

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 15, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

|                                                      |    |              |   |
|------------------------------------------------------|----|--------------|---|
| TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS | \$ | 752,476.34   | ✓ |
| TOTAL TRANSFERS BETWEEN FUNDS                        | \$ | 29,623.16    | ✓ |
| TOTAL NURSING HOME UPL EXPENSES                      | \$ | 916,562.52   | ✓ |
| TOTAL INTER-GOVERNMENT TRANSFERS                     | \$ | -            |   |
| GRAND TOTAL DISBURSEMENTS APPROVED May 15, 2024      | \$ | 1,698,662.02 | ✓ |

APPROVED

MAY 15 2024

CALHOUN COUNTY  
COMMISSIONERS COURT

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---May 15, 2024**

**PAYABLES AND PAYROLL**

|                                                                               |            |
|-------------------------------------------------------------------------------|------------|
| 5/9/2024 Weekly Payables                                                      | 521,663.98 |
| 5/10/2024 Citibank Credit Card-see attached                                   | 4,644.44   |
| 5/13/2024 McKesson-340B Prescription Expense                                  | 1,402.39   |
| 5/13/2024 Amerisource Bergen-340B Prescription Expense                        | 327.18     |
| 5/13/2024 Amerisource Bergen-340B Prescription Expense (MMC Opt. amount over) | 55.00      |

**Prosperity Electronic Bank Payments**

|                                                          |            |
|----------------------------------------------------------|------------|
| 5/13/2024 90 Degree Benefits - employee insurance claims | 23,128.88  |
| 5/13/2024 90 Degree Benefits - employee insurance claims | 7,357.97   |
| 5/13/2024 Sales Tax for April 2024                       | 2,057.03   |
| 5/13/2024 TCDRS April Retirement                         | 185,678.64 |
| 5/13/2024 Credit Card Fees                               | 5,558.39   |
| 5/6-5/10/2024 Pay Plus-Patient Claims Processing Fee     | 493.44     |
| 5/13/2024 Clearage - Patient Financing Fee               | 109.00     |

|                                                             |                      |
|-------------------------------------------------------------|----------------------|
| <b>TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS</b> | <b>\$ 752,476.34</b> |
|-------------------------------------------------------------|----------------------|

**TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES**

|                                                                                                                                      |           |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 5/9/2024 MMC Operating to Golden Creek Healthcare-correction of nursing home insurance payment deposited into MMC Operating in error | 14.41     |
| 5/9/2024 MMC Operating to Gulf Pointe Plaza - correction of nursing home insurance payment deposited into MMC Operating              | 94.68     |
| 5/9/2024 MMC Operating to Tuscany Village-correction of nursing home insurance payment deposited into MMC operating in error         | 5,712.00  |
| 5/9/2024 MMC Operating to Bethany-correction of nursing home insurance payment deposited into MMC Operating in error                 | 23,802.07 |

|                                      |                     |
|--------------------------------------|---------------------|
| <b>TOTAL TRANSFERS BETWEEN FUNDS</b> | <b>\$ 29,623.16</b> |
|--------------------------------------|---------------------|

**NURSING HOME UPL EXPENSES**

|                                             |            |
|---------------------------------------------|------------|
| 5/13/2024 Nursing Home UPL-Cantex Transfer  | 591,884.08 |
| 5/13/2024 Nursing Home UPL-Nexion Transfer  | 45,635.42  |
| 5/13/2024 Nursing Home UPL-HMG Transfer     | 37,019.35  |
| 5/13/2024 Nursing Home UPL-Tuscany Transfer | 97,989.21  |
| 5/13/2024 Nursing Home UPL-HSL Transfer     | 73,114.40  |

**QIPP CHECKS TO MMC**

|                                                        |           |
|--------------------------------------------------------|-----------|
| 5/13/2024 Ashford - Molina Q2 & March Wellpoint QIPP   | 21,440.23 |
| 5/13/2024 Broadmoor - Molina Q2 & March Wellpoint QIPP | 8,006.51  |
| 5/13/2024 Crescent - Molina Q2 & March Wellpoint QIPP  | 5,942.12  |
| 5/13/2024 Fort Bend - Molina Q2 & March Wellpoint QIPP | 6,769.25  |
| 5/13/2024 Solera - Molina Q2 & March Wellpoint QIPP    | 5,822.77  |
| 5/13/2024 Tuscany - Molina Q2 & March Wellpoint QIPP   | 14,739.18 |

**TRANSFER OF FUNDS BETWEEN NURSING HOMES**

|                                                                                                        |          |
|--------------------------------------------------------------------------------------------------------|----------|
| 5/13/2024 Gulf Pointe to Tuscany Village - Tuscany Village Claim payment deposited into Gulf Pointe in | 8,200.00 |
|--------------------------------------------------------------------------------------------------------|----------|

|                                        |                      |
|----------------------------------------|----------------------|
| <b>TOTAL NURSING HOME UPL EXPENSES</b> | <b>\$ 916,562.52</b> |
|----------------------------------------|----------------------|

|                                         |             |
|-----------------------------------------|-------------|
| <b>TOTAL INTER-GOVERNMENT TRANSFERS</b> | <b>\$ -</b> |
|-----------------------------------------|-------------|

|                                                        |                        |
|--------------------------------------------------------|------------------------|
| <b>GRAND TOTAL DISBURSEMENTS APPROVED May 15, 2024</b> | <b>\$ 1,698,662.02</b> |
|--------------------------------------------------------|------------------------|

RECEIVED BY THE  
COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

05/09/2024

11:54

MAY 09 2024

AP Open Invoice List

0

Due Dates Through: 05/31/2024

ap\_open\_invoice.template

| Vendor# | Vendor Name                   | Class                         | Pay Code  |           |           |          |     |          |          |        |          |
|---------|-------------------------------|-------------------------------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| 11283   | ACE HARDWARE 15521            |                               |           |           |           |          |     |          |          |        |          |
| ✓       | Invoice#                      | Comment                       | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|         | 022924                        |                               | 04/30/202 | 02/29/202 | 03/25/202 |          |     | 2,817.75 | 0.00     | 0.00   | 2,817.75 |
|         |                               | SUPPLIES                      |           |           |           |          |     |          |          |        |          |
| ✓       | 33124                         |                               | 04/30/202 | 03/31/202 | 04/25/202 |          |     | 1,144.01 | 0.00     | 0.00   | 1,144.01 |
| ✓       | 043024                        |                               | 04/30/202 | 04/30/202 | 05/25/202 |          |     | 760.24   | 0.00     | 0.00   | 760.24   |
|         |                               | SUPPLIES                      |           |           |           |          |     |          |          |        |          |
|         | Vendor Totals: Number         | Name                          |           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
|         | 11283                         | ACE HARDWARE 15521            |           |           |           |          |     | 4,722.00 | 0.00     | 0.00   | 4,722.00 |
| Vendor# | Vendor Name                   | Class                         | Pay Code  |           |           |          |     |          |          |        |          |
| 10950   | ACUTE CARE INC                |                               |           |           |           |          |     |          |          |        |          |
| ✓       | Invoice#                      | Comment                       | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|         | INV1808                       |                               | 05/09/202 | 05/01/202 | 05/20/202 |          |     | 1,400.00 | 0.00     | 0.00   | 1,400.00 |
|         |                               | RFID FEE                      |           |           |           |          |     |          |          |        |          |
|         | Vendor Totals: Number         | Name                          |           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
|         | 10950                         | ACUTE CARE INC                |           |           |           |          |     | 1,400.00 | 0.00     | 0.00   | 1,400.00 |
| Vendor# | Vendor Name                   | Class                         | Pay Code  |           |           |          |     |          |          |        |          |
| A1680   | AIRGAS USA, LLC - CENTRAL DIV | M                             |           |           |           |          |     |          |          |        |          |
| ✓       | Invoice#                      | Comment                       | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|         | 5507737702                    |                               | 04/30/202 | 04/30/202 | 05/25/202 |          |     | 960.89   | 0.00     | 0.00   | 960.89   |
|         |                               | OXYGEN                        |           |           |           |          |     |          |          |        |          |
| ✓       | 9149256921                    |                               | 05/08/202 | 04/25/202 | 05/20/202 |          |     | 124.40   | 0.00     | 0.00   | 124.40   |
|         |                               | SUPPLIES                      |           |           |           |          |     |          |          |        |          |
| ✓       | 9149396475                    |                               | 05/08/202 | 04/30/202 | 05/25/202 |          |     | 2,587.69 | 0.00     | 0.00   | 2,587.69 |
|         |                               | BULK                          |           |           |           |          |     |          |          |        |          |
| ✓       | 9149541772                    |                               | 05/09/202 | 05/01/202 | 05/26/202 |          |     | 32.87    | 0.00     | 0.00   | 32.87    |
|         |                               | REFILL                        |           |           |           |          |     |          |          |        |          |
|         | Vendor Totals: Number         | Name                          |           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
|         | A1680                         | AIRGAS USA, LLC - CENTRAL DIV |           |           |           |          |     | 3,705.85 | 0.00     | 0.00   | 3,705.85 |
| Vendor# | Vendor Name                   | Class                         | Pay Code  |           |           |          |     |          |          |        |          |
| A1746   | ALPHA TEC SYSTEMS INC         | M                             |           |           |           |          |     |          |          |        |          |
| ✓       | Invoice#                      | Comment                       | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|         | INV-00124180                  |                               | 04/30/202 | 04/26/202 | 05/25/202 |          |     | 156.69   | 0.00     | 0.00   | 156.69   |
|         |                               | SUPPLIES                      |           |           |           |          |     |          |          |        |          |
|         | Vendor Totals: Number         | Name                          |           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
|         | A1746                         | ALPHA TEC SYSTEMS INC         |           |           |           |          |     | 156.69   | 0.00     | 0.00   | 156.69   |
| Vendor# | Vendor Name                   | Class                         | Pay Code  |           |           |          |     |          |          |        |          |
| 14028   | AMAZON CAPITAL SERVICES       |                               |           |           |           |          |     |          |          |        |          |
| ✓       | Invoice#                      | Comment                       | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|         | 1RN3-7XL9-1QHT                |                               | 04/30/202 | 04/22/202 | 05/22/202 |          |     | 269.98   | 0.00     | 0.00   | 269.98   |
|         |                               | SUPPLIES                      |           |           |           |          |     |          |          |        |          |
| ✓       | 197Y-4K9W-97NP                |                               | 04/30/202 | 04/30/202 | 05/30/202 |          |     | 55.80    | 0.00     | 0.00   | 55.80    |
|         |                               | SUPPLIES                      |           |           |           |          |     |          |          |        |          |
|         | Vendor Totals: Number         | Name                          |           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
|         | 14028                         | AMAZON CAPITAL SERVICES       |           |           |           |          |     | 325.78   | 0.00     | 0.00   | 325.78   |
| Vendor# | Vendor Name                   | Class                         | Pay Code  |           |           |          |     |          |          |        |          |
| A2218   | AQUA BEVERAGE COMPANY         | M                             |           |           |           |          |     |          |          |        |          |
| ✓       | Invoice#                      | Comment                       | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|         | 143622                        |                               | 04/30/202 | 03/21/202 | 04/15/202 |          |     | 50.00    | 0.00     | 0.00   | 50.00    |
|         |                               | WATER                         |           |           |           |          |     |          |          |        |          |

|         |                               |                |                             |           |           |              |           |          |        |           |   |
|---------|-------------------------------|----------------|-----------------------------|-----------|-----------|--------------|-----------|----------|--------|-----------|---|
| ✓       | 145736                        |                | 04/30/202                   | 03/31/202 | 04/25/202 |              | 12.00     | 0.00     | 0.00   | 12.00     | ✓ |
|         |                               | WATER          |                             |           |           |              |           |          |        |           |   |
|         | Vendor Totals:                | Number         | Name                        |           |           |              | Gross     | Discount | No-Pay | Net       |   |
|         |                               | A2218          | AQUA BEVERAGE COMPANY       |           |           |              | 62.00     | 0.00     | 0.00   | 62.00     |   |
| Vendor# | Vendor Name                   |                | Class                       | Pay Code  |           |              |           |          |        |           |   |
| B1150   | ✓ BAXTER HEALTHCARE           |                | W                           |           |           |              |           |          |        |           |   |
|         | Invoice#                      | Comment        | Tran Dt                     | Inv Dt    | Due Dt    | Check Dt Pay | Gross     | Discount | No-Pay | Net       |   |
| ✓       | 82317028                      |                | 05/01/202                   | 05/01/202 | 05/26/202 |              | 3,071.40  | 0.00     | 0.00   | 3,071.40  | ✓ |
|         |                               | SUPPLIES       |                             |           |           |              |           |          |        |           |   |
| ✓       | 82316065                      |                | 05/01/202                   | 05/01/202 | 05/26/202 |              | 631.20    | 0.00     | 0.00   | 631.20    | ✓ |
|         |                               | SPECTRUM       |                             |           |           |              |           |          |        |           |   |
|         | Vendor Totals:                | Number         | Name                        |           |           |              | Gross     | Discount | No-Pay | Net       |   |
|         |                               | B1150          | BAXTER HEALTHCARE           |           |           |              | 3,702.60  | 0.00     | 0.00   | 3,702.60  |   |
| Vendor# | Vendor Name                   |                | Class                       | Pay Code  |           |              |           |          |        |           |   |
| 11544   | ✓ BAY STORAGE                 |                |                             |           |           |              |           |          |        |           |   |
|         | Invoice#                      | Comment        | Tran Dt                     | Inv Dt    | Due Dt    | Check Dt Pay | Gross     | Discount | No-Pay | Net       |   |
| ✓       | 20240264                      |                | 05/09/202                   | 05/01/202 | 05/31/202 |              | 2,820.00  | 0.00     | 0.00   | 2,820.00  | ✓ |
|         |                               | JUNE-NOV 24    |                             |           |           |              |           |          |        |           |   |
|         | Vendor Totals:                | Number         | Name                        |           |           |              | Gross     | Discount | No-Pay | Net       |   |
|         |                               | 11544          | BAY STORAGE                 |           |           |              | 2,820.00  | 0.00     | 0.00   | 2,820.00  |   |
| Vendor# | Vendor Name                   |                | Class                       | Pay Code  |           |              |           |          |        |           |   |
| B1220   | ✓ BECKMAN COULTER INC         |                | M                           |           |           |              |           |          |        |           |   |
|         | Invoice#                      | Comment        | Tran Dt                     | Inv Dt    | Due Dt    | Check Dt Pay | Gross     | Discount | No-Pay | Net       |   |
| ✓       | 5487596                       |                | 04/29/202                   | 04/21/202 | 05/16/202 |              | 1,935.15  | 0.00     | 0.00   | 1,935.15  | ✓ |
|         |                               | SUPPLIES       |                             |           |           |              |           |          |        |           |   |
| ✓       | 4530502                       |                | 04/29/202                   | 04/21/202 | 05/16/202 |              | 1,484.00  | 0.00     | 0.00   | 1,484.00  | ✓ |
|         |                               | SUPPLIES       |                             |           |           |              |           |          |        |           |   |
| ✓       | 111072033                     |                | 04/30/202                   | 01/03/202 | 01/28/202 |              | 976.20    | 0.00     | 0.00   | 976.20    | ✓ |
|         |                               | SUPPLIES       |                             |           |           |              |           |          |        |           |   |
| ✓       | 111293409                     |                | 05/01/202                   | 05/01/202 | 05/26/202 |              | 79.00     | 0.00     | 0.00   | 79.00     | ✓ |
|         |                               | SUPPLIES       |                             |           |           |              |           |          |        |           |   |
| ✓       | 111293615                     |                | 05/01/202                   | 05/01/202 | 05/26/202 |              | 3,617.66  | 0.00     | 0.00   | 3,617.66  | ✓ |
|         |                               | SUPPLIES       |                             |           |           |              |           |          |        |           |   |
| ✓       | 111296297                     |                | 05/01/202                   | 05/02/202 | 05/27/202 |              | 644.20    | 0.00     | 0.00   | 644.20    | ✓ |
|         |                               | SUPPLIES       |                             |           |           |              |           |          |        |           |   |
| ✓       | 111297698                     |                | 05/07/202                   | 05/03/202 | 05/28/202 |              | 199.09    | 0.00     | 0.00   | 199.09    | ✓ |
|         |                               | SUPPLIES       |                             |           |           |              |           |          |        |           |   |
| ✓       | 4532201                       |                | 05/07/202                   | 05/03/202 | 05/28/202 |              | 1,484.00  | 0.00     | 0.00   | 1,484.00  | ✓ |
|         |                               | CONTRACT       |                             |           |           |              |           |          |        |           |   |
|         | Vendor Totals:                | Number         | Name                        |           |           |              | Gross     | Discount | No-Pay | Net       |   |
|         |                               | B1220          | BECKMAN COULTER INC         |           |           |              | 10,419.30 | 0.00     | 0.00   | 10,419.30 |   |
| Vendor# | Vendor Name                   |                | Class                       | Pay Code  |           |              |           |          |        |           |   |
| 10024   | ✓ BECTON, DICKINSON & CO (BD) |                |                             |           |           |              |           |          |        |           |   |
|         | Invoice#                      | Comment        | Tran Dt                     | Inv Dt    | Due Dt    | Check Dt Pay | Gross     | Discount | No-Pay | Net       |   |
| ✓       | 9112643677                    |                | 04/30/202                   | 04/23/202 | 05/23/202 |              | 273.25    | 0.00     | 0.00   | 273.25    | ✓ |
|         |                               | SUPPLIES       |                             |           |           |              |           |          |        |           |   |
|         | Vendor Totals:                | Number         | Name                        |           |           |              | Gross     | Discount | No-Pay | Net       |   |
|         |                               | 10024          | BECTON, DICKINSON & CO (BD) |           |           |              | 273.25    | 0.00     | 0.00   | 273.25    |   |
| Vendor# | Vendor Name                   |                | Class                       | Pay Code  |           |              |           |          |        |           |   |
| B1601   | ✓ BOHLS BEARING & POWER TRANS |                | M                           |           |           |              |           |          |        |           |   |
|         | Invoice#                      | Comment        | Tran Dt                     | Inv Dt    | Due Dt    | Check Dt Pay | Gross     | Discount | No-Pay | Net       |   |
| ✓       | 283527                        |                | 05/08/202                   | 05/07/202 | 05/20/202 |              | 143.80    | 0.00     | 0.00   | 143.80    | ✓ |
|         |                               | BEARING INSERT |                             |           |           |              |           |          |        |           |   |
|         | Vendor Totals:                | Number         | Name                        |           |           |              | Gross     | Discount | No-Pay | Net       |   |
|         |                               | B1601          | BOHLS BEARING & POWER TRANS |           |           |              | 143.80    | 0.00     | 0.00   | 143.80    |   |
| Vendor# | Vendor Name                   |                | Class                       | Pay Code  |           |              |           |          |        |           |   |

## B1655 ✓ BOSTON SCIENTIFIC CORPORATION

M

| Invoice#    | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net    |
|-------------|---------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|
| ✓ 998562494 |         | 04/30/202 | 04/22/202 | 05/22/202 |          |     | 590.00 | 0.00     | 0.00   | 590.00 |

## SUPPLIES

| Vendor Totals: Number | Name                          | Gross  | Discount | No-Pay | Net    |
|-----------------------|-------------------------------|--------|----------|--------|--------|
| B1655                 | BOSTON SCIENTIFIC CORPORATION | 590.00 | 0.00     | 0.00   | 590.00 |

Vendor# Vendor Name Class Pay Code

## B1800 ✓ BRIGGS HEALTHCARE

M

| Invoice#  | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net    |
|-----------|---------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|
| ✓ B458558 |         | 04/30/202 | 04/29/202 | 05/29/202 |          |     | 152.90 | 0.00     | 0.00   | 152.90 |

## ER REGISTER BOOK

| Vendor Totals: Number | Name              | Gross  | Discount | No-Pay | Net    |
|-----------------------|-------------------|--------|----------|--------|--------|
| B1800                 | BRIGGS HEALTHCARE | 152.90 | 0.00     | 0.00   | 152.90 |

Vendor# Vendor Name Class Pay Code

## C1048 ✓ CALHOUN COUNTY

W

| Invoice#   | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|------------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| ✓ 52955439 |         | 04/30/202 | 04/26/202 | 05/26/202 |          |     | 1,342.05 | 0.00     | 0.00   | 1,342.05 |

## ELECTRICITY 101 N. Virginia St.

|            |  |           |           |           |  |  |           |      |      |           |
|------------|--|-----------|-----------|-----------|--|--|-----------|------|------|-----------|
| ✓ 52955441 |  | 04/30/202 | 04/26/202 | 05/26/202 |  |  | 34,428.74 | 0.00 | 0.00 | 34,428.74 |
|------------|--|-----------|-----------|-----------|--|--|-----------|------|------|-----------|

## ELECTRICITY Hospital St.

|            |  |           |           |           |  |  |       |      |      |       |
|------------|--|-----------|-----------|-----------|--|--|-------|------|------|-------|
| ✓ 52955443 |  | 04/30/202 | 04/26/202 | 05/26/202 |  |  | 19.85 | 0.00 | 0.00 | 19.85 |
|------------|--|-----------|-----------|-----------|--|--|-------|------|------|-------|

## ELECTRICITY Hospital St. 602

|            |  |           |           |           |  |  |      |      |      |      |
|------------|--|-----------|-----------|-----------|--|--|------|------|------|------|
| ✓ 52925084 |  | 04/30/202 | 04/26/202 | 05/26/202 |  |  | 8.47 | 0.00 | 0.00 | 8.47 |
|------------|--|-----------|-----------|-----------|--|--|------|------|------|------|

## ELECTRICITY 815 N. Virginia St.

|            |  |           |           |           |  |  |        |      |      |        |
|------------|--|-----------|-----------|-----------|--|--|--------|------|------|--------|
| ✓ 52955568 |  | 04/30/202 | 04/26/202 | 05/26/202 |  |  | 505.25 | 0.00 | 0.00 | 505.25 |
|------------|--|-----------|-----------|-----------|--|--|--------|------|------|--------|

## ELECTRICITY 101 N. Virginia St.

| Vendor Totals: Number | Name           | Gross     | Discount | No-Pay | Net       |
|-----------------------|----------------|-----------|----------|--------|-----------|
| C1048                 | CALHOUN COUNTY | 36,304.36 | 0.00     | 0.00   | 36,304.36 |

Vendor# Vendor Name Class Pay Code

## C1325 ✓ CARDINAL HEALTH 414, INC.

W

| Invoice#     | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net    |
|--------------|---------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|
| ✓ 8003496571 |         | 04/30/202 | 04/20/202 | 05/15/202 |          |     | 212.37 | 0.00     | 0.00   | 212.37 |

## SUPPLIES

|              |  |           |           |           |  |  |        |      |      |        |
|--------------|--|-----------|-----------|-----------|--|--|--------|------|------|--------|
| ✓ 8003501806 |  | 04/30/202 | 04/30/202 | 05/25/202 |  |  | 962.80 | 0.00 | 0.00 | 962.80 |
|--------------|--|-----------|-----------|-----------|--|--|--------|------|------|--------|

## SUPPLIES

| Vendor Totals: Number | Name                      | Gross    | Discount | No-Pay | Net      |
|-----------------------|---------------------------|----------|----------|--------|----------|
| C1325                 | CARDINAL HEALTH 414, INC. | 1,175.17 | 0.00     | 0.00   | 1,175.17 |

Vendor# Vendor Name Class Pay Code

## 15188 ✓ CLARITY ENROLLMENT SOLUTIONS

| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net    |
|----------|---------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|
| ✓ 1388   |         | 04/30/202 | 02/01/202 | 03/02/202 |          |     | 360.00 | 0.00     | 0.00   | 360.00 |

## CARRIER CONNECTION/

|        |  |           |           |           |  |  |        |      |      |        |
|--------|--|-----------|-----------|-----------|--|--|--------|------|------|--------|
| ✓ 1496 |  | 04/30/202 | 04/01/202 | 05/01/202 |  |  | 358.50 | 0.00 | 0.00 | 358.50 |
|--------|--|-----------|-----------|-----------|--|--|--------|------|------|--------|

## CARRIER CONNECTION

|        |  |           |           |           |  |  |        |      |      |        |
|--------|--|-----------|-----------|-----------|--|--|--------|------|------|--------|
| ✓ 1556 |  | 05/08/202 | 05/01/202 | 05/31/202 |  |  | 361.50 | 0.00 | 0.00 | 361.50 |
|--------|--|-----------|-----------|-----------|--|--|--------|------|------|--------|

## CARRIER INTEGR

| Vendor Totals: Number | Name                         | Gross    | Discount | No-Pay | Net      |
|-----------------------|------------------------------|----------|----------|--------|----------|
| 15188                 | CLARITY ENROLLMENT SOLUTIONS | 1,080.00 | 0.00     | 0.00   | 1,080.00 |

Vendor# Vendor Name Class Pay Code

## 11030 ✓ COMBINED INSURANCE

| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net    |
|----------|---------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|
| ✓ 050124 |         | 05/01/202 | 05/01/202 | 05/01/202 |          |     | 501.72 | 0.00     | 0.00   | 501.72 |

## PAYROLL DEDUCT

| Vendor Totals: Number | Name               | Gross  | Discount | No-Pay | Net    |
|-----------------------|--------------------|--------|----------|--------|--------|
| 11030                 | COMBINED INSURANCE | 501.72 | 0.00     | 0.00   | 501.72 |

Vendor# Vendor Name Class Pay Code

## C2552 ✓ CREST HEALTHCARE SUPPLY

| Invoice#  | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net    |
|-----------|---------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|
| ✓ 0296786 |         | 04/30/202 | 04/29/202 | 05/29/202 |          |     | 263.10 | 0.00     | 0.00   | 263.10 |

## SUPPLIES

| Vendor Totals: Number | Name                    | Gross  | Discount | No-Pay | Net    |
|-----------------------|-------------------------|--------|----------|--------|--------|
| C2552                 | CREST HEALTHCARE SUPPLY | 263.10 | 0.00     | 0.00   | 263.10 |

Vendor# Vendor Name Class Pay Code

12044 ✓ CULLIGAN ULTRAPURE INC.

| Invoice#   | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross | Discount | No-Pay | Net   |
|------------|---------|-----------|-----------|-----------|----------|-----|-------|----------|--------|-------|
| ✓ 04302024 |         | 04/30/202 | 04/30/202 | 05/22/202 |          |     | 34.65 | 0.00     | 0.00   | 34.65 |

## WATER

| Vendor Totals: Number | Name                    | Gross | Discount | No-Pay | Net   |
|-----------------------|-------------------------|-------|----------|--------|-------|
| 12044                 | CULLIGAN ULTRAPURE INC. | 34.65 | 0.00     | 0.00   | 34.65 |

Vendor# Vendor Name Class Pay Code

11368 ✓ CYRACOM LLC

| Invoice#     | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net    |
|--------------|---------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|
| ✓ 2024028284 |         | 04/29/202 | 04/30/202 | 05/30/202 |          |     | 474.79 | 0.00     | 0.00   | 474.79 |

## INTERPRETATION

| Vendor Totals: Number | Name        | Gross  | Discount | No-Pay | Net    |
|-----------------------|-------------|--------|----------|--------|--------|
| 11368                 | CYRACOM LLC | 474.79 | 0.00     | 0.00   | 474.79 |

Vendor# Vendor Name Class Pay Code

10060 ✓ DETAR HOSPITAL

| Invoice#     | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net    |
|--------------|---------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|
| ✓ DTR2404020 |         | 04/30/202 | 05/01/202 | 05/20/202 |          |     | 498.33 | 0.00     | 0.00   | 498.33 |

## LAB SERV APRIL

| Vendor Totals: Number | Name            | Gross  | Discount | No-Pay | Net    |
|-----------------------|-----------------|--------|----------|--------|--------|
| 10060                 | DE TAR HOSPITAL | 498.33 | 0.00     | 0.00   | 498.33 |

Vendor# Vendor Name Class Pay Code

10368 ✓ DEWITT POTH &amp; SON

| Invoice#   | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net    |
|------------|---------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|
| ✓ 754187-0 |         | 04/29/202 | 04/29/202 | 05/24/202 |          |     | 633.17 | 0.00     | 0.00   | 633.17 |

## SUPPLIES

|            |  |           |           |           |  |  |        |      |      |        |
|------------|--|-----------|-----------|-----------|--|--|--------|------|------|--------|
| ✓ 754442-0 |  | 05/06/202 | 05/01/202 | 05/26/202 |  |  | 164.85 | 0.00 | 0.00 | 164.85 |
|------------|--|-----------|-----------|-----------|--|--|--------|------|------|--------|

## SUPPLIES

| Vendor Totals: Number | Name              | Gross  | Discount | No-Pay | Net    |
|-----------------------|-------------------|--------|----------|--------|--------|
| 10368                 | DEWITT POTH & SON | 798.02 | 0.00     | 0.00   | 798.02 |

