

<b>CUSTOMER:</b> 11141838	<b>BILL TO:</b> 11141838	<b>DATE:</b> 03/25/2020	<b>INVOICE:</b> 7113996969
<b>SOLD TO:</b> 11141838 WINNIE COMMUNITY HOSPITAL LLC RICELAND MEDICAL CENTER 538 BROADWAY WINNIE TX 77665-7600 USA		<b>BILL TO:</b> 11141838 Company WINNIE COMMUNITY HOSPITAL LLC RICELAND MEDICAL CENTER 538 BROADWAY WINNIE TX 77665-7600	
<b>SHIP TO:</b> 21267383 RICELAND SURGERY CENTER 390 N 11TH ST BEAUMONT TX 77702-1802 USA		ORDER METHOD: WEB ORDER PLACED BY: givens_brittany (409-730-8054-216)	

PO: 153141 DELIVERY: 8124807665  
 CARDINAL HEALTH ORDER: G021383517

PO Line	Item	Qty	UM	Material	Material Description	Batch/Serial No.	Tax	Unit Price	Extended Price
3	30	10	CS	V8896NB	GLV EXAM NITRILE NP ESTEEM PF SM		Y	82.500	825.00
4	40	10	CS	V8897NB	GLV EXAM NITRILE NP ESTEEM PF MD		Y	82.500	825.00

SUB TOTAL: 1,650.00

PAYER# 11141838  
 PAYMENT TERMS: Net 30 Days  
 CUSTOMER SERVICE: (800) 964-5227

MERCHANDISE	:	1,650.00
STATE TAX	:	103.12
LOCAL TAX	:	33.00

REMIT TO:  
 CARDINAL HEALTH  
 MEDICAL PRODUCTS AND SERVICES  
 PO BOX 730112  
 DALLAS TX 75373-0080  
 USA

TOTAL DUE	:	1,786.12
CURRENCY	:	USD
DATE DUE	:	04/24/2020

\*TO PAY BY ELECTRONIC FUNDS TRANSFER, PLEASE CONTACT YOUR COLLECTIONS REPRESENTATIVE.  
 \*PAST DUE BALANCES ARE SUBJECT TO A LATE PAYMENT CHARGE  
 \*CUSTOMER DOES NOT AND WILL NOT REDISTRIBUTE PRESCRIPTION PHARMACEUTICAL PRODUCTS PURCHASED FROM CARDINAL HEALTH INTO THE SECONDARY MARKET

THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME OF THE PRODUCTS LISTED ON THIS INVOICE MAY BE SUBJECT TO ADDITIONAL DISCOUNTS OR REBATES. PLEASE REFER TO YOUR CONTRACT FOR ANY SPECIFIC ADDITIONAL DISCOUNTS OR REBATES THAT MAY APPLY TO THESE PURCHASES. YOU MAY HAVE AN OBLIGATION PURSUANT TO 42 USC §1320a-7b TO REPORT DISCOUNTS AND REBATES TO MEDICARE, MEDICAID OR OTHER GOVERNMENTAL HEALTH CARE PROGRAMS.





**INVOICE**  
 Cardinal Health 200, LLC  
 Fed ID# 36-4095179

<b>CUSTOMER:</b> 11141838	<b>BILL TO:</b> 11141838	<b>DATE:</b> 03/08/2020	<b>INVOICE:</b> 7113153014
<b>SOLD TO:</b> 11141838 WINNIE COMMUNITY HOSPITAL LLC RICELAND MEDICAL CENTER 538 BROADWAY WINNIE TX 77665-7600 USA		<b>BILL TO:</b> 11141838 Company WINNIE COMMUNITY HOSPITAL LLC RICELAND MEDICAL CENTER 538 BROADWAY WINNIE TX 77665-7600	
<b>SHIP TO:</b> 21267383 RICELAND SURGERY CENTER 390 N 11TH ST BEAUMONT TX 77702-1802 USA		ORDER METHOD: WEB ORDER PLACED BY: givens_brittany (409-730-8054-216)	

PO: 153112 DELIVERY: 8123962013 8123963833  
 CARDINAL HEALTH ORDER: G021340751

PO Line	Item	Qty	UM	Material	Material Description	Batch/Serial No.	Tax	Unit Price	Extended Price
1	31	20	CS	7763-02	PURELL SANITIZER - GEL		N	23.220	464.40
2	32	18	CS	7775-02	PURELL ES 8 HEALTHY SOAP ULTRA MILD		Y	28.330	509.94
3	30	2	CS	93060	HAND SANITIZER INSTANT 8 OUNCE		N	28.180	56.36

SUB TOTAL: 1,030.70

PAYER# 11141838  
 PAYMENT TERMS: Net 30 Days  
 CUSTOMER SERVICE: (800) 964-5227

MERCHANDISE	:	1,030.70
STATE TAX	:	31.88
LOCAL TAX	:	10.19

REMIT TO:  
 CARDINAL HEALTH  
 MEDICAL PRODUCTS AND SERVICES  
 PO BOX 730112  
 DALLAS TX 75373-0080  
 USA

<b>TOTAL DUE</b>	:	<b>1,072.77</b>
CURRENCY	:	USD
<b>DATE DUE</b>	:	04/07/2020

\*TO PAY BY ELECTRONIC FUNDS TRANSFER, PLEASE CONTACT YOUR COLLECTIONS REPRESENTATIVE.  
 \*PAST DUE BALANCES ARE SUBJECT TO A LATE PAYMENT CHARGE  
 \*CUSTOMER DOES NOT AND WILL NOT REDISTRIBUTE PRESCRIPTION PHARMACEUTICAL PRODUCTS PURCHASED FROM CARDINAL HEALTH INTO THE SECONDARY MARKET

THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME OF THE PRODUCTS LISTED ON THIS INVOICE MAY BE SUBJECT TO ADDITIONAL DISCOUNTS OR REBATES. PLEASE REFER TO YOUR CONTRACT FOR ANY SPECIFIC ADDITIONAL DISCOUNTS OR REBATES THAT MAY APPLY TO THESE PURCHASES. YOU MAY HAVE AN OBLIGATION PURSUANT TO 42 USC §1320a-7b TO REPORT DISCOUNTS AND REBATES TO MEDICARE, MEDICAID OR OTHER GOVERNMENTAL HEALTH CARE PROGRAMS.

**Riceland Healthcare**  
**Paid Invoice Report**

Application Code: AP

User Login Name: lmartinez

Vendor Number	Vendor Name	Invoice Number	Invoice Date	Check Number	Check Type	Check Date	Bank Code	Amount Paid	Discount Taken
001764	CARDINAL HEALTH -WCI	7113013340	03/04/20	20040618	C	04/06/20	16	4,785.92	0.00
		7113140465	03/07/20	20040618	C	04/06/20	16	259.77	0.00
		7113153014	03/08/20	20040618	C	04/06/20	16	1,072.77	0.00
		7113153015	03/08/20	20040618	C	04/06/20	16	260.82	0.00
		7113187190	03/09/20	20040618	C	04/06/20	16	243.26	0.00
Vendor Total:								6,622.54	0.00
Grand Total:								6,622.54	0.00

Report Order: Vendor No. Order

Check Date: From 06/06/54 To: 10/25/28

Check No: From 20040618 To: 20040618

Vendor No: From 000932 To: AR99

Include GL Detail: No



**CardinalHealth**

**WINNIE COMMUNITY HOSPITAL LLC**

**Confirmation of payment**

You have paid the bills listed. We are debiting your bank account FF - BANK16 by:  
 USD 6,622.54

To access the open bills, click on *Back to Bill List*.

Bill Description	Due On	Billed Amount	Open	Payment Amount
Invoice G021366993 of 03/09/2020	Apr 8, 2020	USD 243.26	USD 243.26	USD 243.26
Invoice G021340751 of 03/08/2020	Apr 7, 2020	USD 1,072.77	USD 1,072.77	USD 1,072.77
Invoice 1070751904 of 03/08/2020	Apr 7, 2020	USD 260.82	USD 260.82	USD 260.82
Invoice G021362751 of 03/07/2020	Apr 6, 2020	USD 259.77	USD 259.77	USD 259.77
Invoice G021362751 of 03/04/2020	Apr 3, 2020	USD 4,785.92	USD 4,785.92	USD 4,785.92

Grand Total USD 6,622.54

Credits USD 0.00

Total Net Payment Amount USD 6,622.54



ORIGINAL



www.medline.com

# INVOICE

CUSTOMER PO # 153194	INVOICE DATE 04/17/2020	INVOICE # 1908358982
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**SOLD TO:**  
RICELAND MEDICAL CENTER  
538 BROADWAY  
WINNIE, TX 77665-7600

**SHIP TO:**  
RICELAND MEDICAL CENTER \*\*  
538 BROADWAY  
WINNIE, TX 77665-7600

Page 1 of 1

SALES REP# 25	SALES ORDER # 502421951	CARRIER VENDOR	FREIGHT TERMS CUSTOMER	CUSTOMER # 1699070	CURRENCY USD	AMOUNT DUE \$20,543.77
------------------	----------------------------	-------------------	---------------------------	-----------------------	-----------------	---------------------------

Line No.	Order Qty	U/M	Invoice Qty	Item No / Description	Code*	Delivery #	Unit Price	Amount
10	4.00	EA	4.00	DRE3286249F /MONITOR,PATIENT,PASSPORT V,CUSTOM,REFUR			4,406.33	17,625.32
20	4.00	EA	4.00	DRE6600RDM /ROLLSTAND,MINDRAY,W/ MOUNTING PLATE			298.19	1,192.76
			<b>GROSS</b>	<b>TAX AMOUNT</b>	<b>FREIGHT</b>	<b>TOTAL</b>		**
			18,818.08	1,565.69	160.00	20,543.77		

\*\* Special Ship-To

\* Code  
TE Tax Exempt  
C Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED. EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION. (PH: 800-307-8386) INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE. MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE PARTNERSHIP, AND MEDCAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Vacant-Tina Ridley x7705324

003041P



www.medline.com

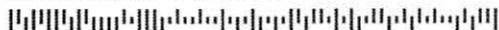
# REMITTANCE

**REMIT TO:**  
Medline Industries, Inc.  
Dept 1080  
PO Box 121080  
Dallas, TX 75312-1080

Customer # 1699070  
Invoice # 1908358982  
Invoice Date 04/17/2020  
Sales Rep # 25  
Payment Terms Net 30  
Amount Due **\$20,543.77**

**BILL TO:**

MDG2020 0003041 1 MB 0439 01



RICELAND MEDICAL CENTER  
538 BROADWAY  
WINNIE, TX 77665-7600

AMOUNT PAID \$ \_\_\_\_\_

Detach and return this portion with your payment

Check here for address change.  
Indicate changes on the back of this form.

