MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 8, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	497,698.44
TOTAL TRANSFERS BETWEEN FUNDS	$	336,669.43
TOTAL NURSING HOME UPL EXPENSES	$	1,417,309.14
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED January 8, 2025	$	2,251,677.01

APPROVED

JAN 08 2025

CALDWELL COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 8, 2025

PAYABLES AND PAYROLL			
1/3/2025	Weekly Payables	389,898.95	
1/6/2025	McKesson-340B Prescription Expense	6,913.94	
1/6/2025	McKesson-340B Prescription Expense	1,155.95	
1/6/2025	McKesson-340B Prescription Expense	1,121.14	
1/6/2025	Amerisource Bergen-340B Prescription Expense	474.38	
1/6/2025	Amerisource Bergen-340B Prescription Expense	176.06	
1/6/2025	Amerisource Bergen-340B Prescription Expense	104.56	
1/6/2025	Health Equity - Wage Works employee FSA	95,702.76	
	Prosperity Electronic Bank Payments		
1/6/2025	Pay Plus-Patient Claims Processing Fee	1,258.87	
1/6/2025	Authnet Gateway	27.00	
1/6/2025	Credit Card Processing Fee	702.42	
1/6/2025	Harland Clarke Check Orders	60.36	
1/6/2025	Harland Clarke Check Orders	102.05	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 497,698.44**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
1/3/2025	MMC Operating to Ashford-Correction of insurance payment deposited into MMC Operating in error	6,120.00	
1/3/2025	MMC Operating to Solera-Correction of insurance payment deposited into MMC Operating in error	16,898.32	
1/3/2025	MMC Operating to Fort bend-Correction of insurance payment deposited into MMC Operating in error	2,100.00	
1/3/2025	MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	7,869.88	
1/3/2025	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	5,712.00	
1/3/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	107,155.15	
1/3/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	90,001.48	
1/3/2025	MMC Operating to Bethany-Correction of insurance payment deposited into MMC Operating in error	100,812.60	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 336,669.43**
NURSING HOME UPL EXPENSES			
1/6/2025	Nursing Home UPL-Cantex Transfer	495,216.72	
1/6/2025	Nursing Home UPL-Nexion Transfer	235,891.23	
1/6/2025	Nursing Home UPL-Tuscany Transfer	371,613.04	
1/6/2025	Nursing Home UPL-HSL Transfer	266,392.98	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
1/6/2025	Ashford to MMC-QTR4 Interest	616.83	
1/6/2025	Broadmoor to MMC-QTR4 Interest	624.09	
1/6/2025	Crescent to MMC-QTR4 Interest	875.39	
1/6/2025	Fort Bend-Q4 Interest	208.88	
1/6/2025	Solera to MMC-QTR4 Interest	583.15	
1/6/2025	Golden Creek to MMC-QTR4 Interest	393.63	
1/6/2025	Bethany-QTR4 Interest	238.12	
1/6/2025	Ashford to MMC-QIPP Y5 Final Adj Payment	12,288.36	
1/6/2025	Broadmoor to MMC-QIPP Y5 Final Adj Payment	5,087.24	
1/6/2025	Crescent to MMC-QIPP Y5 Final Adj Payment	4,084.75	
1/6/2025	Fort Bend to MMC-QIPP Y5 Final Adj Payment	4,967.39	
1/6/2025	Solera to MMC-QIPP Y5 Final Adj Payment	4,818.68	
1/6/2025	Golden Creek to MMC-QIPP Y5 Final Adj Payment	8,758.66	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
1/6/2025	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	4,650.00	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,417,309.14**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED January 8, 2025			**$ 2,251,677.01**

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 01/10/2025

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
9154219130		12/27/202	10/30/202	01/10/202			2,587.69	0.00	0.00	2,587.69

removed Sales Tax 2,580.41

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	2,587.69	0.00	0.00	2,587.69

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
1R36DCCCRPVL		12/18/202	12/10/202	01/09/202			259.96	0.00	0.00	259.96
1LYK7R1VQ967		12/18/202	12/10/202	01/09/202			196.50	0.00	0.00	196.50
1MNFC7TPDYFN		12/18/202	12/11/202	01/10/202			53.94	0.00	0.00	53.94

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	510.40	0.00	0.00	510.40

Vendor#	Vendor Name	Class	Pay Code
15456	AMERITEX ELEVATOR SERVICES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20250832		12/27/202	01/01/202	01/10/202			750.00	0.00	0.00	750.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15456	AMERITEX ELEVATOR SERVICES INC	750.00	0.00	0.00	750.00

Vendor#	Vendor Name	Class	Pay Code
12800	AUTHORITYRX, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7000071549		12/27/202	12/05/202	01/10/202			3,955.83	0.00	0.00	3,955.83

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX, LLC	3,955.83	0.00	0.00	3,955.83

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6011624060		12/31/202	10/04/202	12/31/202			877.74	0.00	0.00	877.74
6011681817		12/31/202	10/24/202	12/31/202			585.16	0.00	0.00	585.16

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	1,462.90	0.00	0.00	1,462.90

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
111743536		12/17/202	12/13/202	01/07/202			5,016.58	0.00	0.00	5,016.58
111761252		12/27/202	12/23/202	01/10/202			825.96	0.00	0.00	825.96
5497363		12/27/202	12/25/202	01/10/202			1,337.05	0.00	0.00	1,337.05

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	7,179.59	0.00	0.00	7,179.59

Vendor#	Vendor Name	Class	Pay Code
11072	BIO-RAD LABORATORIES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907811977		12/31/202	11/27/202	12/31/202			3,762.00	0.00	0.00	3,762.00
907846787		12/31/202	12/11/202	12/31/202			3,108.00	0.00	0.00	3,108.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	6,870.00	0.00	0.00	6,870.00

Vendor#	Vendor Name	Class	Pay Code
14260	CAREFUSION SOLUTIONS, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
70001667315		12/27/202	11/26/202	01/10/202			173.65	0.00	0.00	173.65

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14260	CAREFUSION SOLUTIONS, LLC	173.65	0.00	0.00	173.65

Vendor#	Vendor Name	Class	Pay Code
10541	CARESFIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
200028682		12/18/202	12/11/202	01/10/202			378.82	0.00	0.00	378.82

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10541	CARESFIELD	378.82	0.00	0.00	378.82

Vendor#	Vendor Name	Class	Pay Code
14236	CARRIER CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90418405		12/31/202	12/13/202	12/31/202			12,830.00	0.00	0.00	12,830.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14236	CARRIER CORPORATION	12,830.00	0.00	0.00	12,830.00

Vendor#	Vendor Name	Class	Pay Code
C1730	CITY OF PORT LAVACA	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121624		12/27/202	12/16/202	01/06/202			247.71	0.00	0.00	247.71
121624A		12/27/202	12/16/202	01/06/202			8,022.91	0.00	0.00	8,022.91
121624B		12/27/202	12/16/202	01/06/202			59.48	0.00	0.00	59.48
121624C		12/27/202	12/16/202	01/06/202			191.39	0.00	0.00	191.39

1011 N. Virginia St.
815 N. Virginia St.
815 N. Virginia St.
101 N. Virginia St.

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	8,521.49	0.00	0.00	8,521.49

Vendor#	Vendor Name	Class	Pay Code
10212	CLINICAL PATHOLOGY LABS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2024110		12/27/202	11/30/202	01/10/202			49.00	0.00	0.00	49.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS	49.00	0.00	0.00	49.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7770100		12/18/202	12/10/202	01/04/202			263.73	0.00	0.00	263.73
7772420		12/18/202	12/12/202	01/06/202			430.40	0.00	0.00	430.40

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON	694.13	0.00	0.00	694.13

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
42570		12/31/202	12/30/202	12/30/202			505.00	0.00	0.00	505.00
42587		12/31/202	12/30/202	12/31/202			105.00	0.00	0.00	105.00

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

Vendor#	Vendor Name	Class	Pay Code
11091	ECOLAB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3649649395		12/27/202	12/10/202	01/10/202			300.00	0.00	0.00	300.00

3649649395

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11091	ECOLAB	300.00	0.00	0.00	300.00

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43839		12/27/202	12/31/202	01/10/202			40,062.50	0.00	0.00	40,062.50

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

Vendor#	Vendor Name	Class	Pay Code
15832	EVERON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
157269110		12/27/202	12/02/202	01/10/202			58.43	0.00	0.00	58.43

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15832	EVERON	58.43	0.00	0.00	58.43

Vendor#	Vendor Name	Class	Pay Code
13016	FIRST INSURANCE FUNDING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010125		01/02/202	01/01/202	01/02/202			6,179.85	0.00	0.00	6,179.85
	DOWN PAYMENT									
010125A		01/02/202	01/01/202	01/02/202			3,891.02	0.00	0.00	3,891.02
	FIRST MONTHLY INSTALLMENT									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13016	FIRST INSURANCE FUNDING	10,070.87	0.00	0.00	10,070.87

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7614466		12/17/202	12/16/202	01/10/202			23.62	0.00	0.00	23.62
7472821		12/18/202	12/10/202	01/04/202			21.96	0.00	0.00	21.96
7472823		12/18/202	12/10/202	01/04/202			15.98	0.00	0.00	15.98
7472822		12/18/202	12/10/202	01/04/202			62.01	0.00	0.00	62.01
7472825		12/18/202	12/10/202	01/04/202			321.76	0.00	0.00	321.76
7511560		12/18/202	12/11/202	01/05/202			541.73	0.00	0.00	541.73

7511558	12/18/202 12/11/202 01/05/202	75.60	0.00	0.00	75.60	
7547927	12/18/202 12/12/202 01/06/202	1,260.36	0.00	0.00	1,260.36	
7580682	12/18/202 12/13/202 01/07/202	432.29	0.00	0.00	432.29	
7614467	12/18/202 12/16/202 01/10/202	1,129.19	0.00	0.00	1,129.19	

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
F1400	FISHER HEALTHCARE	3,884.50	0.00	0.00	3,884.50

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
91578244		12/27/202	12/25/202	01/10/202			7,908.33	0.00	0.00	7,908.33

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

11078 FUSION MEDICAL STAFFING, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV775900		12/27/202	12/14/202	01/08/202			3,320.00	0.00	0.00	3,320.00

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
11078	FUSION MEDICAL STAFFING, LLC	3,320.00	0.00	0.00	3,320.00

Vendor# Vendor Name Class Pay Code

11149 GBS ADMINISTRATORS, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
871335183385		12/27/202	12/19/202	01/10/202			4,741.49	0.00	0.00	4,741.49

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
11149	GBS ADMINISTRATORS, INC	4,741.49	0.00	0.00	4,741.49

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
6002834508		12/18/202	12/18/202	01/04/202			10,144.50	0.00	0.00	10,144.50

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
10283	GE HEALTHCARE	10,144.50	0.00	0.00	10,144.50

Vendor# Vendor Name Class Pay Code

10956 GETINGE USA SALES LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6992761022		12/18/202	12/18/202	12/18/202			131.30	0.00	0.00	131.30

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
10956	GETINGE USA SALES LLC	131.30	0.00	0.00	131.30

Vendor# Vendor Name Class Pay Code

13148 GRACE FLOORING AND GLASS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2799		12/27/202	12/09/202	01/10/202			257.29	0.00	0.00	257.29
3600		12/27/202	12/17/202	01/10/202			1,000.00	0.00	0.00	1,000.00

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
13148	GRACE FLOORING AND GLASS	1,257.29	0.00	0.00	1,257.29

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
2601260		12/01/202	09/24/202	10/24/202			308.70	0.00	0.00	308.70
2601189		12/16/202	12/10/202	01/09/202			884.88	0.00	0.00	884.88

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
G1210	GULF COAST PAPER COMPANY	1,193.58	0.00	0.00	1,193.58

Vendor# Vendor Name Class Pay Code

H1227 HEALTHSURE INSURANCE SERVICES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5863		12/31/202	12/30/202				0.00	0.00	0.00	0.00
5863A		01/02/202	12/30/202	01/01/202			27,629.00	0.00	0.00	27,629.00
5864		01/02/202	12/30/202	01/02/202			27,834.66	0.00	0.00	27,834.66

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
H1227	HEALTHSURE INSURANCE SERVICES	55,463.66	0.00	0.00	55,463.66

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
6728		12/27/202	12/31/202	01/10/202			23,663.00	0.00	0.00	23,663.00

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
15208	HOSPITAL CARE CONSULTANTS INC.	23,663.00	0.00	0.00	23,663.00

Vendor# Vendor Name Class Pay Code

D1710 KEEP-U-NEAT CLEANERS W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120124		12/27/202	12/01/202	01/10/202			1,553.00	0.00	0.00	1,553.00

December 2024

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
D1710	KEEP-U-NEAT CLEANERS	1,553.00	0.00	0.00	1,553.00

