MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 29, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	910,246.11
TOTAL TRANSFERS BETWEEN FUNDS	$	1,019,112.36
TOTAL NURSING HOME UPL EXPENSES	$	886,161.46
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED January 29, 2025	$	2,815,519.93

APPROVED

JAN 29 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 29, 2025

PAYABLES AND PAYROLL			
1/23/2025	Weekly Payables	343,746.26	
1/27/2025	McKesson-340B Prescription Expense	3,682.08	
1/27/2025	McKesson-340B Prescription Expense	4,621.67	
1/27/2025	Amerisource Bergen-340B Prescription Expense	1,914.25	
1/27/2025	Amerisource Bergen-340B Prescription Expense	2,219.23	
1/27/2025	Amerisource Bergen-340B Prescription Expense	279.38	
1/27/2025	Amerisource Bergen-340B Prescription Expense	2,740.20	
1/27/2025	Payroll Liabilities-Payroll Taxes	134,049.46	
1/27/2025	Payroll	414,887.85	
	Prosperity Electronic Bank Payments		
1/27/2025	Expert Pay- Child Support	570.69	
1/27/2025	Pay Plus-Patient Claims Processing Fee	456.56	
1/27/2025	Zelis	1.48	
1/27/2025	Health Equity -HSA Contributions	1,077.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 910,246.11**
TRANSFERS BETWEEN FUNDS-MMC			
1/27/2025	Transfer from Prosperity Money Market to Operating Account	1,000,000.00	
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
1/23/2025	MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	1,241.02	
1/23/2025	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	2,400.00	
1/23/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	2,457.39	
1/23/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	13,013.95	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 1,019,112.36**
NURSING HOME UPL EXPENSES			
1/27/2025	Nursing Home UPL-Cantex Transfer	181,325.79	
1/27/2025	Nursing Home UPL-Nexion Transfer	211,956.27	
1/27/2025	Nursing Home UPL-HMG Transfer	2,572.32	
1/27/2025	Nursing Home UPL-Tuscany Transfer	482,779.97	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
1/27/2025	Solera to Tuscany -Tuscany insurance payment deposited into Solera in error	1,602.81	
1/27/2025	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	5,924.30	
TOTAL NURSING HOME UPL EXPENSES			**$ 886,161.46**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED January 29, 2025			**$ 2,815,519.93**

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
5513390269		01/23/202	01/30/202	02/01/202			585.23	0.00	0.00	585.23

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	585.23	0.00	0.00	585.23

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
1GG7JCHRQFJC		01/08/202	01/06/202	01/31/202			608.73	0.00	0.00	608.73

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	608.73	0.00	0.00	608.73

Vendor#	Vendor Name	Class	Pay Code
16052	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CALANN0001		01/20/202	01/10/202	02/06/202			15.00	0.00	0.00	15.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16052	[redacted]	15.00	0.00	0.00	15.00

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
7000076507		01/20/202	01/03/202	02/06/202			6,592.11	0.00	0.00	6,592.11

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX, LLC	6,592.11	0.00	0.00	6,592.11

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
83365835		01/23/202	01/02/202	01/27/202			3,071.40	0.00	0.00	3,071.40
83364321		01/23/202	01/02/202	01/27/202			631.20	0.00	0.00	631.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	3,702.60	0.00	0.00	3,702.60

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111783449		12/31/202	01/08/202	02/02/202			3,283.38	0.00	0.00	3,283.38
111779311		01/01/202	01/06/202	01/31/202			180.26	0.00	0.00	180.26
111778556		01/08/202	01/05/202	01/30/202			64.39	0.00	0.00	64.39
111785422		01/15/202	01/08/202	02/02/202			174.54	0.00	0.00	174.54
111795431		01/20/202	01/13/202	02/06/202			5,016.58	0.00	0.00	5,016.58
111780308A		01/23/202	01/07/202	02/01/202			5,759.11	0.00	0.00	5,759.11

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					14,478.26	0.00	0.00	14,478.26
Vendor#	Vendor Name			Class	Pay Code					
B1320	BEEKLEY CORPORATION			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	MIN0173170		01/15/202	01/01/202	01/01/202		597.00	0.00	0.00	597.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1320	BEEKLEY CORPORATION					597.00	0.00	0.00	597.00
Vendor#	Vendor Name			Class	Pay Code					
13972	BEYER MECHANICAL LTD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	IN046117		01/20/202	01/17/202	02/06/202		1,940.50	0.00	0.00	1,940.50
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13972	BEYER MECHANICAL LTD					1,940.50	0.00	0.00	1,940.50
Vendor#	Vendor Name			Class	Pay Code					
16096	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	MCNBOB0001		01/20/202	01/10/202	02/06/202		14.00	0.00	0.00	14.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	16096	[redacted]					14.00	0.00	0.00	14.00
Vendor#	Vendor Name			Class	Pay Code					
16148	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	FALBRY0001		01/20/202	01/10/202	02/06/202		19.11	0.00	0.00	19.11
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	16148	[redacted]					19.11	0.00	0.00	19.11
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
	10024342180		01/23/202	01/08/202	01/23/202		2.00	0.00	0.00	2.00
	10024342172		01/23/202	01/08/202	01/23/202		1,788.00	0.00	0.00	1,788.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14260	CAREFUSION SOLUTIONS, LLC					1,790.00	0.00	0.00	1,790.00
Vendor#	Vendor Name			Class	Pay Code					
16112	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	ROBCAR0004		01/20/202	01/10/202	02/06/202		40.00	0.00	0.00	40.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	16112	[redacted]					40.00	0.00	0.00	40.00
Vendor#	Vendor Name			Class	Pay Code					
16060	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	COBCAT0001		01/20/202	01/10/202	02/06/202		120.00	0.00	0.00	120.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	16060	[redacted]					120.00	0.00	0.00	120.00
Vendor#	Vendor Name			Class	Pay Code					
C1992	CDW GOVERNMENT, INC.			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net

	AC1SI3U		01/08/202	12/26/202	01/25/202		1,011.67	0.00	0.00	1,011.67
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.				1,011.67	0.00	0.00	1,011.67
Vendor#	Vendor Name				Class	Pay Code				
12768	CHEMAQUA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	8992451		01/23/202	01/10/202	01/20/202		593.69	0.00	0.00	593.69
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		12768	CHEMAQUA				593.69	0.00	0.00	593.69
Vendor#	Vendor Name				Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	IN6758		01/23/202	01/20/202	01/30/202		8,535.96	0.00	0.00	8,535.96
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		C1166	COASTAL OFFICE SOLUTONS				8,535.96	0.00	0.00	8,535.96
Vendor#	Vendor Name				Class	Pay Code				
13336	COCA COLA SOUTHWEST BEVERAGES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	45056519013		12/31/202	01/08/202	02/06/202		557.47	0.00	0.00	557.47
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		13336	COCA COLA SOUTHWEST BEVERAGES				557.47	0.00	0.00	557.47
Vendor#	Vendor Name				Class	Pay Code				
15116	COMPUGROUP MEDICAL - EMDS INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9090094408		01/20/202	01/16/202	02/06/202		5,332.46	0.00	0.00	5,332.46
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		15116	COMPUGROUP MEDICAL - EMDS INC.				5,332.46	0.00	0.00	5,332.46
Vendor#	Vendor Name				Class	Pay Code				
16068	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	FLODAN0002		01/20/202	01/10/202	02/06/202		11.00	0.00	0.00	11.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		16068	[redacted]				11.00	0.00	0.00	11.00
Vendor#	Vendor Name				Class	Pay Code				
16100	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	KOLDAR0003		01/20/202	01/10/202	02/06/202		15.00	0.00	0.00	15.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		16100	[redacted]				15.00	0.00	0.00	15.00
Vendor#	Vendor Name				Class	Pay Code				
16072	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	RUBBER0001		01/20/202	01/10/202	02/06/202		11.49	0.00	0.00	11.49
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		16072	[redacted]				11.49	0.00	0.00	11.49
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

	7794910		01/22/202	01/06/202	01/31/202			607.22	0.00	0.00	607.22
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON					607.22	0.00	0.00	607.22
Vendor#	Vendor Name					Class	Pay Code				
14800	DIRECTV ENTERTAINMENT HOLDINGS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	250112		01/23/202	01/30/202	01/23/202			489.85	0.00	0.00	489.85
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14800	DIRECTV ENTERTAINMENT HOLDINGS					489.85	0.00	0.00	489.85
Vendor#	Vendor Name					Class	Pay Code				
10789	DISCOVERY MEDICAL NETWORK INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MMC011525		01/20/202	01/15/202	02/06/202			80,455.52	0.00	0.00	80,455.52
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10789	DISCOVERY MEDICAL NETWORK INC					80,455.52	0.00	0.00	80,455.52
Vendor#	Vendor Name					Class	Pay Code				
14832	DR JOHN CLINTON										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	011324A		01/20/202	01/13/202	02/06/202			1,500.00	0.00	0.00	1,500.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14832	DR JOHN CLINTON					1,500.00	0.00	0.00	1,500.00
Vendor#	Vendor Name					Class	Pay Code				
14924	DR. TIMU KWI										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	011324		01/20/202	01/13/202	02/06/202			1,500.00	0.00	0.00	1,500.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14924	DR. TIMU KWI					1,500.00	0.00	0.00	1,500.00
Vendor#	Vendor Name					Class	Pay Code				
15240	ECLINICAL WORKS LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0003126186		12/31/202	01/02/202	02/01/202			468.95	0.00	0.00	468.95
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15240	ECLINICAL WORKS LLC					468.95	0.00	0.00	468.95
Vendor#	Vendor Name					Class	Pay Code				
16092	[redacted]										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	GAMERI0002		01/20/202	01/10/202	02/06/202			13.73	0.00	0.00	13.73
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		16092	[redacted]					13.73	0.00	0.00	13.73
Vendor#	Vendor Name					Class	Pay Code				
16116	[redacted]										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	HERFEL0003		01/20/202	01/10/202	02/06/202			25.00	0.00	0.00	25.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		16116	[redacted]					25.00	0.00	0.00	25.00
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