000169907019083589820417202000020543770018978080020383770020543773



WINNIE COMMUNITY HOSPITAL, LLC

059957

MEDLINE INDUSTRIES INC.

Customer #:

Check #: 59957 Check Date: 05/15/20

Inv. Date	Invoice No	Description	Gross	Discount	Net
04/17/20	1908358982	CV19 PASSPORT VITAL MONITOI	5,543.77		5,543.77
04/21/20	1908582762	CV19 SUCTION ASPIRATOR	769.48		769.48

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6,313.25	0.00	6,313.25
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WINNIE COMMUNITY HOSPITAL, LLC

059957

MEDLINE INDUSTRIES INC.

Customer #:

Check #: 59957 Check Date: 05/15/20

Inv. Date	Invoice No	Description	Gross	Discount	Net
04/17/20	1908358982	CV19 PASSPORT VITAL MONITOI	5,543.77		5,543.77
04/21/20	1908582762	CV19 SUCTION ASPIRATOR	769.48		769.48

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6,313.25	0.00	6,313.25
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DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX

059957



WINNIE COMMUNITY HOSPITAL, LLC  
538 BROADWAY AVENUE • WINNIE, TX 77665

First Financial Bank NA  
88-112/1113

DATE AMOUNT

SIX THOUSAND THREE HUNDRED THIRTEEN AND 25 / 100 Dollars

05/15/20 \*\*\*\*\* 6,313.25

PAY TO THE ORDER OF:

MEDLINE INDUSTRIES INC.  
THREE LAKES DRIVE  
NORTHFIELD IL 60093

VOID IF NOT PRESENTED FOR PAYMENT WITHIN 180 DAYS FROM DATE HEREOF

AUTHORIZED SIGNATURE



059957 1113011221 125110005126

WINNIE COMMUNITY HOSPITAL, LLC

059974

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 59974	Check Date: 05/19/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/17/20	1908358982	CV19 PASSPORT VITAL MONITOI		5,000.00		5,000.00

5,000.00	0.00	5,000.00

WINNIE COMMUNITY HOSPITAL, LLC

059974

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 59974	Check Date: 05/19/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/17/20	1908358982	CV19 PASSPORT VITAL MONITOI		5,000.00		5,000.00

5,000.00	0.00	5,000.00

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX



WINNIE COMMUNITY HOSPITAL, LLC  
538 BROADWAY AVENUE • WINNIE, TX 77665

First Financial Bank NA  
88-112/1113

059974

DATE AMOUNT

FIVE THOUSAND AND 00 / 100 Dollars

05/19/20 \*\*\*\*\* 5,000.00

PAY TO THE ORDER OF:

MEDLINE INDUSTRIES INC.  
THREE LAKES DRIVE  
NORTHFIELD IL 60093

VOID IF NOT PRESENTED FOR PAYMENT  
WITHIN 180 DAYS FROM DATE HEREOF

AUTHORIZED SIGNATURE



059974 111301122 25110005126

060047

WINNIE COMMUNITY HOSPITAL, LLC

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 60047	Check Date: 05/27/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/17/20	1908358982	CV19 PASSPORT VITAL MONITO		5,000.00		5,000.00

	5,000.00	0.00	5,000.00
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060047

WINNIE COMMUNITY HOSPITAL, LLC

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 60047	Check Date: 05/27/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/17/20	1908358982	CV19 PASSPORT VITAL MONITO		5,000.00		5,000.00

	5,000.00	0.00	5,000.00
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DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX

060047



**WINNIE COMMUNITY HOSPITAL, LLC**  
 538 BROADWAY AVENUE • WINNIE, TX 77665

**First Financial Bank NA**  
 88-112/1113

DATE AMOUNT

FIVE THOUSAND AND 00 / 100 Dollars

05/27/20 \*\*\*\*\* 5,000.00

PAY TO THE ORDER OF:

MEDLINE INDUSTRIES INC.  
 THREE LAKES DRIVE  
 NORTHFIELD IL 60093

VOID IF NOT PRESENTED FOR PAYMENT WITHIN 180 DAYS FROM DATE HEREOF

AUTHORIZED SIGNATURE



⑈060047⑈ ⑆111301122⑆ ⑆125110005126⑈

WINNIE COMMUNITY HOSPITAL, LLC

060091

MEDLINE INDUSTRIES INC.		Customer #:	Check #: 60091	Check Date: 06/02/20	
Inv. Date	Invoice No	Description	Gross	Discount	Net
04/17/20	1908305201	CV19 OXYGEN FLOWMETER, BYI	1,167.39		1,167.39
04/17/20	1908358982	CV19 PASSPORT VITAL MONITOI	5,000.00		5,000.00