Vendor# Vendor Name Class Pay Code

11011 ✓ DIAMOND HEALTHCARE CORP

| Invoice#     | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
|--------------|---------|-----------|-----------|-----------|----------|-----|-----------|----------|--------|-----------|
| ✓ IN20056203 |         | 04/30/202 | 05/01/202 | 05/26/202 |          |     | 31,144.58 | 0.00     | 0.00   | 31,144.58 |

## APR BEH HEALTH

|              |  |           |           |           |  |  |           |      |      |           |
|--------------|--|-----------|-----------|-----------|--|--|-----------|------|------|-----------|
| ✓ IN20056204 |  | 04/30/202 | 05/01/202 | 05/26/202 |  |  | 19,166.67 | 0.00 | 0.00 | 19,166.67 |
|--------------|--|-----------|-----------|-----------|--|--|-----------|------|------|-----------|

## APR CPR

| Vendor Totals: Number | Name                    | Gross     | Discount | No-Pay | Net       |
|-----------------------|-------------------------|-----------|----------|--------|-----------|
| 11011                 | DIAMOND HEALTHCARE CORP | 50,311.25 | 0.00     | 0.00   | 50,311.25 |

Vendor# Vendor Name Class Pay Code

10789 ✓ DISCOVERY MEDICAL NETWORK INC

| Invoice#    | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross      | Discount | No-Pay | Net        |
|-------------|---------|-----------|-----------|-----------|----------|-----|------------|----------|--------|------------|
| ✓ MMC043024 |         | 04/30/202 | 04/30/202 | 05/01/202 |          |     | 147,081.83 | 0.00     | 0.00   | 147,081.83 |

## PHYSICIAN SERV 4/16/24 - 4/30/24

| Vendor Totals: Number | Name                          | Gross      | Discount | No-Pay | Net        |
|-----------------------|-------------------------------|------------|----------|--------|------------|
| 10789                 | DISCOVERY MEDICAL NETWORK INC | 147,081.83 | 0.00     | 0.00   | 147,081.83 |

Vendor# Vendor Name Class Pay Code

10842 ✓ DOOR CONTROL SERVICES, INC

| Invoice#      | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|---------------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| ✓ SMINV372173 |         | 04/30/202 | 04/16/202 | 05/07/202 |          |     | 5,387.91 | 0.00     | 0.00   | 5,387.91 |

## DOOR REPAIR

| Vendor Totals: Number | Name                       | Gross    | Discount | No-Pay | Net      |
|-----------------------|----------------------------|----------|----------|--------|----------|
| 10842                 | DOOR CONTROL SERVICES, INC | 5,387.91 | 0.00     | 0.00   | 5,387.91 |

Vendor# Vendor Name Class Pay Code

11291 ✓ DOWELL PEST CONTROL

| Invoice# | Comment      | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net      |
|----------|--------------|-----------|-----------|-----------|----------|-----|--------|----------|--------|----------|
| ✓ 28118  |              | 04/30/202 | 04/29/202 | 05/01/202 |          |     | 160.00 | 0.00     | 0.00   | 160.00 ✓ |
| ✓ 28119  | PEST CONTROL | 04/30/202 | 04/29/202 | 05/01/202 |          |     | 105.00 | 0.00     | 0.00   | 105.00 ✓ |
| ✓ 28110  | PEST CONTROL | 04/30/202 | 04/29/202 | 05/01/202 |          |     | 260.00 | 0.00     | 0.00   | 260.00 ✓ |
| ✓ 28111  | PEST CONTROL | 04/30/202 | 04/29/202 | 05/24/202 |          |     | 505.00 | 0.00     | 0.00   | 505.00 ✓ |

PEST CONTROL

| Vendor Totals: Number | Name                | Gross    | Discount | No-Pay | Net      |
|-----------------------|---------------------|----------|----------|--------|----------|
| 11291                 | DOWELL PEST CONTROL | 1,030.00 | 0.00     | 0.00   | 1,030.00 |

Vendor# Vendor Name Class Pay Code

C2510 ✓ EVIDENT

| Invoice#      | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net         |
|---------------|---------|-----------|-----------|-----------|----------|-----|-----------|----------|--------|-------------|
| ✓ A2405031378 |         | 04/29/202 | 05/03/202 | 05/28/202 |          |     | 19,631.00 | 0.00     | 0.00   | 19,631.00 ✓ |

MONTHLY TECH SUPPORT

| Vendor Totals: Number | Name    | Gross     | Discount | No-Pay | Net       |
|-----------------------|---------|-----------|----------|--------|-----------|
| C2510                 | EVIDENT | 19,631.00 | 0.00     | 0.00   | 19,631.00 |

Vendor# Vendor Name Class Pay Code

R1185 ✓ FARAH JANAK

| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net      |
|----------|---------|-----------|-----------|-----------|----------|-----|--------|----------|--------|----------|
| ✓ 050224 |         | 05/08/202 | 05/02/202 | 05/15/202 |          |     | 115.24 | 0.00     | 0.00   | 115.24 ✓ |

TRAVEL REIMB 5/2/24 Awards Ceremony

| Vendor Totals: Number | Name        | Gross  | Discount | No-Pay | Net    |
|-----------------------|-------------|--------|----------|--------|--------|
| R1185                 | FARAH JANAK | 115.24 | 0.00     | 0.00   | 115.24 |

Vendor# Vendor Name Class Pay Code

F1400 ✓ FISHER HEALTHCARE

| Invoice#  | Comment  | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net        |
|-----------|----------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| ✓ 1706439 |          | 04/30/202 | 04/22/202 | 05/17/202 |          |     | 234.37   | 0.00     | 0.00   | 234.37 ✓   |
| ✓ 1744689 | SUPPLIES | 04/30/202 | 04/23/202 | 05/18/202 |          |     | 5,979.16 | 0.00     | 0.00   | 5,979.16 ✓ |

SUPPLIES

| Vendor Totals: Number | Name              | Gross    | Discount | No-Pay | Net      |
|-----------------------|-------------------|----------|----------|--------|----------|
| F1400                 | FISHER HEALTHCARE | 6,213.53 | 0.00     | 0.00   | 6,213.53 |

Vendor# Vendor Name Class Pay Code

10599 ✓ FORVIS

| Invoice#  | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net         |
|-----------|---------|-----------|-----------|-----------|----------|-----|-----------|----------|--------|-------------|
| ✓ 2077129 |         | 04/30/202 | 04/27/202 | 05/22/202 |          |     | 12,075.00 | 0.00     | 0.00   | 12,075.00 ✓ |

DSH AUDIT

| Vendor Totals: Number | Name   | Gross     | Discount | No-Pay | Net       |
|-----------------------|--------|-----------|----------|--------|-----------|
| 10599                 | FORVIS | 12,075.00 | 0.00     | 0.00   | 12,075.00 |

Vendor# Vendor Name Class Pay Code

14156 ✓ FUJI FILM

| Invoice#   | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net        |
|------------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| ✓ 91475183 |         | 04/29/202 | 04/25/202 | 05/25/202 |          |     | 7,908.33 | 0.00     | 0.00   | 7,908.33 ✓ |

CONTRACT

| Vendor Totals: Number | Name      | Gross    | Discount | No-Pay | Net      |
|-----------------------|-----------|----------|----------|--------|----------|
| 14156                 | FUJI FILM | 7,908.33 | 0.00     | 0.00   | 7,908.33 |

Vendor# Vendor Name Class Pay Code

10283 ✓ GE HEALTHCARE

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

|         |                                |                  |                              |           |           |              |           |          |        |           |   |
|---------|--------------------------------|------------------|------------------------------|-----------|-----------|--------------|-----------|----------|--------|-----------|---|
| ✓       | 6002655305                     |                  | 04/30/202                    | 04/25/202 | 05/20/202 |              | 903.00    | 0.00     | 0.00   | 903.00    | ✓ |
|         |                                | LOGIQ S7         |                              |           |           |              |           |          |        |           |   |
| ✓       | 6002659192                     |                  | 05/08/202                    | 05/01/202 | 05/26/202 |              | 61.67     | 0.00     | 0.00   | 61.67     | ✓ |
|         |                                | IMAGING CONTRACT |                              |           |           |              |           |          |        |           |   |
| ✓       | 6002659190                     |                  | 05/08/202                    | 05/01/202 | 05/26/202 |              | 86.67     | 0.00     | 0.00   | 86.67     | ✓ |
|         |                                | IMAGING CONTRACT |                              |           |           |              |           |          |        |           |   |
| ✓       | 6002659191                     |                  | 05/08/202                    | 05/01/202 | 05/26/202 |              | 2,422.50  | 0.00     | 0.00   | 2,422.50  | ✓ |
|         |                                | IMAGING CONTRACT |                              |           |           |              |           |          |        |           |   |
| ✓       | 6002659523                     |                  | 05/08/202                    | 05/01/202 | 05/26/202 |              | 998.34    | 0.00     | 0.00   | 998.34    | ✓ |
|         |                                | IMAGING CONTRACT |                              |           |           |              |           |          |        |           |   |
| ✓       | 6002659196                     |                  | 05/08/202                    | 05/01/202 | 05/26/202 |              | 5,665.83  | 0.00     | 0.00   | 5,665.83  | ✓ |
|         |                                | IMAGING CONTRACT |                              |           |           |              |           |          |        |           |   |
| ✓       | 6002659189                     |                  | 05/08/202                    | 05/01/202 | 05/26/202 |              | 3,588.58  | 0.00     | 0.00   | 3,588.58  | ✓ |
|         |                                | IMAGING CONTRACT |                              |           |           |              |           |          |        |           |   |
|         | Vendor Totals:                 | Number           | Name                         |           |           |              | Gross     | Discount | No-Pay | Net       |   |
|         |                                | 10283            | GE HEALTHCARE                |           |           |              | 13,726.59 | 0.00     | 0.00   | 13,726.59 |   |
| Vendor# | Vendor Name                    |                  |                              | Class     | Pay Code  |              |           |          |        |           |   |
| 13060   | ✓ GENZYME CORPORATION          |                  |                              |           |           |              |           |          |        |           |   |
|         | Invoice#                       | Comment          | Tran Dt                      | Inv Dt    | Due Dt    | Check Dt Pay | Gross     | Discount | No-Pay | Net       |   |
| ✓       | 7030544506                     |                  | 04/30/202                    | 08/05/202 | 11/13/202 |              | 2,296.05  | 0.00     | 0.00   | 2,296.05  | ✓ |
|         |                                | INVENTORY        |                              |           |           |              |           |          |        |           |   |
| ✓       | 7030508850                     |                  | 05/09/202                    | 05/05/202 | 08/13/202 |              | 2,304.50  | 0.00     | 0.00   | 2,304.50  | ✓ |
|         |                                | INVENTORY        |                              |           |           |              |           |          |        |           |   |
|         | Vendor Totals:                 | Number           | Name                         |           |           |              | Gross     | Discount | No-Pay | Net       |   |
|         |                                | 13060            | GENZYME CORPORATION          |           |           |              | 4,600.55  | 0.00     | 0.00   | 4,600.55  |   |
| Vendor# | Vendor Name                    |                  |                              | Class     | Pay Code  |              |           |          |        |           |   |
| W1300   | ✓ GRAINGER                     |                  |                              | M         |           |              |           |          |        |           |   |
|         | Invoice#                       | Comment          | Tran Dt                      | Inv Dt    | Due Dt    | Check Dt Pay | Gross     | Discount | No-Pay | Net       |   |
| ✓       | 9097762745                     |                  | 04/30/202                    | 04/24/202 | 05/19/202 |              | 121.84    | 0.00     | 0.00   | 121.84    | ✓ |
|         |                                | SUPPLIES         |                              |           |           |              |           |          |        |           |   |
|         | Vendor Totals:                 | Number           | Name                         |           |           |              | Gross     | Discount | No-Pay | Net       |   |
|         |                                | W1300            | GRAINGER                     |           |           |              | 121.84    | 0.00     | 0.00   | 121.84    |   |
| Vendor# | Vendor Name                    |                  |                              | Class     | Pay Code  |              |           |          |        |           |   |
| 12948   | ✓ GREAT AMERICA FINANCIAL SVCS |                  |                              |           |           |              |           |          |        |           |   |
|         | Invoice#                       | Comment          | Tran Dt                      | Inv Dt    | Due Dt    | Check Dt Pay | Gross     | Discount | No-Pay | Net       |   |
| ✓       | 36482348                       |                  | 05/09/202                    | 05/02/202 | 05/31/202 |              | 10,357.60 | 0.00     | 0.00   | 10,357.60 | ✓ |
|         |                                |                  |                              |           |           |              |           |          |        |           |   |
|         | Vendor Totals:                 | Number           | Name                         |           |           |              | Gross     | Discount | No-Pay | Net       |   |
|         |                                | 12948            | GREAT AMERICA FINANCIAL SVCS |           |           |              | 10,357.60 | 0.00     | 0.00   | 10,357.60 |   |
| Vendor# | Vendor Name                    |                  |                              | Class     | Pay Code  |              |           |          |        |           |   |
| G0401   | ✓ GULF COAST DELIVERY          |                  |                              |           |           |              |           |          |        |           |   |
|         | Invoice#                       | Comment          | Tran Dt                      | Inv Dt    | Due Dt    | Check Dt Pay | Gross     | Discount | No-Pay | Net       |   |
| ✓       | 043024                         |                  | 04/29/202                    | 04/30/202 | 05/30/202 |              | 125.00    | 0.00     | 0.00   | 125.00    | ✓ |
|         |                                | SLIDES/LAB       |                              |           |           |              |           |          |        |           |   |
|         | Vendor Totals:                 | Number           | Name                         |           |           |              | Gross     | Discount | No-Pay | Net       |   |
|         |                                | G0401            | GULF COAST DELIVERY          |           |           |              | 125.00    | 0.00     | 0.00   | 125.00    |   |
| Vendor# | Vendor Name                    |                  |                              | Class     | Pay Code  |              |           |          |        |           |   |
| G1210   | ✓ GULF COAST PAPER COMPANY     |                  |                              | M         |           |              |           |          |        |           |   |
|         | Invoice#                       | Comment          | Tran Dt                      | Inv Dt    | Due Dt    | Check Dt Pay | Gross     | Discount | No-Pay | Net       |   |
| ✓       | 2529791                        |                  | 04/29/202                    | 04/30/202 | 05/30/202 |              | 1,039.71  | 0.00     | 0.00   | 1,039.71  | ✓ |
|         |                                | SUPPLIES         |                              |           |           |              |           |          |        |           |   |
|         | Vendor Totals:                 | Number           | Name                         |           |           |              | Gross     | Discount | No-Pay | Net       |   |
|         |                                | G1210            | GULF COAST PAPER COMPANY     |           |           |              | 1,039.71  | 0.00     | 0.00   | 1,039.71  |   |
| Vendor# | Vendor Name                    |                  |                              | Class     | Pay Code  |              |           |          |        |           |   |
| 11784   | ✓ HALF LEAGUE STORAGE          |                  |                              |           |           |              |           |          |        |           |   |
|         | Invoice#                       | Comment          | Tran Dt                      | Inv Dt    | Due Dt    | Check Dt Pay | Gross     | Discount | No-Pay | Net       |   |

|                            |                                |                                |           |           |           |       |           |          |        |             |
|----------------------------|--------------------------------|--------------------------------|-----------|-----------|-----------|-------|-----------|----------|--------|-------------|
| ✓ 021224                   |                                |                                | 04/30/202 | 02/12/202 | 03/01/202 |       | 360.00    | 0.00     | 0.00   | 360.00 ✓    |
|                            | FEB-APR 24                     |                                |           |           |           |       |           |          |        |             |
| ✓ 050124                   |                                |                                | 05/09/202 | 05/01/202 | 05/20/202 |       | 360.00    | 0.00     | 0.00   | 360.00 ✓    |
|                            | MAY-JULY 24                    |                                |           |           |           |       |           |          |        |             |
| Vendor Totals: Number Name |                                |                                |           |           |           |       | Gross     | Discount | No-Pay | Net         |
|                            | 11784                          | HALF LEAGUE STORAGE            |           |           |           |       | 720.00    | 0.00     | 0.00   | 720.00      |
| Vendor#                    | Vendor Name                    |                                |           |           |           | Class | Pay Code  |          |        |             |
| 10334 ✓                    | HEALTH CARE LOGISTICS INC      |                                |           |           |           |       |           |          |        |             |
| Invoice#                   | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt  | Pay   | Gross     | Discount | No-Pay | Net         |
| ✓ 309419289                |                                | 04/30/202                      | 04/16/202 | 05/11/202 |           |       | 1,808.64  | 0.00     | 0.00   | 1,808.64 ✓  |
|                            | SUPPLIES                       |                                |           |           |           |       |           |          |        |             |
| Vendor Totals: Number Name |                                |                                |           |           |           |       | Gross     | Discount | No-Pay | Net         |
|                            | 10334                          | HEALTH CARE LOGISTICS INC      |           |           |           |       | 1,808.64  | 0.00     | 0.00   | 1,808.64    |
| Vendor#                    | Vendor Name                    |                                |           |           |           | Class | Pay Code  |          |        |             |
| 12380 ✓                    | HEALTH SOLUTIONS DIETETICS     |                                |           |           |           |       |           |          |        |             |
| Invoice#                   | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt  | Pay   | Gross     | Discount | No-Pay | Net         |
| ✓ 042624                   |                                | 04/30/202                      | 04/26/202 | 05/15/202 |           |       | 3,400.00  | 0.00     | 0.00   | 3,400.00 ✓  |
|                            | DIETICIAN SERV                 |                                |           |           |           |       |           |          |        |             |
| Vendor Totals: Number Name |                                |                                |           |           |           |       | Gross     | Discount | No-Pay | Net         |
|                            | 12380                          | HEALTH SOLUTIONS DIETETICS     |           |           |           |       | 3,400.00  | 0.00     | 0.00   | 3,400.00    |
| Vendor#                    | Vendor Name                    |                                |           |           |           | Class | Pay Code  |          |        |             |
| H1269 ✓                    | HENRY SCHEIN INC.              |                                |           |           |           |       |           |          |        |             |
| Invoice#                   | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt  | Pay   | Gross     | Discount | No-Pay | Net         |
| ✓ 794097200                |                                | 04/29/202                      | 03/26/202 | 04/26/202 |           |       | 51.76     | 0.00     | 0.00   | 51.76 ✓     |
|                            | SUPPLIES                       |                                |           |           |           |       |           |          |        |             |
| Vendor Totals: Number Name |                                |                                |           |           |           |       | Gross     | Discount | No-Pay | Net         |
|                            | H1269                          | HENRY SCHEIN INC.              |           |           |           |       | 51.76     | 0.00     | 0.00   | 51.76       |
| Vendor#                    | Vendor Name                    |                                |           |           |           | Class | Pay Code  |          |        |             |
| H1399 ✓                    | HILL-ROM COMPANY, INC          |                                |           |           |           | M     |           |          |        |             |
| Invoice#                   | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt  | Pay   | Gross     | Discount | No-Pay | Net         |
| ✓ 3328990                  |                                | 04/30/202                      | 03/31/202 | 04/30/202 |           |       | 300.70    | 0.00     | 0.00   | 300.70 ✓    |
|                            | SUPPLIES                       |                                |           |           |           |       |           |          |        |             |
| ✓ 1852234                  |                                | 04/30/202                      | 04/09/202 | 05/07/202 |           |       | 156.91    | 0.00     | 0.00   | 156.91 ✓    |
|                            | SUPPLIES                       |                                |           |           |           |       |           |          |        |             |
| Vendor Totals: Number Name |                                |                                |           |           |           |       | Gross     | Discount | No-Pay | Net         |
|                            | H1399                          | HILL-ROM COMPANY, INC          |           |           |           |       | 457.61    | 0.00     | 0.00   | 457.61      |
| Vendor#                    | Vendor Name                    |                                |           |           |           | Class | Pay Code  |          |        |             |
| 15208 ✓                    | HOSPITAL CARE CONSULTANTS INC. |                                |           |           |           |       |           |          |        |             |
| Invoice#                   | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt  | Pay   | Gross     | Discount | No-Pay | Net         |
| ✓ 6513                     |                                | 04/30/202                      | 03/31/202 | 05/12/202 |           |       | 13,983.00 | 0.00     | 0.00   | 13,983.00 ✓ |
|                            | HOSPITALIST                    |                                |           |           |           |       |           |          |        |             |
| Vendor Totals: Number Name |                                |                                |           |           |           |       | Gross     | Discount | No-Pay | Net         |
|                            | 15208                          | HOSPITAL CARE CONSULTANTS INC. |           |           |           |       | 13,983.00 | 0.00     | 0.00   | 13,983.00   |
| Vendor#                    | Vendor Name                    |                                |           |           |           | Class | Pay Code  |          |        |             |
| 12228 ✓                    | INNOVATIVE STERILIZATION       |                                |           |           |           |       |           |          |        |             |
| Invoice#                   | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt  | Pay   | Gross     | Discount | No-Pay | Net         |
| ✓ 30860                    |                                | 04/30/202                      | 04/24/202 | 05/24/202 |           |       | 853.47    | 0.00     | 0.00   | 853.47 ✓    |
|                            | SUPPLIES                       |                                |           |           |           |       |           |          |        |             |
| Vendor Totals: Number Name |                                |                                |           |           |           |       | Gross     | Discount | No-Pay | Net         |
|                            | 12228                          | INNOVATIVE STERILIZATION       |           |           |           |       | 853.47    | 0.00     | 0.00   | 853.47      |
| Vendor#                    | Vendor Name                    |                                |           |           |           | Class | Pay Code  |          |        |             |
| 14864 ✓                    | INTERNATIONAL BIOMEDICAL       |                                |           |           |           |       |           |          |        |             |
| Invoice#                   | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt  | Pay   | Gross     | Discount | No-Pay | Net         |
| ✓ 190968                   |                                | 04/30/202                      | 04/22/202 | 05/22/202 |           |       | 224.82    | 0.00     | 0.00   | 224.82 ✓    |
|                            | SUPPLIES                       |                                |           |           |           |       |           |          |        |             |
| Vendor Totals: Number Name |                                |                                |           |           |           |       | Gross     | Discount | No-Pay | Net         |

|         |                               |                          |                               |           |           |              |          |          |        |          |
|---------|-------------------------------|--------------------------|-------------------------------|-----------|-----------|--------------|----------|----------|--------|----------|
|         | 14864                         | INTERNATIONAL BIOMEDICAL |                               |           |           |              | 224.82   | 0.00     | 0.00   | 224.82   |
| Vendor# | Vendor Name                   |                          | Class                         | Pay Code  |           |              |          |          |        |          |
| 11200   | IRON MOUNTAIN                 |                          |                               |           |           |              |          |          |        |          |
|         | Invoice#                      | Comment                  | Tran Dt                       | Inv Dt    | Due Dt    | Check Dt Pay | Gross    | Discount | No-Pay | Net      |
|         | JLBT659                       |                          | 04/29/202                     | 04/30/202 | 05/30/202 |              | 1,367.85 | 0.00     | 0.00   | 1,367.85 |
|         | SHREDDING                     |                          |                               |           |           |              |          |          |        |          |
|         | Vendor Totals:                | Number                   | Name                          |           |           |              | Gross    | Discount | No-Pay | Net      |
|         |                               | 11200                    | IRON MOUNTAIN                 |           |           |              | 1,367.85 | 0.00     | 0.00   | 1,367.85 |
| Vendor# | Vendor Name                   |                          | Class                         | Pay Code  |           |              |          |          |        |          |
| 11108   | ITERSOURCE CORPORATION        |                          |                               |           |           |              |          |          |        |          |
|         | Invoice#                      | Comment                  | Tran Dt                       | Inv Dt    | Due Dt    | Check Dt Pay | Gross    | Discount | No-Pay | Net      |
|         | 711761                        |                          | 05/08/202                     | 05/01/202 | 05/02/202 |              | 250.00   | 0.00     | 0.00   | 250.00   |
|         | MONTHLY PHONE SUPPORT         |                          |                               |           |           |              |          |          |        |          |
|         | Vendor Totals:                | Number                   | Name                          |           |           |              | Gross    | Discount | No-Pay | Net      |
|         |                               | 11108                    | ITERSOURCE CORPORATION        |           |           |              | 250.00   | 0.00     | 0.00   | 250.00   |
| Vendor# | Vendor Name                   |                          | Class                         | Pay Code  |           |              |          |          |        |          |
| L1288   | LANGUAGE LINE SERVICES        |                          | W                             |           |           |              |          |          |        |          |
|         | Invoice#                      | Comment                  | Tran Dt                       | Inv Dt    | Due Dt    | Check Dt Pay | Gross    | Discount | No-Pay | Net      |
|         | 11292574                      |                          | 04/29/202                     | 04/30/202 | 05/25/202 |              | 95.46    | 0.00     | 0.00   | 95.46    |
|         | INTERPRETATION                |                          |                               |           |           |              |          |          |        |          |
|         | Vendor Totals:                | Number                   | Name                          |           |           |              | Gross    | Discount | No-Pay | Net      |
|         |                               | L1288                    | LANGUAGE LINE SERVICES        |           |           |              | 95.46    | 0.00     | 0.00   | 95.46    |
| Vendor# | Vendor Name                   |                          | Class                         | Pay Code  |           |              |          |          |        |          |
| L1640   | LOWE'S BUSINESS ACCT/SYNCB    |                          | W                             |           |           |              |          |          |        |          |
|         | Invoice#                      | Comment                  | Tran Dt                       | Inv Dt    | Due Dt    | Check Dt Pay | Gross    | Discount | No-Pay | Net      |
|         | 050224                        |                          | 05/09/202                     | 05/02/202 | 05/28/202 |              | 426.15   | 0.00     | 0.00   | 426.15   |
|         | SUPPLIES                      |                          |                               |           |           |              |          |          |        |          |
|         | Vendor Totals:                | Number                   | Name                          |           |           |              | Gross    | Discount | No-Pay | Net      |
|         |                               | L1640                    | LOWE'S BUSINESS ACCT/SYNCB    |           |           |              | 426.15   | 0.00     | 0.00   | 426.15   |
| Vendor# | Vendor Name                   |                          | Class                         | Pay Code  |           |              |          |          |        |          |
| 10972   | M G TRUST                     |                          |                               |           |           |              |          |          |        |          |
|         | Invoice#                      | Comment                  | Tran Dt                       | Inv Dt    | Due Dt    | Check Dt Pay | Gross    | Discount | No-Pay | Net      |
|         | 050624                        |                          | 05/08/202                     | 05/06/202 | 05/15/202 |              | 895.00   | 0.00     | 0.00   | 895.00   |
|         | PAYROLL DEDUCT                |                          |                               |           |           |              |          |          |        |          |
|         | Vendor Totals:                | Number                   | Name                          |           |           |              | Gross    | Discount | No-Pay | Net      |
|         |                               | 10972                    | M G TRUST                     |           |           |              | 895.00   | 0.00     | 0.00   | 895.00   |
| Vendor# | Vendor Name                   |                          | Class                         | Pay Code  |           |              |          |          |        |          |
| M2178   | MCKESSON MEDICAL SURGICAL INC |                          |                               |           |           |              |          |          |        |          |
|         | Invoice#                      | Comment                  | Tran Dt                       | Inv Dt    | Due Dt    | Check Dt Pay | Gross    | Discount | No-Pay | Net      |
|         | 21976336                      |                          | 04/17/202                     | 04/15/202 | 05/30/202 |              | 79.30    | 0.00     | 0.00   | 79.30    |
|         | SUPPILES                      |                          |                               |           |           |              |          |          |        |          |
|         | 22008675                      |                          | 04/29/202                     | 04/23/202 | 05/08/202 |              | 1,079.58 | 0.00     | 0.00   | 1,079.58 |
|         | SUPPLIES                      |                          |                               |           |           |              |          |          |        |          |
|         | 22029204                      |                          | 04/29/202                     | 04/26/202 | 05/11/202 |              | 95.15    | 0.00     | 0.00   | 95.15    |
|         | SUPPLIES                      |                          |                               |           |           |              |          |          |        |          |
|         | 22030406                      |                          | 04/29/202                     | 04/26/202 | 05/11/202 |              | 69.97    | 0.00     | 0.00   | 69.97    |
|         | SUPPLIES                      |                          |                               |           |           |              |          |          |        |          |
|         | 22037568                      |                          | 04/29/202                     | 04/29/202 | 05/14/202 |              | 679.83   | 0.00     | 0.00   | 679.83   |
|         | SUPPLIES                      |                          |                               |           |           |              |          |          |        |          |
|         | 22043546                      |                          | 04/30/202                     | 04/30/202 | 05/15/202 |              | 501.27   | 0.00     | 0.00   | 501.27   |
|         | SUPPLIES                      |                          |                               |           |           |              |          |          |        |          |
|         | 22039925                      |                          | 04/30/202                     | 04/30/202 | 05/15/202 |              | 85.47    | 0.00     | 0.00   | 85.47    |
|         | SUPPLIES                      |                          |                               |           |           |              |          |          |        |          |
|         | Vendor Totals:                | Number                   | Name                          |           |           |              | Gross    | Discount | No-Pay | Net      |
|         |                               | M2178                    | MCKESSON MEDICAL SURGICAL INC |           |           |              | 2,590.57 | 0.00     | 0.00   | 2,590.57 |
| Vendor# | Vendor Name                   |                          | Class                         | Pay Code  |           |              |          |          |        |          |