12/13/24 - 12/18/24

12/4/24 - 12/9/24

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7898732	12/17/202	01/03/202	02/02/202	314.74	0.00	0.00	314.74
7924111	01/15/202	01/06/202	01/31/202	1,763.00	0.00	0.00	1,763.00
7953051	01/15/202	01/07/202	02/01/202	5,179.52	0.00	0.00	5,179.52
7953050	01/15/202	01/07/202	02/01/202	748.75	0.00	0.00	748.75
7986862	01/15/202	01/08/202	02/02/202	681.44	0.00	0.00	681.44
7986861	01/15/202	01/08/202	02/02/202	3,490.10	0.00	0.00	3,490.10
8054058	01/15/202	01/10/202	02/04/202	82.99	0.00	0.00	82.99
7824042	01/22/202	12/27/202	01/21/202	308.34	0.00	0.00	308.34
6735491	01/23/202	11/07/202	12/02/202	70.24	0.00	0.00	70.24
6801308	01/23/202	11/11/202	12/06/202	5,646.92	0.00	0.00	5,646.92
6801307	01/23/202	11/11/202	12/06/202	1,248.36	0.00	0.00	1,248.36
6836300	01/23/202	11/12/202	12/07/202	10,878.72	0.00	0.00	10,878.72
6836299	01/23/202	11/12/202	12/07/202	21.96	0.00	0.00	21.96
6871970	01/23/202	11/13/202	12/08/202	258.90	0.00	0.00	258.90
6871971	01/23/202	11/13/202	12/08/202	584.86	0.00	0.00	584.86
6939809	01/23/202	11/15/202	12/10/202	465.87	0.00	0.00	465.87
7007361	01/23/202	11/19/202	12/14/202	198.48	0.00	0.00	198.48
7046905	01/23/202	11/20/202	12/15/202	185.83	0.00	0.00	185.83
7119290	01/23/202	11/22/202	12/17/202	117.96	0.00	0.00	117.96
7154082	01/23/202	11/25/202	12/20/202	1,248.36	0.00	0.00	1,248.36
7188715	01/23/202	11/26/202	12/21/202	1,653.95	0.00	0.00	1,653.95

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	35,149.29	0.00	0.00	35,149.29

Vendor#	Vendor Name			Class	Pay Code					
11183	FRONTIER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	010225		01/23/202	01/02/202	01/23/202			1,263.01	0.00	0.00	1,263.01

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	1,263.01	0.00	0.00	1,263.01

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
	INV787531		01/20/202	01/11/202	02/06/202			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
12404	GE PRECISION HEALTHCARE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6002846119		12/31/202	01/01/202	01/31/202			61.67	0.00	0.00	61.67
6002846117		12/31/202	01/01/202	01/31/202			86.67	0.00	0.00	86.67
6002846430		01/14/202	01/01/202	01/31/202			216.10	0.00	0.00	216.10
6002846118A		01/15/202	01/01/202	01/31/202			2,422.50	0.00	0.00	2,422.50
6002846121A		01/15/202	01/01/202	01/31/202			5,665.83	0.00	0.00	5,665.83
6002846116		01/20/202	01/01/202	02/06/202			3,588.58	0.00	0.00	3,588.58

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC	12,041.35	0.00	0.00	12,041.35

Vendor#	Vendor Name	Class	Pay Code
13456	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WARGEO0001		01/20/202	01/10/202	02/06/202			96.51	0.00	0.00	96.51

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13456	[redacted]	96.51	0.00	0.00	96.51

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
6992772603		01/08/202	12/17/202	12/26/202			65.43	0.00	0.00	65.43

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10956	GETINGE USA SALES LLC	65.43	0.00	0.00	65.43

Vendor#	Vendor Name	Class	Pay Code
16088	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BRIGRA0001		01/20/202	01/10/202	02/06/202			13.51	0.00	0.00	13.51

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16088	[redacted]	13.51	0.00	0.00	13.51

Vendor#	Vendor Name	Class	Pay Code
16108	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
KINGRA0001		01/20/202	01/10/202	02/06/202			32.30	0.00	0.00	32.30

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16108	[redacted]	32.30	0.00	0.00	32.30

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9364707811		01/23/202	01/08/202	02/02/202			175.11	0.00	0.00	175.11

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	175.11	0.00	0.00	175.11

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
2603614		01/22/202	12/17/202	01/16/202			167.45	0.00	0.00	167.45
2606477		01/22/202	12/31/202	01/30/202			908.48	0.00	0.00	908.48
2608109		01/22/202	01/07/202	02/06/202			46.29	0.00	0.00	46.29

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	1,122.22	0.00	0.00	1,122.22

Vendor#	Vendor Name	Class	Pay Code
H0031	HEB CREDIT RECEIVABLES DEPT308		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122724		01/16/202	12/27/202	02/01/202			706.75	0.00	0.00	706.75

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308	706.75	0.00	0.00	706.75

Vendor#	Vendor Name	Class	Pay Code
14916	HEWLETT-PACKARD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100000770016		01/20/202	01/15/202	02/06/202			573.53	0.00	0.00	573.53

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14916	HEWLETT-PACKARD	573.53	0.00	0.00	573.53

Vendor#	Vendor Name	Class	Pay Code
10530	HUMANA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WESAND0001		01/20/202	01/13/202	02/06/202			52.52	0.00	0.00	52.52

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10530	HUMANA	52.52	0.00	0.00	52.52

Vendor#	Vendor Name	Class	Pay Code
13876	INQUISEEK, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV0953		01/20/202	01/15/202	02/06/202			450.00	0.00	0.00	450.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13876	INQUISEEK, LLC	450.00	0.00	0.00	450.00

Vendor#	Vendor Name	Class	Pay Code
16140	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MARISM0001		01/20/202	01/09/202	02/06/202			40.00	0.00	0.00	40.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16140	[redacted]	40.00	0.00	0.00	40.00

Vendor#	Vendor Name	Class	Pay Code
11108	ITERSOURCE CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711842		01/22/202	12/17/202	01/22/202			9,357.82	0.00	0.00	9,357.82

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION	9,357.82	0.00	0.00	9,357.82

Vendor#	Vendor Name	Class	Pay Code
16056	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
ONEJEN0001		01/20/202	01/10/202	02/06/202			15.00	0.00	0.00	15.00

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	16056	[redacted]		15.00	0.00	0.00	15.00

Vendor#	Vendor Name	Class	Pay Code
W1372	JOHN B WRIGHT LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011324		01/20/202	01/13/202	02/06/202			4,500.00	0.00	0.00	4,500.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1372	JOHN B WRIGHT LLC	4,500.00	0.00	0.00	4,500.00

Vendor#	Vendor Name	Class	Pay Code
16104	JOHN R. FALCON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
FALJOH0001		01/20/202	01/10/202	02/06/202			55.84	0.00	0.00	55.84

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16104	JOHN R. FALCON	55.84	0.00	0.00	55.84

Vendor#	Vendor Name	Class	Pay Code
16064	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
HOEKAT001		01/20/202	01/10/202	02/06/202			10.00	0.00	0.00	10.00
HOEKAT001A		01/20/202	01/10/202	02/06/202			10.00	0.00	0.00	10.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16064	[redacted]	20.00	0.00	0.00	20.00

Vendor#	Vendor Name	Class	Pay Code
16124	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TAKEL0002		01/20/202	01/10/202	02/06/202			13.48	0.00	0.00	13.48

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16124	[redacted]	13.48	0.00	0.00	13.48

Vendor#	Vendor Name	Class	Pay Code
16044	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MCNKEN0001		01/20/202	01/13/202	02/06/202			73.34	0.00	0.00	73.34

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16044	[redacted]	73.34	0.00	0.00	73.34

Vendor#	Vendor Name	Class	Pay Code
11275	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DANKYL0001		01/20/202	01/10/202	02/06/202			19.11	0.00	0.00	19.11

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11275	[redacted]	19.11	0.00	0.00	19.11

Vendor#	Vendor Name	Class	Pay Code
16132	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DRELE00001		01/20/202	01/09/202	02/06/202			40.00	0.00	0.00	40.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16132	[redacted]	40.00	0.00	0.00	40.00

Vendor#	Vendor Name	Class	Pay Code
16008	LOPEZ TREE SERVICE		

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

	INV0794		01/20/202	01/18/202	02/06/202		7,000.00	0.00	0.00	7,000.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		16008	LOPEZ TREE SERVICE				7,000.00	0.00	0.00	7,000.00
Vendor#	Vendor Name				Class	Pay Code				
L1640	LOWE'S BUSINESS ACCT/SYNCB				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	010225		01/23/202	01/02/202	01/02/202		1,467.75	0.00	0.00	1,467.75
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		L1640	LOWE'S BUSINESS ACCT/SYNCB				1,467.75	0.00	0.00	1,467.75
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
	6622		01/20/202	02/01/202	02/06/202		515.00	0.00	0.00	515.00
		FEB 2025 PROFESSIONAL FEES								
	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				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	23117238		01/15/202	01/03/202	01/18/202		889.28	0.00	0.00	889.28
	23163034		01/22/202	01/13/202	01/28/202		394.94	0.00	0.00	394.94
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				1,284.22	0.00	0.00	1,284.22
Vendor#	Vendor Name				Class	Pay Code				
12588	MEDICAL TECHNOLOGY ASSOCIATES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV255713		01/15/202	12/31/202	01/25/202		1,071.66	0.00	0.00	1,071.66
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		12588	MEDICAL TECHNOLOGY ASSOCIATES				1,071.66	0.00	0.00	1,071.66
Vendor#	Vendor Name				Class	Pay Code				
M2470	MEDLINE INDUSTRIES INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2352013082		01/15/202	01/08/202	02/02/202		270.35	0.00	0.00	270.35
	2352013085		01/15/202	01/08/202	02/02/202		1,873.06	0.00	0.00	1,873.06
	2352013084		01/15/202	01/08/202	02/02/202		68.69	0.00	0.00	68.69
	2352013087		01/15/202	01/08/202	02/02/202		57.78	0.00	0.00	57.78
	2352013083		01/15/202	01/08/202	02/02/202		179.38	0.00	0.00	179.38
	2352200242		01/15/202	01/09/202	02/03/202		15,123.75	0.00	0.00	15,123.75
	2350248798		01/15/202	01/15/202	02/05/202		638.46	0.00	0.00	638.46
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC				18,211.47	0.00	0.00	18,211.47
Vendor#	Vendor Name				Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net

2880183	01/22/202 01/05/202 01/15/202	31.39	0.00	0.00	31.39
2882479	01/22/202 01/05/202 01/15/202	85.29	0.00	0.00	85.29
2882478	01/22/202 01/05/202 01/15/202	66.19	0.00	0.00	66.19
2880182	01/22/202 01/05/202 01/15/202	0.29	0.00	0.00	0.29
2882477	01/22/202 01/05/202 01/15/202	85.22	0.00	0.00	85.22
2880184	01/22/202 01/05/202 01/15/202	25.61	0.00	0.00	25.61
2882480	01/22/202 01/05/202 01/15/202	389.09	0.00	0.00	389.09
CM78074	01/22/202 01/06/202 01/16/202	-34.05	0.00	0.00	-34.05
2884219	01/22/202 01/06/202 01/16/202	179.89	0.00	0.00	179.89
2884220	01/22/202 01/06/202 01/16/202	61.47	0.00	0.00	61.47
2887648	01/22/202 01/06/202 01/16/202	411.94	0.00	0.00	411.94
2893490	01/22/202 01/07/202 01/17/202	654.18	0.00	0.00	654.18
2889966	01/22/202 01/07/202 01/17/202	22.21	0.00	0.00	22.21
2891553	01/22/202 01/07/202 01/17/202	185.28	0.00	0.00	185.28
2891554	01/22/202 01/07/202 01/17/202	148.22	0.00	0.00	148.22
2898321	01/22/202 01/08/202 01/18/202	64.64	0.00	0.00	64.64
2898567	01/22/202 01/08/202 01/18/202	1,041.19	0.00	0.00	1,041.19
2895726	01/22/202 01/08/202 01/18/202	2,410.20	0.00	0.00	2,410.20
2895724	01/22/202 01/08/202 01/18/202	92.64	0.00	0.00	92.64
2898322	01/22/202 01/08/202 01/18/202	60.24	0.00	0.00	60.24
2898566	01/22/202 01/08/202 01/18/202	43.39	0.00	0.00	43.39
2897135	01/22/202 01/08/202 01/18/202	35.20	0.00	0.00	35.20
2901496	01/22/202 01/09/202 01/19/202	58.00	0.00	0.00	58.00
2901495	01/22/202 01/09/202 01/19/202	25.84	0.00	0.00	25.84
2901494	01/22/202 01/09/202 01/19/202	38.99	0.00	0.00	38.99
2901493	01/22/202 01/09/202 01/19/202	155.94	0.00	0.00	155.94
2901492	01/22/202 01/09/202 01/19/202	92.64	0.00	0.00	92.64
2902467	01/22/202 01/09/202 01/19/202	24.54	0.00	0.00	24.54