	6,167.39	0.00	6,167.39
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WINNIE COMMUNITY HOSPITAL, LLC

060091

MEDLINE INDUSTRIES INC.		Customer #:	Check #: 60091	Check Date: 06/02/20	
Inv. Date	Invoice No	Description	Gross	Discount	Net
04/17/20	1908305201	CV19 OXYGEN FLOWMETER, BYI	1,167.39		1,167.39
04/17/20	1908358982	CV19 PASSPORT VITAL MONITOI	5,000.00		5,000.00

	6,167.39	0.00	6,167.39
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DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX



**WINNIE COMMUNITY HOSPITAL, LLC**  
538 BROADWAY AVENUE • WINNIE, TX 77665

**First Financial Bank NA**  
88-112/1113

060091


	DATE	AMOUNT
SIX THOUSAND ONE HUNDRED SIXTY-SEVEN AND 39 / 100 Dollars	06/02/20	***** 6,167.39

PAY TO THE ORDER OF: MEDLINE INDUSTRIES INC.  
THREE LAKES DRIVE  
NORTHFIELD IL 60093

VOID IF NOT PRESENTED FOR PAYMENT WITHIN 180 DAYS FROM DATE HEREOF

---

AUTHORIZED SIGNATURE



⑈060091⑈ ⑆111301122⑆ ⑆125110005126⑈



**Medline Industries Inc.**  
**Three Lakes Drive**  
**Northfield, IL 60093**  
**1-800-MEDLINE**  
[www.medline.com](http://www.medline.com)

Account #	1699070	
Name	Riceland Health Care	
Address		
City, State		
Medline Rep	Jeremy Swillinger	
Quote Date	March 25, 2020	
QUOTE IS VALID FOR 30 DAYS		

Item Number	Description	Qty	UOM	Sell Price	Extended Sell
TBD - DRE3286249F	Option 3 With Battery Backup and Built-In Non-Proprietary Etco2: Mindray Passport V Patient Monitor With Sidestream Etco2 - Fully Refurbished To Include: ECG/Resp, Masimo Spo2, Nibp, Temp, Pressure and Printer. One Year Mail-In Warranty	4	EACH	\$ 4,406.33	\$ 17,625.33
TBD - DRE6600RDM	Rollstand: Rollstand and Basket With Mindray Mounting Plate	4	EACH	\$ 298.19	\$ 1,192.76
				<b>TOTAL=</b>	\$ 18,818.09
<b>Shipping</b>					
Estimated Shipping - \$165 For 4 Monitors and 4 Rollstands		1	EACH	TBD	TBD
<b>Notes</b>					

I have carefully reviewed the summary above and agreed that the configurations and pricing are correct and as agreed upon. This Agreement may be signed in counterparts and may be amended only by a writing signed by both parties. The commercial terms of Customer's purchases, including price, shall be separately negotiated and agreed to by the parties. This agreement is binding on and inures to the benefit of each party's successors and assigns. This agreement is governed by Illinois law.

<b>PO Number:</b>	<b>Customer Name:</b>	<b>Customer Signature:</b>	<b>Date:</b>

**REFURBISHED CAPITAL - TERMS AND CONDITIONS**

Customer acknowledges and agrees as follows:

**No-Return Policy**

The products on this quote are "custom" products, meaning, they have been specified by Customer and/or they have been specially ordered and/or built by Medline for Customer, and there is no other readily available market or purchaser for them. Once Customer places a purchase order for the custom products, such orders are non-cancellable/non-returnable and Customer shall have a binding obligation to take and pay for the custom products, except for any such product that is defective. The Customer is responsible for noting any damages and/or shortages on the delivery receipt and must contact Medline

Return Goods Dept within 48hrs of the delivery date. Without limiting the generality of the foregoing, Customer must take and pay for custom product ordered according to obsolete specification, if Customer approved and ordered according to those specifications.

**Delivery Policy**

All shipments are FOB, Customer is responsible and will be billed separately for freight costs, unless otherwise noted. Standard lead times are 2 to 3 weeks based on availability of materials. Medline shall not be responsible for custom product unavailability and backorders, even if orders for such products have been accepted by Medline. Medline will provide non-binding estimates of delivery dates and will use commercially reasonable efforts to satisfy those dates

**Freight Estimate Policy**

Estimated delivered prices are contingent on actual transportation quotes and are estimated based on best information available. Liftgate and inside services are available at an additional charge. Customer is responsible for notifying Medline of all shipping requirements. All freight quotes are ESTIMATES ONLY and are subject to vary when product actually ships. All orders are C Freight, invoiced as a separate line item, unless requested otherwise.

**Other documentation**

The customer is responsible for all permit and/or approval requirements that may apply to installation. Medline makes no representations or warranties concerning permits, approvals or other legal requirements.



# Riceland

HEALTHCARE™

## PURCHASE ORDER

**Vendor Name:**

MEDLINE INDUSTRIES INC.