## 11144 ✓ MEDICAL DATA SYSTEMS, INC.

| Invoice# | Comment         | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net        |
|----------|-----------------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| ✓ 191904 |                 | 04/30/202 | 04/30/202 | 05/25/202 |          |     | 232.92   | 0.00     | 0.00   | 232.92 ✓   |
|          | BUS SERV        |           |           |           |          |     |          |          |        |            |
| ✓ 191764 |                 | 04/30/202 | 04/30/202 | 05/25/202 |          |     | 30.44    | 0.00     | 0.00   | 30.44 ✓    |
|          | COLLECTION FEES |           |           |           |          |     |          |          |        |            |
| ✓ 191763 |                 | 04/30/202 | 04/30/202 | 05/25/202 |          |     | 1,705.56 | 0.00     | 0.00   | 1,705.56 ✓ |
|          | COLLECTION FEES |           |           |           |          |     |          |          |        |            |
| ✓ 191762 |                 | 04/30/202 | 04/30/202 | 05/25/202 |          |     | 1,723.67 | 0.00     | 0.00   | 1,723.67 ✓ |
|          | COLLECTION FEES |           |           |           |          |     |          |          |        |            |

| Vendor Totals: Number | Name                       | Gross    | Discount | No-Pay | Net      |
|-----------------------|----------------------------|----------|----------|--------|----------|
| 11141                 | MEDICAL DATA SYSTEMS, INC. | 3,692.59 | 0.00     | 0.00   | 3,692.59 |

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

| Invoice#     | Comment  | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net      |
|--------------|----------|-----------|-----------|-----------|----------|-----|--------|----------|--------|----------|
| ✓ 2315408774 |          | 04/24/202 | 04/16/202 | 05/11/202 |          |     | 239.36 | 0.00     | 0.00   | 239.36 ✓ |
|              | SUPPLIES |           |           |           |          |     |        |          |        |          |
| ✓ 2316242380 |          | 04/29/202 | 04/23/202 | 05/18/202 |          |     | 68.79  | 0.00     | 0.00   | 68.79 ✓  |
|              | SUPPLIES |           |           |           |          |     |        |          |        |          |
| ✓ 2316242381 |          | 04/29/202 | 04/23/202 | 05/18/202 |          |     | 591.23 | 0.00     | 0.00   | 591.23 ✓ |
|              | SUPPLIES |           |           |           |          |     |        |          |        |          |
| ✓ 2316668148 |          | 04/29/202 | 04/25/202 | 05/20/202 |          |     | 252.34 | 0.00     | 0.00   | 252.34 ✓ |
|              | SUPPLIES |           |           |           |          |     |        |          |        |          |
| ✓ 2317113579 |          | 04/29/202 | 04/30/202 | 05/25/202 |          |     | 263.12 | 0.00     | 0.00   | 263.12 ✓ |
|              | SUPPLIES |           |           |           |          |     |        |          |        |          |
| ✓ 2317113580 |          | 04/29/202 | 04/30/202 | 05/25/202 |          |     | 36.37  | 0.00     | 0.00   | 36.37 ✓  |
|              | SUPPLIES |           |           |           |          |     |        |          |        |          |
| ✓ 2317394241 |          | 05/07/202 | 05/02/202 | 05/27/202 |          |     | 340.38 | 0.00     | 0.00   | 340.38 ✓ |
|              | SUPPLIES |           |           |           |          |     |        |          |        |          |
| ✓ 2317627350 |          | 05/07/202 | 05/03/202 | 05/28/202 |          |     | 27.36  | 0.00     | 0.00   | 27.36 ✓  |
|              | SUPPLIES |           |           |           |          |     |        |          |        |          |

| Vendor Totals: Number | Name                   | Gross    | Discount | No-Pay | Net      |
|-----------------------|------------------------|----------|----------|--------|----------|
| M2470                 | MEDLINE INDUSTRIES INC | 1,818.95 | 0.00     | 0.00   | 1,818.95 |

Vendor# Vendor Name Class Pay Code  
10963 ✓ MEMORIAL MEDICAL CLINIC

| Invoice# | Comment        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross | Discount | No-Pay | Net     |
|----------|----------------|-----------|-----------|-----------|----------|-----|-------|----------|--------|---------|
| ✓ 050624 |                | 05/08/202 | 05/06/202 | 05/15/202 |          |     | 58.80 | 0.00     | 0.00   | 58.80 ✓ |
|          | PAYROLL DEDUCT |           |           |           |          |     |       |          |        |         |

| Vendor Totals: Number | Name                    | Gross | Discount | No-Pay | Net   |
|-----------------------|-------------------------|-------|----------|--------|-------|
| 10963                 | MEMORIAL MEDICAL CLINIC | 58.80 | 0.00     | 0.00   | 58.80 |

Vendor# Vendor Name Class Pay Code  
10911 ✓ MOLINA HELATHCARE TEXAS

| Invoice# | Comment           | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net         |
|----------|-------------------|-----------|-----------|-----------|----------|-----|-----------|----------|--------|-------------|
| ✓ 050814 |                   | 04/30/202 | 05/08/202 | 05/15/202 |          |     | 44,200.83 | 0.00     | 0.00   | 44,200.83 ✓ |
|          | YR 6 COMP 1 RECON |           |           |           |          |     |           |          |        |             |

| Vendor Totals: Number | Name                    | Gross     | Discount | No-Pay | Net       |
|-----------------------|-------------------------|-----------|----------|--------|-----------|
| 10911                 | MOLINA HELATHCARE TEXAS | 44,200.83 | 0.00     | 0.00   | 44,200.83 |

Vendor# Vendor Name Class Pay Code  
10536 ✓ MORRIS & DICKSON CO, LLC

| Invoice#  | Comment   | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net      |
|-----------|-----------|-----------|-----------|-----------|----------|-----|--------|----------|--------|----------|
| ✓ 1942509 |           | 05/08/202 | 05/01/202 | 05/11/202 |          |     | 34.56  | 0.00     | 0.00   | 34.56 ✓  |
|           | INVENTORY |           |           |           |          |     |        |          |        |          |
| ✓ 1939424 |           | 05/08/202 | 05/01/202 | 05/11/202 |          |     | 549.28 | 0.00     | 0.00   | 549.28 ✓ |
|           | INVENTORY |           |           |           |          |     |        |          |        |          |
| ✓ 1941380 |           | 05/08/202 | 05/01/202 | 05/11/202 |          |     | 25.78  | 0.00     | 0.00   | 25.78 ✓  |
|           | INVENTORY |           |           |           |          |     |        |          |        |          |

|           |           |                               |          |      |      |          |   |
|-----------|-----------|-------------------------------|----------|------|------|----------|---|
| ✓ 1942511 |           | 05/08/202 05/01/202 05/11/202 | 1,068.57 | 0.00 | 0.00 | 1,068.57 | ✓ |
| ✓ 1942510 | INVENTORY | 05/08/202 05/01/202 05/11/202 | 998.61   | 0.00 | 0.00 | 998.61   | ✓ |
| ✓ 1939426 | INVENTORY | 05/08/202 05/01/202 05/11/202 | 6,505.39 | 0.00 | 0.00 | 6,505.39 | ✓ |
| ✓ 1947052 | INVENTORY | 05/08/202 05/02/202 05/12/202 | 469.87   | 0.00 | 0.00 | 469.87   | ✓ |
| ✓ 1945556 | INVENTORY | 05/08/202 05/02/202 05/12/202 | 530.75   | 0.00 | 0.00 | 530.75   | ✓ |
| ✓ 1947051 | INVENTORY | 05/08/202 05/02/202 05/12/202 | 5.19     | 0.00 | 0.00 | 5.19     | ✓ |
| ✓ 1944764 | INVENTORY | 05/08/202 05/02/202 05/12/202 | 1,602.31 | 0.00 | 0.00 | 1,602.31 | ✓ |
| ✓ 1946867 | INVENTORY | 05/08/202 05/02/202 05/12/202 | 162.89   | 0.00 | 0.00 | 162.89   | ✓ |
| ✓ 1952107 | INVENTORY | 05/08/202 05/05/202 05/15/202 | 1,930.00 | 0.00 | 0.00 | 1,930.00 | ✓ |
| ✓ 1953359 | INVENTORY | 05/08/202 05/05/202 05/15/202 | 76.37    | 0.00 | 0.00 | 76.37    | ✓ |
| ✓ 1952105 | INVENTORY | 05/08/202 05/05/202 05/15/202 | 8.48     | 0.00 | 0.00 | 8.48     | ✓ |
| ✓ 1952106 | INVENTORY | 05/08/202 05/05/202 05/15/202 | 51.56    | 0.00 | 0.00 | 51.56    | ✓ |
| ✓ 1953360 | INVENTORY | 05/08/202 05/05/202 05/15/202 | 475.72   | 0.00 | 0.00 | 475.72   | ✓ |
| ✓ 1955804 | INVENTORY | 05/08/202 05/06/202 05/16/202 | 107.58   | 0.00 | 0.00 | 107.58   | ✓ |
| ✓ 1957850 | INVENTORY | 05/08/202 05/06/202 05/16/202 | 1,185.38 | 0.00 | 0.00 | 1,185.38 | ✓ |
| ✓ 1957851 | INVENTORY | 05/08/202 05/06/202 05/16/202 | 512.96   | 0.00 | 0.00 | 512.96   | ✓ |
| ✓ 1959492 | INVENTORY | 05/08/202 05/06/202 05/16/202 | 599.38   | 0.00 | 0.00 | 599.38   | ✓ |
| ✓ 1957091 | INVENTORY | 05/08/202 05/06/202 05/16/202 | 68.32    | 0.00 | 0.00 | 68.32    | ✓ |
| ✓ 1955805 | INVENTORY | 05/08/202 05/06/202 05/16/202 | 621.46   | 0.00 | 0.00 | 621.46   | ✓ |
| ✓ 1957852 | INVENTORY | 05/08/202 05/06/202 05/16/202 | 631.55   | 0.00 | 0.00 | 631.55   | ✓ |

Vendor Totals: Number Name

10536 MORRIS &amp; DICKSON CO, LLC

| Gross     | Discount | No-Pay | Net       |
|-----------|----------|--------|-----------|
| 18,221.96 | 0.00     | 0.00   | 18,221.96 |

Vendor# Vendor Name Class Pay Code

13548 ✓ NACOGDOCHES TRANSCRIPTION

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay

✓ 8362 04/30/202 04/30/202 05/10/202

| Gross  | Discount | No-Pay | Net    |
|--------|----------|--------|--------|
| 167.58 | 0.00     | 0.00   | 167.58 |

TRANSCRIPTION 4/13/24 - 4/26/24

Vendor Totals: Number Name

13548 NACOGDOCHES TRANSCRIPTION

| Gross  | Discount | No-Pay | Net    |
|--------|----------|--------|--------|
| 167.58 | 0.00     | 0.00   | 167.58 |

Vendor# Vendor Name Class Pay Code

12316 ✓ NCS PEARSON, INC.

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay

✓ 5627005 04/30/202 08/03/201 09/03/201

| Gross   | Discount | No-Pay | Net     |
|---------|----------|--------|---------|
| -355.37 | 0.00     | 0.00   | -355.37 |

CREDIT MEMO SUPPLIES

✓ 24810570 04/30/202 02/08/202 03/08/202

| Gross | Discount | No-Pay | Net   |
|-------|----------|--------|-------|
| 57.70 | 0.00     | 0.00   | 57.70 |

|                            |                            |           |           |           |          |          |          |          |        |          |   |
|----------------------------|----------------------------|-----------|-----------|-----------|----------|----------|----------|----------|--------|----------|---|
| 25063493                   |                            | 04/30/202 | 03/12/202 | 04/12/202 |          |          | 906.15   | 0.00     | 0.00   | 906.15   | ✓ |
| SUPPLIES                   |                            |           |           |           |          |          |          |          |        |          |   |
| Vendor Totals: Number Name |                            |           |           |           |          |          | Gross    | Discount | No-Pay | Net      |   |
| 12316                      | NCS PEARSON, INC.          |           |           |           |          |          | 608.48   | 0.00     | 0.00   | 608.48   |   |
| Vendor#                    | Vendor Name                |           |           |           | Class    | Pay Code |          |          |        |          |   |
| 12096                      | NEOGENOMICS LABORATORIES   |           |           |           |          |          |          |          |        |          |   |
| Invoice#                   | Comment                    | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay | Net      |   |
| 7526132                    |                            | 04/30/202 | 04/30/202 | 05/20/202 |          |          | 360.00   | 0.00     | 0.00   | 360.00   | ✓ |
| LAB SERV                   |                            |           |           |           |          |          |          |          |        |          |   |
| Vendor Totals: Number Name |                            |           |           |           |          |          | Gross    | Discount | No-Pay | Net      |   |
| 12096                      | NEOGENOMICS LABORATORIES   |           |           |           |          |          | 360.00   | 0.00     | 0.00   | 360.00   |   |
| Vendor#                    | Vendor Name                |           |           |           | Class    | Pay Code |          |          |        |          |   |
| N1234                      | NFPA                       |           |           |           | W        |          |          |          |        |          |   |
| Invoice#                   | Comment                    | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay | Net      |   |
| 050724                     |                            | 05/09/202 | 05/07/202 | 05/25/202 |          |          | 175.00   | 0.00     | 0.00   | 175.00   | ✓ |
| NFPA RENEWAL               |                            |           |           |           |          |          |          |          |        |          |   |
| Vendor Totals: Number Name |                            |           |           |           |          |          | Gross    | Discount | No-Pay | Net      |   |
| N1234                      | NFPA                       |           |           |           |          |          | 175.00   | 0.00     | 0.00   | 175.00   |   |
| Vendor#                    | Vendor Name                |           |           |           | Class    | Pay Code |          |          |        |          |   |
| 10868                      | NOVA BIOMEDICAL            |           |           |           |          |          |          |          |        |          |   |
| Invoice#                   | Comment                    | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay | Net      |   |
| 91291409                   |                            | 04/30/202 | 03/06/202 | 04/06/202 |          |          | 60.00    | 0.00     | 0.00   | 60.00    | ✓ |
| SUPPLIES                   |                            |           |           |           |          |          |          |          |        |          |   |
| 91315065                   |                            | 04/30/202 | 04/22/202 | 05/20/202 |          |          | 144.00   | 0.00     | 0.00   | 144.00   | ✓ |
| SUPPLIES                   |                            |           |           |           |          |          |          |          |        |          |   |
| 91317929                   |                            | 04/30/202 | 04/26/202 | 05/26/202 |          |          | 1,974.38 | 0.00     | 0.00   | 1,974.38 | ✓ |
| SUPPLIES                   |                            |           |           |           |          |          |          |          |        |          |   |
| Vendor Totals: Number Name |                            |           |           |           |          |          | Gross    | Discount | No-Pay | Net      |   |
| 10868                      | NOVA BIOMEDICAL            |           |           |           |          |          | 2,178.38 | 0.00     | 0.00   | 2,178.38 |   |
| Vendor#                    | Vendor Name                |           |           |           | Class    | Pay Code |          |          |        |          |   |
| N1800                      | NURSES CHOICE CORPORATION  |           |           |           | W        |          |          |          |        |          |   |
| Invoice#                   | Comment                    | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay | Net      |   |
| 0171329-IN                 |                            | 04/30/202 | 04/23/202 | 05/23/202 |          |          | 120.00   | 0.00     | 0.00   | 120.00   | ✓ |
| SUPPLIES                   |                            |           |           |           |          |          |          |          |        |          |   |
| Vendor Totals: Number Name |                            |           |           |           |          |          | Gross    | Discount | No-Pay | Net      |   |
| N1800                      | NURSES CHOICE CORPORATION  |           |           |           |          |          | 120.00   | 0.00     | 0.00   | 120.00   |   |
| Vendor#                    | Vendor Name                |           |           |           | Class    | Pay Code |          |          |        |          |   |
| O1500                      | OLYMPUS AMERICA INC        |           |           |           | M        |          |          |          |        |          |   |
| Invoice#                   | Comment                    | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay | Net      |   |
| 36150966                   |                            | 04/30/202 | 04/29/202 | 05/24/202 |          |          | 611.08   | 0.00     | 0.00   | 611.08   | ✓ |
| SUPPLIES                   |                            |           |           |           |          |          |          |          |        |          |   |
| Vendor Totals: Number Name |                            |           |           |           |          |          | Gross    | Discount | No-Pay | Net      |   |
| O1500                      | OLYMPUS AMERICA INC        |           |           |           |          |          | 611.08   | 0.00     | 0.00   | 611.08   |   |
| Vendor#                    | Vendor Name                |           |           |           | Class    | Pay Code |          |          |        |          |   |
| O1416                      | ORTHO CLINICAL DIAGNOSTICS |           |           |           |          |          |          |          |        |          |   |
| Invoice#                   | Comment                    | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay | Net      |   |
| 1853507080                 |                            | 04/30/202 | 04/23/202 | 05/23/202 |          |          | 752.16   | 0.00     | 0.00   | 752.16   | ✓ |
| SUPPLIES                   |                            |           |           |           |          |          |          |          |        |          |   |
| 1853509349                 |                            | 04/30/202 | 04/23/202 | 05/23/202 |          |          | 234.78   | 0.00     | 0.00   | 234.78   | ✓ |
| SUPPLIES                   |                            |           |           |           |          |          |          |          |        |          |   |
| 1853510323                 |                            | 04/30/202 | 04/24/202 | 05/24/202 |          |          | 180.19   | 0.00     | 0.00   | 180.19   | ✓ |
| SUPPLIES                   |                            |           |           |           |          |          |          |          |        |          |   |
| Vendor Totals: Number Name |                            |           |           |           |          |          | Gross    | Discount | No-Pay | Net      |   |
| O1416                      | ORTHO CLINICAL DIAGNOSTICS |           |           |           |          |          | 1,167.13 | 0.00     | 0.00   | 1,167.13 |   |
| Vendor#                    | Vendor Name                |           |           |           | Class    | Pay Code |          |          |        |          |   |
| 10152                      | PARTSSOURCE, LLC           |           |           |           |          |          |          |          |        |          |   |

| Invoice#                   | Comment                            | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay | Net        |
|----------------------------|------------------------------------|-----------|-----------|-----------|----------|----------|----------|----------|--------|------------|
| ✓ 05227624                 |                                    | 04/30/202 | 04/17/202 | 05/17/202 |          |          | 195.40   | 0.00     | 0.00   | 195.40 ✓   |
|                            | SUPPLIES                           |           |           |           |          |          |          |          |        |            |
| ✓ 05229694                 |                                    | 04/30/202 | 04/18/202 | 05/18/202 |          |          | 138.71   | 0.00     | 0.00   | 138.71 ✓   |
|                            | SUPPLIES                           |           |           |           |          |          |          |          |        |            |
| Vendor Totals: Number Name |                                    |           |           |           |          |          | Gross    | Discount | No-Pay | Net        |
|                            | 10152 PARTSSOURCE, LLC             |           |           |           |          |          | 334.11   | 0.00     | 0.00   | 334.11     |
| Vendor#                    | Vendor Name                        |           |           |           | Class    | Pay Code |          |          |        |            |
| S0905                      | ✓ PERFORMANCE HEALTH               |           |           |           | M        |          |          |          |        |            |
| Invoice#                   | Comment                            | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay | Net        |
| ✓ IN97564694               |                                    | 04/29/202 | 04/26/202 | 05/21/202 |          |          | 229.54   | 0.00     | 0.00   | 229.54 ✓   |
|                            | SUPPLIES                           |           |           |           |          |          |          |          |        |            |
| Vendor Totals: Number Name |                                    |           |           |           |          |          | Gross    | Discount | No-Pay | Net        |
|                            | S0905 PERFORMANCE HEALTH           |           |           |           |          |          | 229.54   | 0.00     | 0.00   | 229.54     |
| Vendor#                    | Vendor Name                        |           |           |           | Class    | Pay Code |          |          |        |            |
| 11932                      | ✓ PRESS GANEY ASSOCIATES, INC.     |           |           |           |          |          |          |          |        |            |
| Invoice#                   | Comment                            | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay | Net        |
| ✓ IN000646877              |                                    | 04/30/202 | 04/30/202 | 05/30/202 |          |          | 2,838.92 | 0.00     | 0.00   | 2,838.92 ✓ |
|                            | CONTRACT FEES                      |           |           |           |          |          |          |          |        |            |
| Vendor Totals: Number Name |                                    |           |           |           |          |          | Gross    | Discount | No-Pay | Net        |
|                            | 11932 PRESS GANEY ASSOCIATES, INC. |           |           |           |          |          | 2,838.92 | 0.00     | 0.00   | 2,838.92   |
| Vendor#                    | Vendor Name                        |           |           |           | Class    | Pay Code |          |          |        |            |
| 14536                      | ✓ QUVA PHARMA INC                  |           |           |           |          |          |          |          |        |            |
| Invoice#                   | Comment                            | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay | Net        |
| ✓ 76952988195              |                                    | 04/29/202 | 04/25/202 | 05/25/202 |          |          | 211.68   | 0.00     | 0.00   | 211.68 ✓   |
|                            | INVENTORY                          |           |           |           |          |          |          |          |        |            |
| Vendor Totals: Number Name |                                    |           |           |           |          |          | Gross    | Discount | No-Pay | Net        |
|                            | 14536 QUVA PHARMA INC              |           |           |           |          |          | 211.68   | 0.00     | 0.00   | 211.68     |
| Vendor#                    | Vendor Name                        |           |           |           | Class    | Pay Code |          |          |        |            |
| 14920                      | ✓ REPUBLIC SERVICES, INC.          |           |           |           |          |          |          |          |        |            |
| Invoice#                   | Comment                            | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay | Net        |
| ✓ 0065462                  |                                    | 04/30/202 | 04/26/202 | 05/16/202 |          |          | 1,738.62 | 0.00     | 0.00   | 1,738.62 ✓ |
|                            | WASTE DISPOSAL                     |           |           |           |          |          |          |          |        |            |
| Vendor Totals: Number Name |                                    |           |           |           |          |          | Gross    | Discount | No-Pay | Net        |
|                            | 14920 REPUBLIC SERVICES, INC.      |           |           |           |          |          | 1,738.62 | 0.00     | 0.00   | 1,738.62   |
| Vendor#                    | Vendor Name                        |           |           |           | Class    | Pay Code |          |          |        |            |
| 11764                      | ✓ [REDACTED]                       |           |           |           |          |          |          |          |        |            |
| Invoice#                   | Comment                            | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay | Net        |
| ✓ 042824                   |                                    | 05/08/202 | 04/28/202 | 05/15/202 |          |          | 20.48    | 0.00     | 0.00   | 20.48 ✓    |
|                            | REIMBURSEMENT                      |           |           |           |          |          |          |          |        |            |
| Vendor Totals: Number Name |                                    |           |           |           |          |          | Gross    | Discount | No-Pay | Net        |
|                            | 11764 [REDACTED]                   |           |           |           |          |          | 20.48    | 0.00     | 0.00   | 20.48      |
| Vendor#                    | Vendor Name                        |           |           |           | Class    | Pay Code |          |          |        |            |
| 10936                      | ✓ SIEMENS FINANCIAL SERVICES       |           |           |           |          |          |          |          |        |            |
| Invoice#                   | Comment                            | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay | Net        |
| ✓ 56382400044015           |                                    | 04/29/202 | 04/29/202 | 05/19/202 |          |          | 1,333.33 | 0.00     | 0.00   | 1,333.33 ✓ |
|                            | LEASE                              |           |           |           |          |          |          |          |        |            |
| ✓ 56382400043123           |                                    | 04/30/202 | 04/24/202 | 05/14/202 |          |          | 4,038.24 | 0.00     | 0.00   | 4,038.24 ✓ |
|                            | LEASE                              |           |           |           |          |          |          |          |        |            |
| Vendor Totals: Number Name |                                    |           |           |           |          |          | Gross    | Discount | No-Pay | Net        |
|                            | 10936 SIEMENS FINANCIAL SERVICES   |           |           |           |          |          | 5,371.57 | 0.00     | 0.00   | 5,371.57   |
| Vendor#                    | Vendor Name                        |           |           |           | Class    | Pay Code |          |          |        |            |
| S2001                      | ✓ SIEMENS MEDICAL SOLUTIONS INC    |           |           |           | M        |          |          |          |        |            |
| Invoice#                   | Comment                            | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay | Net        |
| ✓ 116537333                |                                    | 04/30/202 | 04/24/202 | 05/19/202 |          |          | 3,507.72 | 0.00     | 0.00   | 3,507.72 ✓ |
|                            | LUMINOS AGILE MAX                  |           |           |           |          |          |          |          |        |            |

| Vendor Totals: |                                | Number    | Name                           |           |          |     | Gross     | Discount | No-Pay | Net         |
|----------------|--------------------------------|-----------|--------------------------------|-----------|----------|-----|-----------|----------|--------|-------------|
|                |                                | S2001     | SIEMENS MEDICAL SOLUTIONS INC  |           |          |     | 3,507.72  | 0.00     | 0.00   | 3,507.72    |
| Vendor#        | Vendor Name                    |           | Class                          | Pay Code  |          |     |           |          |        |             |
| 11296          | SOUTH TEXAS BLOOD & TISSUE CEN |           |                                |           |          |     |           |          |        |             |
| Invoice#       | Comment                        | Tran Dt   | Inv Dt                         | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net         |
| ✓ 107040093    |                                | 04/30/202 | 04/30/202                      | 05/25/202 |          |     | 4,953.00  | 0.00     | 0.00   | 4,953.00 ✓  |
|                | BLOOD                          |           |                                |           |          |     |           |          |        |             |
| ✓ CM12202      |                                | 04/30/202 | 04/30/202                      | 05/25/202 |          |     | -2,904.00 | 0.00     | 0.00   | -2,904.00 ✓ |
|                | CREDIT                         |           |                                |           |          |     |           |          |        |             |
| Vendor Totals: |                                | Number    | Name                           |           |          |     | Gross     | Discount | No-Pay | Net         |
|                |                                | 11296     | SOUTH TEXAS BLOOD & TISSUE CEN |           |          |     | 2,049.00  | 0.00     | 0.00   | 2,049.00    |
| Vendor#        | Vendor Name                    |           | Class                          | Pay Code  |          |     |           |          |        |             |
| C1010          | SPARKLIGHT                     |           | W                              |           |          |     |           |          |        |             |
| Invoice#       | Comment                        | Tran Dt   | Inv Dt                         | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net         |
| ✓ 043024       |                                | 05/09/202 | 05/01/202                      | 05/15/202 |          |     | 1,842.00  | 0.00     | 0.00   | 1,842.00    |
|                | INTERNET                       |           |                                |           |          |     |           |          |        |             |
| Vendor Totals: |                                | Number    | Name                           |           |          |     | Gross     | Discount | No-Pay | Net         |
|                |                                | C1010     | SPARKLIGHT                     |           |          |     | 1,842.00  | 0.00     | 0.00   | 1,842.00 ✓  |
| Vendor#        | Vendor Name                    |           | Class                          | Pay Code  |          |     |           |          |        |             |
| 12288          | SPBS CLINICAL EQUIPMENT SRVC   |           |                                |           |          |     |           |          |        |             |
| Invoice#       | Comment                        | Tran Dt   | Inv Dt                         | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net         |
| ✓ INV050000524 |                                | 05/08/202 | 05/01/202                      | 05/02/202 |          |     | 9,836.92  | 0.00     | 0.00   | 9,836.92 ✓  |
|                | PM CONTRACT                    |           |                                |           |          |     |           |          |        |             |
| Vendor Totals: |                                | Number    | Name                           |           |          |     | Gross     | Discount | No-Pay | Net         |
|                |                                | 12288     | SPBS CLINICAL EQUIPMENT SRVC   |           |          |     | 9,836.92  | 0.00     | 0.00   | 9,836.92    |
| Vendor#        | Vendor Name                    |           | Class                          | Pay Code  |          |     |           |          |        |             |
| 10845          | STAPLES                        |           |                                |           |          |     |           |          |        |             |
| Invoice#       | Comment                        | Tran Dt   | Inv Dt                         | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net         |
| ✓ 6001907503   |                                | 04/30/202 | 04/30/202                      | 05/30/202 |          |     | 62.50     | 0.00     | 0.00   | 62.50       |
|                | SUPPLIES                       |           |                                |           |          |     |           |          |        |             |
| Vendor Totals: |                                | Number    | Name                           |           |          |     | Gross     | Discount | No-Pay | Net         |
|                |                                | 10845     | STAPLES                        |           |          |     | 62.50     | 0.00     | 0.00   | 62.50 ✓     |
| Vendor#        | Vendor Name                    |           | Class                          | Pay Code  |          |     |           |          |        |             |
| T2539          | T-SYSTEM, INC                  |           | W                              |           |          |     |           |          |        |             |
| Invoice#       | Comment                        | Tran Dt   | Inv Dt                         | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net         |
| ✓ 914656       |                                | 04/29/202 | 04/29/202                      | 05/30/202 |          |     | 6,130.42  | 0.00     | 0.00   | 6,130.42 ✓  |
|                | PHYSICIAN TRACKING             |           |                                |           |          |     |           |          |        |             |
| Vendor Totals: |                                | Number    | Name                           |           |          |     | Gross     | Discount | No-Pay | Net         |
|                |                                | T2539     | T-SYSTEM, INC                  |           |          |     | 6,130.42  | 0.00     | 0.00   | 6,130.42    |
| Vendor#        | Vendor Name                    |           | Class                          | Pay Code  |          |     |           |          |        |             |
| 11015          | TED RODRIGUEZ                  |           |                                |           |          |     |           |          |        |             |
| Invoice#       | Comment                        | Tran Dt   | Inv Dt                         | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net         |
| ✓ 050824       |                                | 05/08/202 | 05/08/202                      | 05/15/202 |          |     | 425.00    | 0.00     | 0.00   | 425.00 ✓    |
|                | TRAUMA COURSE                  |           |                                |           |          |     |           |          |        |             |
| Vendor Totals: |                                | Number    | Name                           |           |          |     | Gross     | Discount | No-Pay | Net         |
|                |                                | 11015     | TED RODRIGUEZ                  |           |          |     | 425.00    | 0.00     | 0.00   | 425.00      |
| Vendor#        | Vendor Name                    |           | Class                          | Pay Code  |          |     |           |          |        |             |
| T2204          | TEXAS MUTUAL INSURANCE CO      |           | W                              |           |          |     |           |          |        |             |
| Invoice#       | Comment                        | Tran Dt   | Inv Dt                         | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net         |
| ✓ 1005647976A  |                                | 04/30/202 | 04/18/202                      | 05/08/202 |          |     | 10.00     | 0.00     | 0.00   | 10.00 ✓     |
|                | LATE FEE                       |           |                                |           |          |     |           |          |        |             |
| ✓ 1005706813   |                                | 04/30/202 | 05/08/202                      | 05/25/202 |          |     | 4,760.00  | 0.00     | 0.00   | 4,760.00 ✓  |
|                | INSURANCE                      |           |                                |           |          |     |           |          |        |             |
| Vendor Totals: |                                | Number    | Name                           |           |          |     | Gross     | Discount | No-Pay | Net         |
|                |                                | T2204     | TEXAS MUTUAL INSURANCE CO      |           |          |     | 4,770.00  | 0.00     | 0.00   | 4,770.00    |
| Vendor#        | Vendor Name                    |           | Class                          | Pay Code  |          |     |           |          |        |             |

