MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 19, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	495,391.39
TOTAL TRANSFERS BETWEEN FUNDS	$	132,933.48
TOTAL NURSING HOME UPL EXPENSES	$	487,425.69
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED March 19, 2025	$	1,115,750.56

APPROVED

MAR 19 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 19, 2025

PAYABLES AND PAYROLL			
3/13/2025	Weekly Payables	456,164.21	
3/13/2025	Citibank Credit Card-see attached (Erin)	2,438.71	
3/17/2025	McKesson-340B Prescription Expense	141.42	
3/17/2025	Amerisource Bergen-340B Prescription Expense	83.24	
3/17/2025	Amerisource Bergen-340B Prescription Expense	4.58	
	Prosperity Electronic Bank Payments		
3/17/2025	90 Degree Benefits - employee insurance claims	20,863.43	
3/17/2025	90 Degree Benefits - employee insurance claims	4,703.40	
3/17/2025	Sales Tax - February 2025	2,195.19	
3/17/2025	Expert Pay- Child Support	570.69	
3/17/2025	Pay Plus-Patient Claims Processing Fee	1,403.32	
3/17/2025	Credit Card Processing Fee	6,823.20	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 495,391.39**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
3/13/2025	MMC Operating to Ashford-Correction of insurance payment deposited into MMC Operating in error	275.00	
3/13/2025	MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	394.46	
3/13/2025	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	3,809.50	
3/13/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	39,222.68	
3/13/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	48,404.94	
3/13/2025	MMC Operating to Bethany-Correction of insurance payment deposited into MMC Operating in error	40,826.90	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 132,933.48**
NURSING HOME UPL EXPENSES			
3/17/2025	Nursing Home UPL-Cantex Transfer	169,700.39	
3/17/2025	Nursing Home UPL-Nexion Transfer	54,108.85	
3/17/2025	Nursing Home UPL-Tuscany Transfer	62,264.48	
3/17/2025	Nursing Home UPL-HSL Transfer	190,041.73	
QIPP CHECKS TO MMC			
3/17/2025	Golden Creek - Correction of check written to MMC	6,595.68	
3/17/2025	Bethany-Correction of check written to MMC	4,714.56	
TOTAL NURSING HOME UPL EXPENSES			**$ 487,425.69**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED March 19, 2025			**$ 1,115,750.56**

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 04/03/2025

Vendor#	Vendor Name	Class	Pay Code
11237	3WON, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4643		03/10/202	03/04/202	04/01/202			199.00	0.00	0.00	199.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	199.00	0.00	0.00	199.00

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV2226		02/28/202	03/20/202	03/20/202			1,400.00	0.00	0.00	1,400.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00

Vendor#	Vendor Name	Class	Pay Code
16276	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SMIADA0001		03/11/202	02/06/202	03/11/202			52.02	0.00	0.00	52.02

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16276	[redacted]	52.02	0.00	0.00	52.02

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
9158816500		03/10/202	03/03/202	03/28/202			791.32	0.00	0.00	791.32

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	791.32	0.00	0.00	791.32

Vendor#	Vendor Name	Class	Pay Code
16264	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
GARALO0002		03/11/202	02/06/202				20.00	0.00	0.00	20.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16264	[redacted]	20.00	0.00	0.00	20.00

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
1FPWIRLN67P6		03/05/202	02/26/202	03/28/202			514.65	0.00	0.00	514.65
1QDWCKLQ71T3		03/05/202	02/26/202	03/28/202			386.00	0.00	0.00	386.00
1FVNNVKKGC9C		03/05/202	02/27/202	03/29/202			54.26	0.00	0.00	54.26
14767F6VWQ36		03/05/202	02/28/202	03/30/202			149.82	0.00	0.00	149.82
1HX436394V4Y		03/05/202	03/03/202	04/02/202			126.88	0.00	0.00	126.88
11FC3F1Y4FGJ		03/05/202	03/05/202	04/02/202			109.00	0.00	0.00	109.00
1PCLH3Q1CD6X		03/11/202	02/13/202	03/15/202			115.59	0.00	0.00	115.59