**Bill To :**

Riceland Healthcare, 538 Broadway Ave, Winnie TX 77665

**Ship To :**

RICELAND MEDICAL CENTER, 538 BROADWAY AVE., WINNIE TX 77665

**Department/Location:**

ADMINISTRATION

**DATE:** 3/24/2020  
**PO #:** 153192

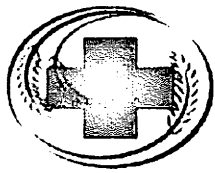
**SUBTOTAL** \$5,779.56  
**DISCOUNT**  
**SHIPPING**  
**SALES TAX**  
**TOTAL** \$5,779.56

(APPROVAL STAMP HERE)

(APPROVAL STAMP HERE)

QTY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL
4	715-PM60	Precision Medical Portable Suction Machine	\$249.49	\$997.96
6	36-19912	Gibeck HME (25/CS)	\$286.15	\$1,716.90
2	108-2208A007	Avanos Medical In-line Suction Catheter (20/CS)	\$815.73	\$1,631.46
2	301-TA3001EA	Ventilator Circuit (20/CS)	\$186.34	\$372.68
2	70-46440LH	Smiths Blood gas kit	\$158.04	\$316.08
4	792-4-0050-50	Sun Medical Test Lung	\$30.20	\$120.80
4	203-R127P35	Maxtec 15' Oxygen Hose	\$119.57	\$478.28
4	21-15002-03	Oxygen Flow meter w 50psi PTO	\$36.35	\$145.40
		(For the four ventilators)		\$0.00





# Riceland

HEALTHCARE™

## PURCHASE ORDER

Order Has Been Placed

On: 3/11/2020

By: lcook@ricelandhealthcare.com

Total Items Ordered 25

Total Items Received 25

All Items Received

**Vendor Name:**

MCKESSON MEDICAL SURGICAL -  
RLH 54575237

**Bill To :**

Riceland Healthcare, 538 Broadway Ave, Winnie TX 77665

**Ship To :**

RICELAND REGENTS PARK CLINIC, 85 IH 10 N, SUITE 112, BEAUMONT TX  
77707

**Department/Location:**

ADMINISTRATION

**DATE:** 3/6/2020  
**PO #:** 153113

**SUBTOTAL** \$696.88  
**DISCOUNT**  
**SHIPPING**  
**SALES TAX**  
**TOTAL** \$696.88

(APPROVAL STAMP HERE)

(APPROVAL STAMP HERE)

QTY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL	QTY RECVD	RECVD DATE
6	928733	SANI-WIPES XLG	\$35.53	\$213.18	6	3/11/2020
<input checked="" type="checkbox"/> 2	297456	SANI-WIPES	\$59.69	\$119.38	2	3/11/2020
<input checked="" type="checkbox"/> 2	1103353	GERMICIDE CLEANER	\$57.39	\$114.78	2	3/11/2020
<input checked="" type="checkbox"/> 1	567815	FACIAL TISSUE	\$39.77	\$39.77	1	3/11/2020
<input checked="" type="checkbox"/> 1	60594	FACIAL TISSUE	\$30.50	\$30.50	1	3/11/2020
<input checked="" type="checkbox"/> 4	895545	SMALL NITRILE GLOVES	\$13.79	\$55.16	4	3/9/2020
<input checked="" type="checkbox"/> 4	895546	MED NITRILE GLOVES	\$13.79	\$55.16	4	3/10/2020
<input checked="" type="checkbox"/> 4	895547	LARGE NITRILE GLOVES	\$13.79	\$55.16	4	3/13/2020
<input checked="" type="checkbox"/> 1	895548	XL NITRILE GLOVES	\$13.79	\$13.79	1	3/10/2020







Elite Diagnostics LLC  
 9731 Southern Pine Blvd  
 Charlotte, NC 28273 US  
 980-365-8761  
 www.elitediagnostics.com

## Contract Overview



ADDRESS
Hemarani Sivarajan Winnie Community Hospital, LLC

Contract #	DATE
1011	07/24/2020

DATE	ACTIVITY	QTY	RATE	AMOUNT
	Consulting Services	1	29,000.00	29,000.00
	Pre-owned ABI 7500 (inc. Shipping, Install, IQ/OQ and 1 year service plan)	1	44,500.00	44,500.00
<b>TOTAL</b>				<b>\$73,500.00</b>

**Fw: Invoice 1532 from Elite Diagnostics LLC**

Noushad Hussain <noushad@ricelandhealthcare.com>

Wed 7/8/2020 10:12 AM

To: Julie Haire <jhaire@ricelandhealthcare.com>

Cc: Zara Jiwani <zjiwani@ricelandhealthcare.com>; Julie Melancon <jmelancon@ricelandhealthcare.com>

📎 1 attachments (36 KB)

Invoice\_1532\_from\_Elite\_Diagnostics\_LLC.pdf;

Hi Julie

Please pay the attached invoice today.

Thank you

Noushad

**From:** Elite Diagnostics LLC <quickbooks@notification.intuit.com>

**Sent:** Monday, July 6, 2020 10:25 AM

**To:** Hemarani Sivarajan <hsivarajan@ricelandhealthcare.com>

**Subject:** Invoice 1532 from Elite Diagnostics LLC

INVOICE 1532



**Elite Diagnostics LLC**

Dear Hemarani Sivarajan,

Here's your invoice! We appreciate your prompt payment.

Thanks for your business!