Vendor# Vendor Name Class Pay Code

11600 LEGAL SHIELD

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121524		12/27/202	12/15/202	01/10/202			535.60	0.00	0.00	535.60

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
11600	LEGAL SHIELD	535.60	0.00	0.00	535.60

Vendor# Vendor Name Class Pay Code

15200 MANAGED CARE PARTNERS INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6592	PROF FEE JAN 2025	12/27/202	01/01/202	01/10/202			515.00	0.00	0.00	515.00

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
15200	MANAGED CARE PARTNERS INC.	515.00	0.00	0.00	515.00

Vendor# Vendor Name Class Pay Code

M2181 MATTHEW BENDER & CO.,INC. W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43609163		12/17/202	12/15/202	01/10/202			91.08	0.00	0.00	91.08

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
M2181	MATTHEW BENDER & CO.,INC.	91.08	0.00	0.00	91.08

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
23061386		12/18/202	12/18/202	01/02/202			188.15	0.00	0.00	188.15

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	188.15	0.00	0.00	188.15

Vendor# 11612 — Vendor Name: MEDICAL AIR SERVICES ASSOC. — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1999122		12/27/202	01/01/202	01/10/202			1,638.00	0.00	0.00	1,638.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11612	MEDICAL AIR SERVICES ASSOC.	1,638.00	0.00	0.00	1,638.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2348275346		12/18/202	12/11/202	01/05/202			83.90	0.00	0.00	83.90
2348098008		12/18/202	12/11/202	01/05/202			256.06	0.00	0.00	256.06
2348098011		12/18/202	12/11/202	01/05/202			1,222.54	0.00	0.00	1,222.54
2348098010		12/18/202	12/11/202	01/05/202			86.52	0.00	0.00	86.52
2348375518		12/18/202	12/12/202	01/06/202			133.26	0.00	0.00	133.26
2348375519		12/18/202	12/12/202	01/06/202			95.38	0.00	0.00	95.38
2348375515		12/18/202	12/12/202	01/06/202			1,341.32	0.00	0.00	1,341.32
2348375516		12/18/202	12/12/202	01/06/202			4,646.60	0.00	0.00	4,646.60
2348375517		12/18/202	12/12/202	01/06/202			18.45	0.00	0.00	18.45
2348956697		12/18/202	12/16/202	01/10/202			252.34	0.00	0.00	252.34

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	8,136.37	0.00	0.00	8,136.37

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121924		12/27/202	12/19/202	01/10/202			308.93	0.00	0.00	308.93

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	308.93	0.00	0.00	308.93

Vendor# 10680 — Vendor Name: MMC EMPLOYEES ACTIVITIES TEAM — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121624		12/27/202	12/16/202	01/10/202			1,086.25	0.00	0.00	1,086.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10680	MMC EMPLOYEES ACTIVITIES TEAM	1,086.25	0.00	0.00	1,086.25

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM83111		12/27/202	01/03/202	01/10/202			-0.14	0.00	0.00	-0.14

1615572	12/27/202 02/08/202 01/10/202	4,752.03	0.00	0.00	4,752.03
CM12269	12/27/202 03/15/202 01/10/202	-563.77	0.00	0.00	-563.77
SC05086	12/27/202 04/25/202 01/10/202	36.05	0.00	0.00	36.05
0000618	12/27/202 04/30/202 01/10/202	-223.98	0.00	0.00	-223.98
1934237	12/27/202 04/30/202 01/10/202	3,092.04	0.00	0.00	3,092.04
1937280	12/27/202 04/30/202 01/10/202	1,239.87	0.00	0.00	1,239.87
1961112	12/27/202 05/07/202 01/10/202	519.08	0.00	0.00	519.08
1963268	12/27/202 05/07/202 01/10/202	112.53	0.00	0.00	112.53
1963489	12/27/202 05/07/202 01/10/202	27.02	0.00	0.00	27.02
1963490	12/27/202 05/07/202 01/10/202	1,317.65	0.00	0.00	1,317.65
0002442	12/27/202 05/07/202 01/10/202	-98.08	0.00	0.00	-98.08
1963269	12/27/202 05/07/202 01/10/202	335.21	0.00	0.00	335.21
0008958	12/27/202 06/04/202 01/10/202	-696.14	0.00	0.00	-696.14
2258571	12/27/202 07/26/202 01/10/202	15,560.03	0.00	0.00	15,560.03
2258578	12/27/202 07/26/202 01/10/202	5,034.72	0.00	0.00	5,034.72
CM64575	12/27/202 11/01/202 01/10/202	-113.99	0.00	0.00	-113.99
2696677	12/27/202 11/17/202 01/10/202	28.03	0.00	0.00	28.03
SC06457	12/27/202 11/25/202 01/10/202	171.40	0.00	0.00	171.40
SC06458	12/27/202 11/25/202 01/10/202	478.24	0.00	0.00	478.24
SC06459	12/27/202 11/25/202 01/10/202	250.77	0.00	0.00	250.77
2794217	12/27/202 12/11/202 01/10/202	341.61	0.00	0.00	341.61
2799627	12/27/202 12/12/202 01/10/202	2,626.87	0.00	0.00	2,626.87
2798631	12/27/202 12/12/202 01/10/202	38.49	0.00	0.00	38.49
2796508	12/27/202 12/12/202 01/10/202	23.58	0.00	0.00	23.58
0031884	12/27/202 12/12/202 01/10/202	2,503.74	0.00	0.00	2,503.74
2799628	12/27/202 12/12/202 01/10/202	18,267.22	0.00	0.00	18,267.22
2798313	12/27/202 12/12/202 01/10/202	540.16	0.00	0.00	540.16
2806940	12/27/202 12/15/202 01/10/202	158.86	0.00	0.00	158.86

2806939		12/27/202	12/15/202	01/10/202	546.58	0.00	0.00	546.58
Vendor Totals: Number	Name				Gross	Discount	No-Pay	Net
10536	MORRIS & DICKSON CO, LLC				56,305.68	0.00	0.00	56,305.68
Vendor# Vendor Name				Class	Pay Code			
15224 MUTUAL OF OMAHA								
Invoice# Comment		Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
001808155258		12/27/202	12/19/202	01/10/202		25,024.12	0.00	0.00	25,024.12
Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
15224	MUTUAL OF OMAHA					25,024.12	0.00	0.00	25,024.12
Vendor# Vendor Name				Class	Pay Code				
12388 NATIONAL FARM LIFE INSURANCE								
Invoice# Comment		Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
4376726		12/27/202	12/02/202	01/10/202		2,660.54	0.00	0.00	2,660.54
Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
12388	NATIONAL FARM LIFE INSURANCE					2,660.54	0.00	0.00	2,660.54
Vendor# Vendor Name				Class	Pay Code				
N1100 NATIONAL RECALL ALERT CENTER				W					
Invoice# Comment		Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
520282		12/27/202	01/02/202	01/10/202		895.00	0.00	0.00	895.00
RENEWAL FROM 2/8/25-2/7/26									
Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
N1100	NATIONAL RECALL ALERT CENTER					895.00	0.00	0.00	895.00
Vendor# Vendor Name				Class	Pay Code				
11472 OCCUPRO LLC									
Invoice# Comment		Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
38012		12/09/202	12/07/202	01/06/202		486.68	0.00	0.00	486.68
Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
11472	OCCUPRO LLC					486.68	0.00	0.00	486.68
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
37298725		12/18/202	12/12/202	01/06/202		346.88	0.00	0.00	346.88
Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
O1500	OLYMPUS AMERICA INC					346.88	0.00	0.00	346.88
Vendor# Vendor Name				Class	Pay Code				
P2100 PORT LAVACA WAVE				W					
Invoice# Comment		Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
112724		12/27/202	11/27/202	01/10/202		1,585.00	0.00	0.00	1,585.00
Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
P2100	PORT LAVACA WAVE					1,585.00	0.00	0.00	1,585.00
Vendor# Vendor Name				Class	Pay Code				
11080 RADSOURCE									
Invoice# Comment		Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
PSI004136		12/17/202	12/12/202	01/10/202		1,791.67	0.00	0.00	1,791.67
PSI004167		12/17/202	12/16/202	01/10/202		1,708.33	0.00	0.00	1,708.33
Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
11080	RADSOURCE					3,500.00	0.00	0.00	3,500.00
Vendor# Vendor Name				Class	Pay Code				

11024 REED, CLAYMON, MEEKER & HARGET

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
32824		12/27/202	12/12/202	01/10/202			10,950.00	0.00	0.00	10,950.00

Vendor Totals: Number 11024 Name REED, CLAYMON, MEEKER & HARGET

Gross	Discount	No-Pay	Net
10,950.00	0.00	0.00	10,950.00

Vendor# 14920 Vendor Name REPUBLIC SERVICES, INC. Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0847001372005		12/31/202	12/26/202	12/31/202			2,274.22	0.00	0.00	2,274.22

Vendor Totals: Number 14920 Name REPUBLIC SERVICES, INC.

Gross	Discount	No-Pay	Net
2,274.22	0.00	0.00	2,274.22

Vendor# S0900 Vendor Name SAMS CLUB DIRECT Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112024		11/30/202	11/20/202	12/30/202			0.00	0.00	0.00	0.00

Vendor Totals: Number S0900 Name SAMS CLUB DIRECT

Gross	Discount	No-Pay	Net
0.00	0.00	0.00	0.00

Vendor# 10936 Vendor Name SIEMENS FINANCIAL SERVICES Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
56382500018878		12/27/202	12/25/202	01/10/202			4,038.24	0.00	0.00	4,038.24

Vendor Totals: Number 10936 Name SIEMENS FINANCIAL SERVICES

Gross	Discount	No-Pay	Net
4,038.24	0.00	0.00	4,038.24

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116641118AB		12/27/202	11/24/202	01/10/202			3,507.72	0.00	0.00	3,507.72
116653024		12/27/202	12/16/202	01/10/202			2,451.95	0.00	0.00	2,451.95

Vendor Totals: Number S2001 Name SIEMENS MEDICAL SOLUTIONS INC

Gross	Discount	No-Pay	Net
5,959.67	0.00	0.00	5,959.67

Vendor# 14716 Vendor Name SINGLETON ASSOCIATES PA Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5965		12/27/202	09/12/202	01/10/202			43.64	0.00	0.00	43.64
5536		12/27/202	09/12/202	01/10/202			184.19	0.00	0.00	184.19
10550		12/27/202	09/27/202	01/10/202			441.45	0.00	0.00	441.45
10551		12/27/202	10/14/202	01/10/202			36.04	0.00	0.00	36.04
5151		12/27/202	10/28/202	01/10/202			120.01	0.00	0.00	120.01
5966		12/27/202	12/17/202	01/10/202			21.82	0.00	0.00	21.82

Vendor Totals: Number 14716 Name SINGLETON ASSOCIATES PA

Gross	Discount	No-Pay	Net
847.15	0.00	0.00	847.15

Vendor# C1010 Vendor Name SPARKLIGHT Class W Pay Code

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

121624		12/31/202	12/16/202	12/17/202	263.74	0.00	0.00	263.74

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT	263.74	0.00	0.00	263.74

Vendor# 12288 — Vendor Name: SPBS CLINICAL EQUIPMENT SRVC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV050000125		12/31/202	01/01/202	01/06/202			9,836.92	0.00	0.00	9,836.92

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# S3960 — Vendor Name: STERICYCLE, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8009313329		12/27/202	12/18/202	01/10/202			3,076.66	0.00	0.00	3,076.66

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	3,076.66	0.00	0.00	3,076.66

Vendor# 15460 — Vendor Name: SWIFT UNIFORMS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121624		12/27/202	12/16/202	01/10/202			6,893.02	0.00	0.00	6,893.02

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15460	SWIFT UNIFORMS	6,893.02	0.00	0.00	6,893.02

Vendor# T1450 — Vendor Name: TEXAS ASSOCIATION OF COUNTIES — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122424		12/27/202	12/24/202	01/10/202			2,285.05	0.00	0.00	2,285.05

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T1450	TEXAS ASSOCIATION OF COUNTIES	2,285.05	0.00	0.00	2,285.05

Vendor# 10758 — Vendor Name: TEXAS SELECT STAFFING, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0024740		12/27/202	12/19/202	01/10/202			3,720.00	0.00	0.00	3,720.00
0024760		12/27/202	01/01/202	01/05/202			3,619.00	0.00	0.00	3,619.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10758	TEXAS SELECT STAFFING, LLC	7,339.00	0.00	0.00	7,339.00

Vendor# 11002 — Vendor Name: TRUSTAFF — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2283212		11/30/202	12/05/202	01/04/202			2,200.00	0.00	0.00	2,200.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11002	TRUSTAFF	2,200.00	0.00	0.00	2,200.00

Vendor# 15872 — Vendor Name: TYPENEX MEDICAL LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24114818		12/31/202	11/18/202	12/31/202			138.57	0.00	0.00	138.57