2909425	01/22/202 01/12/202 01/22/202	530.96	0.00	0.00	530.96	
2909428	01/22/202 01/12/202 01/22/202	2,012.40	0.00	0.00	2,012.40	
2909427	01/22/202 01/12/202 01/22/202	11.25	0.00	0.00	11.25	
2909424	01/22/202 01/12/202 01/22/202	8.68	0.00	0.00	8.68	
2909426	01/22/202 01/12/202 01/22/202	16.31	0.00	0.00	16.31	
2915751	01/22/202 01/13/202 01/23/202	64.40	0.00	0.00	64.40	
2913006	01/22/202 01/13/202 01/23/202	899.69	0.00	0.00	899.69	
2913008	01/22/202 01/13/202 01/23/202	180.22	0.00	0.00	180.22	
2915752	01/22/202 01/13/202 01/23/202	5.25	0.00	0.00	5.25	
4284	01/22/202 01/13/202 01/23/202	-198.64	0.00	0.00	-198.64	
2913009	01/22/202 01/13/202 01/23/202	182.08	0.00	0.00	182.08	
2913010	01/22/202 01/13/202 01/23/202	1,036.07	0.00	0.00	1,036.07	
2913007	01/22/202 01/13/202 01/23/202	10.04	0.00	0.00	10.04	
2922171	01/22/202 01/14/202 01/24/202	998.52	0.00	0.00	998.52	
CM80627	01/22/202 01/14/202 01/24/202	-66.19	0.00	0.00	-66.19	
2922170	01/22/202 01/14/202 01/24/202	180.18	0.00	0.00	180.18	
2918608	01/22/202 01/14/202 01/24/202	64.76	0.00	0.00	64.76	
2920648	01/22/202 01/14/202 02/06/202	58.42	0.00	0.00	58.42	

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	12,450.07	0.00	0.00	12,450.07

Vendor# 16144 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
EVANAN0001		01/20/202	01/10/202	02/06/202			17.11	0.00	0.00	17.11

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16144	[redacted]	17.11	0.00	0.00	17.11

Vendor# 12388 Vendor Name NATIONAL FARM LIFE INSURANCE Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4394315		01/23/202	01/23/202	02/01/202			5,321.08	0.00	0.00	5,321.08

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LIFE INSURANCE	5,321.08	0.00	0.00	5,321.08

Vendor# 15984 Vendor Name NORTHERN SPEECH SERVICES Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1396371		01/22/202	01/07/202	01/22/202			237.05	0.00	0.00	237.05

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15984	NORTHERN SPEECH SERVICES	237.05	0.00	0.00	237.05

Vendor#	Vendor Name	Class	Pay Code
N1800	NURSES CHOICE CORPORATION	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0175579IN		01/23/202	01/09/202	01/23/202			121.61	0.00	0.00	121.61

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	N1800	NURSES CHOICE CORPORATION	121.61	0.00	0.00	121.61

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
38339		01/09/202	01/07/202	02/06/202			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
16128	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
LONPAU0002		01/20/202	01/09/202	02/06/202			37.72	0.00	0.00	37.72

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16128	[redacted]	37.72	0.00	0.00	37.72

Vendor#	Vendor Name	Class	Pay Code
10032	PHILIPS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9027180008		01/15/202	01/10/202	02/04/202			135.80	0.00	0.00	135.80

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE	135.80	0.00	0.00	135.80

Vendor#	Vendor Name	Class	Pay Code
12708	POC ELECTRIC, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4229AB		01/20/202	01/01/202	02/06/202			2,124.65	0.00	0.00	2,124.65
4267		01/20/202	01/18/202	02/06/202			4,500.00	0.00	0.00	4,500.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LLC	6,624.65	0.00	0.00	6,624.65

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PSI004456		01/10/202	01/12/202	02/06/202			1,791.67	0.00	0.00	1,791.67
PSI004533		01/20/202	01/16/202	02/06/202			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
15264	REPUBLIC PAIN SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
42A		01/07/202	01/02/202	02/02/202			5,000.00	0.00	0.00	5,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15264	REPUBLIC PAIN SPECIALISTS	5,000.00	0.00	0.00	5,000.00

Vendor#	Vendor Name			Class	Pay Code				
14920	REPUBLIC SERVICES, INC.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0847001374639		01/23/202	01/15/202	01/23/202			1,105.43	0.00	0.00	1,105.43
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14920	REPUBLIC SERVICES, INC.					1,105.43	0.00	0.00	1,105.43
Vendor#	Vendor Name			Class	Pay Code				
16084	[redacted]								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	PERRAY001		01/20/202	01/10/202	02/06/202			26.96	0.00	0.00	26.96
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		16084	[redacted]					26.96	0.00	0.00	26.96
Vendor#	Vendor Name			Class	Pay Code				
16076	[redacted]								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	CRIRON0001		01/20/202	01/10/202	02/06/202			13.30	0.00	0.00	13.30
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		16076	[redacted]					13.30	0.00	0.00	13.30
Vendor#	Vendor Name			Class	Pay Code				
16080	[redacted]								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	RESSAB0002		01/20/202	01/10/202	02/06/202			16.42	0.00	0.00	16.42
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		16080	[redacted]					16.42	0.00	0.00	16.42
Vendor#	Vendor Name			Class	Pay Code				
16048	[redacted]								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	LINSHU0001		01/20/202	01/10/202	02/06/202			19.11	0.00	0.00	19.11
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		16048	[redacted]					19.11	0.00	0.00	19.11
Vendor#	Vendor Name			Class	Pay Code				
S2270	SMILE MAKERS				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9595318		01/23/202	01/23/202	02/01/202			104.89	0.00	0.00	104.89
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2270	SMILE MAKERS					104.89	0.00	0.00	104.89
Vendor#	Vendor Name			Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	CM13821		12/17/202	12/15/202	01/31/202			-1,710.00	0.00	0.00	-1,710.00
	CM14091		01/20/202	01/15/202	02/06/202			-1,405.00	0.00	0.00	-1,405.00
	I07046897		01/20/202	01/15/202	02/06/202			4,747.00	0.00	0.00	4,747.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN					1,632.00	0.00	0.00	1,632.00
Vendor#	Vendor Name			Class	Pay Code				
15236	SPECIALTY PROFESSIONAL								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

1240001670	01/20/202	12/13/202	02/06/202	4,560.00	0.00	0.00	4,560.00
1240001688	01/20/202	12/20/202	02/06/202	3,562.50	0.00	0.00	3,562.50
1240001719	01/20/202	12/27/202	02/06/202	3,681.25	0.00	0.00	3,681.25
1240001748	01/20/202	01/03/202	02/06/202	3,610.00	0.00	0.00	3,610.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15236	SPECIALTY PROFESSIONAL	15,413.75	0.00	0.00	15,413.75

Vendor# S2694 — Vendor Name: STANFORD VACUUM SERVICE — Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
730562		01/20/202	01/16/202	02/06/202			550.00	0.00	0.00	550.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2694	STANFORD VACUUM SERVICE	550.00	0.00	0.00	550.00

Vendor# S3960 — Vendor Name: STERICYCLE, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8009618819		01/20/202	01/18/202	02/06/202			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# S3940 — Vendor Name: STERIS CORPORATION — Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
13311652		01/23/202	01/16/202	02/01/202			218.40	0.00	0.00	218.40

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION	218.40	0.00	0.00	218.40

Vendor# 16136 — Vendor Name: [redacted] — Class: Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
JEFSUS0001		01/20/202	01/09/202	02/05/202			80.00	0.00	0.00	80.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16136	[redacted]	80.00	0.00	0.00	80.00

Vendor# T2539 — Vendor Name: T-SYSTEM, INC — Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2013234	DECEMBER	01/22/202	12/31/202	01/30/202			6,130.42	0.00	0.00	6,130.42

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC	6,130.42	0.00	0.00	6,130.42

Vendor# 15488 — Vendor Name: TEXAN FLOOR SERVICE — Class: Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
126191		01/22/202	01/14/202	01/22/202			8,089.20	0.00	0.00	8,089.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15488	TEXAN FLOOR SERVICE	8,089.20	0.00	0.00	8,089.20

Vendor# 14856 — Vendor Name: TEXAS A&M HEALTH SCIENCE CENTE — Class: Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
H184405		01/20/202	01/16/202	02/06/202			6,825.00	0.00	0.00	6,825.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14856	TEXAS A&M HEALTH SCIENCE CENTE	6,825.00	0.00	0.00	6,825.00

Vendor#	Vendor Name	Class	Pay Code
T1880	TEXAS DEPARTMENT OF LICENSING	A/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10184150	INSPECTION DATE 11/01/24	01/20/202	11/05/202	02/06/202			70.00	0.00	0.00	70.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T1880	TEXAS DEPARTMENT OF LICENSING	70.00	0.00	0.00	70.00

Vendor#	Vendor Name	Class	Pay Code
10698	TEXAS DEPT OF STATE HEALTH SRV		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010125	Radiation License	01/14/202	01/01/202	01/31/202			2,035.00	0.00	0.00	2,035.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10698	TEXAS DEPT OF STATE HEALTH SRV	2,035.00	0.00	0.00	2,035.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0024871		01/20/202	01/16/202	02/06/202			3,659.00	0.00	0.00	3,659.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10758	TEXAS SELECT STAFFING, LLC	3,659.00	0.00	0.00	3,659.00

Vendor#	Vendor Name	Class	Pay Code
C2510	TRUBRIDGE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1027547		01/14/202	01/13/202	02/06/202			152.10	0.00	0.00	152.10
T2501171378		01/20/202	01/17/202	02/06/202			8,068.22	0.00	0.00	8,068.22

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE	8,220.32	0.00	0.00	8,220.32