Elite Diagnostics LLC

**DUE 08/01/2020**

**\$36,750.00**

**Review and pay**

Powered by QuickBooks

**Elite Diagnostics LLC**

**9731 Southern Pine Blvd Charlotte, NC 28273 US**

**980-365-8761 [www.elitediagnostics.com](http://www.elitediagnostics.com)**

**Elite Diagnostics LLC**  
 9731 Southern Pine Blvd  
 Charlotte, NC 28273 US  
 980-365-8761  
 www.elitediagnostics.com

# Invoice



BILL TO
Hemarani Sivarajan Winnie Community Hospital, LLC

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
1532	07/06/2020	\$36,750.00	08/01/2020	Due on receipt	

DATE	DESCRIPTION	QTY	RATE	AMOUNT
	Validation Consulting and Equipment Sale	1	36,750.00	36,750.00

BALANCE DUE **\$36,750.00**



---

Payment receipt

**You paid \$36,750.00**

to Elite Diagnostics LLC on 7/8/2020

---

Invoice no.	1532
Invoice amount	\$36,750.00
Total	\$36,750.00

---

Payment method	*****5126
Transaction ID	AOCGUMWT

---



Elite Diagnostics LLC

980-365-8761

www.elitediagnostics.com |  
mark.roth@elitediagnostics.com

9731 Southern Pine Blvd, Charlotte, NC 28273

Elite Diagnostics LLC  
 9731-J Southern Pine Blvd  
 Charlotte, NC 28273 US  
 +1 9803658794  
 www.elitediagnostics.com

# Invoice



BILL TO
Hemarani Sivarajan Winnie Community Hospital, LLC

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
1565	08/01/2020	\$18,375.00	08/31/2020	Net 30	

DATE	ACCOUNT SUMMARY	AMOUNT
07/06/2020	Balance Forward	36,750.00
08/01/2020	Payments and credits already applied to this invoice	-360.00
	Other payments and credits after 07/06/2020 through 07/31/2020	-36,750.00
08/01/2020	Other invoices from this date	0.00
	New charges (details below)	18,735.00
	Total Amount Due	18,375.00

DATE	DESCRIPTION	QTY	RATE	AMOUNT
	Validation Consulting and Equipment Sale (Installment 2 of 3)	1	18,735.00	18,735.00

TOTAL OF NEW CHARGES 18,735.00  
 BALANCE DUE **\$18,375.00**

*Sum! Dan!*



---

Payment receipt

**You paid \$18,375.00**

to Elite Diagnostics LLC on November 9, 2020

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Invoice no.	1565
Invoice amount	\$18,735.00
Total	\$18,375.00

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Payment method	AMEX****1042
Authorization ID	PH0060609796

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**Elite Diagnostics LLC**

**1 9803658794**

**www.elitediagnostics.com |**  
**brendan.bioren@elitediagnostics.com**

**9731-J Southern Pine Blvd, Charlotte, NC**  
**28273**

Elite Diagnostics LLC  
 9731-J Southern Pine Blvd  
 Charlotte, NC 28273 US  
 +1 9803658794  
 www.elitediagnostics.com

# Invoice



BILL TO
Hemarani Sivarajan Winnie Community Hospital, LLC

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
1648	09/01/2020	\$37,110.00	10/01/2020	Net 30	

DATE	ACCOUNT SUMMARY	AMOUNT
08/01/2020	Balance Forward	18,735.00
	Other payments and credits after 08/01/2020 through 08/31/2020	0.00
09/01/2020	Other invoices from this date	0.00
	New charges (details below)	18,375.00
	Total Amount Due	37,110.00

DATE	DESCRIPTION	QTY	RATE	AMOUNT
	Validation Consulting and Equipment Sale (Installment 3 of 3)	1	18,375.00	18,375.00

TOTAL OF NEW CHARGES 18,375.00  
 BALANCE DUE **\$37,110.00**



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Payment receipt

**You paid \$18,375.00**

to Elite Diagnostics LLC on November 9, 2020

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Invoice no.	1648
Invoice amount	\$18,375.00
Total	\$18,375.00

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Payment method	AMEX****1042
Authorization ID	PH0060609998

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**9731-J Southern Pine Blvd, Charlotte, NC**  
**28273**