1FPW1RLN67P6	03/11/202 02/26/202 03/28/202		514.65	0.00	0.00	514.65
16NVQX73C6WM	03/11/202 03/03/202 04/02/202		154.65	0.00	0.00	154.65
Vendor Totals: Number 14028	Name AMAZON CAPITAL SERVICES		Gross 2,125.50	Discount 0.00	No-Pay 0.00	Net 2,125.50
Vendor# 16180	Vendor Name [redacted]	Class	Pay Code			
Invoice# GERAME0001	Comment	Tran Dt Inv Dt Due Dt Check Dt Pay 03/11/202 02/07/202 03/11/202	Gross 12.24	Discount 0.00	No-Pay 0.00	Net 12.24
Vendor Totals: Number 16180	Name [redacted]		Gross 12.24	Discount 0.00	No-Pay 0.00	Net 12.24
Vendor# 16772	Vendor Name [redacted]	Class	Pay Code			
Invoice# LOPANN0001	Comment	Tran Dt Inv Dt Due Dt Check Dt Pay 03/11/202 02/12/202 03/11/202	Gross 240.00	Discount 0.00	No-Pay 0.00	Net 240.00
Vendor Totals: Number 16772	Name [redacted]		Gross 240.00	Discount 0.00	No-Pay 0.00	Net 240.00
Vendor# 16408	Vendor Name [redacted]	Class	Pay Code			
Invoice# MICANN0002	Comment	Tran Dt Inv Dt Due Dt Check Dt Pay 03/11/202 01/28/202 03/11/202	Gross 40.00	Discount 0.00	No-Pay 0.00	Net 40.00
Vendor Totals: Number 16408	Name [redacted]		Gross 40.00	Discount 0.00	No-Pay 0.00	Net 40.00
Vendor# 16292	Vendor Name [redacted]	Class	Pay Code			
Invoice# DOMARM0001	Comment	Tran Dt Inv Dt Due Dt Check Dt Pay 03/11/202 02/06/202 03/11/202	Gross 20.00	Discount 0.00	No-Pay 0.00	Net 20.00
Vendor Totals: Number 16292	Name [redacted]		Gross 20.00	Discount 0.00	No-Pay 0.00	Net 20.00
Vendor# 16268	Vendor Name [redacted]	Class	Pay Code			
Invoice# BARASH0003	Comment	Tran Dt Inv Dt Due Dt Check Dt Pay 03/11/202 02/06/202	Gross 25.00	Discount 0.00	No-Pay 0.00	Net 25.00
Vendor Totals: Number 16268	Name [redacted]		Gross 25.00	Discount 0.00	No-Pay 0.00	Net 25.00
Vendor# B1150	Vendor Name BAXTER HEALTHCARE	Class W	Pay Code			
Invoice# 83521881	Comment	Tran Dt Inv Dt Due Dt Check Dt Pay 02/17/202 02/03/202 02/28/202	Gross 631.20	Discount 0.00	No-Pay 0.00	Net 631.20
83468317		03/11/202 01/24/202 02/18/202	411.39	0.00	0.00	411.39
Vendor Totals: Number B1150	Name BAXTER HEALTHCARE		Gross 1,042.59	Discount 0.00	No-Pay 0.00	Net 1,042.59
Vendor# 16476	Vendor Name [redacted]	Class	Pay Code			
Invoice# EURBAY0002	Comment	Tran Dt Inv Dt Due Dt Check Dt Pay 03/11/202 01/27/202 03/11/202	Gross 94.19	Discount 0.00	No-Pay 0.00	Net 94.19
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net

	16476 [redacted]					94.19	0.00	0.00	94.19
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
111901325		03/10/202	03/07/202	04/03/202		5,759.11	0.00	0.00	5,759.11
4568625		03/11/202	03/03/202	03/28/202		1,484.00	0.00	0.00	1,484.00
111890421		03/11/202	03/03/202	03/28/202		1,495.20	0.00	0.00	1,495.20
111894855		03/11/202	03/04/202	03/29/202		890.68	0.00	0.00	890.68
111898885		03/11/202	03/05/202	03/30/202		162.82	0.00	0.00	162.82
111897258		03/11/202	03/05/202	03/30/202		170.69	0.00	0.00	170.69
111893526		03/11/202	03/05/202	03/30/202		1,920.25	0.00	0.00	1,920.25
111898729		03/11/202	03/05/202	03/30/202		498.60	0.00	0.00	498.60
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC				12,381.35	0.00	0.00	12,381.35
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
IN046883		03/11/202	03/07/202	03/11/202		1,784.00	0.00	0.00	1,784.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	13972	BEYER MECHANICAL LTD				1,784.00	0.00	0.00	1,784.00
Vendor#	Vendor Name			Class	Pay Code				
16396	[redacted]								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
RANBOB0001		03/11/202	01/28/202	03/11/202		55.00	0.00	0.00	55.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	16396	[redacted]				55.00	0.00	0.00	55.00
Vendor#	Vendor Name			Class	Pay Code				
16304	[redacted]								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
HILBRY0001		03/11/202	02/06/202	03/11/202		21.00	0.00	0.00	21.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	16304	[redacted]				21.00	0.00	0.00	21.00
Vendor#	Vendor Name			Class	Pay Code				
11224	CABLES AND SENSORS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
197861		03/11/202	03/06/202	03/11/202		672.00	0.00	0.00	672.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	11224	CABLES AND SENSORS				672.00	0.00	0.00	672.00
Vendor#	Vendor Name			Class	Pay Code				
C1048	CALHOUN COUNTY			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
53336556		03/12/202	02/26/202	03/28/202		650.48	0.00	0.00	650.48
53299055		03/12/202	02/26/202	03/28/202		8.28	0.00	0.00	8.28