## 15396 ✓ THIRD COAST DISTRIBUTING LLC

| Invoice# | Comment  | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net        |
|----------|----------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| ✓ 042924 |          | 04/29/202 | 04/29/202 | 05/15/202 |          |     | 1,058.48 | 0.00     | 0.00   | 1,058.48 ✓ |
|          | SUPPLIES |           |           |           |          |     |          |          |        |            |
| ✓ 026525 |          | 05/08/202 | 05/07/202 | 05/20/202 |          |     | 39.48    | 0.00     | 0.00   | 39.48 ✓    |
|          | SUPPLIES |           |           |           |          |     |          |          |        |            |

| Vendor Totals: Number | Name                         | Gross    | Discount | No-Pay | Net      |
|-----------------------|------------------------------|----------|----------|--------|----------|
| 15396                 | THIRD COAST DISTRIBUTING LLC | 1,097.96 | 0.00     | 0.00   | 1,097.96 |

Vendor# Vendor Name Class Pay Code

11908 ✓ TMS SOUTH

| Invoice#    | Comment  | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net      |
|-------------|----------|-----------|-----------|-----------|----------|-----|--------|----------|--------|----------|
| ✓ INV120506 |          | 04/30/202 | 04/30/202 | 05/30/202 |          |     | 379.08 | 0.00     | 0.00   | 379.08 ✓ |
|             | SUPPLIES |           |           |           |          |     |        |          |        |          |

| Vendor Totals: Number | Name      | Gross  | Discount | No-Pay | Net    |
|-----------------------|-----------|--------|----------|--------|--------|
| 11908                 | TMS SOUTH | 379.08 | 0.00     | 0.00   | 379.08 |

Vendor# Vendor Name Class Pay Code

14372 ✓ TRIAGE, LLC

| Invoice#        | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net        |
|-----------------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| ✓ INV1796952747 |         | 04/30/202 | 04/26/202 | 05/26/202 |          |     | 3,467.50 | 0.00     | 0.00   | 3,467.50 ✓ |
|                 | S SHAW  |           |           |           |          |     |          |          |        |            |

| Vendor Totals: Number | Name       | Gross    | Discount | No-Pay | Net      |
|-----------------------|------------|----------|----------|--------|----------|
| 14372                 | TRIAE, LLC | 3,467.50 | 0.00     | 0.00   | 3,467.50 |

Vendor# Vendor Name Class Pay Code

13616 ✓ TRIOSE, INC

| Invoice#    | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross | Discount | No-Pay | Net     |
|-------------|---------|-----------|-----------|-----------|----------|-----|-------|----------|--------|---------|
| ✓ TRI183995 |         | 04/29/202 | 04/30/202 | 05/15/202 |          |     | 78.71 | 0.00     | 0.00   | 78.71 ✓ |
|             | FREIGHT |           |           |           |          |     |       |          |        |         |

| Vendor Totals: Number | Name        | Gross | Discount | No-Pay | Net   |
|-----------------------|-------------|-------|----------|--------|-------|
| 13616                 | TRIOSE, INC | 78.71 | 0.00     | 0.00   | 78.71 |

Vendor# Vendor Name Class Pay Code

11067 ✓ TRIZETTO PROVIDER SOLUTIONS

| Invoice#     | Comment       | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net        |
|--------------|---------------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| ✓ 35FK042400 |               | 04/30/202 | 04/01/202 | 04/26/202 |          |     | 1,637.97 | 0.00     | 0.00   | 1,637.97 ✓ |
|              | PT STATEMENTS |           |           |           |          |     |          |          |        |            |

| Vendor Totals: Number | Name                        | Gross    | Discount | No-Pay | Net      |
|-----------------------|-----------------------------|----------|----------|--------|----------|
| 11067                 | TRIZETTO PROVIDER SOLUTIONS | 1,637.97 | 0.00     | 0.00   | 1,637.97 |

Vendor# Vendor Name Class Pay Code

U1064 ✓ UNIFIRST HOLDINGS INC

| Invoice#     | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net        |
|--------------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| ✓ 2921029642 |         | 04/29/202 | 04/11/202 | 05/06/202 |          |     | 174.02   | 0.00     | 0.00   | 174.02 ✓   |
|              | LAUNDRY |           |           |           |          |     |          |          |        |            |
| ✓ 2921029641 |         | 04/29/202 | 04/11/202 | 05/06/202 |          |     | 107.28   | 0.00     | 0.00   | 107.28 ✓   |
|              | LAUNDRY |           |           |           |          |     |          |          |        |            |
| ✓ 2921029646 |         | 04/30/202 | 04/11/202 | 05/06/202 |          |     | 282.90   | 0.00     | 0.00   | 282.90 ✓   |
|              | LAUNDRY |           |           |           |          |     |          |          |        |            |
| ✓ 2921029647 |         | 04/30/202 | 04/11/202 | 05/06/202 |          |     | 295.72   | 0.00     | 0.00   | 295.72 ✓   |
|              | LAUNDRY |           |           |           |          |     |          |          |        |            |
| ✓ 2921029645 |         | 04/30/202 | 04/11/202 | 05/06/202 |          |     | 315.80   | 0.00     | 0.00   | 315.80 ✓   |
|              | LAUNDRY |           |           |           |          |     |          |          |        |            |
| ✓ 2921029648 |         | 04/30/202 | 04/11/202 | 05/06/202 |          |     | 121.51   | 0.00     | 0.00   | 121.51 ✓   |
|              | LAUNDRY |           |           |           |          |     |          |          |        |            |
| ✓ 2921029644 |         | 04/30/202 | 04/11/202 | 05/06/202 |          |     | 30.70    | 0.00     | 0.00   | 30.70 ✓    |
|              | LAUNDRY |           |           |           |          |     |          |          |        |            |
| ✓ 2921029643 |         | 04/30/202 | 04/11/202 | 05/06/202 |          |     | 2,335.95 | 0.00     | 0.00   | 2,335.95 ✓ |
|              | LAUNDRY |           |           |           |          |     |          |          |        |            |
| ✓ 2921030503 |         | 04/30/202 | 04/22/202 | 05/17/202 |          |     | 3,144.26 | 0.00     | 0.00   | 3,144.26 ✓ |

|                |                     |         |           |                       |           |          |     |           |          |        |           |   |
|----------------|---------------------|---------|-----------|-----------------------|-----------|----------|-----|-----------|----------|--------|-----------|---|
| ✓              | 2921030504          | LAUNDRY | 04/30/202 | 04/22/202             | 05/17/202 |          |     | 102.07    | 0.00     | 0.00   | 102.07    | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 6290000135          |         | 04/30/202 | 04/23/202             | 05/18/202 |          |     | -16.64    | 0.00     | 0.00   | -16.64    | ✓ |
|                |                     | CREDIT  |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921030825          |         | 04/30/202 | 04/25/202             | 05/20/202 |          |     | 279.07    | 0.00     | 0.00   | 279.07    | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921030826          |         | 04/30/202 | 04/25/202             | 05/20/202 |          |     | 113.81    | 0.00     | 0.00   | 113.81    | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921030822          |         | 04/30/202 | 04/25/202             | 05/20/202 |          |     | 35.83     | 0.00     | 0.00   | 35.83     | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921030820          |         | 04/30/202 | 04/25/202             | 05/20/202 |          |     | 239.38    | 0.00     | 0.00   | 239.38    | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921030824          |         | 04/30/202 | 04/25/202             | 05/20/202 |          |     | 282.90    | 0.00     | 0.00   | 282.90    | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921030823          |         | 04/30/202 | 04/25/202             | 05/20/202 |          |     | 315.80    | 0.00     | 0.00   | 315.80    | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921030819          |         | 04/30/202 | 04/25/202             | 05/20/202 |          |     | 133.38    | 0.00     | 0.00   | 133.38    | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921030821          |         | 04/30/202 | 04/25/202             | 05/20/202 |          |     | 2,887.07  | 0.00     | 0.00   | 2,887.07  | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921031024          |         | 04/30/202 | 04/29/202             | 05/24/202 |          |     | 3,121.53  | 0.00     | 0.00   | 3,121.53  | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921031025          |         | 04/30/202 | 04/29/202             | 05/24/202 |          |     | 102.07    | 0.00     | 0.00   | 102.07    | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921031369          |         | 05/02/202 | 05/02/202             | 05/27/202 |          |     | 316.90    | 0.00     | 0.00   | 316.90    | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921031367          |         | 05/02/202 | 05/02/202             | 05/27/202 |          |     | 3,106.57  | 0.00     | 0.00   | 3,106.57  | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921031368          |         | 05/02/202 | 05/02/202             | 05/27/202 |          |     | 111.49    | 0.00     | 0.00   | 111.49    | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921031371          |         | 05/02/202 | 05/02/202             | 05/27/202 |          |     | 279.07    | 0.00     | 0.00   | 279.07    | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921031366          |         | 05/02/202 | 05/02/202             | 05/27/202 |          |     | 248.40    | 0.00     | 0.00   | 248.40    | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921031365          |         | 05/02/202 | 05/02/202             | 05/27/202 |          |     | 134.56    | 0.00     | 0.00   | 134.56    | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921031372          |         | 05/02/202 | 05/02/202             | 05/27/202 |          |     | 113.81    | 0.00     | 0.00   | 113.81    | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921031370          |         | 05/02/202 | 05/02/202             | 05/27/202 |          |     | 282.90    | 0.00     | 0.00   | 282.90    | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921031579          |         | 05/02/202 | 05/06/202             | 05/31/202 |          |     | 102.07    | 0.00     | 0.00   | 102.07    | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| ✓              | 2921031578          |         | 05/02/202 | 05/06/202             | 05/31/202 |          |     | 3,350.66  | 0.00     | 0.00   | 3,350.66  | ✓ |
|                |                     | LAUNDRY |           |                       |           |          |     |           |          |        |           |   |
| Vendor Totals: |                     |         | Number    | Name                  |           |          |     | Gross     | Discount | No-Pay | Net       |   |
|                |                     |         | U1064     | UNIFIRST HOLDINGS INC |           |          |     | 22,450.84 | 0.00     | 0.00   | 22,450.84 |   |
| Vendor#        | Vendor Name         |         | Class     |                       | Pay Code  |          |     |           |          |        |           |   |
| U2000          | ✓ US POSTAL SERVICE |         |           |                       |           |          |     |           |          |        |           |   |
|                | Invoice#            | Comment | Tran Dt   | Inv Dt                | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |   |
|                | ✓ 050324            |         | 05/08/202 | 05/03/202             | 05/04/202 |          |     | 2,200.00  | 0.00     | 0.00   | 2,200.00  | ✓ |
|                |                     |         | POSTAGE   |                       |           |          |     |           |          |        |           |   |
| Vendor Totals: |                     |         | Number    | Name                  |           |          |     | Gross     | Discount | No-Pay | Net       |   |
|                |                     |         | U2000     | US POSTAL SERVICE     |           |          |     | 2,200.00  | 0.00     | 0.00   | 2,200.00  |   |
| Vendor#        | Vendor Name         |         | Class     |                       | Pay Code  |          |     |           |          |        |           |   |
| 15444          | ✓ VANDERBILT HEALTH |         |           |                       |           |          |     |           |          |        |           |   |

| Invoice#                   | Comment             | Tran Dt    | Inv Dt    | Due Dt    | Check Dt | Pay    | Gross  | Discount   | No-Pay | Net    |
|----------------------------|---------------------|------------|-----------|-----------|----------|--------|--------|------------|--------|--------|
| ✓ CI00048265               |                     | 04/30/202  | 04/01/202 | 05/15/202 |          |        | 450.00 | 0.00       | 0.00   | 450.00 |
| APRIL -JUNE 24             |                     |            |           |           |          |        |        |            |        |        |
| Vendor Totals: Number Name |                     |            |           |           |          |        | Gross  | Discount   | No-Pay | Net    |
| 15444 VANDERBILT HEALTH    |                     |            |           |           |          |        | 450.00 | 0.00       | 0.00   | 450.00 |
| Vendor#                    | Vendor Name         |            |           | Class     | Pay Code |        |        |            |        |        |
| 11280                      | ✓ VICTORIA ADVOCATE |            |           |           |          |        |        |            |        |        |
| Invoice#                   | Comment             | Tran Dt    | Inv Dt    | Due Dt    | Check Dt | Pay    | Gross  | Discount   | No-Pay | Net    |
| ✓ 0331419                  |                     | 04/30/202  | 04/30/202 | 05/01/202 |          |        | 25.60  | 0.00       | 0.00   | 25.60  |
| NEWSPAPER                  |                     |            |           |           |          |        |        |            |        |        |
| Vendor Totals: Number Name |                     |            |           |           |          |        | Gross  | Discount   | No-Pay | Net    |
| 11280 VICTORIA ADVOCATE    |                     |            |           |           |          |        | 25.60  | 0.00       | 0.00   | 25.60  |
| Vendor#                    | Vendor Name         |            |           | Class     | Pay Code |        |        |            |        |        |
| 14612                      | ✓ WAGEWORKS         |            |           |           |          |        |        |            |        |        |
| Invoice#                   | Comment             | Tran Dt    | Inv Dt    | Due Dt    | Check Dt | Pay    | Gross  | Discount   | No-Pay | Net    |
| ✓ INV6475604               |                     | 04/30/202  | 04/24/202 | 05/24/202 |          |        | 548.75 | 0.00       | 0.00   | 548.75 |
| MONTHLY COMPLIANCE/FSA     |                     |            |           |           |          |        |        |            |        |        |
| Vendor Totals: Number Name |                     |            |           |           |          |        | Gross  | Discount   | No-Pay | Net    |
| 14612 WAGEWORKS            |                     |            |           |           |          |        | 548.75 | 0.00       | 0.00   | 548.75 |
| Vendor#                    | Vendor Name         |            |           | Class     | Pay Code |        |        |            |        |        |
| 12548                      | ✓ WAGEWORKS, INC    |            |           |           |          |        |        |            |        |        |
| Invoice#                   | Comment             | Tran Dt    | Inv Dt    | Due Dt    | Check Dt | Pay    | Gross  | Discount   | No-Pay | Net    |
| ✓ 043024                   |                     | 04/30/202  | 04/30/202 | 05/15/202 |          |        | 131.25 | 0.00       | 0.00   | 131.25 |
| Vendor Totals: Number Name |                     |            |           |           |          |        | Gross  | Discount   | No-Pay | Net    |
| 12548 WAGEWORKS, INC       |                     |            |           |           |          |        | 131.25 | 0.00       | 0.00   | 131.25 |
| Report Summary             |                     |            |           |           |          |        |        |            |        |        |
| Grand Totals:              |                     | Gross      |           | Discount  |          | No-Pay |        | Net        |        |        |
|                            |                     | 521,670.94 |           | 0.00      |          | 0.00   |        | 521,670.94 |        |        |

$$521,670.94 \div$$

$$7.28 -$$

$$521,663.66 \div$$

$$505.25 -$$

$$521,158.41 \div$$

$$505.57 +$$

$$521,663.98 \div$$

Tax inc'd on pg. 1 (airgas invoice #9149396775)  
 Wrong \$ amount pg. 3 (Invoice #52955568-shell energy)  
 Correct \$ amount (" ")

APPROVED ON

CHK# 204037-204129

MAY 09 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RUN DATE:05/14/24  
TIME:16:05

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
05/15/24 THRU 05/15/24

PAGE 1  
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BANK--CHECK--

| CODE | NUMBER | DATE     | AMOUNT     | PAYEE                          |
|------|--------|----------|------------|--------------------------------|
| A/P  | 204037 | 05/15/24 | 4,722.00   | ACE HARDWARE 15521             |
| A/P  | 204038 | 05/15/24 | 1,400.00   | ACUTE CARE INC                 |
| A/P  | 204039 | 05/15/24 | 3,698.57   | AIRGAS USA, LLC - CENTRAL DIV  |
| A/P  | 204040 | 05/15/24 | 156.69     | ALPHA TEC SYSTEMS INC          |
| A/P  | 204041 | 05/15/24 | 325.78     | AMAZON CAPITAL SERVICES        |
| A/P  | 204042 | 05/15/24 | 62.00      | AQUA BEVERAGE COMPANY          |
| A/P  | 204043 | 05/15/24 | 3,702.60   | BAXTER HEALTHCARE              |
| A/P  | 204044 | 05/15/24 | 2,820.00   | BAY STORAGE                    |
| A/P  | 204045 | 05/15/24 | 10,419.30  | BECKMAN COULTER INC            |
| A/P  | 204046 | 05/15/24 | 273.25     | BECTON, DICKINSON & CO (BD)    |
| A/P  | 204047 | 05/15/24 | 143.80     | BOHLS BEARING & POWER TRANS    |
| A/P  | 204048 | 05/15/24 | 590.00     | BOSTON SCIENTIFIC CORPORATION  |
| A/P  | 204049 | 05/15/24 | 152.90     | BRIGGS HEALTHCARE              |
| A/P  | 204050 | 05/15/24 | 36,304.68  | CALHOUN COUNTY                 |
| A/P  | 204051 | 05/15/24 | 1,175.17   | CARDINAL HEALTH 414, INC.      |
| A/P  | 204052 | 05/15/24 | 1,080.00   | CLARITY ENROLLMENT SOLUTIONS   |
| A/P  | 204053 | 05/15/24 | 501.72     | COMBINED INSURANCE             |
| A/P  | 204054 | 05/15/24 | 263.10     | CREST HEALTHCARE SUPPLY        |
| A/P  | 204055 | 05/15/24 | 34.65      | CULLIGAN ULTRAPURE INC.        |
| A/P  | 204056 | 05/15/24 | 474.79     | CYRACOM LLC                    |
| A/P  | 204057 | 05/15/24 | 498.33     | DETAR HOSPITAL                 |
| A/P  | 204058 | 05/15/24 | 798.02     | DEWITT POTH & SON              |
| A/P  | 204059 | 05/15/24 | 50,311.25  | DIAMOND HEALTHCARE CORP        |
| A/P  | 204060 | 05/15/24 | 147,081.83 | DISCOVERY MEDICAL NETWORK INC  |
| A/P  | 204061 | 05/15/24 | 5,387.91   | DOOR CONTROL SERVICES, INC     |
| A/P  | 204062 | 05/15/24 | 1,030.00   | DOWELL PEST CONTROL            |
| A/P  | 204063 | 05/15/24 | 19,631.00  | EVIDENT                        |
| A/P  | 204064 | 05/15/24 | 115.24     | FARAH JANAK                    |
| A/P  | 204065 | 05/15/24 | 6,213.53   | FISHER HEALTHCARE              |
| A/P  | 204066 | 05/15/24 | 12,075.00  | FORVIS                         |
| A/P  | 204067 | 05/15/24 | 7,908.33   | FUJI FILM                      |
| A/P  | 204068 | 05/15/24 | 13,726.59  | GE HEALTHCARE                  |
| A/P  | 204069 | 05/15/24 | 4,600.55   | GENZYME CORPORATION            |
| A/P  | 204070 | 05/15/24 | 121.84     | GRAINGER                       |
| A/P  | 204071 | 05/15/24 | 10,357.60  | GREAT AMERICA FINANCIAL SVCS   |
| A/P  | 204072 | 05/15/24 | 125.00     | GULF COAST DELIVERY            |
| A/P  | 204073 | 05/15/24 | 1,039.71   | GULF COAST PAPER COMPANY       |
| A/P  | 204074 | 05/15/24 | 720.00     | HALF LEAGUE STORAGE            |
| A/P  | 204075 | 05/15/24 | 1,808.64   | HEALTH CARE LOGISTICS INC      |
| A/P  | 204076 | 05/15/24 | 3,400.00   | HEALTH SOLUTIONS DIETETICS     |
| A/P  | 204077 | 05/15/24 | 51.76      | HENRY SCHEIN INC.              |
| A/P  | 204078 | 05/15/24 | 457.61     | HILL-ROM COMPANY, INC          |
| A/P  | 204079 | 05/15/24 | 13,983.00  | HOSPITAL CARE CONSULTANTS INC. |
| A/P  | 204080 | 05/15/24 | 853.47     | INNOVATIVE STERILIZATION       |
| A/P  | 204081 | 05/15/24 | 224.82     | INTERNATIONAL BIOMEDICAL       |
| A/P  | 204082 | 05/15/24 | 1,367.85   | IRON MOUNTAIN                  |
| A/P  | 204083 | 05/15/24 | 250.00     | ITERSOURCE CORPORATION         |
| A/P  | 204084 | 05/15/24 | 95.46      | LANGUAGE LINE SERVICES         |
| A/P  | 204085 | 05/15/24 | 426.15     | LOWE'S BUSINESS ACCT/SYNCE     |
| A/P  | 204086 | 05/15/24 | 895.00     | M G TRUST                      |

RUN DATE:05/14/24  
TIME:16:40

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
05/15/24 THRU 05/15/24

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| CODE    | NUMBER | DATE     | AMOUNT     | PAYEE                          |
|---------|--------|----------|------------|--------------------------------|
| A/P     | 204087 | 05/15/24 | 2,590.57   | MCKESSON MEDICAL SURGICAL INC  |
| A/P     | 204088 | 05/15/24 | 3,692.59   | MEDICAL DATA SYSTEMS, INC.     |
| A/P     | 204089 | 05/15/24 | 1,818.95   | MEDLINE INDUSTRIES INC         |
| A/P     | 204090 | 05/15/24 | 58.80      | MEMORIAL MEDICAL CLINIC        |
| A/P     | 204091 | 05/15/24 | 44,200.83  | MOLINA HEALTHCARE TEXAS        |
| A/P     | 204092 | 05/15/24 | .00        | VOIDED                         |
| A/P     | 204093 | 05/15/24 | 18,221.96  | MORRIS & DICKSON CO, LLC       |
| A/P     | 204094 | 05/15/24 | 167.58     | NACOGDOCHES TRANSCRIPTION      |
| A/P     | 204095 | 05/15/24 | 608.48     | NCS PEARSON, INC.              |
| A/P     | 204096 | 05/15/24 | 360.00     | NEOGENOMICS LABORATORIES       |
| A/P     | 204097 | 05/15/24 | 175.00     | NFPA                           |
| A/P     | 204098 | 05/15/24 | 2,178.38   | NOVA BIOMEDICAL                |
| A/P     | 204099 | 05/15/24 | 120.00     | NURSES CHOICE CORPORATION      |
| A/P     | 204100 | 05/15/24 | 611.08     | OLYMPUS AMERICA INC            |
| A/P     | 204101 | 05/15/24 | 1,167.13   | ORTHO CLINICAL DIAGNOSTICS     |
| A/P     | 204102 | 05/15/24 | 334.11     | PARTSSOURCE, LLC               |
| A/P     | 204103 | 05/15/24 | 229.54     | PERFORMANCE HEALTH             |
| A/P     | 204104 | 05/15/24 | 2,838.92   | PRESS GANEY ASSOCIATES, INC.   |
| A/P     | 204105 | 05/15/24 | 211.68     | QUVA PHARMA INC                |
| A/P     | 204106 | 05/15/24 | 1,738.62   | REPUBLIC SERVICES, INC.        |
| A/P     | 204107 | 05/15/24 | 20.48      |                                |
| A/P     | 204108 | 05/15/24 | 5,371.57   | SIEMENS FINANCIAL SERVICES     |
| A/P     | 204109 | 05/15/24 | 3,507.72   | SIEMENS MEDICAL SOLUTIONS INC  |
| A/P     | 204110 | 05/15/24 | 2,049.00   | SOUTH TEXAS BLOOD & TISSUE CEN |
| A/P     | 204111 | 05/15/24 | 1,842.00   | SPARKLIGHT                     |
| A/P     | 204112 | 05/15/24 | 9,836.92   | SPBS CLINICAL EQUIPMENT SRVC   |
| A/P     | 204113 | 05/15/24 | 62.50      | STAPLES                        |
| A/P     | 204114 | 05/15/24 | 6,130.42   | T-SYSTEM, INC                  |
| A/P     | 204115 | 05/15/24 | 425.00     | TED RODRIGUEZ                  |
| A/P     | 204116 | 05/15/24 | 4,770.00   | TEXAS MUTUAL INSURANCE CO      |
| A/P     | 204117 | 05/15/24 | 1,097.96   | THIRD COAST DISTRIBUTING LLC   |
| A/P     | 204118 | 05/15/24 | 379.08     | TMS SOUTH                      |
| A/P     | 204119 | 05/15/24 | 3,467.50   | TRIAGE, LLC                    |
| A/P     | 204120 | 05/15/24 | 78.71      | TRIOSE, INC                    |
| A/P     | 204121 | 05/15/24 | 1,637.97   | TRIZETTO PROVIDER SOLUTIONS    |
| A/P     | 204122 | 05/15/24 | .00        | VOIDED                         |
| A/P     | 204123 | 05/15/24 | .00        | VOIDED                         |
| A/P     | 204124 | 05/15/24 | 22,450.84  | UNIFIRST HOLDINGS INC          |
| A/P     | 204125 | 05/15/24 | 2,200.00   | US POSTAL SERVICE              |
| A/P     | 204126 | 05/15/24 | 450.00     | VANDERBILT HEALTH              |
| A/P     | 204127 | 05/15/24 | 25.60      | VICTORIA ADVOCATE              |
| A/P     | 204128 | 05/15/24 | 548.75     | WAGEWORKS                      |
| A/P     | 204129 | 05/15/24 | 131.25     | WAGEWORKS, INC                 |
| A/P     | 204130 | 05/15/24 | 23,802.07  | BETHANY SENIOR LIVING          |
| A/P     | 204131 | 05/15/24 | 14.41      | GOLDENCREEK HEALTHCARE         |
| A/P     | 204132 | 05/15/24 | 94.68      | GULF POINTE PLAZA              |
| A/P     | 204133 | 05/15/24 | 5,712.00   | TUSCANY VILLAGE                |
| TOTALS: |        |          | 551,287.14 |                                |