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15872	TYPENEX MEDICAL LLC	138.57	0.00	0.00	138.57

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
2921049005		12/17/202	12/12/202	01/06/202			143.05	0.00	0.00	143.05
2921049004		12/17/202	12/12/202	01/06/202			181.78	0.00	0.00	181.78
2921048998		12/17/202	12/12/202	01/06/202			111.18	0.00	0.00	111.18
2921049003		12/17/202	12/12/202	01/06/202			162.14	0.00	0.00	162.14
2921049002		12/17/202	12/12/202	01/06/202			376.75	0.00	0.00	376.75
2921048999		12/17/202	12/12/202	01/06/202			208.66	0.00	0.00	208.66
2921049001		12/17/202	12/12/202	01/06/202			124.69	0.00	0.00	124.69
2921049000		12/17/202	12/12/202	01/06/202			2,038.39	0.00	0.00	2,038.39
2921049190		12/17/202	12/16/202	01/10/202			2,636.91	0.00	0.00	2,636.91
2921049191		12/17/202	12/16/202	01/10/202			126.28	0.00	0.00	126.28
2921044751		12/27/202	10/17/202	01/10/202			372.12	0.00	0.00	372.12
2921049683		12/27/202	12/23/202	01/10/202			2,649.86	0.00	0.00	2,649.86
2921049684		12/27/202	12/23/202	01/10/202			126.28	0.00	0.00	126.28

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	9,258.09	0.00	0.00	9,258.09

Vendor# I1110 Vendor Name WERFEN USA LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9111702310		12/18/202	12/11/202	01/05/202			8,505.00	0.00	0.00	8,505.00
9111704722		12/18/202	12/13/202	01/07/202			1,571.67	0.00	0.00	1,571.67
9111706776		12/18/202	12/16/202	01/10/202			840.00	0.00	0.00	840.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	10,916.67	0.00	0.00	10,916.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	389,906.23	0.00	0.00	~~389,906.23~~

APPROVED ON

JAN 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 207089 - 207151

389,906.23 +
2,587.69 -
2,580.41 + Jpg.1 Airgas hadTax Incl
389,898.95 ◇

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RUN DATE:01/07/25 TIME:10:19 — MEMORIAL MEDICAL CENTER — CHECK REGISTER — 01/08/25 THRU 01/08/25 — PAGE 1 — GLCKREG

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	207089	01/08/25	2,580.41	AIRGAS USA, LLC - CENTRAL DIV
A/P	207090	01/08/25	510.40	AMAZON CAPITAL SERVICES
A/P	207091	01/08/25	750.00	AMERITEX ELEVATOR SERVICES INC
A/P	207092	01/08/25	3,955.83	AUTHORITYRX, LLC
A/P	207093	01/08/25	1,462.90	BAYER HEALTHCARE
A/P	207094	01/08/25	7,179.59	BECKMAN COULTER INC
A/P	207095	01/08/25	6,870.00	BIO-RAD LABORATORIES, INC
A/P	207096	01/08/25	173.65	CAREFUSION SOLUTIONS, LLC
A/P	207097	01/08/25	378.82	CARESFIELD
A/P	207098	01/08/25	12,830.00	CARRIER CORPORATION
A/P	207099	01/08/25	8,521.49	CITY OF PORT LAVACA
A/P	207100	01/08/25	49.00	CLINICAL PATHOLOGY LABS
A/P	207101	01/08/25	694.13	DEWITT POTH & SON
A/P	207102	01/08/25	610.00	DOWELL PEST CONTROL
A/P	207103	01/08/25	300.00	ECOLAB
A/P	207104	01/08/25	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	207105	01/08/25	58.43	EVERON
A/P	207106	01/08/25	10,070.87	FIRST INSURANCE FUNDING
A/P	207107	01/08/25	.00	VOIDED
A/P	207108	01/08/25	3,884.50	FISHER HEALTHCARE
A/P	207109	01/08/25	7,908.33	FUJI FILM
A/P	207110	01/08/25	3,320.00	FUSION MEDICAL STAFFING, LLC
A/P	207111	01/08/25	4,741.49	GBS ADMINISTRATORS, INC
A/P	207112	01/08/25	10,144.50	GE HEALTHCARE
A/P	207113	01/08/25	131.30	GETINGE USA SALES LLC
A/P	207114	01/08/25	1,257.29	GRACE FLOORING AND GLASS
A/P	207115	01/08/25	1,193.58	GULF COAST PAPER COMPANY
A/P	207116	01/08/25	55,463.66	HEALTHSURE INSURANCE SERVICES
A/P	207117	01/08/25	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	207118	01/08/25	1,553.00	KEEP-U-NEAT CLEANERS
A/P	207119	01/08/25	535.60	LEGAL SHIELD
A/P	207120	01/08/25	515.00	MANAGED CARE PARTNERS INC.
A/P	207121	01/08/25	91.08	MATTHEW BENDER & CO.,INC.
A/P	207122	01/08/25	188.15	MCKESSON MEDICAL SURGICAL INC
A/P	207123	01/08/25	1,638.00	MEDICAL AIR SERVICES ASSOC.
A/P	207124	01/08/25	.00	VOIDED
A/P	207125	01/08/25	8,136.37	MEDLINE INDUSTRIES INC
A/P	207126	01/08/25	308.93	MMC AUXILIARY GIFT SHOP
A/P	207127	01/08/25	1,086.25	MMC EMPLOYEES ACTIVITIES TEAM
A/P	207128	01/08/25	.00	VOIDED
A/P	207129	01/08/25	56,305.68	MORRIS & DICKSON CO, LLC
A/P	207130	01/08/25	25,024.12	MUTUAL OF OMAHA
A/P	207131	01/08/25	2,660.54	NATIONAL FARM LIFE INSURANCE
A/P	207132	01/08/25	895.00	NATIONAL RECALL ALERT CENTER
A/P	207133	01/08/25	486.68	OCCUPRO LLC
A/P	207134	01/08/25	346.88	OLYMPUS AMERICA INC
A/P	207135	01/08/25	1,585.00	PORT LAVACA WAVE
A/P	207136	01/08/25	3,500.00	RADSOURCE
A/P	207137	01/08/25	10,950.00	REED, CLAYMON, MEEKER & HARGET
A/P	207138	01/08/25	2,274.22	REPUBLIC SERVICES, INC.

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	207139	01/08/25	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	207140	01/08/25	5,959.67	SIEMENS MEDICAL SOLUTIONS INC
A/P	207141	01/08/25	847.15	SINGLETON ASSOCIATES PA
A/P	207142	01/08/25	263.74	SPARKLIGHT
A/P	207143	01/08/25	9,836.92	SPBS CLINICAL EQUIPMENT SRVC
A/P	207144	01/08/25	3,076.66	STERICYCLE, INC
A/P	207145	01/08/25	6,893.02	SWIFT UNIFORMS
A/P	207146	01/08/25	2,285.05	TEXAS ASSOCIATION OF COUNTIES
A/P	207147	01/08/25	7,339.00	TEXAS SELECT STAFFING, LLC
A/P	207148	01/08/25	2,200.00	TRUSTAFF
A/P	207149	01/08/25	138.57	TYPENEX MEDICAL LLC
A/P	207150	01/08/25	9,258.09	UNIFIRST HOLDINGS INC
A/P	207151	01/08/25	10,916.67	WERFEN USA LLC
A/P	207152	01/08/25	6,120.00	ASHFORD GARDENS
A/P	207153	01/08/25	100,812.60	BETHANY SENIOR LIVING
A/P	207154	01/08/25	7,869.88	BROADMOOR AT CREEKSIDE PARK
A/P	207155	01/08/25	2,100.00	FORTBEND HEALTHCARE CENTER
A/P	207156	01/08/25	107,155.15	GOLDENCREEK HEALTHCARE
A/P	207157	01/08/25	16,898.32	SOLERA WEST HOUSTON
A/P	207158	01/08/25	5,712.00	THE CRESCENT
A/P	207159	01/08/25	90,001.48	TUSCANY VILLAGE
TOTALS:			726,568.38	

APPROVED ON

JAN 08 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Payables
389,898.95 +
NHKRS - 336,669.43 +
726,568.38 ◊
O.C

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/20/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 12/21/2024

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

As of: 12/20/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 12/21/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 7,055.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 12/24/2024,
Pay This Amount: 6,913.94 USD

If Paid After 12/24/2024,
Pay this Amount: 7,055.03 USD

Due If Paid On Time:
USD 6,913.94

Disc lost if paid late:
141.09

Due If Paid Late:
USD 7,055.03

4.35 +
6,796.14 +
90.98 +
0.31 +
12.69 +
9.47 +
6,913.94 ◊

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Michelle Cubel ad 12/26/24

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/20/2024

Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 190813
Date: 12/21/2024

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

As of: 12/20/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 12/21/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
12/18/2024	12/24/2024	7539704040	4334224	115Invoice	0.09	4.44		4.35	✓	7539704040	

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

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

Subtotals: 4.44 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,414.03
12/16/2024

If Paid By 12/24/2024,
Pay This Amount: 4.35 USD

If Paid After 12/24/2024,
Pay this Amount: 4.44 USD

Due If Paid On Time:
USD 4.35

Disc lost if paid late:
0.09

Due If Paid Late:
USD 4.44

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JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 12/20/2024

Page: 001

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 12/21/2024

As of: 12/20/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 12/21/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342	**WALMART 1098/MEM MED PHS**										
12/16/2024	12/24/2024	7539360027	212847236	115Invoice	4.12	205.97		201.85	✓	7539360027	
12/16/2024	12/24/2024	7539360028	220800513	115Invoice	0.01	0.63		0.62	✓	7539360028	
12/16/2024	12/24/2024	7539360029	220725311	115Invoice	1.05	52.71		51.66	✓	7539360029	
12/16/2024	12/24/2024	7539360030	220800513	115Invoice	1.05	52.71		51.66	✓	7539360030	
12/16/2024	12/24/2024	7539360031	214366480	115Invoice	1.80	90.21		88.41	✓	7539360031	
12/16/2024	12/24/2024	7539360032	215333685	115Invoice	1.80	90.21		88.41	✓	7539360032	
12/16/2024	12/24/2024	7539360033	216833893	115Invoice	1.80	90.21		88.41	✓	7539360033	
12/16/2024	12/24/2024	7539360034	217107713	115Invoice	5.26	262.98		257.72	✓	7539360034	
12/16/2024	12/24/2024	7539360035	218027069	115Invoice	5.26	262.98		257.72	✓	7539360035	
12/17/2024	12/24/2024	7539639568	214366480	115Invoice	0.01	0.32		0.31	✓	7539639568	
12/17/2024	12/24/2024	7539639569	216441461	115Invoice	0.01	0.63		0.62	✓	7539639569	
12/18/2024	12/24/2024	7539896731	221187037	115Invoice	8.18	409.11		400.93	✓	7539896731	
12/18/2024	12/24/2024	7539896732	214944218	115Invoice	6.79	339.35		332.56	✓	7539896732	
12/18/2024	12/24/2024	7539896733	221118602	115Invoice	20.98	1,048.93		1,027.95	✓	7539896733	
12/18/2024	12/24/2024	7539896734	220083441	115Invoice	1.54	77.18		75.64	✓	7539896734	
12/18/2024	12/24/2024	7539896735	214718802	115Invoice	0.01	0.32		0.31	✓	7539896735	
12/19/2024	12/24/2024	7540212479	215333685	115Invoice	58.63	2,931.50		2,872.87	✓	7540212479	
12/19/2024	12/24/2024	7540212480	221317839	115Invoice	0.01	0.32		0.31	✓	7540212480	
12/20/2024	12/24/2024	7540476284	221317839	115Invoice	0.01	0.32		0.31	✓	7540476284	
12/20/2024	12/24/2024	7540476285	215568953	115Invoice	6.79	339.35		332.56	✓	7540476285	
12/20/2024	12/24/2024	7540476286	216504185	115Invoice	13.57	678.69		665.12	✓	7540476286	
12/20/2024	12/24/2024	7540476287	217804620	115Invoice		0.05		0.05	✓	7540476287	
12/20/2024	12/24/2024	7540491777	213494908	115Invoice		0.14		0.14	✓	7540491777	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

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

As of: 12/20/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 12/21/2024

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

As of: 12/20/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/21/2024 ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 6,934.82 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12/16/2024 2,414.03

If Paid By 12/24/2024,
Pay This Amount: 6,796.14 USD

If Paid After 12/24/2024,
Pay this Amount: 6,934.82 USD

Due If Paid On Time:
USD 6,796.14

Disc lost if paid late:
138.68

Due If Paid Late:
USD 6,934.82

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

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

As of: 12/20/2024

Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 12/21/2024

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

As of: 12/20/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 12/21/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
12/19/2024	12/24/2024	7539992501	B2412-055-184293	115Invoice	1.57	78.54		76.97	✓	7539992501	
12/20/2024	12/24/2024	7540306450	B2412-055-184420	115Invoice	0.29	14.30		14.01	✓	7540306450	