701 N. Virginia St.

815 N. Virginia St.

53336846	03/12/202 02/26/202 03/28/202		20.24	0.00	0.00	20.24	
53332513	03/12/202 02/26/202 03/28/202	Hospital St. DOL	28,892.11	0.00	0.00	28,892.11	
53335658	03/12/202 02/26/202 03/28/202	Hospital St 1016 N. Virginia St.	1,444.11	0.00	0.00	1,444.11	
Vendor Totals: Number C1048	Name CALHOUN COUNTY		Gross 31,015.22	Discount 0.00	No-Pay 0.00	Net 31,015.22	

Vendor# 14120 — Vendor Name: CALHOUN COUNTY EMS — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202502	FEBRUARY BILL	02/28/202	03/07/202	04/01/202			5,280.00	0.00	0.00	5,280.00
Vendor Totals: Number 14120	Name CALHOUN COUNTY EMS						Gross 5,280.00	Discount 0.00	No-Pay 0.00	Net 5,280.00

Vendor# C1325 — Vendor Name: CARDINAL HEALTH 414, INC. — Class: W — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003768113A		03/12/202	02/23/202	03/20/202			229.11	0.00	0.00	229.11
Vendor Totals: Number C1325	Name CARDINAL HEALTH 414, INC.						Gross 229.11	Discount 0.00	No-Pay 0.00	Net 229.11

Vendor# 10541 — Vendor Name: CARESFIELD — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5328611		03/11/202	03/04/202	04/03/202			641.34	0.00	0.00	641.34
200029395		03/11/202	03/04/202	04/03/202			77.07	0.00	0.00	77.07
2000294341		03/11/202	03/11/202	04/01/202			77.07	0.00	0.00	77.07
Vendor Totals: Number 10541	Name CARESFIELD						Gross 795.48	Discount 0.00	No-Pay 0.00	Net 795.48

Vendor# 16456 — Vendor Name: [redacted] — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
KALCAS0001		03/11/202	01/24/202	03/11/202			46.99	0.00	0.00	46.99
Vendor Totals: Number 16456	Name [redacted]						Gross 46.99	Discount 0.00	No-Pay 0.00	Net 46.99

Vendor# C1992 — Vendor Name: CDW GOVERNMENT, INC. — Class: M — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PHXM911		03/03/202	03/03/202	04/01/202			1,683.84	0.00	0.00	1,683.84
Vendor Totals: Number C1992	Name CDW GOVERNMENT, INC.						Gross 1,683.84	Discount 0.00	No-Pay 0.00	Net 1,683.84

Vendor# 13264 — Vendor Name: CERVEY, LLC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33938		02/28/202	03/05/202	03/30/202			1,650.00	0.00	0.00	1,650.00
Vendor Totals: Number 13264	Name CERVEY, LLC						Gross 1,650.00	Discount 0.00	No-Pay 0.00	Net 1,650.00

Vendor# — Vendor Name — Class — Pay Code

16380 [redacted]

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
VEACLF0001		03/11/202	01/28/202	03/11/202			13.00	0.00	0.00	13.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16380	[redacted]	13.00	0.00	0.00	13.00

Vendor# 11720 Vendor Name: CLINICAL COMPUTER SYSTEMS INC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OBMN00002387A		03/12/202	02/01/202	04/01/202			23,793.00	0.00	0.00	23,793.00

Annual Maint. 4/2025 - 3/2026

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11720	CLINICAL COMPUTER SYSTEMS INC	23,793.00	0.00	0.00	23,793.00

Vendor# 10212 Vendor Name: CLINICAL PATHOLOGY LABS — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17656022825		02/28/202	02/28/202	03/11/202			12,094.89	0.00	0.00	12,094.89