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
2921049481		12/27/202	12/19/202	02/05/202			162.14	0.00	0.00	162.14
2921050689		01/01/202	01/06/202	01/31/202			2,350.54	0.00	0.00	2,350.54
2921050690		01/01/202	01/06/202	01/31/202			96.58	0.00	0.00	96.58
2921051011		01/14/202	01/09/202	02/03/202			77.65	0.00	0.00	77.65
2921051013		01/14/202	01/09/202	02/03/202			162.14	0.00	0.00	162.14
2921051015		01/14/202	01/09/202	02/03/202			132.59	0.00	0.00	132.59
2921051014		01/14/202	01/09/202	02/03/202			181.78	0.00	0.00	181.78
2921051012		01/14/202	01/09/202	02/03/202			379.22	0.00	0.00	379.22
2921051010		01/14/202	01/09/202	02/03/202			2,144.20	0.00	0.00	2,144.20
2921051008		01/14/202	01/09/202	02/03/202			102.11	0.00	0.00	102.11

2921051208	01/20/202 01/13/202 02/06/202	2,677.54	0.00	0.00	2,677.54
2921051207	01/20/202 01/13/202 02/06/202	140.37	0.00	0.00	140.37
2921051209	01/20/202 01/13/202 02/06/202	103.29	0.00	0.00	103.29
2921051513	01/20/202 01/16/202 02/06/202	100.84	0.00	0.00	100.84
2921051540	01/20/202 01/16/202 02/06/202	375.30	0.00	0.00	375.30
2921051548	01/20/202 01/16/202 02/06/202	181.78	0.00	0.00	181.78
2921051546	01/20/202 01/16/202 02/06/202	162.14	0.00	0.00	162.14
2921051528	01/20/202 01/16/202 02/06/202	1,965.38	0.00	0.00	1,965.38
2921051551	01/20/202 01/16/202 02/06/202	132.59	0.00	0.00	132.59
2921051519	01/20/202 01/16/202 02/06/202	173.09	0.00	0.00	173.09
2921051534	01/20/202 01/16/202 02/06/202	64.90	0.00	0.00	64.90
2921051009A	01/23/202 01/09/202 02/03/202	169.69	0.00	0.00	169.69

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	12,035.86	0.00	0.00	12,035.86

Vendor#	Vendor Name	Class	Pay Code
U2001	US POSTAL SERVICE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
01142005		01/23/202	01/14/202	01/23/202			2,200.00	0.00	0.00	2,200.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U2001	US POSTAL SERVICE	2,200.00	0.00	0.00	2,200.00

Vendor#	Vendor Name	Class	Pay Code
15616	UTHEALTH CQHII		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3158		01/20/202	01/17/202	02/06/202			900.00	0.00	0.00	900.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15616	UTHEALTH CQHII	900.00	0.00	0.00	900.00

Vendor#	Vendor Name	Class	Pay Code
16120	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
HAHVER0001		01/20/202	01/10/202	02/06/202			40.00	0.00	0.00	40.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16120	[redacted]	40.00	0.00	0.00	40.00

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS00007120		01/20/202	01/01/202	02/06/202			6,975.00	0.00	0.00	6,975.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	6,975.00	0.00	0.00	6,975.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net

343,746.26	0.00	0.00	343,746.26

APPROVED ON

JAN 23 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207343-
207442

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RUN DATE:01/27/25 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:43 CHECK REGISTER GLCKREG
01/29/25 THRU 01/29/25

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	207343	01/29/25	585.23	AIRGAS USA, LLC - CENTRAL DIV
A/P	207344	01/29/25	608.73	AMAZON CAPITAL SERVICES
A/P	207345	01/29/25	15.00	[redacted]
A/P	207346	01/29/25	6,592.11	AUTHORITYRX, LLC
A/P	207347	01/29/25	3,702.60	BAXTER HEALTHCARE
A/P	207348	01/29/25	14,478.26	BECKMAN COULTER INC
A/P	207349	01/29/25	597.00	BEEKLEY CORPORATION
A/P	207350	01/29/25	1,940.50	BEYER MECHANICAL LTD
A/P	207351	01/29/25	14.00	[redacted]
A/P	207352	01/29/25	19.11	[redacted]
A/P	207353	01/29/25	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	207354	01/29/25	40.00	[redacted]
A/P	207355	01/29/25	120.00	[redacted]
A/P	207356	01/29/25	1,011.67	CDW GOVERNMENT, INC.
A/P	207357	01/29/25	593.69	CHEMAQUA
A/P	207358	01/29/25	8,535.96	COASTAL OFFICE SOLUTONS
A/P	207359	01/29/25	557.47	COCA COLA SOUTHWEST BEVERAGES
A/P	207360	01/29/25	5,332.46	COMPUGROUP MEDICAL - EMDS INC.
A/P	207361	01/29/25	11.00	[redacted]
A/P	207362	01/29/25	15.00	[redacted]
A/P	207363	01/29/25	11.49	[redacted]
A/P	207364	01/29/25	607.22	DEWITT POTH & SON
A/P	207365	01/29/25	489.85	DIRECTV ENTERTAINMENT HOLDINGS
A/P	207366	01/29/25	80,455.52	DISCOVERY MEDICAL NETWORK INC
A/P	207367	01/29/25	1,500.00	DR JOHN CLINTON
A/P	207368	01/29/25	1,500.00	DR. TIMU KWI
A/P	207369	01/29/25	468.95	ECLINICAL WORKS LLC
A/P	207370	01/29/25	13.73	[redacted]
A/P	207371	01/29/25	25.00	[redacted]
A/P	207372	01/29/25	.00	VOIDED
A/P	207373	01/29/25	.00	VOIDED
A/P	207374	01/29/25	35,149.29	FISHER HEALTHCARE
A/P	207375	01/29/25	1,263.01	FRONTIER
A/P	207376	01/29/25	3,320.00	FUSION MEDICAL STAFFING, LLC
A/P	207377	01/29/25	12,041.35	GE PRECISION HEALTHCARE, LLC
A/P	207378	01/29/25	96.51	[redacted]
A/P	207379	01/29/25	65.43	GETINGE USA SALES LLC
A/P	207380	01/29/25	13.51	[redacted]
A/P	207381	01/29/25	32.30	[redacted]
A/P	207382	01/29/25	175.11	GRAINGER
A/P	207383	01/29/25	1,122.22	GULF COAST PAPER COMPANY
A/P	207384	01/29/25	706.75	HEB CREDIT RECEIVABLES DEPT308
A/P	207385	01/29/25	573.53	HEWLETT-PACKARD
A/P	207386	01/29/25	52.52	HUMANA
A/P	207387	01/29/25	450.00	INQUISEEK, LLC
A/P	207388	01/29/25	40.00	[redacted]
A/P	207389	01/29/25	9,357.82	ITERSOURCE CORPORATION
A/P	207390	01/29/25	15.00	[redacted]
A/P	207391	01/29/25	4,500.00	JOHN B WRIGHT LLC
A/P	207392	01/29/25	55.84	JOHN R. FALCON

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	207393	01/29/25	20.00	[redacted]
A/P	207394	01/29/25	13.48	
A/P	207395	01/29/25	73.34	
A/P	207396	01/29/25	19.11	
A/P	207397	01/29/25	40.00	
A/P	207398	01/29/25	7,000.00	LOPEZ TREE SERVICE
A/P	207399	01/29/25	1,467.75	LOWE'S BUSINESS ACCT/SYNCB
A/P	207400	01/29/25	515.00	MANAGED CARE PARTNERS INC.
A/P	207401	01/29/25	1,284.22	MCKESSON MEDICAL SURGICAL INC
A/P	207402	01/29/25	1,071.66	MEDICAL TECHNOLOGY ASSOCIATES
A/P	207403	01/29/25	16,211.47	MEDLINE INDUSTRIES INC
A/P	207404	01/29/25	.00	VOIDED
A/P	207405	01/29/25	.00	VOIDED
A/P	207406	01/29/25	.00	VOIDED
A/P	207407	01/29/25	12,450.07	MORRIS & DICKSON CO, LLC
A/P	207408	01/29/25	17.11	[redacted]
A/P	207409	01/29/25	5,321.08	NATIONAL FARM LIFE INSURANCE
A/P	207410	01/29/25	237.05	NORTHERN SPEECH SERVICES
A/P	207411	01/29/25	121.61	NURSES CHOICE CORPORATION
A/P	207412	01/29/25	486.68	OCCUPRO LLC
A/P	207413	01/29/25	37.72	[redacted]
A/P	207414	01/29/25	135.80	PHILIPS HEALTHCARE
A/P	207415	01/29/25	6,624.65	POC ELECTRIC, LLC
A/P	207416	01/29/25	3,500.00	RADSOURCE
A/P	207417	01/29/25	5,000.00	REPUBLIC PAIN SPECIALISTS
A/P	207418	01/29/25	1,105.43	REPUBLIC SERVICES, INC.
A/P	207419	01/29/25	26.96	[redacted]
A/P	207420	01/29/25	13.30	
A/P	207421	01/29/25	16.42	
A/P	207422	01/29/25	19.11	
A/P	207423	01/29/25	104.89	SMILE MAKERS
A/P	207424	01/29/25	1,632.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	207425	01/29/25	15,413.75	SPECIALTY PROFESSIONAL
A/P	207426	01/29/25	550.00	STANFORD VACUUM SERVICE
A/P	207427	01/29/25	3,076.66	STERICYCLE, INC
A/P	207428	01/29/25	218.40	STERIS CORPORATION
A/P	207429	01/29/25	80.00	[redacted]
A/P	207430	01/29/25	6,130.42	T-SYSTEM, INC
A/P	207431	01/29/25	8,089.20	TEXAN FLOOR SERVICE
A/P	207432	01/29/25	6,825.00	TEXAS A&M HEALTH SCIENCE CENTE
A/P	207433	01/29/25	70.00	TEXAS DEPARTMENT OF LICENSING
A/P	207434	01/29/25	2,035.00	TEXAS DEPT OF STATE HEALTH SRV
A/P	207435	01/29/25	3,659.00	TEXAS SELECT STAFFING, LLC
A/P	207436	01/29/25	8,220.32	TRUBRIDGE
A/P	207437	01/29/25	.00	VOIDED
A/P	207438	01/29/25	12,035.86	UNIFIRST HOLDINGS INC
A/P	207439	01/29/25	2,200.00	US POSTAL SERVICE
A/P	207440	01/29/25	900.00	UTHEALTH CQHII
A/P	207441	01/29/25	40.00	[redacted]
A/P	207442	01/29/25	6,975.00	WOUND CARE SPECIALISTS
A/P	207443	01/29/25	1,241.02	BROADMOOR AT CREEKSIDE PARK

BANK--CHECK--				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	207444	01/29/25	2,457.39	GOLDENCREEK HEALTHCARE
A/P	207445	01/29/25	2,400.00	THE CRESCENT
A/P	207446	01/29/25	13,013.95	TUSCANY VILLAGE
TOTALS:			362,858.62	

APPROVED ON

JAN 29 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables
343,746.26 +
NH 1,241.02 +
XRES 2,400.00 +
2,457.39 +
13,013.95 +
362,858.62 ◇

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: 01/24/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 01/24/2025