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: 92.84 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,414.03
12/16/2024

If Paid By 12/24/2024, Pay This Amount: 90.98 USD

If Paid After 12/24/2024, Pay this Amount: 92.84 USD

Due If Paid On Time: USD 90.98

Disc lost if paid late: 1.86

Due If Paid Late: USD 92.84

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

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

As of: 12/20/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 12/21/2024

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

As of: 12/20/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 12/21/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
12/18/2024	12/24/2024	7539713290	3747410	115Invoice	0.01	0.32		0.31		7539713290	

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: 0.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,414.03
12/16/2024

If Paid By 12/24/2024,
Pay This Amount: 0.31 USD

If Paid After 12/24/2024,
Pay this Amount: 0.32 USD

Due If Paid On Time:
USD 0.31

Disc lost if paid late:
0.01

Due If Paid Late:
USD 0.32

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

As of: 12/20/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 12/21/2024

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

As of: 12/20/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 12/21/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
12/18/2024	12/24/2024	7539893384	3745533	115Invoice	0.26	12.95		12.69	✓	7539893384	

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: 12.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,414.03
12/16/2024

If Paid By 12/24/2024,
Pay This Amount: 12.69 USD

If Paid After 12/24/2024,
Pay this Amount: 12.95 USD

Due If Paid On Time:
USD 12.69

Disc lost if paid late:
0.26

Due If Paid Late:
USD 12.95

APPROVED ON

JAN 06 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7475/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

As of: 12/20/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835438
Date: 12/21/2024

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

As of: 12/20/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 12/21/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
12/18/2024	12/24/2024	7539905671	3747971	115Invoice	0.19	9.66		9.47		7539905671	

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

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS

Subtotals: 9.66 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,414.03
12/16/2024

If Paid By 12/24/2024,
Pay This Amount: 9.47 USD

If Paid After 12/24/2024,
Pay this Amount: 9.66 USD

Due If Paid On Time:
USD 9.47
Disc lost if paid late:
0.19
Due If Paid Late:
USD 9.66

APPROVED ON
JAN 06
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/27/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 12/27/2024

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

As of: 12/27/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 12/27/2024 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 1,179.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 12/31/2024, Pay This Amount: 1,155.95 USD

If Paid After 12/31/2024, Pay this Amount: 1,179.55 USD

Due If Paid On Time:
USD 1,155.95

Disc lost if paid late: 23.60

Due If Paid Late:
USD 1,179.55

1,134.01 +
19.18 +
2.76 +
1,155.95 ◊

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 12/27/2024 Page: 001

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 12/27/2024

As of: 12/27/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/27/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
12/21/2024	12/31/2024	7540587559	215102283	115Invoice	0.01	0.32		0.31	✓	7540587559	
12/23/2024	12/31/2024	7540827352	212932917	115Invoice	0.31	15.46		15.15	✓	7540827352	
12/23/2024	12/31/2024	7540827353	221569093	115Invoice	0.01	0.63		0.62	✓	7540827353	
12/24/2024	12/31/2024	7541123024	215227355	115Invoice	0.01	0.32		0.31	✓	7541123024	
12/24/2024	12/31/2024	7541123025	215333685	115Invoice	0.01	0.63		0.62	✓	7541123025	
12/24/2024	12/31/2024	7541123026	218365809	115Invoice	0.04	1.90		1.86	✓	7541123026	
12/24/2024	12/31/2024	7541123027	216597629	115Invoice	0.01	0.32		0.31	✓	7541123027	
12/24/2024	12/31/2024	7541123028	216786154	115Invoice	0.01	0.63		0.62	✓	7541123028	
12/24/2024	12/31/2024	7541123029	214718802	115Invoice	0.01	0.32		0.31	✓	7541123029	
12/24/2024	12/31/2024	7541123030	214787367	115Invoice	0.01	0.63		0.62	✓	7541123030	
12/25/2024	12/31/2024	7541204084	214487746	115Invoice	5.26	262.99		257.73	✓	7541204084	
12/25/2024	12/31/2024	7541204085	214787367	115Invoice	9.22	461.00		451.78	✓	7541204085	
12/25/2024	12/31/2024	7541204086	213455990	115Invoice	0.02	0.95		0.93	✓	7541204086	
12/25/2024	12/31/2024	7541204087	220357815	115Invoice		0.05		0.05	✓	7541204087	
12/25/2024	12/31/2024	7541204088	221187037	115Invoice	8.18	409.11		400.93	✓	7541204088	
12/25/2024	12/31/2024	7541204089	219412459	115Invoice	0.04	1.90		1.86	✓	7541204089	

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: 1,157.16 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,913.94
12/23/2024

If Paid By 12/31/2024,
Pay This Amount: 1,134.01 USD

If Paid After 12/31/2024,
Pay this Amount: 1,157.16 USD

Due If Paid On Time:
USD 1,134.01

Disc lost if paid late:
23.15

Due If Paid Late:
USD 1,157.16

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

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

As of: 12/27/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 12/27/2024

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

As of: 12/27/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 12/27/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
12/27/2024	12/31/2024	7541479446	B2412-055-185071	115Invoice	0.39	19.57		19.18	✓	7541479446	

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: 19.57 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,913.94
12/23/2024

If Paid By 12/31/2024, Pay This Amount: 19.18 USD

If Paid After 12/31/2024, Pay this Amount: 19.57 USD

Due If Paid On Time:
USD 19.18

Disc lost if paid late:
0.39

Due If Paid Late:
USD 19.57

APPROVED ON

JAN 06 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7475/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

As of: 12/27/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835438
Date: 12/27/2024

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

As of: 12/27/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 12/27/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
12/26/2024	12/31/2024	7541397991	3765259	115Invoice	0.06	2.82		2.76	✓	7541397991	

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

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS

Subtotals: 2.82 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,913.94
12/23/2024

If Paid By 12/31/2024, Pay This Amount: 2.76 USD

If Paid After 12/31/2024, Pay this Amount: 2.82 USD

Due If Paid On Time:
USD 2.76

Disc lost if paid late: 0.06

Due If Paid Late:
USD 2.82

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/03/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 01/03/2025

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

As of: 01/03/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 01/03/2025 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 1,144.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 01/07/2025, Pay This Amount: 1,121.14 USD

If Paid After 01/07/2025, Pay this Amount: 1,144.03 USD

Due If Paid On Time:
USD 1,121.14

Disc lost if paid late: 22.89

Due If Paid Late:
USD 1,144.03

1,098.85 +
1.11 +
13.29 +
7.89 +
1,121.14 ◇

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 01/03/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 01/03/2025

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 01/03/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 01/03/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
12/28/2024	01/07/2025	7541729956	221569093	115Invoice	0.01	0.32		0.31	✓	7541729956	
12/28/2024	01/07/2025	7541729957	220357815	115Invoice	0.03	1.48		1.45	✓	7541729957	
12/28/2024	01/07/2025	7541729958	216833893	115Invoice	0.01	0.32		0.31	✓	7541729958	
12/30/2024	01/07/2025	7541986557	215497103	115Invoice	2.13	106.45		104.32	✓	7541986557	
12/30/2024	01/07/2025	7541986558	215227355	115Invoice	0.02	0.95		0.93	✓	7541986558	
12/30/2024	01/07/2025	7541986559	219571090	115Invoice	0.01	0.32		0.31	✓	7541986559	
12/30/2024	01/07/2025	7541986560	214487746	115Invoice	10.52	525.98		515.46	✓	7541986560	
12/30/2024	01/07/2025	7541986561	214944218	115Invoice	1.23	61.39		60.16	✓	7541986561	
12/30/2024	01/07/2025	7541986562	215461080	115Invoice	1.23	61.39		60.16	✓	7541986562	
12/30/2024	01/07/2025	7541986563	216280350	115Invoice		0.08		0.08	✓	7541986563	
12/31/2024	01/07/2025	7542268817	222504571	115Invoice	1.82	91.02		89.20	✓	7542268817	
01/02/2025	01/07/2025	7542592125	222133252	115Invoice	5.41	270.64		265.23	✓	7542592125	
01/02/2025	01/07/2025	7542592126	220116730	115Invoice	0.01	0.63		0.62	✓	7542592126	
01/02/2025	01/07/2025	7542592127	222464408	115Invoice	0.01	0.32		0.31	✓	7542592127	

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: 1,121.29 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,155.95
12/30/2024

If Paid By 01/07/2025,
Pay This Amount: 1,098.85 USD

If Paid After 01/07/2025,
Pay this Amount: 1,121.29 USD

Due If Paid On Time:
USD 1,098.85
Disc lost if paid late: 22.44
Due If Paid Late:
USD 1,121.29

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 01/03/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 01/03/2025

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

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

As of: 01/03/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 01/03/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
12/30/2024	01/07/2025	7541738199	B2412-055-185268	115Invoice	0.02	1.13		1.11		7541738199	

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: 1.13 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,155.95
12/30/2024

If Paid By 01/07/2025, Pay This Amount: 1.11 USD

If Paid After 01/07/2025, Pay this Amount: 1.13 USD

Due If Paid On Time:
USD 1.11

Disc lost if paid late: 0.02

Due If Paid Late:
USD 1.13

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

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

As of: 01/03/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835434
Date: 01/03/2025

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

As of: 01/03/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 01/03/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
01/02/2025	01/07/2025	7542403536	3779591	115Invoice	0.27	13.56		13.29	✓	7542403536	

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: 13.56 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,913.94
12/23/2024

If Paid By 01/07/2025, Pay This Amount: 13.29 USD

If Paid After 01/07/2025, Pay this Amount: 13.56 USD

Due If Paid On Time:
USD 13.29

Disc lost if paid late: 0.27

Due If Paid Late:
USD 13.56

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

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

As of: 01/03/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 01/03/2025

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

As of: 01/03/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 01/03/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
01/02/2025	01/07/2025	7542567641	3778268	115Invoice	0.16	8.05		7.89 ✓		7542567641	

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: 8.05 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,913.94
12/23/2024

If Paid By 01/07/2025, Pay This Amount: 7.89 USD

If Paid After 01/07/2025, Pay this Amount: 8.05 USD

Due If Paid On Time:
USD 7.89
Disc lost if paid late: 0.16
Due If Paid Late:
USD 8.05

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 68844056
Date: 12-20-2024

Serviced By:
AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

Customer:
WALGREENS CENTRAL FILL #21373 340B
MEMORIAL MEDICAL CENTER
4100 DALE EARNHARDT WAY 200
NORTHLAKE TX 76262-2389

Remit To:
AMERISOURCEBERGEN
PO Box 978740
DALLAS TX 75397-8740

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	132.06
Past Due:	0.00
Total Due:	132.06
Account Balance:	132.06

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-16-2024	12-27-2024	3199242246	7008415997	Invoice	22.72		0.00	22.72
12-16-2024	12-27-2024	3199242247	7008415997	Invoice	4.00		0.00	4.00
12-16-2024	12-27-2024	3199242249	7008425283	Invoice	26.55		0.00	26.55
12-16-2024	12-27-2024	3199326791	7008433554	Invoice	3.85		0.00	3.85
12-17-2024	12-27-2024	3199496725	7008442075	Invoice	12.33		0.00	12.33
12-18-2024	12-27-2024	3199655774	7008449214	Invoice	24.18		0.00	24.18
12-19-2024	12-27-2024	3199819355	7008459149	Invoice	5.88		0.00	5.88
12-20-2024	12-27-2024	3199978512	7008467467	Invoice	32.55		0.00	32.55

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
132.06	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
12-27-2024	132.06
Total Due:	132.06

Michelle Cudd
12/26/24

AmerisourceBergen

STATEMENT

Statement Number: 68826344
Date: 12-20-2024

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

DEA: RA0289276
866-451-9655

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

Remit To:
AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	342.32
Past Due:	0.00
Total Due:	342.32
Account Balance:	342.32

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-16-2024	12-27-2024	3199273866	7008406275	Invoice	6.97		0.00	6.97
12-16-2024	12-27-2024	3199273867	7008416091	Invoice	26.26		0.00	26.26
12-16-2024	12-27-2024	3199273868	7008425911	Invoice	22.82		0.00	22.82
12-18-2024	12-27-2024	3199610918	7008439923	Invoice	28.02		0.00	28.02
12-19-2024	12-27-2024	3199772514	7008449739	Invoice	227.39		0.00	227.39
12-20-2024	12-27-2024	3199930972	7008458233	Invoice	10.76		0.00	10.76
12-20-2024	12-27-2024	3199930973	7008458981	Invoice	20.10		0.00	20.10

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
342.32	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
12-20-2024	(689.89)

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
12-27-2024	342.32
Total Due:	342.32