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS	12,094.89	0.00	0.00	12,094.89

Vendor# 13336 Vendor Name: COCA COLA SOUTHWEST BEVERAGES — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
45935360007		02/01/202	03/07/202	04/03/202			833.97	0.00	0.00	833.97

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES	833.97	0.00	0.00	833.97

Vendor# 16452 Vendor Name: [redacted] — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
ROBCON0001		03/11/202	01/24/202	03/11/202			40.00	0.00	0.00	40.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16452	[redacted]	40.00	0.00	0.00	40.00

Vendor# 13932 Vendor Name: COVIDIEN SALES LLC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5874415824		03/05/202	02/28/202	02/05/202			496.50	0.00	0.00	496.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13932	COVIDIEN SALES LLC	496.50	0.00	0.00	496.50

Vendor# 10043 Vendor Name: CROSS COUNTRY STAFFING — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7541384		03/10/202	02/28/202	03/30/202			3,080.00	0.00	0.00	3,080.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10043	CROSS COUNTRY STAFFING	3,080.00	0.00	0.00	3,080.00

Vendor# 12044 Vendor Name: CULLIGAN ULTRAPURE INC. — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022825		02/28/202	02/23/202	03/22/202			278.75	0.00	0.00	278.75

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12044	CULLIGAN ULTRAPURE INC.	278.75	0.00	0.00	278.75

Vendor# Vendor Name — Class — Pay Code

11368 CYRACOM LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2025015993		02/28/202	02/28/202	03/30/202			312.05	0.00	0.00	312.05

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	312.05	0.00	0.00	312.05

Vendor# 16216 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SERDAI0001		03/11/202	02/10/202	03/11/202			12.42	0.00	0.00	12.42

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16216	[redacted]	12.42	0.00	0.00	12.42

Vendor# 16320 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MARDAN0004		03/11/202	02/06/202	03/11/202			19.11	0.00	0.00	19.11

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16320	[redacted]	19.11	0.00	0.00	19.11

Vendor# 16256 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
LOYDAN0001		03/11/202	02/06/202	03/11/202			38.42	0.00	0.00	38.42

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16256	[redacted]	38.42	0.00	0.00	38.42

Vendor# 16344 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
LOVDAN0001		03/11/202	01/28/202	03/11/202			40.00	0.00	0.00	40.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16344	[redacted]	40.00	0.00	0.00	40.00

Vendor# 16500 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WRIDAR0001		03/11/202	01/27/202	03/11/202			40.00	0.00	0.00	40.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16500	[redacted]	40.00	0.00	0.00	40.00

Vendor# 13032 Vendor Name DAWN MAREK Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030625		03/11/202	03/06/202	03/11/202			427.36	0.00	0.00	427.36

Texas Trauma Coordinators Forum 3/4/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13032	DAWN MAREK	427.36	0.00	0.00	427.36

Vendor# 16224 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BLIDER0001		03/11/202	02/10/202	03/11/202			40.00	0.00	0.00	40.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16224	[redacted]	40.00	0.00	0.00	40.00

Vendor# Vendor Name Class Pay Code

10368 DEWITT POTH & SON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7830250		03/11/202	02/07/202	03/04/202			239.12	0.00	0.00	239.12
7837590		03/11/202	02/12/202	03/09/202			419.50	0.00	0.00	419.50
7843510		03/11/202	02/17/202	03/14/202			45.91	0.00	0.00	45.91
7844770		03/11/202	02/18/202	03/15/202			596.82	0.00	0.00	596.82
7845490		03/11/202	02/19/202	03/16/202			19.50	0.00	0.00	19.50
7856770		03/11/202	02/27/202	03/24/202			534.43	0.00	0.00	534.43
7856771		03/11/202	02/28/202	03/25/202			24.49	0.00	0.00	24.49

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,879.77	0.00	0.00	1,879.77

Vendor# 16416 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PHLDIA0001		03/11/202	01/28/202	03/11/202			20.00	0.00	0.00	20.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16416	[redacted]	20.00	0.00	0.00	20.00

Vendor# 10789 Vendor Name DISCOVERY MEDICAL NETWORK INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC022825		02/28/202	02/28/202	03/11/202			100,294.12	0.00	0.00	100,294.12

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	100,294.12	0.00	0.00	100,294.12

Vendor# 15916 Vendor Name DOOR CONTROL SERVICES Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SMINV396994A		03/13/202	02/28/202	03/30/202			3,996.12	0.00	0.00	3,996.12