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

As of: 01/24/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 01/24/2025 **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:	3,757.24 USD	
Future Due:	0.00			Due If Paid On Time: USD 3,682.08
Past Due:	0.00	If Paid By 01/28/2025, Pay This Amount:	3,682.08 USD	Disc lost if paid late: 75.16
Last Payment 08/07/2017	2,451.97	If Paid After 01/28/2025, Pay this Amount:	3,757.24 USD	Due If Paid Late: USD 3,757.24

3,680.84 +
1.24 +
3,682.08 ◇

APPROVED ON
JAN 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 01/24/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 01/24/2025

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: 01/24/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 01/24/2025 **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											
01/18/2025	01/28/2025	7545772944	215497103	115Invoice	4.95	247.70		242.75	✓	7545772944	
01/20/2025	01/28/2025	7546026886	224524628	115Invoice	0.02	1.06		1.04	✓	7546026886	
01/21/2025	01/28/2025	7546272397	224613209	115Invoice	0.01	0.32		0.31	✓	7546272397	
01/21/2025	01/28/2025	7546272398	220800513	115Invoice	22.53	1,126.36		1,103.83	✓	7546272398	
01/21/2025	01/28/2025	7546272399	222464408	115Invoice	22.53	1,126.36		1,103.83	✓	7546272399	
01/22/2025	01/28/2025	7546588514	223395906	115Invoice	5.26	262.98		257.72	✓	7546588514	
01/23/2025	01/28/2025	7546885560	221495451	115Invoice	0.03	1.48		1.45	✓	7546885560	
01/24/2025	01/28/2025	7547132934	223452202	115Invoice	1.92	95.80		93.88	✓	7547132934	
01/24/2025	01/28/2025	7547132935	216962649	115Invoice	0.34	16.86		16.52	✓	7547132935	
01/24/2025	01/28/2025	7547132936	224988710	115Invoice	0.02	0.95		0.93	✓	7547132936	
01/24/2025	01/28/2025	7547132937	216962649	115Invoice	17.52	876.10		858.58	✓	7547132937	

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: 3,755.97 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,621.67
01/20/2025

If Paid By 01/28/2025,
Pay This Amount: 3,680.84 USD

If Paid After 01/28/2025,
Pay this Amount: 3,755.97 USD

Due If Paid On Time:
USD 3,680.84

Disc lost if paid late:
75.13

Due If Paid Late:
USD 3,755.97

APPROVED ON
JAN 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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: 01/24/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 01/24/2025

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

As of: 01/24/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 01/24/2025 **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											
01/23/2025	01/28/2025	7546667428	B2501-055-187805	115Invoice	0.03	1.27		1.24	✓	7546667428	

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: 1.27 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,621.67
01/20/2025

If Paid By 01/28/2025, Pay This Amount: 1.24 USD

If Paid After 01/28/2025, Pay this Amount: 1.27 USD

Due If Paid On Time: USD 1.24

Disc lost if paid late: 0.03

Due If Paid Late: USD 1.27

APPROVED ON

JAN 27 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 01/17/2025 Page: 002

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 01/18/2025

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 01/17/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 01/18/2025 **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: 4,715.97 USD

Future Due:	0.00			**Due If Paid On Time:** USD 4,621.67
Past Due:	0.00	**If Paid By 01/21/2025, Pay This Amount:**	4,621.67 USD	**Disc lost if paid late:** 94.30
Last Payment 08/07/2017	2,451.97	**If Paid After 01/21/2025, Pay this Amount:**	4,715.97 USD	**Due If Paid Late:** USD 4,715.97

4,597.21 +
13.87 +
6.94 +
3.65 +
4,621.67 ◊

APPROVED ON
JAN 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 01/17/2025 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: 01/18/2025

As of: 01/17/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 01/18/2025 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											
01/11/2025	01/21/2025	7544318642	218027069	115Invoice	5.26	262.98		257.72	✓	7544318642	
01/11/2025	01/21/2025	7544318643	223395906	115Invoice	5.26	262.98		257.72	✓	7544318643	
01/13/2025	01/21/2025	7544561516	217964752	115Invoice	0.01	0.63		0.62	✓	7544561516	
01/13/2025	01/21/2025	7544561517	219304373	115Invoice	0.01	0.63		0.62	✓	7544561517	
01/13/2025	01/21/2025	7544561518	220800513	115Invoice	22.53	1,126.36		1,103.83	✓	7544561518	
01/13/2025	01/21/2025	7544561519	215102283	115Invoice	2.02	100.89		98.87	✓	7544561519	
01/14/2025	01/21/2025	7544871166	223339419	115Invoice	22.54	1,127.14		1,104.60	✓	7544871166	
01/14/2025	01/21/2025	7544871167	216280350	115Invoice	0.18	9.20		9.02	✓	7544871167	
01/14/2025	01/21/2025	7544871168	223892664	115Invoice	0.02	0.95		0.93	✓	7544871168	
01/15/2025	01/21/2025	7545158637	224094410	115Invoice	8.09	404.57		396.48	✓	7545158637	
01/16/2025	01/21/2025	7545403457	222651928	115Invoice	1.80	90.21		88.41	✓	7545403457	
01/16/2025	01/21/2025	7545403458	223452202	115Invoice	3.83	191.59		187.76	✓	7545403458	
01/16/2025	01/21/2025	7545403459	216208227	115Invoice	0.04	2.12		2.08	✓	7545403459	
01/16/2025	01/21/2025	7545413214	215534016	115Invoice	2.24	111.89		109.65	✓	7545413214	
01/17/2025	01/21/2025	7545647696	216208227	115Invoice	17.52	876.10		858.58	✓	7545647696	
01/17/2025	01/21/2025	7545647697	215461080	115Invoice	1.23	61.39		60.16	✓	7545647697	
01/17/2025	01/21/2025	7545647698	215534016	115Invoice	1.23	61.39		60.16	✓	7545647698	

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: 4,691.02 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,449.41
01/13/2025

If Paid By 01/21/2025,
Pay This Amount: 4,597.21 USD

If Paid After 01/21/2025,
Pay this Amount: 4,691.02 USD

Due If Paid On Time:
USD 4,597.21

Disc lost if paid late:
93.81

Due If Paid Late:
USD 4,691.02

APPROVED ON
JAN 27 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: 01/17/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 01/18/2025

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

As of: 01/17/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 01/18/2025 **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											
01/16/2025	01/21/2025	7545208354	B2501-055-187210	115Invoice	0.28	14.15		13.87		7545208354	

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: 14.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,449.41
01/13/2025

If Paid By 01/21/2025,
Pay This Amount: 13.87 USD

If Paid After 01/21/2025,
Pay this Amount: 14.15 USD

Due If Paid On Time:
USD 13.87

Disc lost if paid late:
0.28

Due If Paid Late:
USD 14.15

APPROVED ON

JAN 27 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: 01/17/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 01/18/2025

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

As of: 01/17/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 01/18/2025 **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											
01/16/2025	01/21/2025	7545208354	B2501-055-187210	115Invoice	0.28	14.15		13.87		7545208354	

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: 14.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,449.41
01/13/2025

If Paid By 01/21/2025,
Pay This Amount: 13.87 USD

If Paid After 01/21/2025,
Pay this Amount: 14.15 USD

Due If Paid On Time:
USD 13.87

Disc lost if paid late:
0.28

Due If Paid Late:
USD 14.15

APPROVED ON

JAN 27 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: 01/17/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 01/18/2025

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

As of: 01/17/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 01/18/2025 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											
01/15/2025	01/21/2025	7545173905	3810020	115Invoice	0.14	7.08		6.94	✓	7545173905	

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: 7.08 USD

Future Due:	0.00			**Due If Paid On Time:** USD	6.94
Past Due:	0.00	**If Paid By 01/21/2025, Pay This Amount:**	6.94 USD	**Disc lost if paid late:**	0.14
Last Payment 01/13/2025	1,449.41	**If Paid After 01/21/2025, Pay this Amount:**	7.08 USD	**Due If Paid Late:** USD	7.08

APPROVED ON
JAN 27 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: 01/17/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835438
Date: 01/18/2025

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

As of: 01/17/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 01/18/2025 **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 835438 CVS PHCY 7475/MEM MC PHS											
01/15/2025	01/21/2025	7545178828	3811629	115Invoice	0.07	3.72		3.65 ✓		7545178828	

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: 3.72 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,155.95
12/30/2024

If Paid By 01/21/2025,
Pay This Amount: 3.65 USD

If Paid After 01/21/2025,
Pay this Amount: 3.72 USD

Due If Paid On Time:
USD 3.65

Disc lost if paid late:
0.07

Due If Paid Late:
USD 3.72

APPROVED ON

JAN 27 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 69033676
Date: 01-24-2025

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:	1,914.25
Past Due:	0.00
Total Due:	1,914.25
Account Balance:	1,914.25

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-20-2025	01-31-2025	3203100139	7008712004	Invoice	678.29		0.00	678.29
01-20-2025	01-31-2025	3203101350	7008722084	Invoice	108.63		0.00	108.63
01-20-2025	01-31-2025	3203101351	7008722084	Invoice	2.96		0.00	2.96
01-20-2025	01-31-2025	3203101352	7008733190	Invoice	1,021.57		0.00	1,021.57
01-21-2025	01-31-2025	3203258944	7008739614	Invoice	3.94		0.00	3.94
01-24-2025	01-31-2025	3203620089	7008750191	Invoice	98.86		0.00	98.86

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,914.25	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
01-24-2025	(3,019.58)

APPROVED ON
JAN 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
01-31-2025	1,914.25
Total Due:	1,914.25

AmerisourceBergen

STATEMENT

Statement Number: 69051359
Date: 01-24-2025

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:	2,219.23
Past Due:	0.00
Total Due:	2,219.23
Account Balance:	2,219.23

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-20-2025	01-31-2025	3203070038	7008722427	Invoice	87.27		0.00	87.27
01-20-2025	01-31-2025	3203158212	7008739730	Invoice	14.80		0.00	14.80
01-21-2025	01-31-2025	3203304458	7008751294	Invoice	1,113.69		0.00	1,113.69
01-22-2025	01-31-2025	3203447797	7008757264	Invoice	8.52		0.00	8.52
01-24-2025	01-31-2025	3203743165	7008774924	Invoice	994.95		0.00	994.95

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,219.23	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
JAN 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
01-31-2025	2,219.23
Total Due:	2,219.23

AmerisourceBergen®

STATEMENT

Statement Number: 69023586
Date: 01-17-2025

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:	279.38
Past Due:	0.00
Total Due:	279.38
Account Balance:	279.38

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-13-2025	01-24-2025	3202208178	7008647299	Invoice	104.73		0.00	104.73
01-13-2025	01-24-2025	3202208540	7008656670	Invoice	32.07		0.00	32.07
01-13-2025	01-24-2025	3202208541	7008664485	Invoice	6.61		0.00	6.61
01-13-2025	01-24-2025	3202333829	7008673186	Invoice	66.57		0.00	66.57
01-14-2025	01-24-2025	3202508683	7008683755	Invoice	4.03		0.00	4.03
01-16-2025	01-24-2025	3202691026	7008695627	Invoice	65.37		0.00	65.37