12/26/24

AmerisourceBergen

STATEMENT

Statement Number: 68871169
Date: 12-27-2024

Serviced By:
AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

Customer:
WALGREENS CENTRAL FILL #21373 340B
MEMORIAL MEDICAL CENTER
4100 DALE EARNHARDT WAY 200
NORTHLAKE TX 76262-2389

Remit To:
AMERISOURCEBERGEN
PO Box 978740
DALLAS TX 75397-8740

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	81.54
Past Due:	0.00
Total Due:	81.54
Account Balance:	81.54

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-23-2024	01-03-2025	3200089029	7008477453	Invoice	31.45		0.00	31.45
12-23-2024	01-03-2025	3200089251	7008487223	Invoice	4.67		0.00	4.67
12-23-2024	01-03-2025	3200170043	7008494391	Invoice	1.24		0.00	1.24
12-26-2024	01-03-2025	3200404965	7008514450	Invoice	26.25		0.00	26.25
12-26-2024	01-03-2025	3200481084	7008521094	Invoice	15.12		0.00	15.12
12-27-2024	01-03-2025	3200631723	7008527199	Invoice	2.81		0.00	2.81

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
81.54	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
01-03-2025	81.54
Total Due:	81.54

AmerisourceBergen

STATEMENT

Statement Number: 68853760
Date: 12-27-2024

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

DEA: RA0289276
866-451-9655

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

Remit To:
AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Summary

Not Yet Due:	0.00
Current:	94.52
Past Due:	0.00
Total Due:	94.52
Account Balance:	94.52

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-23-2024	01-03-2025	3200112925	7008467492	Invoice	21.80		0.00	21.80
12-23-2024	01-03-2025	3200112926	7008477607	Invoice	23.99		0.00	23.99
12-23-2024	01-03-2025	3200112927	7008477607	Invoice	1.89		0.00	1.89
12-23-2024	01-03-2025	3200112928	7008487515	Invoice	19.77		0.00	19.77
12-23-2024	01-03-2025	3200112929	7008477542	Invoice	1.36		0.00	1.36
12-26-2024	01-03-2025	3200358650	7008506943	Invoice	10.96		0.00	10.96
12-26-2024	01-03-2025	3200358651	7008515447	Invoice	14.75		0.00	14.75

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
94.52	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
12-27-2024	(474.38)

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
01-03-2025	94.52
Total Due:	94.52

83

Processing Number 0000000521300032 Document Type Customer Statement 20241227839023

AmerisourceBergen

STATEMENT

Statement Number: 68924791
Date: 01-03-2025

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

DEA: RA0289276
866-451-9655

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

Remit To:
AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	51.61
Past Due:	0.00
Total Due:	51.61
Account Balance:	51.61

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-30-2024	01-10-2025	3200761729	7008526355	Invoice	1.94		0.00	1.94
12-30-2024	01-10-2025	3200762290	7008535131	Invoice	20.85		0.00	20.85
12-30-2024	01-10-2025	3200762291	7008544334	Invoice	5.45		0.00	5.45
01-02-2025	01-10-2025	3201029612	7008559140	Invoice	2.28		0.00	2.28
01-02-2025	01-10-2025	3201029613	7008568573	Invoice	10.07		0.00	10.07
01-03-2025	01-10-2025	3201275098	7008575942	Invoice	11.02		0.00	11.02

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
51.61	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
01-03-2025	(176.06)

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
01-10-2025	51.61
Total Due:	51.61

AmerisourceBergen

STATEMENT

Statement Number: 68942222
Date: 01-03-2025

Serviced By:
AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

Customer:
WALGREENS CENTRAL FILL #21373 340B
MEMORIAL MEDICAL CENTER
4100 DALE EARNHARDT WAY 200
NORTHLAKE TX 76262-2389

Remit To:
AMERISOURCEBERGEN
PO Box 978740
DALLAS TX 75397-8740

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	52.95
Past Due:	0.00
Total Due:	52.95
Account Balance:	52.95

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-30-2024	01-10-2025	3200740162	7008536500	Invoice	3.15		0.00	3.15
12-30-2024	01-10-2025	3200740164	7008546006	Invoice	4.43		0.00	4.43
12-31-2024	01-10-2025	3200986661	7008559497	Invoice	17.70		0.00	17.70
01-02-2025	01-10-2025	3201082212	7008568523	Invoice	17.94		0.00	17.94
01-02-2025	01-10-2025	3201163161	7008575701	Invoice	5.15		0.00	5.15
01-03-2025	01-10-2025	3201322971	7008586469	Invoice	4.58		0.00	4.58

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
52.95	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
01-10-2025	52.95
Total Due:	52.95

83

Michelle Cumberland

From: Sariah Rubio
Sent: Thursday, December 26, 2024 12:30 PM
To: Michelle Cumberland
Subject: FW: HealthEquity funding reminder

$94,482.76
610.00
610.00
$95,702.76

From: HealthEquity Employer Services <EmployerServices@HealthEquity.com>
Sent: Thursday, December 26, 2024 9:39 AM
To: Andrie Flores <aflores@mmcportlavaca.com>; Sariah Rubio <Sariah.Rubio@mmcportlavaca.com>; Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Subject: HealthEquity funding reminder

HealthEquity

Dear Memorial Medical Center,

It is time to replenish funds with HealthEquity to pay your employees' claims. We will be debiting your designated account in two business days in the amount of **$94,482.76**.

To view the claims details associated with this debit, visit the employer portal and view 'Claims Detail' report under the 'FSA/HRA Reports' section of the 'Reports' tab.

If you have any questions, please contact us at 866-382-3510. We are available Monday - Friday, 7 am - 7 pm Central to assist you.

Thank you,

HealthEquity Employer Services

Michelle Cumberland

From: Sariah Rubio
Sent: Thursday, December 26, 2024 12:29 PM
To: Michelle Cumberland
Subject: FW: HealthEquity funding reminder

From: HealthEquity Employer Services <EmployerServices@HealthEquity.com>
Sent: Thursday, December 26, 2024 9:38 AM
To: Andrie Flores <aflores@mmcportlavaca.com>; Sariah Rubio <Sariah.Rubio@mmcportlavaca.com>; Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Subject: HealthEquity funding reminder

HealthEquity

Dear Memorial Medical Center,

It is time to replenish funds with HealthEquity to pay your employees' claims. We will be debiting your designated account in two business days in the amount of **$610.00**.

To view the claims details associated with this debit, visit the employer portal and view 'Claims Detail' report under the 'FSA/HRA Reports' section of the 'Reports' tab.

If you have any questions, please contact us at 866-382-3510. We are available Monday - Friday, 7 am - 7 pm Central to assist you.

Thank you,

HealthEquity Employer Services

Michelle Cumberland

From: Sariah Rubio
Sent: Thursday, December 26, 2024 12:29 PM
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To: Andrie Flores <aflores@mmcportlavaca.com>; Sariah Rubio <Sariah.Rubio@mmcportlavaca.com>; Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Subject: HealthEquity funding reminder

HealthEquity

Dear Memorial Medical Center,

It is time to replenish funds with HealthEquity to pay your employees' claims. We will be debiting your designated account in two business days in the amount of **$610.00**.

To view the claims details associated with this debit, visit the employer portal and view 'Claims Detail' report under the 'FSA/HRA Reports' section of the 'Reports' tab.

If you have any questions, please contact us at 866-382-3510. We are available Monday - Friday, 7 am - 7 pm Central to assist you.

Thank you,

HealthEquity Employer Services

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — Dec 24, 2024 - Jan 5, 2025

Date	Bank Description	MMC Notes	Amount	CPSI "Handwrit Check" #
1/3/2025	PAY PLUS ACHTrans 49989139 101000692444764 P	- 3rd Party Payor Fee	157.50	90
1/3/2025	MERCHANT BANKCD FEE 971160910883 91000012452	- Credit Card Processing Fee	-9.95	90
1/3/2025	MERCHANT BANKCD FEE 971160913887 91000012452	- Credit Card Processing Fee	-134.93	90
1/3/2025	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	270.04	90
1/3/2025	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	118.95	90
1/3/2025	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	168.55	90
1/3/2025	HEALTHEQUITY INC HealthEqui 1356888 91000017	- EmpDeduct/Employer Contribut	1,077.00 *	8(
1/3/2025	EXPERTPAY EXPERTPAY 746003411 91000016265501	-Child Support Payment	570.69 *	8(
1/3/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	176.06	5(
1/3/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	366,036.53 *	
1/2/2025	PAY PLUS ACHTrans 49824974 101000690463697 P	- 3rd Party Payor Fee	2.86	9(
1/2/2025	AUTHNET GATEWAY BILLING 139670616 1040000173	- 3rd Party Payor Fee	27.00	9(
1/2/2025	HPHG LLC PT LAVACA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	125,636.53 *	8(
1/2/2025	HPHG LLC PT LAVACA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	1,922.42 *	8
1/2/2025	HPHG LLC PT LAVACA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	38,937.67 *	8
1/2/2025	HPHG LLC PT LAVACA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	30,059.31 *	8
1/2/2025	HPHG LLC PT LAVACA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	79,943.81 **	8
1/2/2025	HARLAND CLARKE CHK ORDERS 2B4W968702212R5 91	- Deposit Book	60.36	9
12/31/2024	PAY PLUS ACHTrans 49676566 101000698735758 P	- 3rd Party Payor Fee	96.77	9
12/31/2024	MCKESSON DRUG AUTO ACH ACH06327625 910000172	- 340B Drug Program Expense	1,155.95	5
12/30/2024	WIRE OUT Community Hospital Ins Coalition Re	- Health Insurance-Self Funded Cash Collateral	82,298.00 *	8
12/30/2024	PAY PLUS ACHTrans 49397710 101000697139995 P	- 3rd Party Payor Fee	367.73	9
12/30/2024	HEALTHEQUITY INC HealthEqui 1356888 91000015	- Funding for Employee FSA Accounts	95,702.76	8
12/27/2024	PAY PLUS ACHTrans 49200277 101000695989034 P	- 3rd Party Payor Fee	234.85	9
12/27/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	474.38	5
12/26/2024	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	- CitiBank Corporate Card Payment	685.00 ***	9
12/26/2024	PAY PLUS ACHTrans 49021886 101000694627753 P	- 3rd Party Payor Fee	127.08	9
12/26/2024	HARLAND CLARKE CHK ORDERS 2B05904102212R5 91	- Deposit Book	102.05	9
12/24/2024	PAY PLUS ACHTrans 48868578 101000693234308 P	- 3rd Party Payor Fee	272.08	9
12/24/2024	MCKESSON DRUG AUTO ACH ACH06313372 910000127	- 340B Drug Program Expense	6,913.94	5
12/24/2024	IRS USATAXPYMT 270475984812147 6103601000251	- Payroll Taxes	114.73 *	8
			833,855.48	

833,855.48 +
1,077.00 –
570.69 –
366,036.53 –
125,636.53 –
1,922.42 –
38,937.67 –
30,059.31 –
79,943.81 –
82,298.00 –
685.00 –
114.73 –
176.06 –
1,155.95 –
95,702.76 –
474.38 –
6,913.94 –
2,150.70 ◊
2,150.70 –
0.00 ◊

* Approved on 12.30.24 cc
** Approved on 12.15.24 cc
*** Approved on 12.11.24 cc

ve Brock, CFO — January 6, 2025
morial Medical Center

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT – ESTIMATED ACHS

Date	Description	MMC Notes	Amount
			0.00

ve Brock, CFO — January 6, 2025
morial Medical Center

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Pay AUS
157.50 +
2.86 +
96.77 +
367.73 +
234.85 +
127.08 +
272.08 +
1,258.87 ◊
Proc. Fee
9.95 +
134.93 +
270.04 +
118.95 +
168.55 +
702.42 ◊
Auth. Net
27.00 +
27.00 ◊
Harland Dep. Bk
60.36 +
60.36 ◊
Harland Dep. Bk
102.05 +
102.05 ◊

1,258.87 +
702.42 +
27.00 +
60.36 +
102.05 +
2,150.70 ◊

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 03 2025

CALHOUN COUNTY, TEXAS

01/02/2025
10:20

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 01/11/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122724		12/31/202	12/27/202	01/11/202			6,120.00	0.00	0.00	6,120.00

ins. pmt dep into mmc opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	6,120.00	0.00	0.00	6,120.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,120.00	0.00	0.00	6,120.00

APPROVED ON

JAN 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 201152

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 03 2025

CALHOUN COUNTY, TEXAS

01/02/2025
10:22

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 01/11/2025

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11828 SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122024		12/31/202	12/20/202	01/11/202			10,778.32	0.00	0.00	10,778.32
122724	ins. pmt. dep. into mmc opt. in error	12/31/202	12/27/202	01/11/202			6,120.00	0.00	0.00	6,120.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	16,898.32	0.00	0.00	16,898.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	16,898.32	0.00	0.00	16,898.32