APPROVED ON

MAY 15 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

PAYABLES

521,663.98 +

WHTXERS

29,623.16 +

551,287.14 =

## CITIBANK CORPORATE CARD

## Account Statement



## Account Inquiries:

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

International: 1-(904)-854-7314

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

Commercial Card Account  
ROSHANDA S THOMAS

Account Number: XXXX-XXXX-XXXX-9457

## Summary of Account Activity

Total Activity \$4,644.44

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

## Not an invoice. For your records only.

|                        |            |
|------------------------|------------|
| Credit Limit           | \$15,000   |
| Cash Advance Limit     | \$0        |
| Statement Closing Date | 05/03/2024 |
| Days in Billing Period | 30         |

## Transactions

TX. 5-23-24 Confirmation DWR-02753000

| Post Date                                    | Trans Date | MCC  | Reference Number        | Description/Location                    | Amount               |
|----------------------------------------------|------------|------|-------------------------|-----------------------------------------|----------------------|
| ***** NOTICE MEMO ITEM(S) LISTED BELOW ***** |            |      |                         |                                         |                      |
| 04/08                                        | 04/07      | 5065 | 55432864098200106247927 | 1 WIDESPREAD ELECTRICAL 877-999-7077 CO | 80033 USA 160.58 ✓   |
| 04/16                                        | 04/15      | 9399 | 05134374107600039245150 | 2 NPDB NPDB.HRSA.GOV FAIRFAX VA         | 22033 USA 2.50 ✓     |
|                                              |            |      |                         | N107586918                              |                      |
| 04/16                                        | 04/16      | 8999 | 55432864107202919567839 | 3 AMA*CREDENTIALING 800-621-8335 IL     | 60611 USA 44.00 ✓    |
| 04/17                                        | 04/16      | 8220 | 25247804107001227134181 | 4 VC MARKETPLACE VICTORIA TX            | 77901 USA 50.00 ✓    |
| 04/18                                        | 04/18      | 8999 | 55432864109203547657966 | 5 AMA*CREDENTIALING 800-621-8335 IL     | 60611 USA 88.00 ✓    |
| 04/19                                        | 04/18      | 9399 | 05134374110600055865282 | 6 NPDB NPDB.HRSA.GOV FAIRFAX VA         | 22033 USA 2.50 ✓     |
|                                              |            |      |                         | N107750521                              |                      |
| 04/19                                        | 04/18      | 9399 | 05134374110600055865365 | 7 NPDB NPDB.HRSA.GOV FAIRFAX VA         | 22033 USA 2.50 ✓     |
|                                              |            |      |                         | N107750788                              |                      |
| 04/24                                        | 04/23      | 7399 | 55436874114291142265473 | 8 ACHC CARY NC                          | 27513 USA 249.00 ✓   |
|                                              |            |      |                         | 29114226540                             |                      |
| 04/24                                        | 04/24      | 5065 | 55432864115205443982358 | 9 WIDESPREAD ELECTRICAL 877-999-7077 CO | 80033 USA 224.92 ✓   |
| 04/25                                        | 04/24      | 5085 | 85140514115900019922843 | 10 REGIONAL STEEL PRODUCT VICTORIA TX   | 77901 USA 135.84 ✓   |
| 04/30                                        | 04/29      | 9399 | 05134374121600064978248 | 11 NPDB NPDB.HRSA.GOV FAIRFAX VA        | 22033 USA 2.50 ✓     |
|                                              |            |      |                         | N108129721                              |                      |
| 05/01                                        | 04/29      | 8062 | 55457374121200873400064 | 12 TEXAS HOSPITAL ASSOC AUSTIN TX       | 78701 USA 3,540.00 ✓ |
| 05/01                                        | 04/30      | 9399 | 05134374122600064076331 | 13 NPDB NPDB.HRSA.GOV FAIRFAX VA        | 22033 USA 2.50 ✓     |
|                                              |            |      |                         | N108194272                              |                      |
| 05/01                                        | 04/30      | 9399 | 05134374122600064076414 | 14 NPDB NPDB.HRSA.GOV FAIRFAX VA        | 22033 USA 2.50 ✓     |
|                                              |            |      |                         | N108194630                              |                      |
| 05/01                                        | 05/01      | 8999 | 55432864122207649737801 | 15 AMA*CREDENTIALING 800-621-8335 IL    | 60611 USA 44.00 ✓    |
| 05/03                                        | 05/02      | 9399 | 05134374124600042127956 | 16 NPDB NPDB.HRSA.GOV FAIRFAX VA        | 22033 USA 2.50 ✓     |
|                                              |            |      |                         | N108330972                              |                      |

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

CITIBANK, N.A.  
PO BOX 6125  
SIOUX FALLS SD 57117-6125Account Number XXXX-XXXX-XXXX-9457  
Statement Closing Date May 03, 2024Not an invoice.  
For your records only.ROSHANDA S THOMAS  
202 S ANN ST  
PORT LAVACA TX 77979-4204

00007905040

Account: XXXX-XXXX-XXXX-9457

Transactions (con't)

| Post Date                                      | Trans Date | MCC  | Reference Number        | Description/Location                            | Amount  |
|------------------------------------------------|------------|------|-------------------------|-------------------------------------------------|---------|
| 05/03                                          | 05/02      | 9399 | 05134374124600042128038 | 17 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA      | 2.50 ✓  |
| 05/03                                          | 05/03      | 8999 | 55432864124208340615260 | 18 AMA*CREIDENTIALING 800-621-8335 IL 60611 USA | 88.00 ✓ |
| ***** TOTAL AMOUNT OF MEMO ITEM(S): \$4,644.44 |            |      |                         |                                                 | ✓       |

APPROVED ON

MAY 10 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

## Information About Your Citi<sup>®</sup> Corporate Card Account

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
- **Cardholder Credit Line:** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances), which is the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit, if any), is determined by the Company and is a portion of the total Company Credit Line.
- **To Increase or Realocate a Company or Cardholder Credit Line:** The Company may request changes to credit lines by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- **Additional Cardholders:** The Company may request applications for additional Cardholders by contacting Citi Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- **CitiManager<sup>®</sup> Online Tool:** You can easily manage your Citi Corporate Card online using the CitiManager online tool. CitiManager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for CitiManager, please log on to [www.citimanager.com/login](http://www.citimanager.com/login) and click on the 'Self registration for Cardholders' link. From there, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individually billed card account online using CitiManager. Please note that some organizations do not have the CitiManager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance at over 160,000 locations worldwide.
  - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line. It is not an additional line of credit.
  - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.

## Account Inquiries

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

Account: XXXX-XXXX-XXXX-9457

---

" " " " " " " " " " " "

# MEMORIAL MEDICAL CENTER

## PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 5/8/2024

Vendor Address: \_\_\_\_\_

P.O. # \_\_\_\_\_

Vendor Phone #: \_\_\_\_\_

Account # \_\_\_\_\_

Vendor Fax #: \_\_\_\_\_

Initiated By: \_\_\_\_\_

| Date Required |      | Expense #      | Department                    | Deliver To |            | Form # 9401   |
|---------------|------|----------------|-------------------------------|------------|------------|---------------|
| Line No.      | Qty. | Catalog Number | Description                   | Unit Cost  | Unit Meas. | Extended Cost |
| 1             | —    |                | Widespread Electrical -       |            |            | 160.58 ✓      |
| 2             |      |                | Maintenance                   |            |            |               |
| 3             | —    |                | NPDB - 1 provider Enroll      |            |            | 2.50 ✓        |
| 4             | —    |                | AMA Credentialing - 1 Doctor  |            |            | 44.00 ✓       |
| 5             |      |                | Initial + Cont. Monitoring    |            |            |               |
| 6             | —    |                | VC Marketplace - HR           |            |            | 50.00 ✓       |
| 7             | "    | "              | VC Career Fair                | "          | "          | "             |
| 8             | —    |                | AMA Credentialing - 2 Doctors |            |            | 88.00 ✓       |
| 9             |      |                | Initial + Cont. Monitoring    |            |            |               |
| 10            | —    |                | NPDB - 1 provider Enroll      |            |            | 2.50 ✓        |

Est. Freight \_\_\_\_\_

Est. Total Cost \_\_\_\_\_

TOTAL COST \_\_\_\_\_

**NOTES:**

charges made to Roshanda's MC

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

Dept. Director \_\_\_\_\_  
Dir. Nursing \_\_\_\_\_  
Dir. Clinical Services \_\_\_\_\_  
CFO \_\_\_\_\_  
Administrator Guin Clewinger

2

# MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 5/8/2024

Vendor Address: \_\_\_\_\_

P.O. # \_\_\_\_\_

Vendor Phone #: \_\_\_\_\_

Account # \_\_\_\_\_

Vendor Fax #: \_\_\_\_\_

Initiated By: \_\_\_\_\_

| Date Required |      | Expense #      | Department                                                | Deliver To      |            | Form # 9401                         |
|---------------|------|----------------|-----------------------------------------------------------|-----------------|------------|-------------------------------------|
| Line No.      | Qty. | Catalog Number | Description                                               | Unit Cost       | Unit Meas. | Extended Cost                       |
| 1             | -    |                | NPDB - 1 provider Enroll                                  |                 |            | 2.50 ✓                              |
| 2             | -    |                | Wide Spread Electrical                                    |                 |            | 224.92                              |
| 3             |      |                | Maintenance                                               |                 |            |                                     |
| 4             | -    |                | Regional Steel Product                                    |                 |            | 135.94 ✓                            |
| 5             |      |                | Maintenance                                               |                 |            |                                     |
| 6             | -    |                | NPDB - 1 provider Enroll                                  |                 |            | 2.50 ✓                              |
| 7             | -    |                | Texas Hospital Assoc - Registration                       |                 |            | 3540.00 ✓                           |
| 8             |      |                | for THT Conference in July                                |                 |            | JULY 25-27, 2024<br>San Antonio, TX |
| 9             |      |                | Steve Brock, CFO; Michael Chavana,                        |                 |            |                                     |
| 10            |      |                | Dallas Franklin, Kay McPherson - Board members            |                 |            |                                     |
|               |      |                | Judge Richard Meyer and Anne Marie Catefor - to reimburse |                 |            |                                     |
| NOTES:        |      |                | Est. Freight                                              | Est. Total Cost | TOTAL COST |                                     |

Charges made to Roshanda's MC

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

Dept. Director \_\_\_\_\_  
Dir. Nursing \_\_\_\_\_  
Dir. Clinical Services \_\_\_\_\_  
CFO \_\_\_\_\_  
Administrator Gavin Clevenger

# MEMORIAL MEDICAL CENTER PURCHASE ORDER

3

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

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

Vendor Name: Citibank

Date: 5/8/2024

Vendor Address: \_\_\_\_\_

P.O. # \_\_\_\_\_

Vendor Phone #: \_\_\_\_\_

Account # \_\_\_\_\_

Vendor Fax #: \_\_\_\_\_

Initiated By: \_\_\_\_\_

| Date Required | Expense #  | Department                                | Deliver To |            | Form # 9401   |
|---------------|------------|-------------------------------------------|------------|------------|---------------|
| Line No.      |            | Description                               | Unit Cost  | Unit Meas. | Extended Cost |
| 1             | 160.58 +   |                                           |            |            |               |
|               | 2.50 +     | NPDB - 1 provider Enroll                  |            |            | 2.50 ✓        |
| 2             | 44.00 +    |                                           |            |            |               |
|               | 50.00 +    | NPDB - 1 provider Enroll                  |            |            | 2.50 ✓        |
| 3             | 88.00 +    |                                           |            |            |               |
|               | 2.50 +     | AMA Credentialing - 1 Doctor              |            |            | 44.00 ✓       |
| 4             | 2.50 +     |                                           |            |            |               |
|               | 224.92 +   | Cont Initial + Cont monitoring            |            |            |               |
| 5             | 135.94 +   |                                           |            |            |               |
|               | 2.50 +     | NPDB - 1 provider Enroll                  |            |            | 2.50 ✓        |
| 6             | 3,540.00 + |                                           |            |            |               |
|               | 2.50 +     | NPDB - 1 provider Enroll                  |            |            | 2.50 ✓        |
| 7             | 2.50 +     |                                           |            |            |               |
|               | 44.00 +    | AMA Credentialing - 2 Doctors             |            |            | 88.00 ✓       |
| 8             | 2.50 +     |                                           |            |            |               |
|               | 2.50 +     | Initial + Cont. Monitoring                |            |            |               |
| 9             | 88.00 +    |                                           |            |            |               |
|               | 249.00 +   | Lab University - IDEP-E-Optimizer Program |            |            | 249.00 ✓      |
| 10            | 4,644.44   | 5/11/24 - 5/11/25                         |            |            |               |

Est. Freight \_\_\_\_\_

Est. Total Cost \_\_\_\_\_

TOTAL COST \$4,104.44

**NOTES:**

Charges made to Roshanda's MC

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

Dept. Director \_\_\_\_\_  
Dir. Nursing \_\_\_\_\_  
Dir. Clinical Services \_\_\_\_\_  
CFO \_\_\_\_\_  
Administrator Anis Clement

**McKESSON****STATEMENT**

As of: 05/10/2024

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115  
Customer INV SupplD:  
Territory:

Customer: 632536  
Date: 05/11/2024

As of: 05/10/2024 Page: 002  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536 PLEASE CHECK ANY  
Date: 05/11/2024 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 1,431.03 USD

Future Due: 0.00

If Paid By 05/14/2024,  
Pay This Amount:

1,402.39 USD

Due If Paid On Time:  
USD

1,402.39

Past Due: 0.00

Disc lost if paid late:

28.64

Last Payment 2,451.97  
08/07/2017

If Paid After 05/14/2024,  
Pay this Amount:

1,431.03 USD

Due If Paid Late:  
USD

1,431.03

APPROVED ON

MAY 13 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

1,246.71 +  
8.85 +  
6.86 +  
139.97 +  
1,402.39

Andrew Delo Santos  
5/13/24

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

**McKESSON**

**STATEMENT**

As of: 05/10/2024

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 256342  
Date: 05/11/2024

As of: 05/10/2024 Page: 001  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 05/11/2024 ITEMS NOT PAID (✓)

| Billing<br>Date                                 | Due<br>Date | Receivable<br>Number | National Account<br>Order<br>Reference | Description | Cash<br>Discount | Amount<br>(gross) | P<br>F | Amount<br>(net) | P<br>F | Receivable<br>Number |   |
|-------------------------------------------------|-------------|----------------------|----------------------------------------|-------------|------------------|-------------------|--------|-----------------|--------|----------------------|---|
| Customer Number 256342 WALMART 1098/MEM MED PHS |             |                      |                                        |             |                  |                   |        |                 |        |                      |   |
| 05/06/2024                                      | 05/14/2024  | 7494489325           | 115058401                              | 115Invoice  | 1.34             | 66.99             |        | 65.65 X         |        | 7494489325           | ✓ |
| 05/06/2024                                      | 05/14/2024  | 7494684339           | 115064480                              | 195Invoice  | 0.02             | 0.95              |        | 0.93 X          |        | 7494684339           | ✓ |
| 05/06/2024                                      | 05/14/2024  | 7494684341           | 114986612                              | 195Invoice  | 7.39             | 369.41            |        | 362.02 X        |        | 7494684341           | ✓ |
| 05/06/2024                                      | 05/14/2024  | 7494684343           | 114991423                              | 115Invoice  | 5.23             | 261.50            |        | 256.27 X        |        | 7494684343           | ✓ |
| 05/06/2024                                      | 05/14/2024  | 7494684344           | 114964274                              | 115Invoice  | 0.09             | 4.43              |        | 4.34 X          |        | 7494684344           | ✓ |
| 05/07/2024                                      | 05/14/2024  | 7494830604           | 115222714                              | 115Invoice  | 0.01             | 0.49              |        | 0.48 X          |        | 7494830604           | ✓ |
| 05/07/2024                                      | 05/14/2024  | 7494976891           | 115234105                              | 115Invoice  | 0.69             | 34.32             |        | 33.63 X         |        | 7494976891           | ✓ |
| 05/07/2024                                      | 05/14/2024  | 7494976892           | 115229356                              | 195Invoice  | 0.02             | 0.95              |        | 0.93 X          |        | 7494976892           | ✓ |
| 05/08/2024                                      | 05/14/2024  | 7495083511           | 115376742                              | 115Invoice  | 0.01             | 0.32              |        | 0.31 X          |        | 7495083511           | ✓ |
| 05/08/2024                                      | 05/14/2024  | 7495267847           | 115389522                              | 115Invoice  | 0.48             | 23.88             |        | 23.40 X         |        | 7495267847           | ✓ |
| 05/09/2024                                      | 05/14/2024  | 7495348016           | 115570995                              | 115Invoice  | 0.01             | 0.32              |        | 0.31 X          |        | 7495348016           | ✓ |
| 05/09/2024                                      | 05/14/2024  | 7495527082           | 115521220                              | 115Invoice  | 0.01             | 0.32              |        | 0.31 X          |        | 7495527082           | ✓ |
| 05/10/2024                                      | 05/14/2024  | 7495628787           | 115622000                              | 115Invoice  | 0.01             | 0.63              |        | 0.62 X          |        | 7495628787           | ✓ |
| 05/10/2024                                      | 05/14/2024  | 7495628788           | 115693402                              | 115Invoice  | 9.68             | 484.10            |        | 474.42 X        |        | 7495628788           | ✓ |
| 05/10/2024                                      | 05/14/2024  | 7495805927           | 115628272                              | 195Invoice  | 0.47             | 23.56             |        | 23.09 X         |        | 7495805927           | ✓ |

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 1,272.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,254.13  
05/06/2024

If Paid By 05/14/2024,  
Pay This Amount:

1,246.71 USD

If Paid After 05/14/2024,  
Pay this Amount:

1,272.17 USD

APPROVED ON

MAY 13 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Due If Paid On Time:  
USD

1,246.71 ✓✓

Disc lost if paid late:

25.46

Due If Paid Late:  
USD

1,272.17 ✓

Andrew De la Torre  
5/13/24

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

**McKESSON**

**STATEMENT**

As of: 05/10/2024

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 820405  
Date: 05/11/2024

As of: 05/10/2024  
Mail to: Page: 001  
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 820405  
Date: 05/11/2024

PLEASE CHECK ANY  
ITEMS NOT PAID (✓)

| Billing<br>Date                                  | Due<br>Date | Receivable<br>Number | National Account<br>Order<br>Reference | Description | Cash<br>Discount | Amount<br>(gross) | P<br>F | Amount<br>(net) | P<br>F | Receivable<br>Number |  |
|--------------------------------------------------|-------------|----------------------|----------------------------------------|-------------|------------------|-------------------|--------|-----------------|--------|----------------------|--|
| Customer Number 820405 HEB PHCY WHSE/MEM MED PHS |             |                      |                                        |             |                  |                   |        |                 |        |                      |  |
| 05/09/2024                                       | 05/14/2024  | 7495352621           | B2405-055-158352                       | 115Invoice  | 0.18             | 9.03              |        | 8.85            | X      | 7495352621           |  |

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

TOTAL: Customer Number 820405 HEB PHCY WHSE/MEM MED PHS

Subtotals: 9.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,254.13  
05/06/2024

If Paid By 05/14/2024,  
Pay This Amount:

8.85 USD

If Paid After 05/14/2024,  
Pay this Amount:

9.03 USD

Due If Paid On Time:  
USD

8.85 X ✓

Disc lost if paid late:

0.18

Due If Paid Late:  
USD

9.03

APPROVED ON

MAY 13 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Andrew DeFoster ✓  
5/13/24

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

**McKESSON**

**STATEMENT**

As of: 05/10/2024

Page: 001

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

Company 8000

CVS PHCY 8923/MEM MC PHS  
MEMORIAL MEDICAL CENTER  
VICKY KALISEK  
815 N VIRGINIA ST  
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 835434  
Date: 05/11/2024

As of: 05/10/2024 Page: 001  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835434 PLEASE CHECK ANY  
Date: 05/11/2024 ITEMS NOT PAID (✓)

| Billing Date           | Due Date                 | Receivable Number | National Account Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number |   |
|------------------------|--------------------------|-------------------|----------------------------------|-------------|---------------|----------------|-----|--------------|-----|-------------------|---|
| Customer Number 835434 | CVS PHCY 8923/MEM MC PHS |                   |                                  |             |               |                |     |              |     |                   |   |
| 05/08/2024             | 05/14/2024               | 7495161967        | 3230785                          | 115Invoice  | 0.14          | 7.00           |     | 6.86         | ✓   | 7495161967        | ✓ |

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

**TOTAL:** Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 7.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,444.11  
04/29/2024

If Paid By 05/14/2024,  
Pay This Amount:

6.86 USD

If Paid After 05/14/2024,  
Pay this Amount:

7.00 USD

Due If Paid On Time:  
USD

6.86 ✓

Disc lost if paid late:

0.14

Due If Paid Late:  
USD

7.00

APPROVED ON

MAY 13 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY TEXAS

✓ Andrew DeFolante  
5/13/24

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

**MCKESSON**

**STATEMENT**

As of: 05/10/2024

Page: 001

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

Company: 8000

CVS PHCY 7416/MEM MC PHS  
MEMORIAL MEDICAL CENTER  
VICKY KALISEK  
815 N VIRGINIA ST  
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 835437  
Date: 05/11/2024

As of: 05/10/2024 Page: 001  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835437 PLEASE CHECK ANY  
Date: 05/11/2024 ITEMS NOT PAID (✓)

| Billing Date                                    | Due Date   | Receivable Number | National Account<br>Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number |   |
|-------------------------------------------------|------------|-------------------|-------------------------------------|-------------|---------------|----------------|-----|--------------|-----|-------------------|---|
| Customer Number 835437 CVS PHCY 7416/MEM MC PHS |            |                   |                                     |             |               |                |     |              |     |                   |   |
| 05/08/2024                                      | 05/14/2024 | 7495285726        | 3229393                             | 115Invoice  | 2.86          | 142.83         |     | 139.97       | X   | 7495285726        | ✓ |

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

**TOTAL:** Customer Number 835437 CVS PHCY 7416/MEM MC PHS

Subtotals: 142.83 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,254.13  
05/06/2024

If Paid By 05/14/2024,  
Pay This Amount:

139.97 USD

If Paid After 05/14/2024,  
Pay this Amount:

142.83 USD

Due If Paid On Time:  
USD

139.97 X ✓

Disc lost if paid late:

2.86 ✓

Due If Paid Late:  
USD

142.83

APPROVED ON

MAY 13 2024

BY COUNTY AUDITOR  
GALHOUN COUNTY, TEXAS

✓ Andrew Dela Santos  
5/13/24

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



## STATEMENT

Statement Number: 67417257  
Date: 05-10-2024

1 of 1

Served By:

AMERISOURCEBERGEN DRUG CORP  
12727 W. AIRPORT BLVD.  
SUGAR LAND TX 77478-6101

Customer:

WALGREENS #12494 340B  
MEMORIAL MEDICAL CENTER  
1302 N VIRGINIA ST  
PORT LAVACA TX 77979-2509

## Customer Number

100135284 / 037028186

## Terms

Sat - Fri Due in 7 days ✓

## Summary

|                  |        |
|------------------|--------|
| Not Yet Due:     | 0.00   |
| Current:         | 327.18 |
| Past Due:        | 0.00   |
| Total Due:       | 327.18 |
| Account Balance: | 327.18 |

Remit To:

AMERISOURCEBERGEN  
PO Box 905223  
CHARLOTTE NC 28290-5223

## Account Activity

| Document Date | Due Date   | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance  |
|---------------|------------|------------------|-----------------------|---------------|-----------------|--------------|-----------------|----------|
| 05-06-2024    | 05-17-2024 | 3174011509       | 7006428414            | Invoice       | 46.32 X         |              | 0.00            | 46.32 ✓  |
| 05-07-2024    | 05-17-2024 | 3174179127       | 7006445737            | Invoice       | 45.02 X         |              | 0.00            | 45.02 ✓  |
| 05-07-2024    | 05-17-2024 | 3174179128       | 7006451312            | Invoice       | 114.17 X        |              | 0.00            | 114.17 ✓ |
| 05-07-2024    | 05-17-2024 | 3174179129       | 7006455973            | Invoice       | 62.82 X         |              | 0.00            | 62.82 ✓  |
| 05-08-2024    | 05-17-2024 | 3174344163       | 7006463005            | Invoice       | 25.96 X         |              | 0.00            | 25.96 ✓  |
| 05-09-2024    | 05-17-2024 | 3174488459       | 7006472298            | Invoice       | 12.96 X         |              | 0.00            | 12.96 ✓  |
| 05-10-2024    | 05-17-2024 | 3174647896       | 7006482892            | Invoice       | 19.93 X         |              | 0.00            | 19.93 ✓  |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|---------|-----------|------------|------------|------------|-------------|---------------|
| 327.18  | 0.00      | 0.00       | 0.00       | 0.00       | 0.00        | 0.00          |

## Thank You for Your Payment

| Date       | Amount   |
|------------|----------|
| 05-10-2024 | (444.21) |

APPROVED ON

MAY 13 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

## Reminders

| Due Date   | Amount |
|------------|--------|
| 05-17-2024 | 327.18 |
| Total Due: | 327.18 |

✓ Andrew Detas Santos  
5/13/24

MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 6, 2024 - May 12, 2024

| Date      | Bank Description                             |
|-----------|----------------------------------------------|
| 5/10/2024 | PAY PLUS ACHTrans 000000022442438 1010006993 |
| 5/10/2024 | EXPERTPAY EXPERTPAY 746003411 91000013770021 |
| 5/10/2024 | AMERISOURCE BERG PAYMENTS 0100007768 2100002 |
| 5/10/2024 | TSYS/TRANSFIRST MERCH FEES 39300982589946 61 |
| 5/10/2024 | TSYS/TRANSFIRST MERCH FEES 41399801368397 61 |
| 5/10/2024 | TSYS/TRANSFIRST MERCH FEES 41399801332419 61 |
| 5/10/2024 | TSYS/TRANSFIRST MERCH FEES 41399801332385 61 |
| 5/10/2024 | TSYS/TRANSFIRST MERCH FEES 41399801332401 61 |
| 5/10/2024 | TSYS/TRANSFIRST MERCH FEES 41399801332393 61 |
| 5/10/2024 | MEMORIAL MEDICAL PAYROLL 746003411 113122650 |
| 5/9/2024  | WIRE OUT HEALTHEQUITY                        |
| 5/9/2024  | PAY PLUS ACHTrans 000000022267875 1010006982 |
| 5/9/2024  | HPHG LLC MEMORIAL MemMedCtr PtLav 1131226500 |
| 5/9/2024  | HPHG LLC MEMORIAL MemMedCtr PtLav 1131226500 |
| 5/9/2024  | HEALTHEQUITY INC HealthEqui 1356888 91000015 |
| 5/8/2024  | PAY PLUS ACHTrans 000000022182734 1010006970 |
| 5/8/2024  | CLEARGAGE LLC CLEARGAGE, 8G0JUNKD3319W3N 242 |
| 5/7/2024  | PAY PLUS ACHTrans 000000022044514 1010006958 |
| 5/7/2024  | MCKESSON DRUG AUTO ACH ACH05982616 910000141 |
| 5/6/2024  | PAY PLUS ACHTrans 000000021827150 1010006944 |
| 5/6/2024  | FDMS FDMS PYMT 052-2000500-000 4100012368188 |
| 5/6/2024  | FDMS FDMS PYMT 052-1601830-000 4100012366186 |

| MMC Notes                         |
|-----------------------------------|
| - 3rd Party Payor Fee             |
| - Child Support Payment           |
| - 340B Drug Program Expense       |
| - Credit Card Processing Fee      |
| - Credit Card Processing Fee      |
| - Credit Card Processing Fee      |
| - Credit Card Processing Fee      |
| - Credit Card Processing Fee      |
| - Credit Card Processing Fee      |
| - Credit Card Processing Fee      |
| - Credit Card Processing Fee      |
| - Payroll                         |
| - Wageworks                       |
| - 3rd Party Payor Fee             |
| - Health Insurance Claim Payments |
| - Health Insurance Claim Payments |
| - Health Insurance Claim Payments |
| - EmpDeduct/Employer Contribut    |
| - 3rd Party Payor Fee             |
| - Patient Financing Service       |
| - 3rd Party Payor Fee             |
| - 340B Drug Program Expense       |
| - 3rd Party Payor Fee             |
| - Credit Card Processing Fee      |
| - Credit Card Processing Fee      |

| Amount                    | CPSI "Handwritten" Check" # |
|---------------------------|-----------------------------|
| 64.57 ✓                   | 9011                        |
| 570.69 <del>XXX</del>     | 8005                        |
| 444.21 <del>XXX</del>     | 5006                        |
| 129.00 ✓                  | 9011                        |
| 1,531.37 ✓                | 9011                        |
| 255.87 ✓                  | 9011                        |
| 57.70 ✓                   | 9011                        |
| 577.30 ✓                  | 9011                        |
| 281.61 ✓                  | 9011                        |
| 1,368.67 ✓                | 9011                        |
| 1,248.75 ✓                | 9011                        |
| 371,780.49 *              |                             |
| 18,860.96 *               | 8005                        |
| 338.51 ✓                  | 9011                        |
| 22,041.67 <del>XXX</del>  | 8005                        |
| 104,965.74 <del>XXX</del> | 8005                        |
| 32,083.55 <del>XXX</del>  | 8005                        |
| 1,272.83 *                | 8005                        |
| 15.66 ✓                   | 9011                        |
| 109.00 ✓                  | 700                         |
| 0.62 ✓                    | 901                         |
| 4,254.13 *                | 500                         |
| 74.08 ✓                   | 901                         |
| 75.67 ✓                   | 901                         |
| 32.45 ✓                   | 901                         |
| 562,435.10 ✓              |                             |