# **EXHIBIT “F”**

**From:** [HHSC PFD RAD UC Payments](#)  
**To:** [hong.wade@sweenyhospital.org](mailto:hong.wade@sweenyhospital.org); [Hubert Oxford IV](#); [hplyler@wghospital.com](mailto:hplyler@wghospital.com); [hugmanl@nacmem.org](mailto:hugmanl@nacmem.org); [hwade@comanchecmc.com](mailto:hwade@comanchecmc.com); [hwhitt@rcmhospital.org](mailto:hwhitt@rcmhospital.org); [lbranch@ppgh.com](mailto:lbranch@ppgh.com); [ichilov@uthscsa.edu](mailto:ichilov@uthscsa.edu); [igarza@comanchecmc.com](mailto:igarza@comanchecmc.com); [ihusein@coastalplainsctr.org](mailto:ihusein@coastalplainsctr.org); [Tjett@brazoscountytexas.gov](mailto:Tjett@brazoscountytexas.gov); [indigentwelfare@sbcglobal.net](mailto:indigentwelfare@sbcglobal.net); [irocha@ecmh.org](mailto:irocha@ecmh.org); [IsidoroP@cctexas.com](mailto:IsidoroP@cctexas.com); [i.barnes@cfjr.us](mailto:i.barnes@cfjr.us); [jaceh@parkviewhsop.org](mailto:jaceh@parkviewhsop.org); [jackie.gavlik@ttuhsc.edu](mailto:jackie.gavlik@ttuhsc.edu); [jacob.cintron@umcelpaso.org](mailto:jacob.cintron@umcelpaso.org); [jacquelyn.minter@fortbendcountytexas.gov](mailto:jacquelyn.minter@fortbendcountytexas.gov); [jajuarez@EHNELPASO.ORG](mailto:jajuarez@EHNELPASO.ORG); [jalaniz@pbmhm.com](mailto:jalaniz@pbmhm.com); [James.Arnold@CCCMHMR.org](mailto:James.Arnold@CCCMHMR.org); [James Arnold](#); [james.banks@utrgv.edu](mailto:james.banks@utrgv.edu); [james.carlow@tx.usa.org](mailto:james.carlow@tx.usa.org); [james.dawson@dshs.state.tx.us](mailto:james.dawson@dshs.state.tx.us); [james.l.vitt@uth.tmc.edu](mailto:james.l.vitt@uth.tmc.edu); [james.wells@dentoncounty.com](mailto:james.wells@dentoncounty.com); [james6470@hillcountry.org](mailto:james6470@hillcountry.org); [jamie.hayden@emhd.org](mailto:jamie.hayden@emhd.org); [jamie.jacoby@newlighthealthcare.com](mailto:jamie.jacoby@newlighthealthcare.com); [Jamie.Judd.Texas@gmail.com](mailto:Jamie.Judd.Texas@gmail.com); [jamiem@dhchd.org](mailto:jamiem@dhchd.org); [jan.bower@co.caldwell.tx.us](mailto:jan.bower@co.caldwell.tx.us); [janae.hall@ntmconline.net](mailto:janae.hall@ntmconline.net); [janet.sammann@ccdonline.com](mailto:janet.sammann@ccdonline.com); [janglin@mmcportlavaca.com](mailto:janglin@mmcportlavaca.com); [janice.trant@co.grimes.tx.us](mailto:janice.trant@co.grimes.tx.us); [Jason Johnson](#); [javier.delgado@ttuhsc.edu](mailto:javier.delgado@ttuhsc.edu); [javier.vallejo@dschd.org](mailto:javier.vallejo@dschd.org); [jay.t.elliott@co.falls.tx.us](mailto:jay.t.elliott@co.falls.tx.us); [jbailey@mchd.net](mailto:jbailey@mchd.net); [jbersoza@echd.org](mailto:jbersoza@echd.org); [jbowen@texomacc.org](mailto:jbowen@texomacc.org); [jbrewer@angelinacounty.net](mailto:jbrewer@angelinacounty.net); [jburton@tamhsc.edu](mailto:jburton@tamhsc.edu); [Jbyrd@pecanvalley.org](mailto:Jbyrd@pecanvalley.org); [jcanaday@starcarelubbock.org](mailto:jcanaday@starcarelubbock.org); [jcarington@andrewscenter.com](mailto:jcarington@andrewscenter.com); [JCASBEER@GRAHAMRMC.COM](mailto:JCASBEER@GRAHAMRMC.COM); [jcasbeer@wghospital.com](mailto:jcasbeer@wghospital.com); [jdyck@seminolehospitaldistrict.com](mailto:jdyck@seminolehospitaldistrict.com); [Jeanna.willhelm@co.winkler.tx.us](mailto:Jeanna.willhelm@co.winkler.tx.us); [jeanne.wallace@mhmraharris.org](mailto:jeanne.wallace@mhmraharris.org); [jeff.barnhart@dschd.org](mailto:jeff.barnhart@dschd.org); [jeff.dane@umchealthsystem.com](mailto:jeff.dane@umchealthsystem.com); [Jeff.Knodel@centralhealth.net](mailto:Jeff.Knodel@centralhealth.net); [jeff1896@gulfbend.org](mailto:jeff1896@gulfbend.org); [jennifer.stacy@co.panola.tx.us](mailto:jennifer.stacy@co.panola.tx.us); [jennifer.c@dchd.org](mailto:jennifer.c@dchd.org); [jesse.greer@ttuhsc.edu](mailto:jesse.greer@ttuhsc.edu); [jessi.murphy@co.grimes.tx.us](mailto:jessi.murphy@co.grimes.tx.us); [jessica.granger@harrishealth.org](mailto:jessica.granger@harrishealth.org); [Jessica Willey](mailto:Jessica Willey); [jvela@ncmhid.org](mailto:jvela@ncmhid.org); [jflores@starcarelubbock.org](mailto:jflores@starcarelubbock.org); [jfreudenberger@obmc.org](mailto:jfreudenberger@obmc.org); [jgilbert@tchospital.us](mailto:jgilbert@tchospital.us); [Jenny Goode](#); [jgraves@dimmitregional.com](mailto:jgraves@dimmitregional.com); [jgulihur@rhd.care](mailto:jgulihur@rhd.care); [jhammel@obmc.org](mailto:jhammel@obmc.org); [jhinson@lockhart-tx.org](mailto:jhinson@lockhart-tx.org); [jhodges@grahamrmc.com](mailto:jhodges@grahamrmc.com); [jhodges@wghospital.com](mailto:jhodges@wghospital.com); [jhorton@rankincountyhospital.org](mailto:jhorton@rankincountyhospital.org); [jhughson@gonzaleshealthcare.com](mailto:jhughson@gonzaleshealthcare.com); [jhuskey@ccmhospital.com](mailto:jhuskey@ccmhospital.com); [jicordes13@gmail.com](mailto:jicordes13@gmail.com); [jill.tenhaken@phs.hctx.net](mailto:jill.tenhaken@phs.hctx.net); [jim.adams@ardenthealth.com](mailto:jim.adams@ardenthealth.com); [jim.jenkins@hmh.cc](mailto:jim.jenkins@hmh.cc); [Jimmie.Ng@houston.tx.gov](mailto:Jimmie.Ng@houston.tx.gov); [jjacobey@connallymmc.org](mailto:jjacobey@connallymmc.org); [jjett@brazoscountytexas.gov](mailto:jjett@brazoscountytexas.gov); [jjohnson@copehealthsolutions.com](mailto:jjohnson@copehealthsolutions.com); 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**Cc:** [Brown,Adam \(HHSC\)](#); [Jenkins,Brooke \(HHSC\)](#); [Chang,Sylvia \(HHSC\)](#); [Okoniewski,Amanda \(HHSC\)](#); [Wade,Tonika \(HHSC\)](#); [Anthony,Alan \(HHSC\)](#); [Cantu,Rene \(HHSC\)](#); [Marquez,Gabriella \(HHSC\)](#); [HHSC PFD RAD UC Payments](#)  
**Subject:** UC DY6 Withheld IGT Notification - Government Entity 5 of 11  
**Date:** Wednesday, April 14, 2021 11:19:41 AM  
**Attachments:** [Master Affiliation as of 4 12 21 for Publication.xlsx](#)  
[DY6 UC Allocation Form.xlsx](#)  
[DY6 UC Withheld Payment Calculation Final.xlsx](#)