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15916	DOOR CONTROL SERVICES	3,996.12	0.00	0.00	3,996.12

Vendor# 16448 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RENDOR0001		03/11/202	01/22/202	03/11/202			120.00	0.00	0.00	120.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16448	[redacted]	120.00	0.00	0.00	120.00

Vendor# 11291 Vendor Name DOWELL PEST CONTROL Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
46511		03/11/202	03/06/202	03/31/202			75.00	0.00	0.00	75.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	75.00	0.00	0.00	75.00

Vendor# 15240 Vendor Name ECLINICAL WORKS LLC Class Pay Code

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

0003175470		02/28/202	03/03/202	04/02/202		472.55	0.00	0.00	472.55
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	15240	ECLINICAL WORKS LLC				472.55	0.00	0.00	472.55
Vendor#	Vendor Name			Class	Pay Code				
16388	[redacted]								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
STREDW0002		03/11/202	01/28/202	03/11/202		10.00	0.00	0.00	10.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	16388	[redacted]				10.00	0.00	0.00	10.00
Vendor#	Vendor Name			Class	Pay Code				
16440	[redacted]								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
SAYEH00001		03/11/202	01/17/202	03/11/202		30.00	0.00	0.00	30.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	16440	[redacted]				30.00	0.00	0.00	30.00
Vendor#	Vendor Name			Class	Pay Code				
16352	[redacted]								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
SANELI0001		03/11/202	01/28/202	03/11/202		40.00	0.00	0.00	40.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	16352	[redacted]				40.00	0.00	0.00	40.00
Vendor#	Vendor Name			Class	Pay Code				
16472	[redacted]								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
MARELO0001		03/11/202	01/27/202	03/11/202		20.00	0.00	0.00	20.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	16472	[redacted]				20.00	0.00	0.00	20.00
Vendor#	Vendor Name			Class	Pay Code				
11284	EMERGENCY STAFFING SOLUTIONS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
44057	MID MONTH BILL 1-15TH	03/11/202	03/15/202	03/25/202		40,062.50	0.00	0.00	40,062.50
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS				40,062.50	0.00	0.00	40,062.50
Vendor#	Vendor Name			Class	Pay Code				
16240	[redacted]								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
VISEMI0001		03/11/202	02/10/202	03/11/202		40.00	0.00	0.00	40.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	16240	[redacted]				40.00	0.00	0.00	40.00
Vendor#	Vendor Name			Class	Pay Code				
11944	EQUIFAX WORKFORCE SOLUTIONS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
2064613324		02/28/202	02/28/202	03/30/202		10.99	0.00	0.00	10.99
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	11944	EQUIFAX WORKFORCE SOLUTIONS				10.99	0.00	0.00	10.99
Vendor#	Vendor Name			Class	Pay Code				
16236	[redacted]								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net

	PORERL001		03/11/202	02/10/202	03/11/202		20.00	0.00	0.00	20.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	16236	[redacted]					20.00	0.00	0.00	20.00
Vendor#	Vendor Name					Class	Pay Code			
16284	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	GUEESE0001		03/11/202	02/06/202	03/11/202			20.00	0.00	0.00	20.00
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	16284	[redacted]						20.00	0.00	0.00	20.00
Vendor#	Vendor Name					Class	Pay Code				
16460	[redacted]										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	GUAEST0001		03/11/202	01/24/202	03/11/202			21.00	0.00	0.00	21.00
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	16460	[redacted]						21.00	0.00	0.00	21.00
Vendor#	Vendor Name					Class	Pay Code				
S0501	EVOQUA WATER TECHNOLOGIES LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	905876325		03/11/202	05/11/202	06/05/202			757.19	0.00	0.00	757.19
	905884405		03/11/202	05/17/202	06/11/202			1,514.39	0.00	0.00	1,514.39
	906093218		03/11/202	09/19/202	10/14/202			1,514.39	0.00	0.00	1,514.39
	906314651		03/11/202	02/07/202	03/03/202			857.99	0.00	0.00	857.99
	906454127		03/11/202	05/06/202	05/31/202			731.25	0.00	0.00	731.25
	906546333		03/11/202	07/02/202	07/27/202			1,590.43	0.00	0.00	1,590.43
	906556681		03/11/202	07/11/202	08/05/202			1,590.43	0.00	0.00	1,590.43
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC						8,556.07	0.00	0.00	8,556.07
Vendor#	Vendor Name					Class	Pay Code				
10689	FASTHEALTH CORPORATION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	03A25MMC		03/11/202	03/01/202	03/16/202			545.00	0.00	0.00	545.00
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION						545.00	0.00	0.00	545.00
Vendor#	Vendor Name					Class	Pay Code				
14336	FIRETRON, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	279236		03/05/202	01/30/202	03/01/202			1,128.90	0.00	0.00	1,128.90
	282662		03/10/202	03/10/202	04/03/202			440.00	0.00	0.00	440.00
	282663		03/10/202	03/10/202	04/03/202			2,093.00	0.00	0.00	2,093.00
	282462		03/11/202	03/06/202	04/01/202			380.00	0.00	0.00	380.00
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net