PAY PLUS  
64.57 +  
338.51 +  
15.66 +  
0.62 +  
74.08 +  
493.44 +  
0.00  
Amerisource  
55.00 +  
55.00 +  
0.00  
CC Fees  
129.00 +  
1,531.37 +  
255.87 +  
57.70 +  
577.30 +  
281.61 +  
1,368.67 +  
1,248.75 +  
75.67 +  
32.45 +  
5,558.39 +  
0.00  
Clearage  
109.00 +  
109.00 +

Andrew De Los Santos  
ANDREW DE LOS SANTOS  
Memorial Medical Center

May 13, 2024

PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

| Date      | Description                                    |
|-----------|------------------------------------------------|
| 5/15/2024 | - TEXAS COUNTY DRS RECEIVABLE 0419 21000024329 |
| 5/20/2024 | - WEBFILE TAX PYMT DD                          |

| MMC Notes            |
|----------------------|
| - Retirement Funding |
| - Sales Tax          |

| Amount       |
|--------------|
| 185,678.64 ✓ |
| 2,057.03 ✓   |
| 187,735.67 ✓ |

Andrew De Los Santos  
ANDREW DE LOS SANTOS  
Memorial Medical Center

APPROVED ON  
May 13, 2024  
MAY 13 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

493.44 +  
55.00 +  
5,558.39 +  
109.00 +  
6,215.83 +

☑ Confirmation: You Have Filed Successfully

## Sales and Use Tax Period Ending 04/30/2024 (2404)

|                                      |                                    |                                         |
|--------------------------------------|------------------------------------|-----------------------------------------|
| <b>Taxpayer ID:</b>                  | <b>Taxpayer Name:</b>              | <b>Entered By:</b> Caitlin Clevenger    |
| <b>User ID:</b>                      | MEMORIAL MEDICAL CENTER ✓          | <b>Email Address:</b>                   |
| <b>Reference Number:</b> 13424063086 | <b>Taxpayer Address:</b>           |                                         |
| <b>Date and Time of Filing:</b>      | 815 N VIRGINIA ST PORT LAVACA , TX | <b>Telephone Number:</b> (361) 552-0272 |
| 05/13/2024, 08:45:22 AM              | 77979-3025                         |                                         |
|                                      | <b>IP Address:</b> 24.116.195.218  |                                         |

### PAYMENT SUMMARY

|                                     |                                              |                                           |
|-------------------------------------|----------------------------------------------|-------------------------------------------|
| <b>Electronic Check</b>             | <b>Payment Reference Number:</b> 13424063598 | <b>Type of Bank Account:</b> Checking     |
| <b>State Amount:</b> \$1,558.36     | <b>Trace Number:</b> 75705546                | <b>Accountholder Name:</b>                |
| <b>Local Amount:</b> \$498.67       |                                              | Memorial Medical Center                   |
| <b>Amount to Pay:</b> \$2,057.03    |                                              | <b>Bank Routing Number:</b>               |
| <b>Electronic Check:</b> \$2,057.03 |                                              | <b>Bank Account Number:</b>               |
|                                     |                                              | <b>Payment Effective Date:</b> 05/17/2024 |

### CREDIT SUMMARY

#### Credits Taken

Are you taking credit to reduce taxes due on this return? No

#### Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker Export Certifications? No

### LOCATION SUMMARY

| Loc #           | Total Texas Sales | Taxable Sales | Taxable Purchases | Subject to State Tax (Rate .0625) | State Tax Due   | Subject to Local Tax | Local Tax Rate | Local Tax Due |
|-----------------|-------------------|---------------|-------------------|-----------------------------------|-----------------|----------------------|----------------|---------------|
| 00004           | 25,059            | 25,059        | 0.00              | 25,059                            | 1,566.19        | 25,059               | 0.02           | 501.18        |
| <b>SubTotal</b> | <b>25,059</b>     | <b>25,059</b> | <b>0</b>          | <b>25,059</b>                     | <b>1,566.19</b> | <b>25,059</b>        |                | <b>501.18</b> |

**Total Tax for Locations** **2,067.37**

Total Tax Due: **\$2,067.37**

Timely Filing Discount: **- \$10.34**

Balance Due: **\$2,057.03**

Pending Payments: **- \$0.00**

**Total Amount Due and Payable: **\$2,057.03**** ✓

( State amount due is \$1,558.36 ) ( Local amount due is \$498.67 )

B.D.

**Date/Time** 05-09-2024 / 02:56 PM  
**Submitted By** cclevenger256

**Pay Date** 04-30-2024

|                          |                       |
|--------------------------|-----------------------|
| Employee Deposits        | \$76,142.50           |
| Employer Contributions   | \$109,536.14          |
| Group Term Life Premiums | \$0.00                |
| <b>Total</b>             | <b>\$185,678.64</b> ✓ |

**Comments**

**Payroll File** April 2024 Retirement Upload.xlsx ✓

Q.D.

CLOSE

PRINT

90 Degree benefits

| CHANG | SAPNO | LOCNO | EMPLNO | DEPTNO | CLASPRG | CLMNO    | CLASRUF | CHDRT    | AMT         | CLMTP | PAYEE                           | PAYTO | QYOD | QYETP | FIRSTNAME | LASTNAME | CODE | VOID | FROMDT    | THRUOT    | PAYNO     |
|-------|-------|-------|--------|--------|---------|----------|---------|----------|-------------|-------|---------------------------------|-------|------|-------|-----------|----------|------|------|-----------|-----------|-----------|
| 1447  | 76351 | 2     | 33     | 0      | 2024    | 92001258 | 0       | 4/8/2024 | \$88.80     | 1     | BCM PHYSICIANS                  | P     | 484  | 0     |           |          | ODXS | F    | 3/25/2024 | 3/25/2024 | 300791563 |
| 1448  | 76351 | 2     | 33     | 0      | 2024    | 92001270 | 0       | 4/8/2024 | \$134.82    | 1     | BCM PHYSICIANS                  | P     | 457  | 0     |           |          | OVS  | F    | 3/25/2024 | 3/25/2024 | 300791563 |
| 1449  | 76351 | 2     | 33     | 0      | 2024    | 92001245 | 0       | 4/8/2024 | \$239.38    | 1     | BCM PHYSICIANS                  | P     | 484  | 0     |           |          | ODXS | F    | 3/25/2024 | 3/25/2024 | 300791563 |
| 1450  | 76351 | 3     | 11     | 0      | 2024    | 71000608 | 0       | 4/8/2024 | \$10.31     | 1     | SINGLETON ASSOCIATES PA         | P     | 189  | 0     |           |          | ERD  | F    | 2/14/2024 | 2/14/2024 | 741680498 |
| 1451  | 76351 | 3     | 25     | 0      | 2024    | 72000837 | 0       | 4/8/2024 | \$22.36     | 1     | SINGLETON ASSOCIATES PA         | P     | 189  | 0     |           |          | ERD  | F    | 2/7/2024  | 2/7/2024  | 741680498 |
| 1452  | 76351 | 3     | 29     | 0      | 2024    | 92002467 | 0       | 4/8/2024 | \$22.47     | 1     | CHELIF JUNIOR MD                | P     | 484  | 0     |           |          | ODXS | F    | 2/22/2024 | 3/19/2024 | 471158090 |
| 1453  | 76351 | 3     | 48     | 0      | 2024    | 74000575 | 0       | 4/8/2024 | \$32.25     | 1     | SINGLETON ASSOCIATES PA         | P     | 181  | 0     |           |          | XRAY | F    | 3/1/2024  | 3/1/2024  | 741680498 |
| 1454  | 76351 | 3     | 11     | 0      | 2024    | 71000597 | 0       | 4/8/2024 | \$62.95     | 1     | SINGLETON ASSOCIATES PA         | P     | 189  | 0     |           |          | ERD  | F    | 2/14/2024 | 2/14/2024 | 741680498 |
| 1455  | 76351 | 3     | 53     | 0      | 2024    | 88001098 | 0       | 4/8/2024 | \$74.22     | 1     | NOE R. OLVERA, MD, PA           | P     | 457  | 0     |           |          | OVS  | F    | 1/22/2024 | 1/22/2024 | 262712038 |
| 1456  | 76351 | 3     | 49     | 0      | 2024    | 68000705 | 0       | 4/8/2024 | \$90.47     | 1     | SINGLETON ASSOCIATES PA         | P     | 321  | 0     |           |          | MRIO | F    | 2/28/2024 | 2/28/2024 | 741680498 |
| 1457  | 76351 | 3     | 49     | 0      | 2024    | 72000806 | 0       | 4/8/2024 | \$90.47     | 1     | SINGLETON ASSOCIATES PA         | P     | 321  | 0     |           |          | MRIO | F    | 2/29/2024 | 2/29/2024 | 741680498 |
| 1458  | 76351 | 3     | 29     | 0      | 2024    | 67001150 | 0       | 4/8/2024 | \$111.14    | 1     | SINGLETON ASSOCIATES PA         | P     | 324  | 0     |           |          | CAT  | F    | 2/13/2024 | 2/13/2024 | 741680498 |
| 1459  | 76351 | 3     | 48     | 0      | 2024    | 81000796 | 0       | 4/8/2024 | \$170.81    | 1     | SCOTT P. STEIN, D.O., P.A.      | P     | 457  | 0     |           |          | OVS  | F    | 2/28/2024 | 2/28/2024 | 742861393 |
| 1460  | 76351 | 3     | 29     | 0      | 2024    | 65000115 | 0       | 4/8/2024 | \$223.31    | 1     | ESS OF PORT LAVACA LLC          | P     | 189  | 0     |           |          | ERD  | F    | 2/19/2024 | 2/19/2024 | 815248556 |
| 1461  | 76351 | 3     | 11     | 0      | 2024    | 87000064 | 0       | 4/8/2024 | \$346.62    | 1     | VICTORIA EMERGENCY PARTNERS     | P     | 189  | 0     |           |          | ERD  | F    | 2/14/2024 | 2/14/2024 | 455637445 |
| 1466  | 76360 | 2     | 8      | 0      | 2024    | 81000235 | 0       | 4/8/2024 | \$87.44     | 1     | BETTY STEER MSN                 | P     | 487  | 0     |           |          | URG  | F    | 3/13/2024 | 3/13/2024 | 421639127 |
| 1467  | 76360 | 3     | 21     | 1      | 2024    | 92000706 | 0       | 4/8/2024 | \$19,459.00 | 1     | LIBERTY DIALYSIS VICTORIA       | P     | 465  | 0     |           |          | HDI  | F    | 2/1/2024  | 2/79/2024 | 267438451 |
| 1468  | 76360 | 3     | 40     | 0      | 2024    | 68000697 | 0       | 4/8/2024 | \$10.75     | 1     | SINGLETON ASSOCIATES PA         | P     | 181  | 0     |           |          | XRAY | F    | 2/26/2024 | 2/26/2024 | 741680498 |
| 1469  | 76360 | 3     | 49     | 1      | 2024    | 74000683 | 0       | 4/8/2024 | \$11.19     | 1     | SINGLETON ASSOCIATES PA         | P     | 189  | 0     |           |          | ERD  | F    | 3/2/2024  | 3/2/2024  | 741680498 |
| 1470  | 76360 | 3     | 74     | 0      | 2024    | 86000564 | 0       | 4/8/2024 | \$11.19     | 1     | SINGLETON ASSOCIATES PA         | P     | 189  | 0     |           |          | ERD  | F    | 3/14/2024 | 3/14/2024 | 741680498 |
| 1471  | 76360 | 3     | 2      | 1      | 2024    | 71001172 | 0       | 4/8/2024 | \$11.61     | 1     | SINGLETON ASSOCIATES PA         | P     | 183  | 0     |           |          | RAD  | F    | 2/13/2024 | 2/13/2024 | 741680498 |
| 1472  | 76360 | 3     | 47     | 0      | 2024    | 79001296 | 0       | 4/8/2024 | \$13.37     | 1     | SINGLETON ASSOCIATES PA         | P     | 181  | 0     |           |          | XRAY | F    | 3/6/2024  | 3/6/2024  | 741680498 |
| 1473  | 76360 | 3     | 30     | 0      | 2024    | 88001123 | 0       | 4/8/2024 | \$13.37     | 1     | SINGLETON ASSOCIATES PA         | P     | 181  | 0     |           |          | XRAY | F    | 3/19/2024 | 3/19/2024 | 741680498 |
| 1474  | 76360 | 3     | 98     | 0      | 2024    | 67001141 | 0       | 4/8/2024 | \$14.21     | 1     | SINGLETON ASSOCIATES PA         | P     | 181  | 0     |           |          | XRAY | F    | 2/22/2024 | 2/22/2024 | 741680498 |
| 1475  | 76360 | 3     | 16     | 0      | 2024    | 82001350 | 0       | 4/8/2024 | \$22.98     | 1     | PODIATRY ASSOCIATES OF VICTORIA | P     | 457  | 0     |           |          | OVS  | F    | 3/19/2024 | 3/19/2024 | 200719703 |
| 1476  | 76360 | 3     | 32     | 1      | 2024    | 87000838 | 0       | 4/8/2024 | \$40.02     | 1     | SINGLETON ASSOCIATES PA         | P     | 181  | 0     |           |          | XRAY | F    | 1/30/2024 | 1/30/2024 | 741680498 |
| 1479  | 76360 | 3     | 60     | 0      | 2024    | 92001231 | 0       | 4/8/2024 | \$65.89     | 1     | FRANK S PARMA MD                | P     | 177  | 0     |           |          | OV   | F    | 3/26/2024 | 3/26/2024 | 742608003 |
| 1481  | 76360 | 3     | 80     | 1      | 2024    | 75000821 | 0       | 4/8/2024 | \$82.74     | 1     | SINGLETON ASSOCIATES PA         | P     | 321  | 0     |           |          | MRIO | F    | 2/7/2024  | 2/7/2024  | 741680498 |
| 1482  | 76360 | 3     | 30     | 0      | 2024    | 72000825 | 0       | 4/8/2024 | \$83.52     | 1     | SINGLETON ASSOCIATES PA         | P     | 172  | 0     |           |          | AB   | F    | 2/29/2024 | 2/29/2024 | 741680498 |
| 1483  | 76360 | 3     | 41     | 0      | 2024    | 81000795 | 0       | 4/8/2024 | \$83.52     | 1     | SINGLETON ASSOCIATES PA         | P     | 172  | 0     |           |          | AB   | F    | 3/8/2024  | 3/8/2024  | 741680498 |
| 1484  | 76360 | 3     | 43     | 1      | 2024    | 86000542 | 0       | 4/8/2024 | \$95.84     | 1     | KHIEM VU DO PA                  | P     | 177  | 0     |           |          | OV   | F    | 1/2/2024  | 1/2/2024  | 451261253 |
| 1485  | 76360 | 3     | 26     | 0      | 2024    | 75000812 | 0       | 4/8/2024 | \$97.02     | 1     | SINGLETON ASSOCIATES PA         | P     | 181  | 0     |           |          | XRAY | F    | 3/4/2024  | 3/4/2024  | 741680498 |
| 1486  | 76360 | 3     | 41     | 0      | 2024    | 88001053 | 0       | 4/8/2024 | \$127.90    | 1     | SINGLETON ASSOCIATES PA         | P     | 181  | 0     |           |          | XRAY | F    | 3/19/2024 | 3/19/2024 | 741680498 |
| 1488  | 76360 | 3     | 54     | 0      | 2024    | 78001153 | 0       | 4/8/2024 | \$153.60    | 1     | VICTORIA EP PLLC                | P     | 189  | 0     |           |          | ERD  | F    | 3/7/2024  | 3/7/2024  | 474741110 |
| 1489  | 76360 | 3     | 16     | 2      | 2024    | 88001065 | 0       | 4/8/2024 | \$153.60    | 1     | ESS OF PORT LAVACA LLC          | P     | 189  | 0     |           |          | ERD  | F    | 2/12/2024 | 2/12/2024 | 815248556 |
| 1490  | 76360 | 3     | 49     | 1      | 2024    | 80000415 | 0       | 4/8/2024 | \$163.94    | 1     | ESS OF PORT LAVACA LLC          | P     | 189  | 0     |           |          | ERD  | F    | 3/2/2024  | 3/2/2024  | 815248556 |
| 1491  | 76360 | 3     | 63     | 0      | 2024    | 86000536 | 0       | 4/8/2024 | \$167.95    | 1     | ASPIRE FERTILITY SAN ANTONIO    | P     | 184  | 0     |           |          | LBOR | F    | 3/1/2024  | 3/1/2024  | 473852455 |
| 1497  | 76360 | 3     | 54     | 0      | 2024    | 78000815 | 0       | 4/8/2024 | \$437.85    | 1     | VICTORIA ED LLC                 | P     | 406  | 0     |           |          | ER   | F    | 3/7/2024  | 3/7/2024  | 473152225 |

\$23,128.88

Andrew DeCassantos  
5/13/24

APPROVED ON

MAY 13 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

90 Degree Benefits

| CINNO | GRPID | LOCNO | EMPNO | DEPNO | CLMPRE | CINNO     | CINSUP | CURDT    | AMT        | CLMTP | PAYEE                               | PAYCD | CVGCD | CVGTP | FIRSTNAME | LASTNAME | CODE | VOID | FROMDT    | THRUOT    | PBUNC     |
|-------|-------|-------|-------|-------|--------|-----------|--------|----------|------------|-------|-------------------------------------|-------|-------|-------|-----------|----------|------|------|-----------|-----------|-----------|
| 1732  | 76351 | 1     | 2     | 0     | 2024   | 117001286 | 0      | 5/6/2024 | \$13.37    |       | 1 SINGLETON ASSOCIATES PA           | P     | 181   | 0     |           |          | XRAY | F    | 4/12/2024 | 4/12/2024 | 741680498 |
| 1733  | 76351 | 1     | 2     | 0     | 2024   | 123002097 | 0      | 5/6/2024 | \$19.10    |       | 1 VICTORIA ORTHOPEDIC CENTER, PLLC  | P     | 457   | 0     |           |          | OVS  | F    | 4/29/2024 | 4/29/2024 | 260151734 |
| 1734  | 76351 | 2     | 33    | 0     | 2024   | 123001510 | 0      | 5/6/2024 | \$43.07    |       | 1 VIP CARE SERVICES LLC             | P     | 503   | 0     |           |          | AUDT | F    | 3/7/2024  | 3/7/2024  | 271837628 |
| 1735  | 76351 | 2     | 33    | 0     | 2024   | 116001446 | 0      | 5/6/2024 | \$183.71   |       | 1 BCM PHYSICIANS                    | P     | 457   | 0     |           |          | OVS  | F    | 4/15/2024 | 4/15/2024 | 300791563 |
| 1736  | 76351 | 3     | 11    | 0     | 2024   | 123001509 | 0      | 5/6/2024 | \$1.10     |       | 1 VIP CARE SERVICES LLC             | P     | 503   | 0     |           |          | AUDT | F    | 2/14/2024 | 2/14/2024 | 271837628 |
| 1737  | 76351 | 3     | 21    | 1     | 2024   | 120001319 | 0      | 5/6/2024 | \$29.10    |       | 1 PORT LAVACA CLINIC ASSOCIATES     | P     | 177   | 0     |           |          | OV   | F    | 4/24/2024 | 4/24/2024 | 742605670 |
| 1738  | 76351 | 3     | 26    | 0     | 2024   | 116001380 | 0      | 5/6/2024 | \$79.18    |       | 1 VICTORIA EYE CENTER               | P     | 457   | 0     |           |          | OVS  | F    | 4/18/2024 | 4/18/2024 | 742208337 |
| 1739  | 76351 | 3     | 20    | 0     | 2024   | 120001274 | 0      | 5/6/2024 | \$82.74    |       | 1 SINGLETON ASSOCIATES PA           | P     | 321   | 0     |           |          | MRI  | F    | 4/15/2024 | 4/15/2024 | 741680498 |
| 1740  | 76351 | 3     | 40    | 3     | 2024   | 117000566 | 0      | 5/6/2024 | \$252.68   |       | 1 OCHSNER CLINIC, LLC               | P     | 177   | 0     |           |          | OV   | F    | 4/17/2024 | 4/17/2024 | 720276883 |
| 1741  | 76351 | 3     | 9     | 0     | 2024   | 117000716 | 0      | 5/6/2024 | \$301.75   |       | 1 CITIZENS MEDICAL PROFESSIONALS    | P     | 172   | 0     |           |          | AB   | F    | 4/9/2024  | 4/9/2024  | 471158090 |
| 1742  | 76351 | 3     | 38    | 0     | 2024   | 123001511 | 0      | 5/6/2024 | \$714.15   |       | 1 VIP CARE SERVICES LLC             | P     | 503   | 0     |           |          | AUDT | F    | 1/11/2024 | 1/11/2024 | 271837628 |
| 1744  | 76351 | 3     | 11    | 0     | 2024   | 116000841 | 0      | 5/6/2024 | \$1,689.75 |       | 1 MATAGORDA REGIONAL MEDICAL CENTER | P     | 462   | 0     |           |          | HPT  | F    | 3/6/2024  | 3/6/2024  | 746025069 |
| 1746  | 76360 | 1     | 88    | 2     | 2024   | 120001310 | 0      | 5/6/2024 | \$44.75    |       | 1 MELISSA A. KAINER ERWIN, MD PA    | P     | 457   | 0     |           |          | OVS  | F    | 4/24/2024 | 4/24/2024 | 200802489 |
| 1747  | 76360 | 1     | 88    | 0     | 2024   | 117000569 | 0      | 5/6/2024 | \$109.99   |       | 1 CITIZENS MEDICAL PROFESSIONALS    | P     | 177   | 0     |           |          | OV   | F    | 3/27/2024 | 3/27/2024 | 471158090 |
| 1748  | 76360 | 1     | 88    | 0     | 2024   | 121000083 | 0      | 5/6/2024 | \$2,532.00 |       | 1 CITIZENS MEDICAL CENTER COUNTY OF | P     | 702   | 0     |           |          | ABS  | F    | 4/17/2024 | 4/17/2024 | 741698143 |
| 1749  | 76360 | 2     | 29    | 0     | 2024   | 117001285 | 0      | 5/6/2024 | \$44.75    |       | 1 MELISSA A. KAINER ERWIN, MD PA    | P     | 457   | 0     |           |          | OVS  | F    | 4/23/2024 | 4/23/2024 | 200802489 |
| 1750  | 76360 | 2     | 101   | 0     | 2024   | 121000287 | 0      | 5/6/2024 | \$160.00   |       | 1 NEXTCARE URGENT CARE              | P     | 487   | 0     |           |          | URG  | F    | 4/22/2024 | 4/22/2024 | 260845489 |
| 1751  | 76360 | 3     | 26    | 0     | 2024   | 121001095 | 0      | 5/6/2024 | \$11.61    |       | 1 SINGLETON ASSOCIATES PA           | P     | 181   | 0     |           |          | RAD  | F    | 4/17/2024 | 4/17/2024 | 741680498 |
| 1752  | 76360 | 3     | 51    | 0     | 2024   | 117001315 | 0      | 5/6/2024 | \$19.10    |       | 1 PEREZ ORTHOPEDICS, PLLC           | P     | 457   | 0     |           |          | OVS  | F    | 3/15/2024 | 3/15/2024 | 874798289 |
| 1753  | 76360 | 3     | 63    | 0     | 2024   | 123001516 | 0      | 5/6/2024 | \$30.22    |       | 1 VIP CARE SERVICES LLC             | P     | 503   | 0     |           |          | AUDT | F    | 3/1/2024  | 3/1/2024  | 271837628 |
| 1754  | 76360 | 3     | 26    | 0     | 2024   | 120001276 | 0      | 5/6/2024 | \$74.22    |       | 1 VICTORIA ORTHOPEDIC CENTER, PLLC  | P     | 457   | 0     |           |          | OVS  | F    | 4/18/2024 | 4/18/2024 | 260151734 |
| 1755  | 76360 | 3     | 85    | 0     | 2024   | 120001337 | 0      | 5/6/2024 | \$90.08    |       | 1 HEIGHTS DERMATOLOGY               | P     | 457   | 0     |           |          | OVS  | F    | 4/23/2024 | 4/23/2024 | 204603797 |
| 1756  | 76360 | 3     | 21    | 1     | 2024   | 116001355 | 0      | 5/6/2024 | \$100.89   |       | 1 PORT LAVACA CLINIC ASSOCIATES     | P     | 177   | 0     |           |          | OV   | F    | 4/17/2024 | 4/17/2024 | 742605670 |
| 1757  | 76360 | 3     | 79    | 1     | 2024   | 121001130 | 0      | 5/6/2024 | \$107.88   |       | 1 PORT LAVACA CLINIC                | P     | 172   | 0     |           |          | AB   | F    | 4/23/2024 | 4/23/2024 | 742605670 |
| 1759  | 76360 | 3     | 26    | 0     | 2024   | 116000375 | 0      | 5/6/2024 | \$215.15   |       | 1 DIP JADAV M.D.                    | P     | 457   | 0     |           |          | OVS  | F    | 4/16/2024 | 4/16/2024 | 463314962 |
| 1760  | 76360 | 3     | 16    | 0     | 2024   | 120001280 | 0      | 5/6/2024 | \$407.63   |       | 1 VICTORIA VEIN AND SURGERY CLINIC  | P     | 457   | 0     |           |          | OVS  | F    | 4/17/2024 | 4/17/2024 | 452590280 |

\$7,357.97

Andrew De Los Santos  
5/13/24

APPROVED ON

MAY 13 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RECEIVED BY THE  
COUNTY AUDITOR ON

MAY 09 2024

MEMORIAL MEDICAL CENTER

0

05/09/2024

11:20

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11836 ✓ GOLDENCREEK HEALTHCARE

| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross | Discount | No-Pay | Net   |
|----------|---------|-----------|-----------|-----------|----------|-----|-------|----------|--------|-------|
| 043024   |         | 04/30/202 | 04/30/202 | 06/01/202 |          |     | 14.41 | 0.00     | 0.00   | 14.41 |

TRANSFER

Vendor Totals: Number Name

11836 GOLDENCREEK HEALTHCARE

| Gross | Discount | No-Pay | Net   |
|-------|----------|--------|-------|
| 14.41 | 0.00     | 0.00   | 14.41 |

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

14.41

0.00

0.00

14.41

APPROVED ON

MAY 09 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL# 204131

RECEIVED BY THE  
COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

05/09/2024

0

11:17

MAY 09 2024

AP Open Invoice List

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Dates Through:

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA

CALHOUN COUNTY, TEXAS

| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross | Discount | No-Pay | Net   |
|----------|---------|-----------|-----------|-----------|----------|-----|-------|----------|--------|-------|
| 043024   |         | 04/30/202 | 04/30/202 | 06/01/202 |          |     | 94.68 | 0.00     | 0.00   | 94.68 |

TRANSFER

Vendor Totals: Number Name

12696 GULF POINTE PLAZA

| Gross | Discount | No-Pay | Net   |
|-------|----------|--------|-------|
| 94.68 | 0.00     | 0.00   | 94.68 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net   |
|---------------|-------|----------|--------|-------|
|               | 94.68 | 0.00     | 0.00   | 94.68 |