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
279.38	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
JAN 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
01-24-2025	279.38
Total Due:	279.38

AmerisourceBergen

STATEMENT

Statement Number: 69005851
Date: 01-17-2025

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:	2,740.20
Past Due:	0.00
Total Due:	2,740.20
Account Balance:	2,740.20

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-13-2025	01-24-2025	3202266265	7008648614	Invoice	57.07		0.00	57.07
01-13-2025	01-24-2025	3202266266	7008656664	Invoice	1,116.64		0.00	1,116.64
01-13-2025	01-24-2025	3202266267	7008656664	Invoice	13.34		0.00	13.34
01-13-2025	01-24-2025	3202266268	7008663760	Invoice	414.65		0.00	414.65
01-14-2025	01-24-2025	3202464042	7008673305	Invoice	14.16		0.00	14.16
01-15-2025	01-24-2025	3202618482	7008684240	Invoice	24.59		0.00	24.59
01-15-2025	01-24-2025	3202618483	7008684147	Invoice	29.44		0.00	29.44
01-16-2025	01-24-2025	3202774078	7008696730	Invoice	1,047.45		0.00	1,047.45
01-16-2025	01-24-2025	3202774079	7008695868	Invoice	20.10		0.00	20.10
01-17-2025	01-24-2025	3202938285	7008704151	Invoice	1.76		0.00	1.76
01-17-2025	01-24-2025	3202938286	7008704151	Invoice	1.00		0.00	1.00

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,740.20	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
JAN 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Thank You for Your Payment

Date	Amount
01-17-2025	(2,655.76)

Reminders

Due Date	Amount
01-24-2025	2,740.20
Total Due:	2,740.20

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

		ENTER:
	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ###
	"ENTER YOUR 4-DIGIT PIN"	
	"MAKE A PAYMENT, PRESS 1"	1
	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #
	"IF FEDERAL TAX DEPOSIT ENTER 1"	1
	"ENTER 2-DIGIT TAX FILING YEAR"	★ 24
	"ENTER 2-DIGIT TAX FILING ENDING MONTH" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★ 03
	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ $ 134,049.46 #
	"1 TO CONFIRM"	1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 68,160.58 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 15,940.64 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 49,948.24 #
	"6-DIGIT SETTLEMENT DATE"	★
	"1 TO CONFIRM"	1
	ACKNOWLEDGEMENT NUMBER	

CALLED IN BY:	
CALLED IN DATE:	
CALLED IN TIME:	

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

		ENTER VOID CKS AS NEGATIVE NUMBERS				
PAY PERIOD: BEGIN	1/10/2025	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	1/23/2025					
PAY DATE:	1/31/2025					
GROSS PAY:	$ 549,681.16			$ -		$ 549,681.16
DEDUCTIONS:						
A/R	$ 275.00					$ 275.00
ADVANC						$ -
BOOTS						$ -
MUTUAL CRITICAL ILLNESS						$ -
MUTUAL ACCIDENT						$ -
IRS TAX						$ -
MUTUAL SHORT TERM DIS						$ -
MUTUAL VISION						$ -
CAFÉ-D						$ -
CAFÉ-H						$ -
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 570.69					$ 570.69
CLINIC	$ 380.00					$ 380.00
COMBIN						$ -
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE						$ -
MUTUAL HOSP INDEM						$ -
FED TAX	$ 49,948.24					$ 49,948.24
FICA-M	$ 7,970.32					$ 7,970.32
FICA-O	$ 34,080.29					$ 34,080.29
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S						$ -
FLX-FE	$ -					$ -
GIFT S	$ 199.26					$ 199.26
MUTUAL CRITICAL ILLNESS						$ -
MUTUAL ACCIDENT						$ -
MUTUAL SHORT TERM DIS						$ -
LEGAL						$ -
OTHER	$ 3,638.76					$ 3,638.76
NATIONAL FARM LIFE						$ -
MED SURCHARGE						$ -
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF						$ -
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 37,730.75					$ 37,730.75
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 134,793.31	$ -	$ -	$ -	$ -	$ 134,793.31
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 414,887.85	$ -	$ -	$ -	$ -	$ 414,887.85
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ -	Less Exempt:				
TAXABLE PAY:	$ 549,681.16	$ 549,681.16				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,970.38		
FICA - MED (EE)	1.45%	$ 7,970.38	$ 7,970.32	$ 0.06
FICA - SOC SEC (ER)	6.20%	$ 34,080.23		
FICA - SOC SEC (EE)	6.20%	$ 34,080.23	$ 34,080.29	$ (0.06)
FED WITHHOLDING		$ 49,948.24	$ 49,948.24	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 134,049.46	$ 134,049.46	
FICA - MEDICARE	2.90%	$ 15,940.76	$15,940.64	
FICA - SOCIAL SECURITY	12.40%	$ 68,160.46	$68,160.58	PREPARED BY: Sariah Rubio
FED WITHHOLDING		$ 49,948.24	$49,948.24	PREPARED DATE: 1/27/2025
TOTAL TAX:		$ 134,049.46	$134,049.46	$ -

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9610.50	N		N	N		226213.30
1	REGULAR PAY-S1	1758.00	N		N	N	N	87703.46
1	REGULAR PAY-S1	303.00	Y		N	N		11016.92
2	REGULAR PAY-S2	2530.50	N		N	N		71404.49
2	REGULAR PAY-S2	89.75	Y		N	N		3962.07
3	REGULAR PAY-S3	1560.50	N		N	N		54080.04
3	REGULAR PAY-S3	127.50	Y		N	N		7217.61
4	CALL BACK PAY	12.00	N	1	N	N	Y	674.24
4	CALL BACK PAY	6.00	N	2	N	N	Y	247.50
4	CALL BACK PAY	2.00	N	3	N	N	Y	79.84
C	CALL PAY	2266.00	N	1	N	N		4532.00
D	DOUBLE TIME	30.75	N	1	N	N		2321.64
D	DOUBLE TIME	21.50	N	2	N	N		1784.79
D	DOUBLE TIME	8.00	N	3	N	N		697.92
D	DOUBLE TIME	.50	Y	2	N	N		60.96
D	DOUBLE TIME	8.25	Y	3	N	N		1030.59
E	EXTRA WAGES		N		N	N	N	27848.46
E	EXTRA WAGES		N	1	N	N	N	2275.25
K	EXTENDED-ILLNESS-BANK	458.00	N	1	N	N		12772.15
P	PAID-TIME-OFF	78.78	N		N	N	N	1366.65
P	PAID-TIME-OFF	1161.00	N	1	N	N		31959.28
X	CALL PAY 2	144.00	N	1	N	N		288.00
Z	CALL PAY 3	48.00	N	1	N	N		144.00

Deductions Summary

Code	Amount				
A/R	275.00	A/R2		A/R3	
ADVANC		AWARDS		BCBSVI	
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	
CAFE-F		CAFE-H		CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD	570.69	CLINIC	380.00	COMBIN	
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH	40.00	FEDTAX	49948.24	FICA-M	7970.32
FICA-O	34080.29	FIRSTC		FLEX S	
FLX FE		FORT D		FUTA	
GIFT S	199.26	GRANT		GRP-IN	
GTL		HOSP-I		HSA	
ID TFT		IRSTAX		LEAF	
LEGAL		MASA		MEALS	3598.76
METVIS		MISC		MISC/	
MMCSHR		MOOACC		MOOILL	
MOOIND		MOOLIF		MOOSTD	
MOOVIS		NATFML		OTHER	
PHI		PHI***		PR FIN	
RELAY		REPAY		SAMS	
SCRUBS		SIGNON		ST-TX	
STONDF		STONE		STONE2	
STUDEN		SUNACC		SUNILL	
SUNIND		SUNLIF		SUNSTD	
SUNVIS		SURCHG		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	37730.75	TUTION		UNIFOR	
UW/HOS					

Grand Totals: 20224.53 ------- (Gross: 549681.16 Deductions: 134793.31 Net: 414887.85

Checks Count:- FT 202 PT 13 Other 42 Female 227 Male 29 Credit OverAmt 16 ZeroNet Term Total: 256

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — Jan 17, 2025 - Jan 26, 2025

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
1/17/2025	PAY PLUS ACHTrans 51978220 101000696783852 P	- 3rd Party Payor Fee	138.97	901538
1/17/2025	HEALTHEQUITY INC HealthEqui 1356888 91000017	- EmpDeduct/Employer Contribut	1,077.00 *	800566
1/17/2025	EXPERTPAY EXPERTPAY 746003411 91000011822135	-Child Support Payment	570.69	800567
1/17/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2,655.76 *	550555
1/17/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	356,355.20 *	
1/21/2025	Zelis ACHTrans 52304862 101000697991759	- 3rd Party Payor Fee	1.48	901539
1/21/2025	WEBFILE TAX PYMT DD 902/78012610 21000021664	- Sales Tax	1,868.72 **	700148
1/21/2025	MCKESSON DRUG AUTO ACH ACH06354169 910000164	- 340B Drug Program Expense	4,621.67	550556
1/21/2025	IRS USATAXPYMT 270542155254977 6103601002969	- Payroll Taxes	111,734.94 *	800568
1/22/2025	PAY PLUS ACHTrans 52480334 101000699646967 P	- 3rd Party Payor Fee	0.28	901540
1/23/2025	PAY PLUS ACHTrans 52640871 101000691060263 P	- 3rd Party Payor Fee	147.84	901541
1/23/2025	HPHG LLC PT LAVA MemMedCtr PtLav 11312265001	- Health Insurance Claim Payments	83,801.40 *	800569
1/24/2025	PAY PLUS ACHTrans 52855625 101000692385787 P	- 3rd Party Payor Fee	169.47	901542
1/24/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	3,019.58	550557
			566,163.00	

* Approved on 1/15/2025
** Approved on 1/22/2025

Steve Brock, CFO
Memorial Medical Center
January 27, 2025

138.97 +
0.28 +
147.84 +
169.47 +
456.56 ◇
Child Support
570.69 +
570.69

Zelis
1.48 +
1.48 ◇

456.56 +
570.69 +
1.48 +
1,028.73 ◇

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
		566,163.00 +	
		1,077.00 −	
		2,655.76 −	
		356,355.20 −	
		1,868.72 −	
		4,621.67 −	
		111,734.94 −	
		83,801.40 −	
		3,019.58 −	
		1,028.73 ◇	
		1,028.73 −	
		0.00 ◇	0.00

Steve Brock, CFO
Memorial Medical Center
January 27, 2025

APPROVED ON
JAN 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Plan	Start Date	ER Per Pay Cost	EE Per Pay Cost
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$0.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$0.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$30.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$0.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$0.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$0.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$137.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$0.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$0.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$0.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$50.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$0.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$0.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$50.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$0.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$175.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$0.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$50.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$10.00
		$525.00	$552.00
	Total	$1,077.00	

Memorial Medical Center
Transfer Request

Amount: 1,000,000.00 **Date:** 1/27/2025

From Account: Prosperity Money Market [redacted]