APPROVED ON

JAN 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207157

RECEIVED BY THE COUNTY AUDITOR ON

JAN 03 2025

CALHOUN COUNTY, TEXAS

01/02/2025 MEMORIAL MEDICAL CENTER 0

10:22 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 01/11/2025

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122724		12/31/202	12/27/202	01/11/202			2,100.00	0.00	0.00	2,100.00

ins. pmt. dep. into mmc opt. in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	2,100.00	0.00	0.00	2,100.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,100.00	0.00	0.00	2,100.00

APPROVED ON

JAN 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207155

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 0 3 2025

01/02/2025
10:21

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 01/11/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PARK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121924		12/31/202	12/19/202	01/11/202			1,224.00	0.00	0.00	1,224.00
122624	INS. Pmt. dep. into mmc opt. in error	12/31/202	12/26/202	01/11/202			6,645.88	0.00	0.00	6,645.88

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	7,869.88	0.00	0.00	7,869.88

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,869.88	0.00	0.00	7,869.88

APPROVED ON

JAN 0 3 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 207154

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 03 2025

CALHOUN COUNTY, TEXAS

01/02/2025
10:21

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 01/11/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122624		12/31/202	12/26/202	01/11/202			3,672.00	0.00	0.00	3,672.00
122724	ins. pmt. dep. into mmc. opt in error	12/31/202	12/27/202	01/11/202			2,040.00	0.00	0.00	2,040.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	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

JAN 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207158

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 03 2025

CALHOUN COUNTY, TEXAS

01/02/2025
10:22

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 01/11/2025
Class Pay Code

0
ap_open_invoice.template

Vendor# Vendor Name
11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122024A		12/31/202	12/20/202	01/11/202			94.14	0.00	0.00	94.14
122024	ins. pmt. de. into mmc opt in error	12/31/202	12/20/202	01/11/202			6,715.00	0.00	0.00	6,715.00
122324		12/31/202	12/23/202	01/11/202			13,997.51	0.00	0.00	13,997.51
122424		12/31/202	12/24/202	01/11/202			69,709.35	0.00	0.00	69,709.35
122424A		12/31/202	12/24/202	01/11/202			9,250.11	0.00	0.00	9,250.11
122624A		12/31/202	12/26/202	01/11/202			816.00	0.00	0.00	816.00
122624		12/31/202	12/26/202	01/11/202			2,261.55	0.00	0.00	2,261.55
122624B		12/31/202	12/26/202	01/11/202			612.00	0.00	0.00	612.00
122724		12/31/202	12/27/202	01/11/202			3,699.49	0.00	0.00	3,699.49

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	107,155.15	0.00	0.00	107,155.15

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	107,155.15	0.00	0.00	107,155.15

APPROVED ON

JAN 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207156

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 03 2025

CALHOUN COUNTY, TEXAS

01/02/2025
10:23

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 01/11/2025

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121924	ins. pmt. dep. into mmc opt in error	12/31/202	12/19/202	01/11/202			14,628.18	0.00	0.00	14,628.18
122024		12/31/202	12/20/202	01/11/202			11,016.30	0.00	0.00	11,016.30
122324		12/31/202	12/23/202	01/11/202			4,080.00	0.00	0.00	4,080.00
122324B		12/31/202	12/23/202	01/11/202			10,125.00	0.00	0.00	10,125.00
122324A		12/31/202	12/23/202	01/11/202			1,020.00	0.00	0.00	1,020.00
122424		12/31/202	12/24/202	01/11/202			3,876.00	0.00	0.00	3,876.00
122424A		12/31/202	12/24/202	01/11/202			4,284.00	0.00	0.00	4,284.00
122724		12/31/202	12/27/202	01/11/202			612.00	0.00	0.00	612.00
122724A		12/31/202	12/27/202	01/11/202			40,360.00	0.00	0.00	40,360.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	90,001.48	0.00	0.00	90,001.48

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	90,001.48	0.00	0.00	90,001.48

APPROVED ON

JAN 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207159

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 03 2025

CALHOUN COUNTY, TEXAS

01/02/2025
10:23

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 01/11/2025

0
ap_open_invoice.template

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
122724		12/31/202	12/27/202	01/11/202			100,812.60	0.00	0.00	100,812.60

ins. pmt. dep. into mmc opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	100,812.60	0.00	0.00	100,812.60

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	100,812.60	0.00	0.00	100,812.60

APPROVED ON

JAN 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207153

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
1/6/2025

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		153,631.72	153,069.51	127,290.68			127,852.89	**114,847.70**
						Bank Balance	127,852.89	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Ashford Gardens:						**QIP YS FINAL ADJ PAYMENT**	12,288.36	
Ashford Health Care Center Ltd Co								
JP Morgan Chase Bank						**Oct Interest**	261.76	
						Nov Interest	200.45	
						Dec Interest	154.62	
						Adjust Balance/Transfer Amt	**114,847.70**	
Broadmoor		189,619.86	189,082.51	106,745.18			- 107,282.53	**101,471.20**
						Bank Balance	107,282.53	
						Variance	-	
						Leave in Balance	100.00	
						QIP YS FINAL ADJ PAYMENT	5,087.24	
						Oct Interest	224.43	
						Nov Interest	212.92	
						Dec Interest	186.74	
						Adjust Balance/Transfer Amt	**101,471.20**	
Crescent		372,720.03	372,010.79	101,165.02			101,874.26	**92,164.12**
						Bank Balance	101,874.26	
						Variance	-	
						Leave in Balance	100.00	
						QIP YS FINAL ADJ PAYMENT	4,084.75	
						Claim Payment Owed to Tuscany	4,650.00	
						Oct Interest	301.56	
						Nov Interest	307.68	
						Dec Interest	266.15	
						Adjust Balance/Transfer Amt	**92,164.12**	
Fort Bend		58,717.47	58,461.43	26,818.16			27,074.20	**21,797.93**
						Bank Balance	27,074.20	
						Variance	-	
						Leave in Balance	100.00	
						QIP YS FINAL ADJ PAYMENT	4,967.39	
						Oct Interest	99.67	
						Nov Interest	56.37	
						Dec Interest	52.84	
						Adjust Balance/Transfer Amt	**21,797.93**	
Solera at W Houston		151,370.00	150,810.40	169,878.00			170,437.60	**164,935.77**
						Bank Balance	170,437.60	
						Variance	-	
						Leave in Balance	100.00	
						QIP YS FINAL ADJ PAYMENT	4,818.68	
						Oct Interest	282.48	
						Nov Interest	177.12	
						Dec Interest	123.55	
						Adjust Balance/Transfer Amt	**164,935.77**	
						TOTAL TRANSFERS		**495,216.72**

114,847.70 +
101,471.20 +
92,164.12 +
21,797.93 + 1/ Fort Bend / Broadmoor
164,935.77 +
495,216.72 ◊

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved:
Steve Brock, CFO 1/6/2025

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 QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/3/2025	Deposit	-	40,942.37					-	40,942.37
1/3/2025	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	8,252.33					-	8,252.33
1/2/2025	HNB - ECHO HCCLAIMPMT 746003411 440000219109	-	6,308.55					-	6,308.55
12/31/2024	Added to Account	-	154.62					-	154.62
12/31/2024	HNB - ECHO HCCLAIMPMT 746003411 440000268988	-	13,975.07					-	13,975.07
12/30/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	153,069.51	-					-	-
12/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000205192	-	11,650.17					-	11,650.17
12/27/2024	HNB - ECHO HCCLAIMPMT 746003411 440000263860	-	9,852.79					-	9,852.79
12/27/2024	HNB - ECHO HCCLAIMPMT 746003411 440000262910	-	107.76					-	107.76
12/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000212240	-	3,152.35					-	3,152.35
12/26/2024	HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2	-	24,576.72	24,576.72				12,288.36	12,288.36
12/24/2024	MOLINA HEALTHCAR MOLINAACH 01351744 42000018	-	1,736.00					-	1,736.00
12/24/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	1,462.50					-	1,462.50
12/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000271144	-	5,119.45					-	5,119.45
								-	-
		153,069.51	127,290.68	24,576.72	-	-	-	12,288.36	115,002.32

Broadmoor		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/3/2025	Check 294	4,896.00	-					-	-
1/3/2025	Check 293	2,072.41	-					-	-
1/3/2025	Deposit	-	31,293.34					-	31,293.34
1/3/2025	HNB - ECHO HCCLAIMPMT 746003411 440000280218	-	4,034.09					-	4,034.09
1/2/2025	AARP Supplementa HCCLAIMPMT 746003411 124384	-	204.00					-	204.00
12/31/2024	Added to Account	-	186.74					-	186.74
12/31/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000134	-	1,802.79					-	1,802.79
12/30/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	182,114.10	-					-	-
12/30/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	1,650.00					-	1,650.00
12/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000205192	-	22,288.36					-	22,288.36
12/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000205192	-	3,665.57					-	3,665.57
12/27/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	1,650.00					-	1,650.00
12/27/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	10,965.00					-	10,965.00
12/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000212530	-	989.90					-	989.90
12/26/2024	HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2	-	10,174.47	10,174.47				5,087.24	5,087.24
12/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000271144	-	12.74					-	12.74
12/24/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000137	-	17,828.18					-	17,828.18
								-	-
		189,082.51	106,745.18	10,174.47	-	-	-	5,087.24	101,657.95

Crescent		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/3/2025	Check 374	4,500.00	-					-	-
1/3/2025	Deposit	-	22,169.69					-	22,169.69
1/2/2025	HNB - ECHO HCCLAIMPMT 746003411 440000219109	-	3,998.81					-	3,998.81
1/2/2025	HNB - ECHO HCCLAIMPMT 746003411 440000219109	-	7,952.92					-	7,952.92
1/2/2025	AARP Supplementa HCCLAIMPMT 746003411 124384	-	1,632.00					-	1,632.00
12/31/2024	Added to Account	-	266.15					-	266.15
12/30/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	367,235.11	-					-	-
12/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000205192	-	15,228.70					-	15,228.70
12/30/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027194565	-	10,160.89					-	10,160.89
12/27/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	2,400.00					-	2,400.00
12/27/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	19,340.00					-	19,340.00
12/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000212530	-	4,600.96					-	4,600.96
12/26/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	31.78					-	31.78
12/26/2024	HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2	-	8,169.49	8,169.49				4,084.75	4,084.75
12/24/2024	Check 373	275.68	-					-	-
12/24/2024	DEVOTED HEALTH P HCCLAIMPMT 21000024219350	-	4,650.00					-	4,650.00
12/24/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	360.00					-	360.00
12/24/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000137	-	203.63					-	203.63
								-	-
		372,010.79	101,165.02	8,169.49	-	-	-	4,084.75	97,080.28

Fort Bend		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/3/2025	Deposit	-	2,486.67					-	2,486.67
12/31/2024	Added to Account	-	52.84					-	52.84
12/30/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	58,461.43	-					-	-
12/30/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	4,080.00					-	4,080.00
12/27/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	9,360.00					-	9,360.00
12/26/2024	HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2	-	9,934.78	9,934.78				4,967.39	4,967.39
12/24/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000137	-	903.87					-	903.87
								-	-
		58,461.43	26,818.16	9,934.78	-	-	-	4,967.39	21,850.77

Solera at West Houston		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/3/2025	Deposit	-	15,403.20					-	15,403.20
1/3/2025	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,200.00					-	7,200.00
12/31/2024	Added to Account	-	123.55					-	123.55
12/31/2024	HNB - ECHO HCCLAIMPMT 746003411 440000268988	-	441.04					-	441.04
12/31/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	11,700.00					-	11,700.00
12/31/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000134	-	97,164.49					-	97,164.49
12/31/2024	HUMANA CHA DISB HCCLAIMPMT 65539312 42000010	-	176.88					-	176.88
12/30/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	150,810.40	-					-	-
12/30/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	1,020.00					-	1,020.00
12/27/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	9,397.00					-	9,397.00
12/27/2024	HNB - ECHO HCCLAIMPMT 746003411 440000263860	-	12,349.26					-	12,349.26
12/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000212126	-	2,205.22					-	2,205.22
12/26/2024	HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2	-	9,637.36	9,637.36				4,818.68	4,818.68
12/26/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	3,060.00					-	3,060.00
								-	-
		150,810.40	169,878.00	9,637.36	-	-	-	4,818.68	165,059.32