APPROVED ON

MAY 09 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 204132

RECEIVED BY THE  
COUNTY AUDITOR ON

MAY 09 2024

MEMORIAL MEDICAL CENTER

05/09/2024

11:19

AP Open Invoice List

Dates Through:

ap\_open\_invoice.template

Vendor# Vendor Name

13004 TUSCANY VILLAGE

CALHOUN COUNTY, TEXAS

Class Pay Code

| Invoice# | Comment  | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|----------|----------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| 043024   |          | 04/30/202 | 04/30/202 | 06/01/202 |          |     | 3,060.00 | 0.00     | 0.00   | 3,060.00 |
|          | TRANSFER |           |           |           |          |     |          |          |        |          |
| 043024A  |          | 04/30/202 | 04/30/202 | 06/01/202 |          |     | 2,652.00 | 0.00     | 0.00   | 2,652.00 |
|          | TRANSFER |           |           |           |          |     |          |          |        |          |

Vendor Totals: Number Name

13004 TUSCANY VILLAGE

Gross

Discount

No-Pay

Net

5,712.00

0.00

0.00

5,712.00

## Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

5,712.00

0.00

0.00

5,712.00

APPROVED ON

MAY 09 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 204133

05/09/2024

MAY 09 2024

MEMORIAL MEDICAL CENTER

0

11:18

AP Open Invoice List

ap\_open\_invoice.template

CALHOUN COUNTY, TEXAS

Dates Through:

Vendor# Vendor Name

Class Pay Code

12792 ✓ BETHANY SENIOR LIVING

| Invoice#  | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net         |
|-----------|---------|-----------|-----------|-----------|----------|-----|-----------|----------|--------|-------------|
| ✓ 043024A |         | 04/30/202 | 04/30/202 | 06/01/202 |          |     | 13,704.28 | 0.00     | 0.00   | 13,704.28 ✓ |

|          |          |           |           |           |  |  |           |      |      |             |
|----------|----------|-----------|-----------|-----------|--|--|-----------|------|------|-------------|
| ✓ 043024 | TRANSFER | 04/30/202 | 04/30/202 | 06/01/202 |  |  | 10,097.79 | 0.00 | 0.00 | 10,097.79 ✓ |
|----------|----------|-----------|-----------|-----------|--|--|-----------|------|------|-------------|

|                            |                       |  |  |  |  |  |           |          |        |           |
|----------------------------|-----------------------|--|--|--|--|--|-----------|----------|--------|-----------|
|                            | TRANSFER              |  |  |  |  |  |           |          |        |           |
| Vendor Totals: Number Name |                       |  |  |  |  |  | Gross     | Discount | No-Pay | Net       |
| 12792                      | BETHANY SENIOR LIVING |  |  |  |  |  | 23,802.07 | 0.00     | 0.00   | 23,802.07 |

## Report Summary

|               |           |          |        |           |
|---------------|-----------|----------|--------|-----------|
| Grand Totals: | Gross     | Discount | No-Pay | Net       |
|               | 23,802.07 | 0.00     | 0.00   | 23,802.07 |

APPROVED ON

MAY 09 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 204130

Memorial Medical Center  
Nursing Home UPL  
Weekly Cantex Transfer  
Prosperity Accounts  
5/13/2024

| Nursing Home    | Account Number | Previous Beginning Balance | Transfer-Out | ACH Transfer-In | Pending Deposits | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|-----------------|----------------|----------------------------|--------------|-----------------|------------------|---------------------------|------------------------------------------|
| Ashford Gardens |                | 70,804.62                  | 70,526.29    | 172,553.86      |                  | 172,832.19                | 151,113.63                               |
|                 |                |                            |              |                 |                  | Bank Balance              | 172,832.19                               |
|                 |                |                            |              |                 |                  | Variance                  | -                                        |

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co  
JP Maroon Chase Bank

Broadmoor

55,300.75 55,009.55 141,818.03

|                             |            |
|-----------------------------|------------|
| April Interest              | 178.33     |
| May Interest                |            |
| June Interest               |            |
| Adjust Balance/Transfer Amt | 151,113.63 |
| Bank Balance                | 142,109.23 |
| Variance                    | 142,109.23 |
| Leave in Balance            | 100.00     |
| Molina Q2 and March QIPP    | 8,006.51   |

Crescent

63,610.07 54,761.96 159,156.80

|                             |            |
|-----------------------------|------------|
| April Interest              | 191.20     |
| May Interest                |            |
| June Interest               |            |
| Adjust Balance/Transfer Amt | 133,811.52 |
| Bank Balance                | 168,004.91 |
| Variance                    | 168,004.91 |
| Leave in Balance            | 100.00     |
| Claim Payment Transfer      | 8,479.08   |
| Molina Q2 and March QIPP    | 5,942.12   |

Fort Bend

6,231.37 6,069.60 46,601.94

|                             |            |
|-----------------------------|------------|
| April Interest              | 269.03     |
| May Interest                |            |
| June Interest               |            |
| Adjust Balance/Transfer Amt | 153,214.68 |
| Bank Balance                | 46,763.71  |
| Variance                    | 46,763.71  |
| Leave in Balance            | 100.00     |
| Molina Q2 and March QIPP    | 6,769.25   |

Solera at W Houston

92,281.02 91,957.70 119,734.32

|                             |            |
|-----------------------------|------------|
| April Interest              | 61.77      |
| May Interest                |            |
| June Interest               |            |
| Adjust Balance/Transfer Amt | 39,832.69  |
| Bank Balance                | 120,057.64 |
| Variance                    | 120,057.64 |
| Leave in Balance            | 100.00     |
| Molina Q2 and March QIPP    | 5,822.77   |

151,113.63 +  
133,811.52 +  
153,214.68 +  
39,832.69 +  
113,911.56 +  
591,884.08

Fort Bend / Broadmoor

|                             |            |
|-----------------------------|------------|
| April Interest              | 223.32     |
| May Interest                |            |
| June Interest               |            |
| Adjust Balance/Transfer Amt | 113,911.56 |

APPROVED ON  
MAY 13 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 591,884.08

Approved: Andrew De Los Santos  
ANDREW DE LOS SANTOS 5/13/2024

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

| Ashford Gardens                                        | Transfer-Out | Transfer-In | MMC PORTION |             |            |                  |           | NH PORTION |
|--------------------------------------------------------|--------------|-------------|-------------|-------------|------------|------------------|-----------|------------|
|                                                        |              |             | QIPP/Comp1  | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI   |            |
| 5/10/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | -            | 62,415.04   | -           | -           | -          | -                | -         | 62,415.04  |
| 5/10/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | -            | 2,645.55    | -           | -           | -          | -                | -         | 2,645.55   |
| 5/9/2024 WIRE OUT ASHFORD HEALTH CARE CENTER LTD       | 70,526.29    | -           | -           | -           | -          | -                | -         | -          |
| 5/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000277919  | -            | 199.94      | -           | -           | -          | -                | -         | 199.94     |
| 5/8/2024 MOLINA HEALTHCARE MOLINAACH 01278715 42000016 | -            | 46,010.73   | 10,910.02   | 3,054.84    | 13,536.08  | 18,509.79        | 21,440.23 | 24,570.50  |
| 5/8/2024 HNB - ECHO HCCLAIMPMT 746003411 440000241069  | -            | 8,073.95    | -           | -           | -          | -                | -         | 8,073.95   |
| 5/8/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  | -            | 25,122.42   | -           | -           | -          | -                | -         | 25,122.42  |
| 5/7/2024 HNB - ECHO HCCLAIMPMT 746003411 440000200658  | -            | 11,628.59   | -           | -           | -          | -                | -         | 11,628.59  |
| 5/7/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2  | -            | 2,605.15    | -           | -           | -          | -                | -         | 2,605.15   |
| 5/6/2024 HNB - ECHO HCCLAIMPMT 746003411 440000243815  | -            | 5,693.52    | -           | -           | -          | -                | -         | 5,693.52   |
| 5/6/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384  | -            | 2,870.00    | -           | -           | -          | -                | -         | 2,870.00   |
| 5/6/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  | -            | 170.97      | -           | -           | -          | -                | -         | 170.97     |
| 5/6/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  | -            | 5,118.00    | -           | -           | -          | -                | -         | 5,118.00   |
|                                                        | 70,526.29    | 172,553.86  | 10,910.02   | 3,054.84    | 13,536.08  | 18,509.79        | 21,440.23 | 151,113.63 |

| Broadmoor                                              | Transfer-Out | Transfer-In | MMC PORTION |             |            |                  |          | NH PORTION |
|--------------------------------------------------------|--------------|-------------|-------------|-------------|------------|------------------|----------|------------|
|                                                        |              |             | QIPP/Comp1  | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI  |            |
| 5/10/2024 HNB - ECHO HCCLAIMPMT 746003411 440000215222 | -            | 7,431.12    | -           | -           | -          | -                | -        | 7,431.12   |
| 5/10/2024 HNB - ECHO HCCLAIMPMT 746003411 440000215222 | -            | 6,929.31    | -           | -           | -          | -                | -        | 6,929.31   |
| 5/10/2024 HNB - ECHO HCCLAIMPMT 746003411 440000214731 | -            | 12,102.27   | -           | -           | -          | -                | -        | 12,102.27  |
| 5/10/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384 | -            | 1,515.00    | -           | -           | -          | -                | -        | 1,515.00   |
| 5/10/2024 UnitedHealthcare HCCLAIMPMT 746003411 910000 | -            | 130.00      | -           | -           | -          | -                | -        | 130.00     |
| 5/10/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | -            | 26,270.40   | -           | -           | -          | -                | -        | 26,270.40  |
| 5/10/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | -            | 5,683.00    | -           | -           | -          | -                | -        | 5,683.00   |
| 5/10/2024 HUMANA INS CO HCCLAIMPMT 47334107 8300005140 | -            | 279.51      | -           | -           | -          | -                | -        | 279.51     |
| 5/10/2024 HUMANA CHA DISB HCCLAIMPMT 47398033 42000013 | -            | 71.12       | -           | -           | -          | -                | -        | 71.12      |
| 5/10/2024 AARP Supplementa HCCLAIMPMT 746003411 124384 | -            | 92.74       | -           | -           | -          | -                | -        | 92.74      |
| 5/9/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III       | 55,009.55    | -           | -           | -           | -          | -                | -        | -          |
| 5/9/2024 MANAGEANDNET1718 MNS PMNT 00000000004293 41   | -            | 1,170.00    | -           | -           | -          | -                | -        | 1,170.00   |
| 5/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000278368  | -            | 1,932.84    | -           | -           | -          | -                | -        | 1,932.84   |
| 5/9/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2  | -            | 1,362.40    | -           | -           | -          | -                | -        | 1,362.40   |
| 5/8/2024 Deposit                                       | -            | 2,244.00    | -           | -           | -          | -                | -        | 2,244.00   |
| 5/8/2024 MOLINA HEALTHCARE MOLINAACH 01279245 42000016 | -            | 17,370.99   | 4,036.02    | 1,141.78    | 5,235.75   | 6,857.44         | 8,006.51 | 9,264.48   |
| 5/8/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  | -            | 16,152.51   | -           | -           | -          | -                | -        | 16,152.51  |
| 5/8/2024 HUMANA INS CO HCCLAIMPMT 47319169 8300005333  | -            | 9,300.00    | -           | -           | -          | -                | -        | 9,300.00   |
| 5/8/2024 HUMANA CHA DISB HCCLAIMPMT 47209364 42000019  | -            | 547.86      | -           | -           | -          | -                | -        | 547.86     |
| 5/8/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2  | -            | 5,407.13    | -           | -           | -          | -                | -        | 5,407.13   |
| 5/7/2024 HNB - ECHO HCCLAIMPMT 746003411 440000200583  | -            | 4,949.50    | -           | -           | -          | -                | -        | 4,949.50   |
| 5/7/2024 HNB - ECHO HCCLAIMPMT 746003411 440000200658  | -            | 3,764.64    | -           | -           | -          | -                | -        | 3,764.64   |
| 5/7/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  | -            | 2,774.85    | -           | -           | -          | -                | -        | 2,774.85   |
| 5/7/2024 HUMANA CHA DISB HCCLAIMPMT 47121217 42000017  | -            | 861.84      | -           | -           | -          | -                | -        | 861.84     |
| 5/7/2024 AARP Supplementa HCCLAIMPMT 746003411 124384  | -            | 135.84      | -           | -           | -          | -                | -        | 135.84     |
| 5/6/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  | -            | 4,272.00    | -           | -           | -          | -                | -        | 4,272.00   |
| 5/6/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2  | -            | 9,167.16    | -           | -           | -          | -                | -        | 9,167.16   |
|                                                        | 55,009.55    | 141,818.03  | 4,036.02    | 1,141.78    | 5,235.75   | 6,857.44         | 8,006.51 | 133,811.52 |

| Crestant                                               | Transfer-Out | Transfer-In | MMC PORTION |             |            |                  |          | NH PORTION |
|--------------------------------------------------------|--------------|-------------|-------------|-------------|------------|------------------|----------|------------|
|                                                        |              |             | QIPP/Comp1  | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI  |            |
| 5/10/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | -            | 16,870.53   | -           | -           | -          | -                | -        | 16,870.53  |
| 5/10/2024 DEVOTED HEALTH P HCCLAIMPMT 21000023261263   | -            | 4,587.87    | -           | -           | -          | -                | -        | 4,587.87   |
| 5/10/2024 DEVOTED HEALTH P HCCLAIMPMT 21000023261261   | -            | 536.76      | -           | -           | -          | -                | -        | 536.76     |
| 5/10/2024 DEVOTED HEALTH P HCCLAIMPMT 21000023261259   | -            | 4,950.00    | -           | -           | -          | -                | -        | 4,950.00   |
| 5/9/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III       | 54,761.96    | -           | -           | -           | -          | -                | -        | -          |
| 5/9/2024 DEVOTED HEALTH P HCCLAIMPMT 21000027180591    | -            | 6,300.00    | -           | -           | -          | -                | -        | 6,300.00   |
| 5/9/2024 DEVOTED HEALTH P HCCLAIMPMT 21000027180593    | -            | 16,650.00   | -           | -           | -          | -                | -        | 16,650.00  |
| 5/8/2024 Deposit                                       | -            | 18,564.00   | -           | -           | -          | -                | -        | 18,564.00  |
| 5/8/2024 MOLINA HEALTHCARE MOLINAACH 01279203 42000016 | -            | 12,795.59   | 3,004.92    | 788.47      | 3,890.25   | 5,111.94         | 5,942.12 | 6,853.46   |
| 5/8/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  | -            | 1,866.30    | -           | -           | -          | -                | -        | 1,866.30   |
| 5/8/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  | -            | 18,097.80   | -           | -           | -          | -                | -        | 18,097.80  |
| 5/8/2024 DEVOTED HEALTH P HCCLAIMPMT 21000029314514    | -            | 5,400.00    | -           | -           | -          | -                | -        | 5,400.00   |
| 5/8/2024 DEVOTED HEALTH P HCCLAIMPMT 21000029314912    | -            | 5,400.00    | -           | -           | -          | -                | -        | 5,400.00   |
| 5/7/2024 HUMANA INS CO HCCLAIMPMT 47042941 8300005891  | -            | 10,908.91   | -           | -           | -          | -                | -        | 10,908.91  |
| 5/7/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2  | -            | 4,484.75    | -           | -           | -          | -                | -        | 4,484.75   |
| 5/7/2024 DEVOTED HEALTH P HCCLAIMPMT 21000029425233    | -            | 13,182.00   | -           | -           | -          | -                | -        | 13,182.00  |
| 5/6/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384  | -            | 2,460.00    | -           | -           | -          | -                | -        | 2,460.00   |
| 5/6/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  | -            | 0.30        | -           | -           | -          | -                | -        | 0.30       |
| 5/6/2024 DEVOTED HEALTH P HCCLAIMPMT 21000027767674    | -            | 16,102.00   | -           | -           | -          | -                | -        | 16,102.00  |
|                                                        | 54,761.96    | 159,156.80  | 3,004.92    | 788.47      | 3,890.25   | 5,111.94         | 5,942.12 | 153,214.68 |

| Fort Bend                                              | Transfer-Out | Transfer-In | MMC PORTION |             |            |                  |          | NH PORTION |
|--------------------------------------------------------|--------------|-------------|-------------|-------------|------------|------------------|----------|------------|
|                                                        |              |             | QIPP/Comp1  | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI  |            |
| 5/10/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | -            | 19,215.56   | -           | -           | -          | -                | -        | 19,215.56  |
| 5/9/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III       | 6,069.60     | -           | -           | -           | -          | -                | -        | -          |
| 5/9/2024 AARP Supplementa HCCLAIMPMT 746003411 124384  | -            | 96.74       | -           | -           | -          | -                | -        | 96.74      |
| 5/8/2024 Deposit                                       | -            | 7,086.40    | -           | -           | -          | -                | -        | 7,086.40   |
| 5/8/2024 MOLINA HEALTHCARE MOLINAACH 01278869 42000016 | -            | 14,613.24   | 3,407.54    | 987.11      | 4,416.75   | 5,801.84         | 6,769.25 | 7,843.99   |
| 5/6/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384  | -            | 5,590.00    | -           | -           | -          | -                | -        | 5,590.00   |
|                                                        | 6,069.60     | 46,601.94   | 3,407.54    | 987.11      | 4,416.75   | 5,801.84         | 6,769.25 | 39,832.69  |

| Solera at West Houston                                 | Transfer-Out | Transfer-In | MMC PORTION |             |            |                  |          | NH PORTION |
|--------------------------------------------------------|--------------|-------------|-------------|-------------|------------|------------------|----------|------------|
|                                                        |              |             | QIPP/Comp1  | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI  |            |
| 5/10/2024 MANAGEANDNET1718 MNS PMNT 000000000002482 41 | -            | 3,217.50    | -           | -           | -          | -                | -        | 3,217.50   |
| 5/10/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384 | -            | 12,732.84   | -           | -           | -          | -                | -        | 12,732.84  |
| 5/10/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | -            | 21,176.07   | -           | -           | -          | -                | -        | 21,176.07  |
| 5/9/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III       | 91,957.70    | -           | -           | -           | -          | -                | -        | -          |
| 5/9/2024 MANAGEANDNET1718 MNS PMNT 000000000002482 41  | -            | 4,972.50    | -           | -           | -          | -                | -        | 4,972.50   |
| 5/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000277919  | -            | 2,646.27    | -           | -           | -          | -                | -        | 2,646.27   |
| 5/9/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2  | -            | 5,667.12    | -           | -           | -          | -                | -        | 5,667.12   |
| 5/8/2024 MOLINA HEALTHCARE MOLINAACH 01279162 42000016 | -            | 11,801.99   | 3,260.24    | 857.21      | 4,168.13   | 3,516.41         | 5,822.77 | 5,979.23   |
| 5/8/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384  | -            | 1,350.00    | -           | -           | -          | -                | -        | 1,350.00   |
| 5/8/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  | -            | 30,391.07   | -           | -           | -          | -                | -        | 30,391.07  |
| 5/7/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384  | -            | 8,550.00    | -           | -           | -          | -                | -        | 8,550.00   |
| 5/7/2024 HUMANA INS CO HCCLAIMPMT 47043339 8300005890  | -            | 2,765.00    | -           | -           | -          | -                | -        | 2,765.00   |

5/7/2024 HUMANA CHA DISB HCCLAIMPMT 47123541 42000017  
5/7/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2  
5/6/2024 HNB - ECHO HCCLAIMPMT 746003411 440000243543

TOTALS

|            |            |           |            |
|------------|------------|-----------|------------|
| -          | 5,461.25   | -         | 5,461.25   |
| -          | 5,915.40   | -         | 5,915.40   |
| -          | 3,087.31   | -         | 3,087.31   |
| -          | -          | -         | -          |
| 91,957.70  | 119,734.32 | 3,260.24  | 857.21     |
| 4,168.13   | 3,516.41   | 5,822.77  | 113,911.56 |
| 278,325.10 | 639,864.95 | 24,618.74 | 6,829.41   |
| 31,246.96  | 39,797.42  | 47,980.88 | 591,884.07 |

Balances Overview

| Account Name                                                      |                       |                       |                       |                       |
|-------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL<br>MEDICAL CENTER -<br>OPERATING                   | \$1,106,303.08        | \$1,088,511.87        | \$1,106,303.08        | \$1,379,089.47        |
| *4365 MEMORIAL<br>MEDICAL CENTER -<br>CLINIC SERIES 2014          | \$543.86              | \$543.86              | \$543.86              | \$543.86              |
| *4373 MEMORIAL<br>MEDICAL CENTER -<br>PRIVATE WAIVER<br>CLEARING  | \$437.82              | \$437.82              | \$437.82              | \$437.82              |
| *4381 MEMORIAL<br>MEDICAL CENTER /<br>NH ASHFORD ✓                | \$172,832.19 ✓        | \$205,974.53          | \$172,832.19          | \$107,771.60          |
| *4403 MEMORIAL<br>MEDICAL CENTER /<br>NH BROADMOOR ✓              | \$142,109.23 ✓        | \$187,011.43          | \$142,109.23          | \$81,604.76           |
| *4411 MEMORIAL<br>MEDICAL CENTER /<br>NH CRESCENT ✓               | \$168,004.91 ✓        | \$248,422.31          | \$168,004.91          | \$141,059.75          |
| *4438 MEMORIAL<br>MEDICAL CENTER /<br>SOLERA AT WEST<br>HOUSTON ✓ | \$120,057.64 ✓        | \$121,018.27          | \$120,057.64          | \$82,931.23           |
| *4446 MEMORIAL<br>MEDICAL CENTER /<br>NH FORT BEND ✓              | \$46,763.71 ✓         | \$54,764.61           | \$46,763.71           | \$27,548.15           |
| *4454 MEMORIAL<br>MEDICAL / NH<br>GOLDEN CREEK<br>HEALTHCARE      | \$45,887.89           | \$47,243.89           | \$45,887.89           | \$43,338.14           |
| *5433 MMC -NH GULF<br>POINTE PLAZA -<br>PRIVATE PAY               | \$858.11              | \$1,160.12            | \$858.11              | \$858.11              |
| *5441 MMC -NH GULF<br>POINTE PLAZA -<br>MEDICARE/MEDICAID         | \$45,319.35           | \$50,065.97           | \$45,319.35           | \$43,541.35           |
| *5506 MMC -NH<br>BETHANY SENIOR<br>LIVING                         | \$73,408.81           | \$74,297.79           | \$73,408.81           | \$72,262.94           |
| *3407 MMC -NH<br>TUSCANY VILLAGE                                  | \$112,828.38          | \$112,828.38          | \$112,828.38          | \$99,163.22           |
| *3660 MMC -BETHANY<br>SR LIVING - DACA                            | \$100.00              | \$100.00              | \$100.00              | \$100.00              |
| *2998 MMC -MONEY<br>MARKET FUND                                   | \$111,493.32          | \$111,493.32          | \$111,493.32          | \$111,493.32          |
| <b>Total Balance</b>                                              | <b>\$2,146,948.30</b> | <b>\$2,303,874.17</b> | <b>\$2,146,948.30</b> | <b>\$2,191,743.72</b> |

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 5/13/2024

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | Transfer-In | Pending Deposits      | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|--------------|----------------|----------------------------|--------------|-------------|-----------------------|---------------------------|------------------------------------------|
| Golden Creek |                | 163,563.22                 | 163,310.75   | 45,635.42   |                       | 45,887.89                 | 45,635.42                                |
|              |                |                            |              |             | Bank Balance Variance | 45,887.89                 |                                          |
|              |                |                            |              |             | Leave In Balance      | 100.00                    |                                          |

APPROVED ON

MAY 13 2024

Routing Information for Golden Creek:  
 Nexion Health at Golden Creek  
 Wells Fargo Bank, N.A.

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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

April Interest 152.47  
 May Interest  
 June Interest  
 Adjust Balance/Transfer Amt 45,635.42

Approved: Andrew De Los Santos  
 ANDREW DE LOS SANTOS 5/13/2024

Golden Creek

5/10/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91  
 5/10/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2  
 5/9/2024 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC  
 5/9/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91  
 5/9/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001443  
 5/8/2024 HNB - ECHO HCCLAIMPMT 746003411 440000241226  
 5/8/2024 Am Health TX PAYMENT 21531 84307030004244  
 5/7/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001544  
 5/7/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001544  
 5/7/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2  
 5/6/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91  
 5/6/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91  
 5/6/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001402

|              |             | MMC PORTION |             |            |                      |         | NH PORTION |
|--------------|-------------|-------------|-------------|------------|----------------------|---------|------------|
| Transfer-Out | Transfer-In | QIPP/Comp1  | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4<br>&Lapse | QIPP TI |            |
| -            | 2,375.05    |             |             |            |                      | -       | 2,375.05   |
| -            | 174.70      |             |             |            |                      | -       | 174.70     |
| 163,310.75   | -           |             |             |            |                      | -       | -          |
| -            | 9,997.00    |             |             |            |                      | -       | 9,997.00   |
| -            | 3,641.52    |             |             |            |                      | -       | 3,641.52   |
| -            | 4,900.15    |             |             |            |                      | -       | 4,900.15   |
| -            | 14,500.00   |             |             |            |                      | -       | 14,500.00  |
| -            | 1,219.00    |             |             |            |                      | -       | 1,219.00   |
| -            | 1,149.00    |             |             |            |                      | -       | 1,149.00   |
| -            | 2,194.60    |             |             |            |                      | -       | 2,194.60   |
| -            | 152.40      |             |             |            |                      | -       | 152.40     |
| -            | 217.00      |             |             |            |                      | -       | 217.00     |
| -            | 5,115.00    |             |             |            |                      | -       | 5,115.00   |
| 163,310.75   | 45,635.42   | -           | -           | -          | -                    | -       | 45,635.42  |

Balances Overview

| Account Name                                                     |                |                |                |                |
|------------------------------------------------------------------|----------------|----------------|----------------|----------------|
| *4357 MEMORIAL<br>MEDICAL CENTER -<br>OPERATING                  | \$1,106,303.08 | \$1,088,511.87 | \$1,106,303.08 | \$1,379,089.47 |
| *4365 MEMORIAL<br>MEDICAL CENTER -<br>CLINIC SERIES 2014         | \$543.86       | \$543.86       | \$543.86       | \$543.86       |
| *4373 MEMORIAL<br>MEDICAL CENTER -<br>PRIVATE WAIVER<br>CLEARING | \$437.82       | \$437.82       | \$437.82       | \$437.82       |
| *4381 MEMORIAL<br>MEDICAL CENTER /<br>NH ASHFORD                 | \$172,832.19   | \$205,974.53   | \$172,832.19   | \$107,771.60   |
| *4403 MEMORIAL<br>MEDICAL CENTER /<br>NH BROADMOOR               | \$142,109.23   | \$187,011.43   | \$142,109.23   | \$81,604.76    |
| *4411 MEMORIAL<br>MEDICAL CENTER /<br>NH CRESCENT                | \$168,004.91   | \$248,422.31   | \$168,004.91   | \$141,059.75   |
| *4438 MEMORIAL<br>MEDICAL CENTER /<br>SOLERA AT WEST<br>HOUSTON  | \$120,057.64   | \$121,018.27   | \$120,057.64   | \$82,931.23    |
| *4446 MEMORIAL<br>MEDICAL CENTER /<br>NH FORT BEND               | \$46,763.71    | \$54,764.61    | \$46,763.71    | \$27,548.15    |
| *4454 MEMORIAL<br>MEDICAL / NH<br>GOLDEN CREEK<br>HEALTHCARE ✓   | \$45,887.89 ✓  | \$47,243.89    | \$45,887.89    | \$43,338.14    |
| *5433 MMC -NH GULF<br>POINTE PLAZA -<br>PRIVATE PAY              | \$858.11       | \$1,160.12     | \$858.11       | \$858.11       |
| *5441 MMC -NH GULF<br>POINTE PLAZA -<br>MEDICARE/MEDICAID        | \$45,319.35    | \$50,065.97    | \$45,319.35    | \$43,541.35    |
| *5506 MMC -NH<br>BETHANY SENIOR<br>LIVING                        | \$73,408.81    | \$74,297.79    | \$73,408.81    | \$72,262.94    |
| *3407 MMC -NH<br>TUSCANY VILLAGE                                 | \$112,828.38   | \$112,828.38   | \$112,828.38   | \$99,163.22    |
| *3660 MMC -BETHANY<br>SR LIVING - DACA                           | \$100.00       | \$100.00       | \$100.00       | \$100.00       |
| *2998 MMC -MONEY<br>MARKET FUND                                  | \$111,493.32   | \$111,493.32   | \$111,493.32   | \$111,493.32   |
| Total Balance                                                    | \$2,146,948.30 | \$2,303,874.17 | \$2,146,948.30 | \$2,191,743.72 |