To Account: Operating [redacted]

APPROVED ON
JAN 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

TRANSFER FUNDS FROM PROSPERITY MONEY MARKET TO PROSPERITY OPERATING

Requested by: Caitlin Clevenger **Date:** 1/27/2025

Authorized by: _____ **Date:** _____

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 23 2025

CALHOUN COUNTY, TEXAS

01/22/2025
19:24

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/07/2025

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
011525		01/22/202	01/15/202	02/07/202			1,224.00	0.00	0.00	1,224.00
012125		01/22/202	01/21/202	02/07/202			17.02	0.00	0.00	17.02

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	1,241.02	0.00	0.00	1,241.02

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,241.02	0.00	0.00	1,241.02

APPROVED ON

JAN 23 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check 207443

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 23 2025

CALHOUN COUNTY, TEXAS

01/22/2025
19:25

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/07/2025

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
011625		01/22/202	01/16/202	02/07/202			2,400.00	0.00	0.00	2,400.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	2,400.00	0.00	0.00	2,400.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,400.00	0.00	0.00	2,400.00

APPROVED ON

JAN 23 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check 207445

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 23 2025

CALHOUN COUNTY, TEXAS

01/22/2025
19:25

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/07/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011525		01/22/202	01/15/202	02/07/202			397.74	0.00	0.00	397.74
011525A		01/22/202	01/15/202	02/07/202			1,246.60	0.00	0.00	1,246.60
012125		01/22/202	01/21/202	02/07/202			813.05	0.00	0.00	813.05

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	2,457.39	0.00	0.00	2,457.39

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,457.39	0.00	0.00	2,457.39

APPROVED ON

JAN 23 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check# 207444

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 23 2025

CALHOUN COUNTY, TEXAS

01/22/2025
19:27

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/07/2025

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
011525		01/22/202	01/15/202	02/07/202			6,953.95	0.00	0.00	6,953.95
011625		01/22/202	01/16/202	02/07/202			6,060.00	0.00	0.00	6,060.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	13,013.95	0.00	0.00	13,013.95

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	13,013.95	0.00	0.00	13,013.95

APPROVED ON

JAN 23 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Check #207446

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
1/27/2025

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		2,714.96	-	82,397.81			85,112.77	**85,012.77**
						Bank Balance	85,112.77	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**85,012.77**	
Broadmoor		13,097.74	12,997.74	25,915.59			-	
							26,015.59	**25,915.59**
						Bank Balance	26,015.59	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**25,915.59**	
Crescent		116,320.99	116,220.99	64,465.76			64,565.76	**58,541.46**
						Bank Balance	64,565.76	
						Variance	-	
						Leave in Balance	100.00	
						Claim Payment Owed to Tuscany	5,924.30	
						Adjust Balance/Transfer Amt	**58,541.46**	
Fort Bend		2,686.88	-	-			2,686.88	-
						Bank Balance	2,686.88	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**2,586.88**	
Solera at W Houston		2,810.32	-	10,748.46			13,558.78	**11,855.97**
						Bank Balance	13,558.78	
						Variance	-	
						Leave in Balance	100.00	
						Claim payment owed to Tuscany	1,602.81	
						Adjust Balance/Transfer Amt	**11,855.97**	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

85,012.77 +
25,915.59 +
58,541.46 +
11,855.97 +
181,325.79 ◊

West Houston / Fort Bend / Broadmoor:

TOTAL TRANSFERS	**181,325.79**

Approved:
Steve Brock, CFO **1/27/2025**

APPROVED ON
JAN 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Ashford Gardens	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/24/2025 Deposit	-	2,244.00					-	2,244.00
1/24/2025 HNB - ECHO HCCLAIMPMT 746003411 440000233093	-	32,301.55					-	32,301.55
1/23/2025 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	325.00					-	325.00
1/22/2025 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	16,984.39					-	16,984.39
1/22/2025 NOVITAS SOLUTION HCCLAIMPMT 675423 420000182	-	27,311.82					-	27,311.82
1/22/2025 AARP Supplementa HCCLAIMPMT 746003411 124384	-	3,060.00					-	3,060.00
1/21/2025 HNB - ECHO HCCLAIMPMT 746003411 440000278604	-	171.05					-	171.05
							-	-
	-	82,397.81	-	-	-	-	-	82,397.81

Broadmoor	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/24/2025 NOVITAS SOLUTION HCCLAIMPMT 676357 420000162	-	24,858.43					-	24,858.43
1/23/2025 HNB - ECHO HCCLAIMPMT 746003411 440000294587	-	955.23					-	955.23
1/22/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	12,997.74	-					-	-
1/22/2025 HNB - ECHO HCCLAIMPMT 746003411 440000246826	-	101.93					-	101.93
							-	-
	12,997.74	25,915.59	-	-	-	-	-	25,915.59

Crescent	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/24/2025 MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	5,940.00					-	5,940.00
1/24/2025 NOVITAS SOLUTION HCCLAIMPMT 676323 420000162	-	7,805.93					-	7,805.93
1/23/2025 DEVOTED HEALTH P HCCLAIMPMT 21000024756744	-	5,850.00					-	5,850.00
1/22/2025 381	10,160.89	-					-	-
1/22/2025 380	500.00	-					-	-
1/22/2025 379	35,688.00	-					-	-
1/22/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	69,872.10	-					-	-
1/22/2025 MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	2,985.83					-	2,985.83
1/22/2025 HUMANA INS CO HCCLAIMPMT 66811040 8300005567	-	21,309.00					-	21,309.00
1/21/2025 DEVOTED HEALTH P HCCLAIMPMT 21000025644256	-	20,575.00					-	20,575.00
							-	-
	116,220.99	64,465.76	-	-	-	-	-	64,465.76

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
no transactions							-	-
							-	-
							-	-
							-	-
							-	-
	-	-	-	-	-	-	-	-

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
1/24/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000162	-	4,280.34					-	4,280.34
1/23/2025 HNB - ECHO HCCLAIMPMT 746003411 440000294587	-	348.12					-	348.12
1/21/2025 AARP Supplementa HCCLAIMPMT 746003411 124384	-	6,120.00					-	6,120.00
							-	-
	-	10,748.46	-	-	-	-	-	10,748.46
TOTALS		183,527.62	-	-	-	-	-	183,527.62

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$845,995.12	$883,923.34	$845,995.12	$1,090,416.63
*4381 MEMORIAL MEDICAL / NH ASHFORD	$85,112.77	$90,067.77	$85,112.77	$50,567.22
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$26,015.59	$36,560.59	$26,015.59	$1,157.16
*4411 MEMORIAL MEDICAL / NH CRESCENT	$64,565.76	$74,166.76	$64,565.76	$50,819.83
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$13,558.78	$13,558.78	$13,558.78	$9,278.44
*4446 MEMORIAL MEDICAL / NH FORT BEND	$2,686.88	$2,686.88	$2,686.88	$2,686.88
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$212,056.27	$212,056.27	$212,056.27	$89,945.78
*4551 CAL CO INDIGENT HEALTHCARE	$5,493.98	$5,493.98	$5,493.98	$5,493.98
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$2,672.32	$2,672.32	$2,672.32	$2,672.32
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.63	$110.63	$110.63	$110.63
*5506 MMC -NH BETHANY SENIOR LIVING	$456.32	$37,060.38	$456.32	$456.32
*3407 MMC -NH TUSCANY VILLAGE	$482,879.97	$483,869.87	$482,879.97	$347,938.00
*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	**$3,799,933.04**	**$3,900,556.22**	**$3,799,933.04**	**$3,709,871.84**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
1/27/2025

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		37,160.89	37,060.89	211,956.27		-	212,056.27	**211,956.27**
						Bank Balance	212,056.27	
						Variance	-	
						Leave In Balance	100.00	

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

Adjust Balance/Transfer Amt **211,956.27**

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 **1/27/2025**

APPROVED ON
JAN 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
1/24/2025	Deposit	-	122,092.85					-	122,092.85
1/24/2025	TSYS/TRANSFIRST CR CD DEP 5436845555876917 43	-	17.64					-	17.64
1/23/2025	TSYS/TRANSFIRST CR CD DEP 5436845555876917 43	-	1,488.00					-	1,488.00
1/23/2025	HNB - ECHO HCCLAIMPMT 746003411 440000294587	-	2,212.55					-	2,212.55
1/23/2025	NOVITAS SOLUTION HCCLAIMPMT 676097 420000124	-	79,504.19					-	79,504.19
1/22/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	37,060.89	-					-	-
1/22/2025	TSYS/TRANSFIRST CR CD DEP 5436845555876917 43	-	1,691.04					-	1,691.04
1/17/2025	TSYS/TRANSFIRST CR CD DEP 5436845555876917 43	-	4,950.00					-	4,950.00
								-	-
		37,060.89	211,956.27	-	-	-	-	-	211,956.27

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$845,995.12	$883,923.34	$845,995.12	$1,090,416.63
*4381 MEMORIAL MEDICAL / NH ASHFORD	$85,112.77	$90,067.77	$85,112.77	$50,567.22
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$26,015.59	$36,560.59	$26,015.59	$1,157.16
*4411 MEMORIAL MEDICAL / NH CRESCENT	$64,565.76	$74,166.76	$64,565.76	$50,819.83
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$13,558.78	$13,558.78	$13,558.78	$9,278.44
*4446 MEMORIAL MEDICAL / NH FORT BEND	$2,686.88	$2,686.88	$2,686.88	$2,686.88
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$212,056.27	$212,056.27	$212,056.27	$89,945.78
*4551 CAL CO INDIGENT HEALTHCARE	$5,493.98	$5,493.98	$5,493.98	$5,493.98
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$2,672.32	$2,672.32	$2,672.32	$2,672.32
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.63	$110.63	$110.63	$110.63
*5506 MMC -NH BETHANY SENIOR LIVING	$456.32	$37,060.38	$456.32	$456.32
*3407 MMC -NH TUSCANY VILLAGE	$482,879.97	$483,869.87	$482,879.97	$347,938.00
*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	**$3,799,933.04**	**$3,900,556.22**	**$3,799,933.04**	**$3,709,871.84**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
1/27/2025

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		2,401.55	-	270.77			-	2,672.32	2,572.32
							Bank Balance	2,672.32	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	2,572.32	

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		110.63	-	-		-	-	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	2,582.95

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 1/27/2025

APPROVED ON
JAN 27 2025
BY COUNTY AUDITOR
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
1/23/2025 HNB - ECHO HCCLAIMPMT 746003411 440000294587	-	49.00					-	49.00
1/17/2025 HNB - ECHO HCCLAIMPMT 746003411 440000231330	-	72.00					-	72.00
1/17/2025 HNB - ECHO HCCLAIMPMT 746003411 440000230622	-	149.77					-	149.77
							-	-
	-	270.77	-	-	-	-	-	270.77

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
No transactions							-	-
							-	-
							-	-
	-	-	-	-	-	-	-	-
	-	270.77	-	-	-	-	-	270.77