TOTALS							
	531,897.04	62,492.82	-	-	-	31,246.41	500,650.63

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,147,791.17	$1,071,372.99	$1,147,791.17	$1,890,740.49
*4365 MMC - CLINIC SERIES 2014	$0.00	$0.00	$0.00	$0.00
*4373 MMC - PRIVATE WAIVER CLEARING	$0.00	$0.00	$0.00	$0.00
*4381 MEMORIAL MEDICAL / NH ASHFORD	$127,852.89	$131,397.13	$127,852.89	$78,658.19
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$107,282.53	$107,282.53	$107,282.53	$78,923.51
*4411 MEMORIAL MEDICAL / NH CRESCENT	$101,874.26	$138,642.66	$101,874.26	$84,204.57
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$170,437.60	$170,437.60	$170,437.60	$147,834.40
*4446 MEMORIAL MEDICAL / NH FORT BEND	$27,074.20	$27,074.20	$27,074.20	$24,587.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$245,143.52	$256,205.52	$245,143.52	$43,838.67
*4551 CAL CO INDIGENT HEALTHCARE	$9,695.56	$9,695.56	$9,695.56	$5,502.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$935.17	$935.17	$935.17	$935.17
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.63	$110.63	$110.63	$110.63
*5506 MMC -NH BETHANY SENIOR LIVING	$266,731.10	$321,646.25	$266,731.10	$202,249.71
*3407 MMC -NH TUSCANY VILLAGE	$371,713.04	$390,573.10	$371,713.04	$181,573.03
*2998 MMC -MONEY MARKET FUND	$2,058,288.95	$2,058,288.95	$2,058,288.95	$2,058,288.95
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.70	$39.70	$39.70	$39.70
Total Balance	**$4,634,970.32**	**$4,683,701.99**	**$4,634,970.32**	**$4,797,487.36**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
1/6/2025

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		98,560.09	98,181.03	244,764.46		-	245,143.52	235,891.23
						Bank Balance	245,143.52	
						Variance	-	
						Leave in Balance	100.00	
						QIP Y5 FINAL ADJ PAYMENT	8,758.66	
						Oct Interest	155.49	
						Nov Interest	123.57	
						Dec Interest	114.57	
						Adjust Balance/Transfer Amt	235,891.23	

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

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:
Steve Brock, CFO 1/6/2025

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CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
1/3/2025	Deposit	-	193,386.03					-	193,386.03
1/3/2025	TSYS/TRANSFIRST CR CD DEP 5436845558876917 43	-	1,518.00					-	1,518.00
1/3/2025	TSYS/TRANSFIRST CR CD DEP 5436845558876917 43	-	1,469.82					-	1,469.82
1/3/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001183	-	4,931.00					-	4,931.00
1/2/2025	TSYS/TRANSFIRST CR CD DEP 5436845558876917 43	-	200.00					-	200.00
12/31/2024	Added to Account	-	114.57					-	114.57
12/31/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001920	-	5,115.00					-	5,115.00
12/30/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	97,816.50	-					-	-
12/30/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 43	-	1,552.00					-	1,552.00
12/30/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	7,134.33					-	7,134.33
12/27/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001588	-	2,303.00					-	2,303.00
12/26/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 43	-	7,986.00					-	7,986.00
12/26/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 43	-	820.52					-	820.52
12/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000212530	-	716.88					-	716.88
12/26/2024	HEALTH HUMAN SVC INV-PAYMTS 17460034113011 2	-	17,517.31	17,517.31				8,758.66	8,758.66
12/24/2024	Check 228	364.53	-					-	-
								-	-
		98,181.03	244,764.46	17,517.31	-	-	-	8,758.66	236,005.81

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,147,791.17	$1,071,372.99	$1,147,791.17	$1,890,740.49
*4365 MMC - CLINIC SERIES 2014	$0.00	$0.00	$0.00	$0.00
*4373 MMC - PRIVATE WAIVER CLEARING	$0.00	$0.00	$0.00	$0.00
*4381 MEMORIAL MEDICAL / NH ASHFORD	$127,852.89	$131,397.13	$127,852.89	$78,658.19
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$107,282.53	$107,282.53	$107,282.53	$78,923.51
*4411 MEMORIAL MEDICAL / NH CRESCENT	$101,874.26	$138,642.66	$101,874.26	$84,204.57
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$170,437.60	$170,437.60	$170,437.60	$147,834.40
*4446 MEMORIAL MEDICAL / NH FORT BEND	$27,074.20	$27,074.20	$27,074.20	$24,587.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$245,143.52	$256,205.52	$245,143.52	$43,838.67
*4551 CAL CO INDIGENT HEALTHCARE	$9,695.56	$9,695.56	$9,695.56	$5,502.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$935.17	$935.17	$935.17	$935.17
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.63	$110.63	$110.63	$110.63
*5506 MMC -NH BETHANY SENIOR LIVING	$266,731.10	$321,646.25	$266,731.10	$202,249.71
*3407 MMC -NH TUSCANY VILLAGE	$371,713.04	$390,573.10	$371,713.04	$181,573.03
*2998 MMC -MONEY MARKET FUND	$2,058,288.95	$2,058,288.95	$2,058,288.95	$2,058,288.95
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.70	$39.70	$39.70	$39.70
Total Balance	**$4,634,970.32**	**$4,683,701.99**	**$4,634,970.32**	**$4,797,487.36**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
1/6/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		5,479.75	5,379.75	835.17		-		935.17	no transfer
							Bank Balance	935.17	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	835.17	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		6,050.96	5,950.96	10.63		-		110.63	-
							Bank Balance	110.63	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	10.63	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	845.80

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

Approved:
Steve Brock, CFO 1/6/2025

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JAN 06 2025
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CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
12/31/2024	Added to Account	-	4.85					-	4.85
12/30/2024	WIRE OUT HMG Rockport SNF, LP -Commerical	5,379.75	-					-	-
12/27/2024	HNB - ECHO HCCLAIMPMT 746003411 440000263860	-	201.70					-	201.70
12/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000271144	-	628.62					-	628.62
								-	-
		5,379.75	**835.17**	-	-	-	-	-	**835.17**

Gulf Pointe Plaza-Medicare/Medicaid

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
12/31/2024	Added to Account	-	10.63					-	10.63
12/30/2024	WIRE OUT HMG Rockport SNF, LP - Commerical	5,950.96	-					-	-
								-	-
		5,950.96	**10.63**	-	-	-	-	-	**10.63**
		11,330.71	**845.80**	-	-	-	-	-	**845.80**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,147,791.17	$1,071,372.99	$1,147,791.17	$1,890,740.49
*4365 MMC - CLINIC SERIES 2014	$0.00	$0.00	$0.00	$0.00
*4373 MMC - PRIVATE WAIVER CLEARING	$0.00	$0.00	$0.00	$0.00
*4381 MEMORIAL MEDICAL / NH ASHFORD	$127,852.89	$131,397.13	$127,852.89	$78,658.19
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$107,282.53	$107,282.53	$107,282.53	$78,923.51
*4411 MEMORIAL MEDICAL / NH CRESCENT	$101,874.26	$138,642.66	$101,874.26	$84,204.57
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$170,437.60	$170,437.60	$170,437.60	$147,834.40
*4446 MEMORIAL MEDICAL / NH FORT BEND	$27,074.20	$27,074.20	$27,074.20	$24,587.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$245,143.52	$256,205.52	$245,143.52	$43,838.67
*4551 CAL CO INDIGENT HEALTHCARE	$9,695.56	$9,695.56	$9,695.56	$5,502.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$935.17	$935.17	$935.17	$935.17
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.63	$110.63	$110.63	$110.63
*5506 MMC -NH BETHANY SENIOR LIVING	$266,731.10	$321,646.25	$266,731.10	$202,249.71
*3407 MMC -NH TUSCANY VILLAGE	$371,713.04	$390,573.10	$371,713.04	$181,573.03
*2998 MMC -MONEY MARKET FUND	$2,058,288.95	$2,058,288.95	$2,058,288.95	$2,058,288.95
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.70	$39.70	$39.70	$39.70
Total Balance	**$4,634,970.32**	**$4,683,701.99**	**$4,634,970.32**	**$4,797,487.36**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
1/6/2025

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
Tuscany Village		346,901.94	347,161.94	371,973.04	-	-		-	371,713.04	371,613.04
							Bank Balance		371,713.04	
							Variance		-	
								Leave in Balance	100.00	

Adjust Balance/Transfer Amt	371,613.04

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:
Steve Brock, CFO 1/6/2025

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp 1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
1/3/2025	Deposit	-	104,326.61					-	104,326.61
1/3/2025	Deposit	-	50,235.17					-	50,235.17
1/3/2025	Deposit	-	4,500.00					-	4,500.00
1/3/2025	HNB - ECHO HCCLAIMPMT 746003411 440000280218	-	6,747.99					-	6,747.99
1/3/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000197	-	24,330.24					-	24,330.24
1/2/2025	HNB - ECHO HCCLAIMPMT 746003411 440000219109	-	3,572.46					-	3,572.46
1/2/2025	HNB - ECHO HCCLAIMPMT 746003411 440000219109	-	32,462.87					-	32,462.87
1/2/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000190	-	22,746.42					-	22,746.42
12/31/2024	Added to Account	-	288.33					-	288.33
12/31/2024	Deposit	-	3,876.00					-	3,876.00
12/31/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000134	-	2,882.07					-	2,882.07
12/30/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	346,801.94	-					-	-
12/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000205192	-	38,711.20					-	38,711.20
12/30/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000170	-	13,542.43					-	13,542.43
12/27/2024	HNB - ECHO HCCLAIMPMT 746003411 440000263860	-	8,230.88					-	8,230.88
12/27/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000165	-	9,255.67					-	9,255.67
12/26/2024	Debit Adjustment	360.00	-					-	-
12/26/2024	Deposit	-	32,901.04					-	32,901.04
12/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000211993	-	989.90					-	989.90
12/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000271144	-	12,373.76					-	12,373.76
								-	-
		347,161.94	**371,973.04**	-	-	-	-	-	**371,973.04**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,147,791.17	$1,071,372.99	$1,147,791.17	$1,890,740.49
*4365 MMC - CLINIC SERIES 2014	$0.00	$0.00	$0.00	$0.00
*4373 MMC - PRIVATE WAIVER CLEARING	$0.00	$0.00	$0.00	$0.00
*4381 MEMORIAL MEDICAL / NH ASHFORD	$127,852.89	$131,397.13	$127,852.89	$78,658.19
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$107,282.53	$107,282.53	$107,282.53	$78,923.51
*4411 MEMORIAL MEDICAL / NH CRESCENT	$101,874.26	$138,642.66	$101,874.26	$84,204.57
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$170,437.60	$170,437.60	$170,437.60	$147,834.40
*4446 MEMORIAL MEDICAL / NH FORT BEND	$27,074.20	$27,074.20	$27,074.20	$24,587.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$245,143.52	$256,205.52	$245,143.52	$43,838.67
*4551 CAL CO INDIGENT HEALTHCARE	$9,695.56	$9,695.56	$9,695.56	$5,502.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$935.17	$935.17	$935.17	$935.17
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.63	$110.63	$110.63	$110.63
*5506 MMC -NH BETHANY SENIOR LIVING	$266,731.10	$321,646.25	$266,731.10	$202,249.71
*3407 MMC -NH TUSCANY VILLAGE	$371,713.04	$390,573.10	$371,713.04	$181,573.03
*2998 MMC -MONEY MARKET FUND	$2,058,288.95	$2,058,288.95	$2,058,288.95	$2,058,288.95
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.70	$39.70	$39.70	$39.70
Total Balance	**$4,634,970.32**	**$4,683,701.99**	**$4,634,970.32**	**$4,797,487.36**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
1/6/2025

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		46,282.60	46,047.09	266,495.59			-	266,731.10	266,392.98
							Bank Balance	266,731.10	
							Variance	-	
							Leave in Balance	100.00	
							Oct Interest	80.97	
							Nov Interest	54.54	
							Dec Interest	102.61	
							Adjust Balance/Transfer Amt	266,392.98	

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:
Steve Brock, CFO 1/6/2025

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/3/2025	Deposit	-	62,238.92					-	62,238.92
1/3/2025	HUMANA INS CO HCCLAIMPMT 65655468 8300005806	-	1,842.42					-	1,842.42
1/3/2025	HOSPICE OF SOUTH Payments NF 113122650025411	-	400.05					-	400.05
1/2/2025	HNB - ECHO HCCLAIMPMT 746003411 440000219110	-	4,261.34					-	4,261.34
1/2/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000190	-	3,172.01					-	3,172.01
1/2/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	2,563.60					-	2,563.60
1/2/2025	CENTENE CORP HCCLAIMPMT 53101129283000	-	19,190.82					-	19,190.82
12/31/2024	Added to Account	-	102.61					-	102.61
12/31/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	1,131.00					-	1,131.00
12/31/2024	CENTENE CORP HCCLAIMPMT 53101123868458	-	11,267.30					-	11,267.30
12/31/2024	BCBS TEXAS HCCLAIMPMT C24362E20821600 710001	-	7,548.00					-	7,548.00
12/30/2024	WIRE OUT PORT LAVACA NH, LLC	46,047.09	-					-	-
12/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000205192	-	1,933.94					-	1,933.94
12/30/2024	CENTENE CORP HCCLAIMPMT 53101125775735	-	1,471.23					-	1,471.23
12/27/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000165	-	101,584.17					-	101,584.17
12/27/2024	HOSPICE OF SOUTH Payments NF 113122650020048	-	640.08					-	640.08
12/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000271144	-	554.12					-	554.12
12/24/2024	HUMANA INS CO HCCLAIMPMT 64855870 8300005607	-	8,756.67					-	8,756.67
12/24/2024	CENTENE CORP HCCLAIMPMT 53101127610290	-	37,837.31					-	37,837.31
		-	-					-	-
		46,047.09	266,495.59	-	-	-	-	-	266,495.59