Providers, Government Entities, and Anchors:

**Please read this entire message carefully and make note of the information provided below that failure by IGT entities and providers to submit the required forms may result in a delayed payment for the providers.**

HHSC is providing notice to IGT for the DY6 Withheld UC Payment.

Dates pertinent to this payment:

5/5/2021	Last day to submit your IGT into TexNet
5/6/2021	IGT Settlement Date
5/17/2021	UC Transferring Paid
5/31/2021	UC Non-Transferring Paid and

Attached to this email are the following documents:

- DY6 Withheld UC Payment Calculation spreadsheet
- DY6 Withheld UC Allocation Form
- Master Affiliation Publication

Attached to this email is the DY6 withheld UC payment calculation. Providers will find their payment amount in column N of the first "DY6 Withheld Calculation" tab and IGT amounts in column O. Please ensure you select the applicable UC bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet

or an email with the trace number, location number, IGT amount and settlement date, if the TexNet is submitted over the phone, to [PFD\\_UC\\_Payments@hhs.texas.gov](mailto:PFD_UC_Payments@hhs.texas.gov) Additionally, you must submit the IGT allocation form with the Trace Sheet. **Please submit the trace sheet and IGT allocation as two separate documents.** Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

Payment amounts were calculated in accordance with the methodology adopted for paying the withheld payments in 1 TAC §355.8201. Payment amounts were then compared to the final Uncompensated Cost of Care (UCC) calculated for each provider in the DY6 UC reconciliation to ensure providers did not exceed their total eligible UCC.

HHSC has removed providers who are ineligible to receive a payment due to changes of ownership or the hospital closing. The remaining providers are eligible for a DY6 withheld payment as long as the IGT required to fund that payment is received.

If you have questions regarding the UC payment process, please send an email to [PFD\\_UC\\_Payments@hhs.texas.gov](mailto:PFD_UC_Payments@hhs.texas.gov)

If you have questions regarding the payment calculation file, please send an email to [uctools@hhsc.state.tx.us](mailto:uctools@hhsc.state.tx.us)

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

Texas Health and Human Services Commission  
P.O. Box 149030, Mail Code H-400  
Brown-Heatly Building  
4900 N. Lamar Blvd.  
Austin, TX 78714-9030

Master T	Medicare Number (CCN)	Hospital Name	Total Uncompensated Care Costs Excluding Other Insurance and Medicare Payments	Disproportionate Share Hospital (DSH) Payment	DSH Recoupment Excluding Other Insurance and Medicare Payments	GME Payments	YTD Uncompensated Care Payment	DY6 Withheld Payment	Uncompensated Care (UC) Payment	UC Payment in Excess of UC Cost Excluding Other Insurance and Medicare Payment	Remaining UCC	Capped Funds	Total Withheld UC Payment	Withheld UC IG
148698701	451328	RICELAND MEDICAL CENTER	\$2,325,734.00	\$0.00	\$0.00	\$0.00	\$1,130,823.78	\$2,821.45	\$1,133,645.23	\$0.00	\$1,192,088.77	\$871.26	\$ 3,692.71	\$ 1,618.15