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$845,995.12	$883,923.34	$845,995.12	$1,090,416.63
*4381 MEMORIAL MEDICAL / NH ASHFORD	$85,112.77	$90,067.77	$85,112.77	$50,567.22
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$26,015.59	$36,560.59	$26,015.59	$1,157.16
*4411 MEMORIAL MEDICAL / NH CRESCENT	$64,565.76	$74,166.76	$64,565.76	$50,819.83
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$13,558.78	$13,558.78	$13,558.78	$9,278.44
*4446 MEMORIAL MEDICAL / NH FORT BEND	$2,686.88	$2,686.88	$2,686.88	$2,686.88
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$212,056.27	$212,056.27	$212,056.27	$89,945.78
*4551 CAL CO INDIGENT HEALTHCARE	$5,493.98	$5,493.98	$5,493.98	$5,493.98
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$2,672.32	$2,672.32	$2,672.32	$2,672.32
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.63	$110.63	$110.63	$110.63
*5506 MMC -NH BETHANY SENIOR LIVING	$456.32	$37,060.38	$456.32	$456.32
*3407 MMC -NH TUSCANY VILLAGE	$482,879.97	$483,869.87	$482,879.97	$347,938.00
*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	**$3,799,933.04**	**$3,900,556.22**	**$3,799,933.04**	**$3,709,871.84**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
1/27/2025

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		195,971.72	195,871.72	482,779.97	-	-	-	482,879.97	482,779.97
							Bank Balance	482,879.97	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	482,779.97	

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 1/27/2025

APPROVED ON
JAN 27 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
1/24/2025	Deposit	-	125,589.77					-	125,589.77
1/24/2025	Deposit	-	9,352.20					-	9,352.20
1/23/2025	HNB - ECHO HCCLAIMPMT 746003411 440000294587	-	14,381.01					-	14,381.01
1/23/2025	HNB - ECHO HCCLAIMPMT 746003411 440000294687	-	6,851.42					-	6,851.42
1/22/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	195,871.72	-					-	-
1/22/2025	Deposit	-	46,348.89					-	46,348.89
1/22/2025	HNB - ECHO HCCLAIMPMT 746003411 440000246360	-	18,910.05					-	18,910.05
1/22/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000172	-	7,723.10					-	7,723.10
1/21/2025	HNB - ECHO HCCLAIMPMT 746003411 440000279568	-	8,113.27					-	8,113.27
1/21/2025	HNB - ECHO HCCLAIMPMT 746003411 440000278938	-	8,230.88					-	8,230.88
1/21/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000185	-	23,454.04					-	23,454.04
1/17/2025	HNB - ECHO HCCLAIMPMT 746003411 440000230601	-	17,462.45					-	17,462.45
1/17/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000163	-	196,362.89					-	196,362.89
								-	-
		195,871.72	**482,779.97**	-	-	-	-	-	**482,779.97**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$845,995.12	$883,923.34	$845,995.12	$1,090,416.63
*4381 MEMORIAL MEDICAL / NH ASHFORD	$85,112.77	$90,067.77	$85,112.77	$50,567.22
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$26,015.59	$36,560.59	$26,015.59	$1,157.16
*4411 MEMORIAL MEDICAL / NH CRESCENT	$64,565.76	$74,166.76	$64,565.76	$50,819.83
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$13,558.78	$13,558.78	$13,558.78	$9,278.44
*4446 MEMORIAL MEDICAL / NH FORT BEND	$2,686.88	$2,686.88	$2,686.88	$2,686.88
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$212,056.27	$212,056.27	$212,056.27	$89,945.78
*4551 CAL CO INDIGENT HEALTHCARE	$5,493.98	$5,493.98	$5,493.98	$5,493.98
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$2,672.32	$2,672.32	$2,672.32	$2,672.32
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.63	$110.63	$110.63	$110.63
*5506 MMC -NH BETHANY SENIOR LIVING	$456.32	$37,060.38	$456.32	$456.32
*3407 MMC -NH TUSCANY VILLAGE	$482,879.97	$483,869.87	$482,879.97	$347,938.00
*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	**$3,799,933.04**	**$3,900,556.22**	**$3,799,933.04**	**$3,709,871.84**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
1/27/2025

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
Lavaca Bay Nursing and Rehab		26,327.30	26,227.30	356.32				456.32	NO TRANSFER
							Bank Balance	456.32	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 356.32

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 1/27/2025

APPROVED ON
JAN 27 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
1/22/2025 WIRE OUT REG Leased OpCo LLC	26,227.30	-					-	-
1/22/2025 HUMANA INS CO HCCLAIMPMT 66836151 8300005560	-	356.32					-	356.32
							-	-
	26,227.30	356.32	-	-	-	-	-	356.32

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$845,995.12	$883,923.34	$845,995.12	$1,090,416.63
*4381 MEMORIAL MEDICAL / NH ASHFORD	$85,112.77	$90,067.77	$85,112.77	$50,567.22
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$26,015.59	$36,560.59	$26,015.59	$1,157.16
*4411 MEMORIAL MEDICAL / NH CRESCENT	$64,565.76	$74,166.76	$64,565.76	$50,819.83
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$13,558.78	$13,558.78	$13,558.78	$9,278.44
*4446 MEMORIAL MEDICAL / NH FORT BEND	$2,686.88	$2,686.88	$2,686.88	$2,686.88
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$212,056.27	$212,056.27	$212,056.27	$89,945.78
*4551 CAL CO INDIGENT HEALTHCARE	$5,493.98	$5,493.98	$5,493.98	$5,493.98
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$2,672.32	$2,672.32	$2,672.32	$2,672.32
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.63	$110.63	$110.63	$110.63
*5506 MMC -NH BETHANY SENIOR LIVING	$456.32	$37,060.38	$456.32	$456.32
*3407 MMC -NH TUSCANY VILLAGE	$482,879.97	$483,869.87	$482,879.97	$347,938.00
*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	**$3,799,933.04**	**$3,900,556.22**	**$3,799,933.04**	**$3,709,871.84**

Solera

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Tuscany Village

Date Requested: 1/27/2025

APPROVED ON
JAN 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 001321

FOR ACCT USE ONLY

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

AMOUNT: $ 1,602.81

G/L NUMBER: 21400007

EXPLANATION: Claim pymnts owed from Solera to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

Crescent

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Tuscany Village

Date Requested: 1/27/2025

APPROVED ON JAN 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 000382

FOR ACCT USE ONLY

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

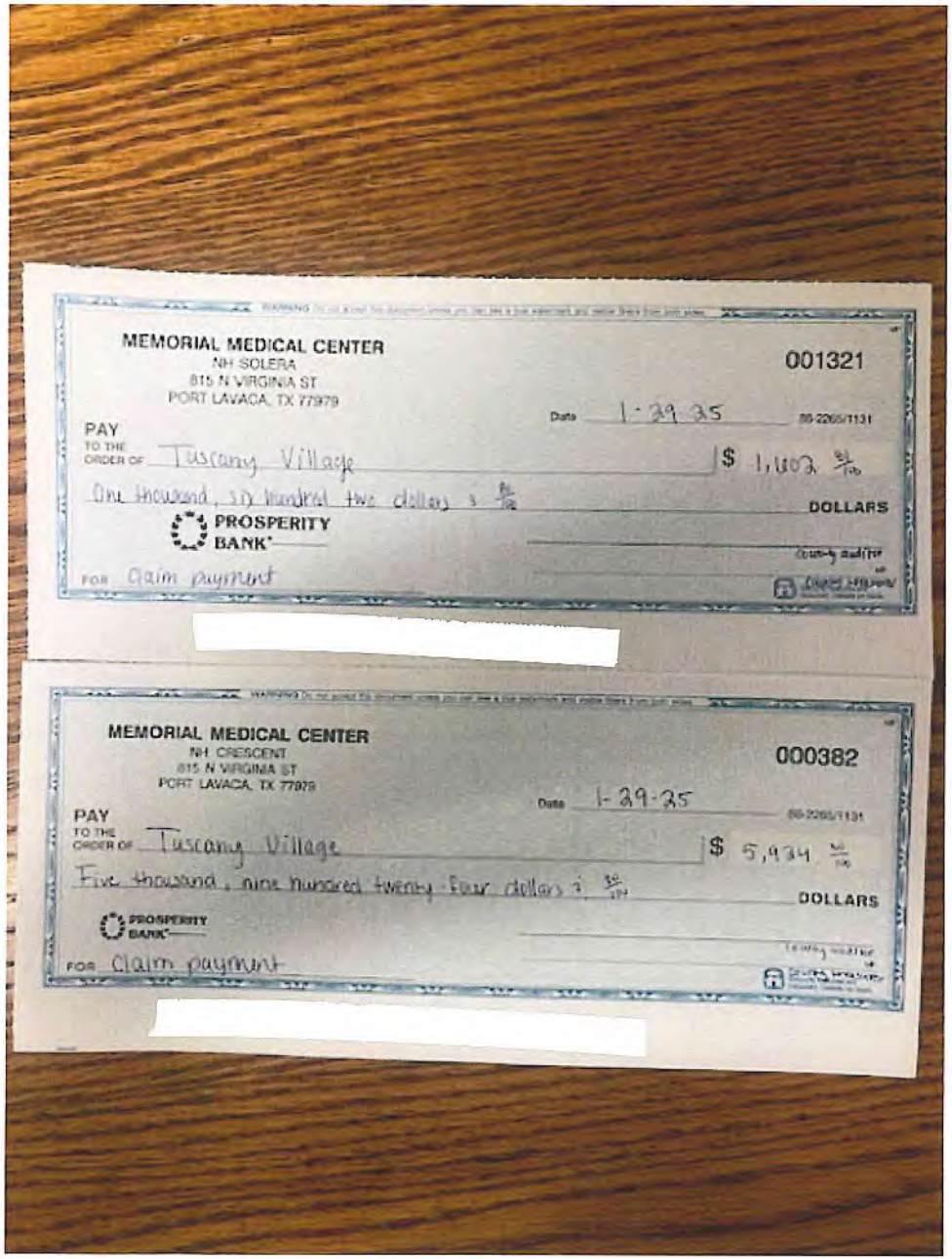
AMOUNT: $ 5,924.30

G/L NUMBER: 21400007

EXPLANATION: Claim pymnts owed from Crescent to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:



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

001321

Date 1-29-25

PAY TO THE ORDER OF Tuscany Village $ 1,102.

One thousand, one hundred two dollars &

DOLLARS

PROSPERITY BANK

FOR Claim payment

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

000382

Date 1-29-25

PAY TO THE ORDER OF Tuscany Village $ 5,934

Five thousand, nine hundred twenty-four dollars &

DOLLARS

PROSPERITY BANK

FOR Claim payment

Ø

RUN DATE:01/29/25 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:13 CHECK REGISTER GLCKREG
01/29/25 THRU 01/29/25

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	* 000382	01/29/25	5,924.30	TUSCANY VILLAGE
NHS	* 001321	01/29/25	1,602.81	TUSCANY VILLAGE

[redacted]