Memorial Medical Center  
Nursing Home UPL  
Weekly HMG Transfer  
Prosperity Accounts  
5/13/2024

| Account                                             | Previous<br>Beginning<br>Balance | Transfer-Out | Transfer-In | Cks Cleared | Pending<br>Deposits               | Today's Beginning Balance | Amount to Be<br>Transferred to<br>Nursing Home |
|-----------------------------------------------------|----------------------------------|--------------|-------------|-------------|-----------------------------------|---------------------------|------------------------------------------------|
| Nursing Home<br>Gulf Pointe Plaza- Private Pay      | 858.11                           | -            | -           |             |                                   | 858.11                    | no transfer                                    |
|                                                     |                                  |              |             |             | Bank Balance                      | 858.11                    |                                                |
|                                                     |                                  |              |             |             | Variance                          | -                         |                                                |
|                                                     |                                  |              |             |             | Leave in Balance                  | 100.00                    |                                                |
|                                                     |                                  |              |             |             | Adjust Balance/Transfer Amt       | 758.11                    |                                                |
| Nursing Home<br>Gulf Pointe Plaza-Medicare/Medicaid | 149.53                           | -            | 45,169.82   |             |                                   | 45,319.35                 | 37,019.35                                      |
|                                                     |                                  |              |             |             | Bank Balance                      | 45,319.35                 |                                                |
|                                                     |                                  |              |             |             | Variance                          | -                         |                                                |
|                                                     |                                  |              |             |             | Leave in Balance                  | 100.00                    |                                                |
|                                                     |                                  |              |             |             | Claim payment transfer to Tuscany | 8,200.00                  |                                                |
|                                                     |                                  |              |             |             | Adjust Balance/Transfer Amt       | 37,019.35                 |                                                |
|                                                     |                                  |              |             |             | <b>TOTAL TRANSFERS</b>            | <b>37,777.46</b>          |                                                |

Routing Information for Gulf Pointe Plaza:

APPROVED ON

MAY 13 2024

BY COUNTY AUDITOR  
GARLAND COUNTY, TEXAS

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

Approved: Andrew De los Santos  
ANDREW DE LOS SANTOS

5/13/2024

Gulf Pointe Plaza-Private Pay ✓

| MMC PORTION  |             |            |            |            |                    |         | NH PORTION |
|--------------|-------------|------------|------------|------------|--------------------|---------|------------|
| Transfer-Out | Transfer-In | QIPP/Comp1 | QIPP/Comp2 | QIPP/Comp3 | QIPP/Comp4 & Lapse | QIPP TI |            |
| -            | -           | -          | -          | -          | -                  | -       | -          |
| -            | -           | -          | -          | -          | -                  | -       | -          |

Gulf Pointe Plaza-Medicare/Medicaid ✓

5/10/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
5/9/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
5/8/2024 Deposit  
5/8/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
5/6/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001

| MMC PORTION  |             |            |            |            |                    |         | NH PORTION |
|--------------|-------------|------------|------------|------------|--------------------|---------|------------|
| Transfer-Out | Transfer-In | QIPP/Comp1 | QIPP/Comp2 | QIPP/Comp3 | QIPP/Comp4 & Lapse | QIPP TI |            |
| -            | 1,778.00    | -          | -          | -          | -                  | -       | 1,778.00   |
| -            | 1,296.00    | -          | -          | -          | -                  | -       | 1,296.00   |
| -            | 215.26      | -          | -          | -          | -                  | -       | 215.26     |
| -            | 240.00      | -          | -          | -          | -                  | -       | 240.00     |
| -            | 41,640.56   | -          | -          | -          | -                  | -       | 41,640.56  |
| -            | 45,169.82   | -          | -          | -          | -                  | -       | 45,169.82  |
| -            | 45,169.82   | -          | -          | -          | -                  | -       | 45,169.82  |

Balances Overview

| Account Name                                                     |                       |                       |                       |                       |
|------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL<br>MEDICAL CENTER -<br>OPERATING                  | \$1,106,303.08        | \$1,088,511.87        | \$1,106,303.08        | \$1,379,089.47        |
| *4365 MEMORIAL<br>MEDICAL CENTER -<br>CLINIC SERIES 2014         | \$543.86              | \$543.86              | \$543.86              | \$543.86              |
| *4373 MEMORIAL<br>MEDICAL CENTER -<br>PRIVATE WAIVER<br>CLEARING | \$437.82              | \$437.82              | \$437.82              | \$437.82              |
| *4381 MEMORIAL<br>MEDICAL CENTER /<br>NH ASHFORD                 | \$172,832.19          | \$205,974.53          | \$172,832.19          | \$107,771.60          |
| *4403 MEMORIAL<br>MEDICAL CENTER /<br>NH BROADMOOR               | \$142,109.23          | \$187,011.43          | \$142,109.23          | \$81,604.76           |
| *4411 MEMORIAL<br>MEDICAL CENTER /<br>NH CRESCENT                | \$168,004.91          | \$248,422.31          | \$168,004.91          | \$141,059.75          |
| *4438 MEMORIAL<br>MEDICAL CENTER /<br>SOLERA AT WEST<br>HOUSTON  | \$120,057.64          | \$121,018.27          | \$120,057.64          | \$82,931.23           |
| *4446 MEMORIAL<br>MEDICAL CENTER /<br>NH FORT BEND               | \$46,763.71           | \$54,764.61           | \$46,763.71           | \$27,548.15           |
| *4454 MEMORIAL<br>MEDICAL / NH<br>GOLDEN CREEK<br>HEALTHCARE     | \$45,887.89           | \$47,243.89           | \$45,887.89           | \$43,338.14           |
| *5433 MMC -NH GULF<br>POINTE PLAZA -<br>PRIVATE PAY ✓            | \$858.11 ✓            | \$1,160.12 ✓          | \$858.11              | \$858.11              |
| *5441 MMC -NH GULF<br>POINTE PLAZA -<br>MEDICARE/MEDICAID ✓      | \$45,319.35 ✓         | \$50,065.97 ✓         | \$45,319.35           | \$43,541.35           |
| *5506 MMC -NH<br>BETHANY SENIOR<br>LIVING                        | \$73,408.81           | \$74,297.79           | \$73,408.81           | \$72,262.94           |
| *3407 MMC -NH<br>TUSCANY VILLAGE                                 | \$112,828.38          | \$112,828.38          | \$112,828.38          | \$99,163.22           |
| *3660 MMC -BETHANY<br>SR LIVING - DACA                           | \$100.00              | \$100.00              | \$100.00              | \$100.00              |
| *2998 MMC -MONEY<br>MARKET FUND                                  | \$111,493.32          | \$111,493.32          | \$111,493.32          | \$111,493.32          |
| <b>Total Balance</b>                                             | <b>\$2,146,948.30</b> | <b>\$2,303,874.17</b> | <b>\$2,146,948.30</b> | <b>\$2,191,743.72</b> |

Memorial Medical Center  
Nursing Home UPL  
Weekly Tuscan Transfer  
Prosperity Accounts  
5/13/2024

| Nursing Home   | Account Number | Previous Beginning Balance | Transfer-Out | Transfer-In | Cks Cleared | Pending Deposits         | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|----------------|----------------|----------------------------|--------------|-------------|-------------|--------------------------|---------------------------|------------------------------------------|
| Tuscan Village |                | 52,036.83                  | 51,936.83    | 112,728.38  | -           | -                        | 112,828.38                | 97,989.21                                |
|                |                |                            |              |             |             | Bank Balance             | 112,828.38                |                                          |
|                |                |                            |              |             |             | Variance                 | -                         |                                          |
|                |                |                            |              |             |             | Leave in Balance         | 100.00                    |                                          |
|                |                |                            |              |             |             | Molina Q2 and March QIPP | 14,739.18                 |                                          |

APPROVED ON

MAY 13 2024

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

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt

97,989.21

Approved: Andrew De Los Santos  
ANDREW DE LOS SANTOS

5/13/2024

Tuscany Village ✓

|                                                        | Transfer-Out | Transfer-In  | MMC PORTION |             |             |                   |             | NH PORTION  |
|--------------------------------------------------------|--------------|--------------|-------------|-------------|-------------|-------------------|-------------|-------------|
|                                                        |              |              | QIPP/Comp 1 | QIPP/Comp 2 | QIPP/Comp 3 | QIPP/Comp 4&Lapse | QIPP TI     |             |
| 5/10/2024 HNB - ECHO HCCLAIMPMT 746003411 440000214731 | -            | 12,465.52    |             |             |             |                   | -           | 12,465.52   |
| 5/10/2024 HNB - ECHO HCCLAIMPMT 746003411 440000214925 | -            | 1,199.64     |             |             |             |                   | -           | 1,199.64    |
| 5/9/2024 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE    | 51,936.83 ✓  | -            |             |             |             |                   | -           | -           |
| 5/8/2024 Deposit                                       | -            | 35,088.00 ✓  |             |             |             |                   | -           | 35,088.00   |
| 5/8/2024 Deposit                                       | -            | 642.00       |             |             |             |                   | -           | 642.00      |
| 5/8/2024 MOLINA HEALTHCAR MOLINAACH 01279239 42000016  | -            | 23,026.61    | 6,451.74    | 8,310.93    | 4,168.13    | 4,095.81          | 14,739.18 ✓ | 8,287.44    |
| 5/8/2024 HNB - ECHO HCCLAIMPMT 746003411 440000241238  | -            | 30,512.47    |             |             |             |                   | -           | 30,512.47   |
| 5/7/2024 HNB - ECHO HCCLAIMPMT 746003411 440000200583  | -            | 7,814.34     |             |             |             |                   | -           | 7,814.34    |
| 5/6/2024 HNB - ECHO HCCLAIMPMT 746003411 440000244461  | -            | 1,979.80 ✓   |             |             |             |                   | -           | 1,979.80    |
|                                                        | 51,936.83 ✓  | 112,728.38 ✓ | 6,451.74    | 8,310.93    | 4,168.13    | 4,095.81          | 14,739.18   | 97,989.21 ✓ |

Balances Overview

| Account Name                                                     |                       |                       |                       |                       |
|------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL<br>MEDICAL CENTER -<br>OPERATING                  | \$1,106,303.08        | \$1,088,511.87        | \$1,106,303.08        | \$1,379,089.47        |
| *4365 MEMORIAL<br>MEDICAL CENTER -<br>CLINIC SERIES 2014         | \$543.86              | \$543.86              | \$543.86              | \$543.86              |
| *4373 MEMORIAL<br>MEDICAL CENTER -<br>PRIVATE WAIVER<br>CLEARING | \$437.82              | \$437.82              | \$437.82              | \$437.82              |
| *4381 MEMORIAL<br>MEDICAL CENTER /<br>NH ASHFORD                 | \$172,832.19          | \$205,974.53          | \$172,832.19          | \$107,771.60          |
| *4403 MEMORIAL<br>MEDICAL CENTER /<br>NH BROADMOOR               | \$142,109.23          | \$187,011.43          | \$142,109.23          | \$81,604.76           |
| *4411 MEMORIAL<br>MEDICAL CENTER /<br>NH CRESCENT                | \$168,004.91          | \$248,422.31          | \$168,004.91          | \$141,059.75          |
| *4438 MEMORIAL<br>MEDICAL CENTER /<br>SOLERA AT WEST<br>HOUSTON  | \$120,057.64          | \$121,018.27          | \$120,057.64          | \$82,931.23           |
| *4446 MEMORIAL<br>MEDICAL CENTER /<br>NH FORT BEND               | \$46,763.71           | \$54,764.61           | \$46,763.71           | \$27,548.15           |
| *4454 MEMORIAL<br>MEDICAL / NH<br>GOLDEN CREEK<br>HEALTHCARE     | \$45,887.89           | \$47,243.89           | \$45,887.89           | \$43,338.14           |
| *5433 MMC -NH GULF<br>POINTE PLAZA -<br>PRIVATE PAY              | \$858.11              | \$1,160.12            | \$858.11              | \$858.11              |
| *5441 MMC -NH GULF<br>POINTE PLAZA -<br>MEDICARE/MEDICAID        | \$45,319.35           | \$50,065.97           | \$45,319.35           | \$43,541.35           |
| *5506 MMC -NH<br>BETHANY SENIOR<br>LIVING                        | \$73,408.81           | \$74,297.79           | \$73,408.81           | \$72,262.94           |
| *3407 MMC -NH<br>TUSCANY VILLAGE                                 | \$112,828.38          | \$112,828.38          | \$112,828.38          | \$99,163.22           |
| *3660 MMC -BETHANY<br>SR LIVING - DACA                           | \$100.00              | \$100.00              | \$100.00              | \$100.00              |
| *2998 MMC -MONEY<br>MARKET FUND                                  | \$111,493.32          | \$111,493.32          | \$111,493.32          | \$111,493.32          |
| <b>Total Balance</b>                                             | <b>\$2,146,948.30</b> | <b>\$2,303,874.17</b> | <b>\$2,146,948.30</b> | <b>\$2,191,743.72</b> |

Memorial Medical Center  
Nursing Home UPL  
Weekly HSLTransfer  
Prosperity Accounts  
5/13/2024

| Nursing Home          | Account Number | Previous Beginning Balance | Transfer-Out | Transfer-In | Cks Cleared | Pending Medicare Repayment | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|-----------------------|----------------|----------------------------|--------------|-------------|-------------|----------------------------|---------------------------|------------------------------------------|
| Bethany Senior Living |                | 360,223.08                 | 360,528.67   | 73,714.40   |             |                            | 73,408.81                 | 73,114.40                                |
|                       |                |                            |              |             |             | Bank Balance               | 73,408.81                 |                                          |
|                       |                |                            |              |             |             | Variance                   |                           |                                          |
|                       |                |                            |              |             |             | Leave in Balance           | 100.00                    |                                          |

APPROVED ON

MAY 13 2024

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

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

CALHOUN COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

April Interest 194.41  
May Interest  
June Interest  
Adjust Balance/Transfer Amt 73,114.40  
Approved: Andrew De Los Santos  
ANDREW DE LOS SANTOS 5/13/2024

**Bethany Senior Living**

5/10/2024 NOVITAS SOLUTION HCCLAIMPMT 676481 420000161  
 5/9/2024 Debit Adjustment  
 5/9/2024 WIRE OUT PORT LAVACA NH, LLC  
 5/9/2024 Deposit  
 5/9/2024 NOVITAS SOLUTION HCCLAIMPMT 676481 420000136  
 5/8/2024 Deposit  
 5/8/2024 Deposit  
 5/8/2024 Deposit  
 5/8/2024 Deposit  
 5/8/2024 Deposit  
 5/8/2024 NDC SWEEP FAC K236 31316960622077 SWEEP FR  
 5/8/2024 HNB - ECHO HCCLAIMPMT 746003411 440000241226  
 5/7/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2

|              |             | MMC PORTION |             |            |                  |         | NH PORTION |
|--------------|-------------|-------------|-------------|------------|------------------|---------|------------|
| Transfer-Out | Transfer-In | QIPP/Comp1  | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI |            |
| -            | 1,145.87    | -           | -           | -          | -                | -       | 1,145.87   |
| 600.00       | -           | -           | -           | -          | -                | -       | -          |
| 359,928.67   | -           | -           | -           | -          | -                | -       | -          |
| -            | 33,630.40   | -           | -           | -          | -                | -       | 33,630.40  |
| -            | 290.44      | -           | -           | -          | -                | -       | 290.44     |
| -            | 9,123.93    | -           | -           | -          | -                | -       | 9,123.93   |
| -            | 2,996.37    | -           | -           | -          | -                | -       | 2,996.37   |
| -            | 3,798.87    | -           | -           | -          | -                | -       | 3,798.87   |
| -            | 4,355.78    | -           | -           | -          | -                | -       | 4,355.78   |
| -            | 12,100.62   | -           | -           | -          | -                | -       | 12,100.62  |
| -            | 2,898.30    | -           | -           | -          | -                | -       | 2,898.30   |
| -            | 3,373.82    | -           | -           | -          | -                | -       | 3,373.82   |
| 360,528.67   | 73,714.40   | -           | -           | -          | -                | -       | 73,714.40  |

Balance Overview

| Account Name                                                     |                       |                       |                       |                       |
|------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL<br>MEDICAL CENTER -<br>OPERATING                  | \$1,106,303.08        | \$1,088,511.87        | \$1,106,303.08        | \$1,379,089.47        |
| *4365 MEMORIAL<br>MEDICAL CENTER -<br>CLINIC SERIES 2014         | \$543.86              | \$543.86              | \$543.86              | \$543.86              |
| *4373 MEMORIAL<br>MEDICAL CENTER -<br>PRIVATE WAIVER<br>CLEARING | \$437.82              | \$437.82              | \$437.82              | \$437.82              |
| *4381 MEMORIAL<br>MEDICAL CENTER /<br>NH ASHFORD                 | \$172,832.19          | \$205,974.53          | \$172,832.19          | \$107,771.60          |
| *4403 MEMORIAL<br>MEDICAL CENTER /<br>NH BROADMOOR               | \$142,109.23          | \$187,011.43          | \$142,109.23          | \$81,604.76           |
| *4411 MEMORIAL<br>MEDICAL CENTER /<br>NH CRESCENT                | \$168,004.91          | \$248,422.31          | \$168,004.91          | \$141,059.75          |
| *4438 MEMORIAL<br>MEDICAL CENTER /<br>SOLERA AT WEST<br>HOUSTON  | \$120,057.64          | \$121,018.27          | \$120,057.64          | \$82,931.23           |
| *4446 MEMORIAL<br>MEDICAL CENTER /<br>NH FORT BEND               | \$46,763.71           | \$54,764.61           | \$46,763.71           | \$27,548.15           |
| *4454 MEMORIAL<br>MEDICAL / NH<br>GOLDEN CREEK<br>HEALTHCARE     | \$45,887.89           | \$47,243.89           | \$45,887.89           | \$43,338.14           |
| *5433 MMC -NH GULF<br>POINTE PLAZA -<br>PRIVATE PAY              | \$858.11              | \$1,160.12            | \$858.11              | \$858.11              |
| *5441 MMC -NH GULF<br>POINTE PLAZA -<br>MEDICARE/MEDICAID        | \$45,319.35           | \$50,065.97           | \$45,319.35           | \$43,541.35           |
| *5506 MMC -NH<br>BETHANY SENIOR<br>LIVING ✓                      | \$73,408.81 ✓         | \$74,297.79           | \$73,408.81           | \$72,262.94           |
| *3407 MMC -NH<br>TUSCANY VILLAGE                                 | \$112,828.38          | \$112,828.38          | \$112,828.38          | \$99,163.22           |
| *3660 MMC -BETHANY<br>SR LIVING - DACA                           | \$100.00              | \$100.00              | \$100.00              | \$100.00              |
| *2998 MMC -MONEY<br>MARKET FUND                                  | \$111,493.32          | \$111,493.32          | \$111,493.32          | \$111,493.32          |
| <b>Total Balance</b>                                             | <b>\$2,146,948.30</b> | <b>\$2,303,874.17</b> | <b>\$2,146,948.30</b> | <b>\$2,191,743.72</b> |

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P  
A  
Y  
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MEMORIAL MEDICAL CENTER

Date Requested: 5/13/2024

APPROVED ON

MAY 13 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK#1238

## FOR ACCT USE ONLY

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

AMOUNT: \$ 21,440.23 ✓

G/L NUMBER: 10255040

EXPLANATION: MOLINA Q2 AND MARCH QIPP HOPITAL PORTION

REQUESTED BY: CAITLIN CLEVINGER

AUTHORIZED BY: Andrew Datas

Ashford ✓

5/13/24

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P  
A  
Y  
E  
E

MEMORIAL MEDICAL CENTER

Date Requested: 5/13/2024

APPROVED ON

MAY 13 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#000275

FOR ACCT USE ONLY

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

AMOUNT:

\$ 8,006.51 ✓

G/L NUMBER: 10255040

EXPLANATION:

MOLINA Q2 AND MARCH QIPP HOPITAL PORTION

REQUESTED BY:

CAITLIN CLEVINGER

AUTHORIZED BY:

Andrew Deford Santos

Broadmoor

5/13/24

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P

MEMORIAL MEDICAL CENTER

Date Requested: \_\_\_\_\_

5/13/2024

A

Y

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APPROVED ON

MAY 13 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK 000340

## FOR ACCT USE ONLY

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

AMOUNT:

\$

5,942.12 ✓

G/L NUMBER: \_\_\_\_\_

10255040

EXPLANATION:

MOLINA Q2 AND MARCH QIPP HOPITAL PORTION

REQUESTED BY:

CAITLIN CLEVINGER

AUTHORIZED BY: \_\_\_\_\_

Andrew Delos Santos

Crescent ✓

5/13/24

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P  
A  
Y  
E  
E  
MEMORIAL MEDICAL CENTER

Date Requested: 5/13/2024

## FOR ACCT USE ONLY

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

APPROVED ON

MAY 13 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#000247

AMOUNT: \$ 6,769.25 ✓ G/L NUMBER: 10255040

EXPLANATION: MOLINA Q2 AND MARCH QIPP HOPITAL PORTION

REQUESTED BY: CAITLIN CLEVINGER

AUTHORIZED BY: Andrew DeLeon

Fort Bend ✓

5/13/24

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P

MEMORIAL MEDICAL CENTER

Date Requested: 5/13/2024

A

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APPROVED ON

MAY 13 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY TEXAS

CL# 001301

## FOR ACCT USE ONLY

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

AMOUNT:

\$

5,822.77 ✓

G/L NUMBER:

10255040

EXPLANATION:

MOLINA Q2 AND MARCH QIPP HOPITAL PORTION

REQUESTED BY:

CAITLIN CLEVINGER

AUTHORIZED BY:

Andrew DeLeon

Solera ✓

5/13/24

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P

MEMORIAL MEDICAL CENTER

Date Requested: 5/13/2024

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Y

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APPROVED ON

MAY 13 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK # 001154

## FOR ACCT USE ONLY

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

AMOUNT:

\$

14,739.18 ✓

G/L NUMBER:

10255040

EXPLANATION:

MOLINA Q2 AND MARCH QIPP HOPITAL PORTION

REQUESTED BY:

CAITLIN CLEVINGER

AUTHORIZED BY:

Andrew Dela Santa

Dussaney ✓

5/13/24

## QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

5/15/2024

| NH Name      | From Bank Acct #        | Ck # | Payee                                | GL #     | Molina Q2 and March QIPP |   |   |   |   |   | TOTAL       | Date        |
|--------------|-------------------------|------|--------------------------------------|----------|--------------------------|---|---|---|---|---|-------------|-------------|
| Ashford ✓    | ██████████ - Prosperity |      | MMC -Prosperity Operating ██████████ | 10255040 | 21,440.23 ✓              |   |   |   |   |   | 21,440.23 ✓ | 5/15/2024 ✓ |
| Broadmoor ✓  | ██████████ - Prosperity |      | MMC -Prosperity Operating ██████████ | 10255040 | 8,006.51 ✓               |   |   |   |   |   | 8,006.51 ✓  | 5/15/2024 ✓ |
| Crescent ✓   | ██████████ - Prosperity |      | MMC -Prosperity Operating ██████████ | 10255040 | 5,942.12 ✓               |   |   |   |   |   | 5,942.12 ✓  | 5/15/2024 ✓ |
| Fort Bend ✓  | ██████████ - Prosperity |      | MMC -Prosperity Operating ██████████ | 10255040 | 6,769.25 ✓               |   |   |   |   |   | 6,769.25 ✓  | 5/15/2024 ✓ |
| Solera ✓     | ██████████ - Prosperity |      | MMC -Prosperity Operating ██████████ | 10255040 | 5,822.77 ✓               |   |   |   |   |   | 5,822.77 ✓  | 5/15/2024 ✓ |
| Golden Creek | ██████████ - Prosperity |      | MMC -Prosperity Operating ██████████ | 10255040 |                          |   |   |   |   |   | -           | 5/15/2024   |
| Bethany      | ██████████ - Prosperity |      | MMC -Prosperity Operating ██████████ | 10255040 |                          |   |   |   |   |   | -           | 5/15/2024   |
| Tuscany ✓    | ██████████ - Prosperity |      | MMC -Prosperity Operating ██████████ | 10255040 | 14,739.18 ✓              |   |   |   |   |   | 14,739.18 ✓ | 5/15/2024 ✓ |
|              |                         |      |                                      | Total:   | 62,720.05 ✓              | - | - | - | - | - | 62,720.05 ✓ |             |

Note:

  
 Approved:  
 ANDREW DE LOS SANTOS 5/13/2024

**MEMORIAL MEDICAL CENTER**

NH ASHFORD  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001238

Date

5-16-24

88-2265/1131

**PAY**TO THE  
ORDER OF

MMC Operating

\$ 21,440.  $\frac{23}{100}$ Twenty-one thousand, four hundred forty dollars  $\frac{23}{100}$ 

DOLLARS

**PROSPERITY  
BANK**

County auditor

FOR Molina Q2 3 March

County Treasurer  
Security features are  
included. Details on back.**MEMORIAL MEDICAL CENTER**

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000275

Date

5-16-24

88-2265/1131

**PAY**TO THE  
ORDER OF

MMC Operating

\$ 8,006.  $\frac{51}{100}$ Eight thousand, six dollars  $\frac{51}{100}$ 

DOLLARS

**PROSPERITY  
BANK**

County auditor

FOR Molina Q2 3 March

County Treasurer  
Security features are  
included. Details on back.**MEMORIAL MEDICAL CENTER**

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000340

Date

5-16-24

88-2265/1131

**PAY**TO THE  
ORDER OF

MMC Operating

\$ 5,942.  $\frac{12}{100}$ Five thousand, nine hundred forty-two dollars  $\frac{12}{100}$ 

DOLLARS

**PROSPERITY  
BANK**

County auditor

FOR Molina Q2 3 March

County Treasurer  
Security features are  
included. Details on back.

**MEMORIAL MEDICAL CENTER**

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

000247

88-2265/1131

Date 5-10-24**PAY**TO THE  
ORDER OFMMC Operating\$ 6,769.  $\frac{25}{100}$ Six thousand, seven hundred sixty-nine dollars  $\frac{25}{100}$  DOLLARS**PROSPERITY  
BANK**FOR molina Q2 3 march

County auditor

County Treasurer  
Security features are  
included. Details on back.**MEMORIAL MEDICAL CENTER**

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001301

Date 5-16-24

88-2265/1131

**PAY**TO THE  
ORDER OFMMC Operating\$ 5,822.  $\frac{77}{100}$ Five thousand, eight hundred twenty-two dollars  $\frac{77}{100}$  DOLLARS**PROSPERITY  
BANK**FOR molina Q2 3 march

County auditor

County Treasurer  
Security features are  
included. Details on back.**MEMORIAL MEDICAL CENTER**

TUSCANY VILLAGE  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001154

Date 5-16-24

88-2265/1131

**PAY**TO THE  
ORDER OFMMC Operating\$ 14,739.  $\frac{10}{100}$ Fourteen thousand, seven hundred thirty-nine dollars  $\frac{10}{100}$  DOLLARS**PROSPERITY  
BANK**

FOR

County auditor

County Treasurer  
Security features are  
included. Details on back.

Gulf Pointe

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P

Tuscany Village /

Date Requested:

5/13/2024

A

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APPROVED ON

MAY 13 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK#001019

FOR ACCT USE ONLY

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

AMOUNT:

\$

8,200.00 ✓

G/L NUMBER:

21400007

EXPLANATION:

CLAIM PAYMENT OWED BY GULF POINTE TO TUSCANY ✓

REQUESTED BY:

CAITLIN CLEVINGER

AUTHORIZED BY:

*Andrew DeFazio*

5/13/24

MEMORIAL MEDICAL CENTER  
NH GULF POINTE PLAZA  
MEDICARE/MEDICAID 361-553-4818  
1815 N VIRGINIA ST  
PORT LAVACA, TX 77979

1019

88-2265/1131-07

DATE 5-16-24

CHECK APPRO

PAY  
TO THE  
ORDER OF

Tuscany Village

\$ 8200 <sup>00</sup>/<sub>100</sub>

Eight thousand, two hundred dollars <sup>3</sup>/<sub>100</sub>

DOLLARS

Photo  
Safe  
Deposit  
Details on back



PROSPERITY BANK®

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

FOR

claim payment

County Auditor

County Treasurer

8

RUN DATE:05/16/24  
TIME:16:15

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
05/16/24 THRU 05/16/24

PAGE 1  
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

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|         |        |          |           |                 |
|---------|--------|----------|-----------|-----------------|
| NHF *   | 000247 | 05/16/24 | 6,769.25  | MMC OPERATING   |
| NHB *   | 000275 | 05/16/24 | 8,006.51  | MMC OPERATING   |
| NHC *   | 000340 | 05/16/24 | 5,942.12  | MMC OPERATING   |
| GPM *   | 001019 | 05/16/24 | 8,200.00  | TUSCANY VILLAGE |
| TUS *   | 001154 | 05/16/24 | 14,739.18 | MMC OPERATING   |
| NHA *   | 001238 | 05/16/24 | 21,440.23 | MMC OPERATING   |
| NHS     | 001301 | 05/16/24 | 5,822.77  | MMC OPERATING   |
| TOTALS: |        |          | 70,920.06 |                 |