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,147,791.17	$1,071,372.99	$1,147,791.17	$1,890,740.49
*4365 MMC - CLINIC SERIES 2014	$0.00	$0.00	$0.00	$0.00
*4373 MMC - PRIVATE WAIVER CLEARING	$0.00	$0.00	$0.00	$0.00
*4381 MEMORIAL MEDICAL / NH ASHFORD	$127,852.89	$131,397.13	$127,852.89	$78,658.19
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$107,282.53	$107,282.53	$107,282.53	$78,923.51
*4411 MEMORIAL MEDICAL / NH CRESCENT	$101,874.26	$138,642.66	$101,874.26	$84,204.57
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$170,437.60	$170,437.60	$170,437.60	$147,834.40
*4446 MEMORIAL MEDICAL / NH FORT BEND	$27,074.20	$27,074.20	$27,074.20	$24,587.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$245,143.52	$256,205.52	$245,143.52	$43,838.67
*4551 CAL CO INDIGENT HEALTHCARE	$9,695.56	$9,695.56	$9,695.56	$5,502.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$935.17	$935.17	$935.17	$935.17
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.63	$110.63	$110.63	$110.63
*5506 MMC -NH BETHANY SENIOR LIVING	$266,731.10	$321,646.25	$266,731.10	$202,249.71
*3407 MMC -NH TUSCANY VILLAGE	$371,713.04	$390,573.10	$371,713.04	$181,573.03
*2998 MMC -MONEY MARKET FUND	$2,058,288.95	$2,058,288.95	$2,058,288.95	$2,058,288.95
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.70	$39.70	$39.70	$39.70
Total Balance	**$4,634,970.32**	**$4,683,701.99**	**$4,634,970.32**	**$4,797,487.36**

Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC

Date Requested: 1/6/25

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

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

AMOUNT: 616.83 UNE#001259

G/L NUMBER: 21400012

EXPLANATION: Quarter 4 Interest

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSL

Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC

Date Requested: 1/6/25

APPROVED ON JAN 06 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CM# 0002916

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

AMOUNT: 624.09

G/L NUMBER: 21400009

EXPLANATION: Quarter 4 Interest

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSL

C rescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC

Date Requested: 1/6/25

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: 875.39 Check 0003160 G/L NUMBER: 21400010

EXPLANATION: Quarter 4 Interest

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSL

Fort Bend

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 1/6/25

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

APPROVED ON JAN 06 2025 BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

AMOUNT: 208.88 CHK# 00023165

G/L NUMBER: 21400008

EXPLANATION: Quarter 4 Interest

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ MSC

Solera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 1/6/25

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

APPROVED ON JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT: 583.15

G/L NUMBER: 21400011

Chk# 001320

EXPLANATION: Quarter 4 Interest

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSL

Golden Creek

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 1/6/25

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

APPROVED ON JAN 06 2025 BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

AMOUNT: 393.63 Chk# 000230

G/L NUMBER: 21400013

EXPLANATION: Quarter 4 Interest

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ MSL

Bethany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 1/6/25

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 1057

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

AMOUNT: 238.12

G/L NUMBER: 21400015

EXPLANATION: Quarter 4 Interest

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSL

Interest To MMC From NH

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	21400012	October- December	616.83	1/6/2025
Broadmoor	[redacted] - Prosperity		MMC -Prosperity Operating	21400009	October- December	624.09	1/6/2025
Crescent	[redacted] - Prosperity		MMC -Prosperity Operating	21400010	October- December	875.39	1/6/2025
Fort Bend	[redacted] - Prosperity		MMC -Prosperity Operating	21400008	October- December	208.88	1/6/2025
Solera	[redacted] - Prosperity		MMC -Prosperity Operating	21400011	October- December	583.15	1/6/2025
Golden Creek	[redacted] - Prosperity		MMC -Prosperity Operating	21400013	October- December	393.63	1/6/2025
Bethany	[redacted] - Prosperity		MMC -Prosperity Operating	21400015	October- December	238.12	1/6/2025
						3,540.09	

Note:

Approved:

Steve Brock, CFO 1/6/2025

Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 1/6/2024

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#001258

FOR ACCT USE ONLY

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

AMOUNT: $ 12,288.36

G/L NUMBER: 10255040

EXPLANATION: QIPP Y5 Final Adj Pymt

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center

Date Requested: 1/6/2024

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 000297

FOR ACCT USE ONLY

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

AMOUNT: $ 5,087.24

G/L NUMBER: 10255040

EXPLANATION: QIPP Y5 Final Adj Pymt

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: mse

Crescent

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 1/6/2024

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Check 000315

FOR ACCT USE ONLY

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

AMOUNT: $ 4,084.75

G/L NUMBER: 10255040

EXPLANATION: QIPP Y5 Final Adj Pymt

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ MSL

Fort Bend

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 1/6/2024

APPROVED ON JAN 06 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Check# 0002164

FOR ACCT USE ONLY

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

AMOUNT: $ 4,967.39

G/L NUMBER: 10255040

EXPLANATION: QIPP Y5 Final Adj Pymt

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

Solercy

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 1/6/2024

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
On# 001319

FOR ACCT USE ONLY

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

AMOUNT: $ 4,818.68

G/L NUMBER: 10255040

EXPLANATION: QIPP Y5 Final Adj Pymt

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSL

Golden Creek

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 1/6/2024

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 000329

FOR ACCT USE ONLY

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

AMOUNT: $ 8,758.66

G/L NUMBER: 10255040

EXPLANATION: QIPP Y5 Final Adj Pymt

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: mer

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **1/8/2025**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP Y5 FINAL ADJ			TOTAL	Date
Ashford	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	10255040	12,288.36			12,288.36	1/8/2025
Broadmoor	Prosperity		MMC -Prosperity Operating	10255040	5,087.24			5,087.24	1/8/2025
Crescent	Prosperity		MMC -Prosperity Operating	10255040	4,084.75			4,084.75	1/8/2025
Fort Bend	Prosperity		MMC -Prosperity Operating	10255040	4,967.39			4,967.39	1/8/2025
Solera	Prosperity		MMC -Prosperity Operating	10255040	4,818.68			4,818.68	1/8/2025
Golden Creek	Prosperity		MMC -Prosperity Operating	10255040	8,758.66			8,758.66	1/8/2025
Bethany	Prosperity		MMC -Prosperity Operating	10255040				-	1/8/2025
Tuscany	Prosperity		MMC -Prosperity Operating	10255040	-			-	1/8/2025
				Total:	**40,005.08**	-	-	**40,005.08**	

Note:

Approved:

Steve Brock, CFO 1/6/2025

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Tuscany Village

Date Requested: 1/6/2024

APPROVED ON
JAN 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#000378

FOR ACCT USE ONLY

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

AMOUNT: $ 4,650.00

G/L NUMBER: 21400007

EXPLANATION: Claim pymnts owed from Crescent to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP
001259

Date 1-9-25

88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 616.83/100

Six hundred sixteen dollars 3 83/100 DOLLARS

PROSPERITY BANK®

county auditor

MP
county treasurer
Security features are included. Details on back.

FOR Q4 Interest

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP
000296

88-2265/1131

Date 1-9-25

PAY
TO THE ORDER OF MMC Operating $ 624.09/100

Six hundred twenty-four dollars 3 09/100 DOLLARS

PROSPERITY BANK®

county auditor

MP
county treasurer
Security features are included. Details on back.

FOR Q4 Interest

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP
000376

Date 1-9-25

88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 875.39/100

Eight hundred seventy-five dollars 3 39/100 DOLLARS

PROSPERITY BANK®

county auditor

MP
county treasurer
Security features are included. Details on back.

FOR Q4 Interest

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

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

000265

88-2265/1131

Date 1-9-25

PAY
TO THE ORDER OF MMC Operating $ 208. 88/100

Two hundred eight dollars and 88/100 **DOLLARS**

PROSPERITY BANK®

County auditor

County Treasurer
Security features are included. Details on back.

FOR Q4 Interest

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001320

88-2265/1131

Date 1-9-25

PAY
TO THE ORDER OF MMC Operating $ 583. 15/100

Five hundred eighty-three dollars and 15/100 **DOLLARS**

PROSPERITY BANK®

County auditor

County Treasurer
Security features are included. Details on back.

FOR Q4 Interest

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

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

000230

88-2265/1131

Date 1-9-25

PAY
TO THE ORDER OF MMC Operating $ 393. 63/100

Three hundred ninety three dollars and 63/100 **DOLLARS**

PROSPERITY BANK®

County auditor

County Treasurer
Security features are included. Details on back.

FOR Q4 Interest

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

MP
000264
88-2265/1131

Date 1-9-25

PAY
TO THE ORDER OF MMC Operating $ 4,967.39/100

Four thousand, nine hundred sixty-seven dollars and 39/100 DOLLARS

PROSPERITY BANK®

county auditor

MP
county treasurer
Security features are included. Details on back.

FOR Year 5 Final Adj

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MEMORIAL MEDICAL CENTER
NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP
001319
88-2265/1131

Date 1-9-25

PAY
TO THE ORDER OF MMC Operating $ 4,818.60/100

Four thousand, eight hundred eighteen dollars and 60/100 DOLLARS

PROSPERITY BANK®

county auditor

MP
county treasurer
Security features are included. Details on back.

FOR Y5 Final Adj

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

MP
000229
88-2265/1131

Date 1-9-25

PAY
TO THE ORDER OF MMC Operating $ 8758.44/100

Eight thousand, seven hundred fifty-eight dollars and 44/100 DOLLARS

PROSPERITY BANK®

county auditor

MP
county treasurer
Security features are included. Details on back.

FOR Y5 Final Adj

MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING
PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1057

88-2265/1131-87

DATE 1-9-25

CHECK ARMOR

PAY TO THE ORDER OF MMC Operating $ 238. 12/100

Two hundred thirty-eight dollars 3 12/100 DOLLARS

Photo Safe Deposit® Details on back.

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

FOR Q4 Interest

County auditor

MP

County treasurer

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MP

MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000378

Date 1-9-25 88-2265/1131

PAY TO THE ORDER OF Tuscany Village $ 4650.00

Four thousand, six hundred fifty dollars 3 00/100 DOLLARS

PROSPERITY BANK®

FOR Claim payment

County auditor

MP

County Treasurer

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER
NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001258

Date 1-9-25

88-2265/1131

PAY
TO THE
ORDER OF MMC Operating

$ 12,288.36/100

Twelve thousand, two hundred eighty-eight dollars 36/100 DOLLARS

PROSPERITY BANK®

county auditor

county treasurer

FOR US Final Adj

Security features are included. Details on back.

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MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000375

Date 1-9-25

88-2265/1131

PAY
TO THE
ORDER OF MMC Operating

$ 4,084.75/100

Four thousand, eighty four dollars 75/100 DOLLARS

PROSPERITY BANK®

county auditor

county treasurer

FOR US Final Adj

Security features are included. Details on back.

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MEMORIAL MEDICAL CENTER
NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP

000297

88-2265/1131

Date 1-9-25

PAY
TO THE ORDER OF MMC Operating

$ 5,087.24

Five thousand, eighty-seven dollars 3 24/100 **DOLLARS**

PROSPERITY BANK

county auditor

MP

FOR 45 Final Adj

County Treasurer

Security features are included. Details on back.

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RUN DATE:01/09/25 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:53 CHECK REGISTER GLCKREG
01/09/25 THRU 01/09/25

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	000229	01/09/25	8,758.66	MMC OPERATING
NHG *	000230	01/09/25	393.63	MMC OPERATING
NHF	000264	01/09/25	4,967.39	MMC OPERATING
NHF *	000265	01/09/25	208.88	MMC OPERATING
NHB *	000269	01/09/25	624.09	MMC OPERATING
NHB *	000295	01/09/25	5,087.24	MMC OPERATING
NHC	000375	01/09/25	4,084.75	MMC OPERATING
NHC *	000376	01/09/25	875.39	MMC OPERATING
NHC *	000378	01/09/25	4,650.00	TUSCANY
BSL *	001057	01/09/25	238.12	MMC OPERATING
NHA	001258	01/09/25	12,288.36	MMC OPERATING
NHA *	001259	01/09/25	616.83	MMC OPERATING
NHS	001319	01/09/25	4,818.68	MMC OPERATING
NHS	001320	01/09/25	583.15	MMC OPERATING
TOTALS:			48,195.17	