14336	FIRETRON, INC				4,041.90	0.00	0.00	4,041.90

Vendor# F1400 — Vendor Name: FISHER HEALTHCARE — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9212052		03/05/202	02/27/202	03/24/202			184.85	0.00	0.00	184.85
9311124		03/11/202	03/04/202	03/29/202			169.25	0.00	0.00	169.25
9311123		03/11/202	03/04/202	03/29/202			46.14	0.00	0.00	46.14
9311126		03/11/202	03/04/202	03/29/202			881.17	0.00	0.00	881.17
9311125		03/11/202	03/04/202	03/29/202			2,496.72	0.00	0.00	2,496.72
9379942		03/11/202	03/06/202	03/31/202			9.81	0.00	0.00	9.81

Vendor Totals: Number F1400 — Name: FISHER HEALTHCARE

Gross	Discount	No-Pay	Net
3,787.94	0.00	0.00	3,787.94

Vendor# 11183 — Vendor Name: FRONTIER — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022325A		03/13/202	02/23/202	03/13/202			40.07	0.00	0.00	40.07

Vendor Totals: Number 11183 — Name: FRONTIER

Gross	Discount	No-Pay	Net
40.07	0.00	0.00	40.07

Vendor# 11078 — Vendor Name: FUSION MEDICAL STAFFING, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV778560		03/11/202	12/21/202	01/15/202			3,237.00	0.00	0.00	3,237.00

Vendor Totals: Number 11078 — Name: FUSION MEDICAL STAFFING, LLC

Gross	Discount	No-Pay	Net
3,237.00	0.00	0.00	3,237.00

Vendor# 12404 — Vendor Name: GE PRECISION HEALTHCARE, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6002893069		03/04/202	03/01/202	03/31/202			86.67	0.00	0.00	86.67
6002893074		03/04/202	03/01/202	03/31/202			5,665.83	0.00	0.00	5,665.83
6002893071		03/04/202	03/01/202	03/31/202			61.67	0.00	0.00	61.67
6002893070		03/04/202	03/01/202	03/31/202			2,422.50	0.00	0.00	2,422.50
6002893068		03/04/202	03/01/202	03/31/202			3,588.58	0.00	0.00	3,588.58
6002893370		03/05/202	03/01/202	03/31/202			1,044.26	0.00	0.00	1,044.26

Vendor Totals: Number 12404 — Name: GE PRECISION HEALTHCARE, LLC

Gross	Discount	No-Pay	Net
12,869.51	0.00	0.00	12,869.51

Vendor# 16164 — Vendor Name: [redacted] — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DADGEO0001A		03/11/202	01/15/202	03/11/202			273.00	0.00	0.00	273.00

Vendor Totals: Number 16164 — Name: [redacted]

Gross	Discount	No-Pay	Net
273.00	0.00	0.00	273.00

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
9418109840		03/11/202	02/24/202	03/21/202			233.34	0.00	0.00	233.34

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	233.34	0.00	0.00	233.34

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
2619388		03/11/202	02/11/202	03/13/202			917.25	0.00	0.00	917.25
2621603		03/11/202	02/18/202	03/20/202			688.14	0.00	0.00	688.14
2626198		03/11/202	03/04/202	04/03/202			371.69	0.00	0.00	371.69

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	1,977.08	0.00	0.00	1,977.08

Vendor#	Vendor Name	Class	Pay Code
11552	HEALTHCARE FINANCIAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100993074		02/01/202	02/25/202	04/01/202			465.13	0.00	0.00	465.13

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINANCIAL SERVICES	465.13	0.00	0.00	465.13

Vendor#	Vendor Name	Class	Pay Code
H1269	HENRY SCHEIN INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33079769		03/11/202	02/10/202	03/11/202			51.26	0.00	0.00	51.26

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H1269	HENRY SCHEIN INC.	51.26	0.00	0.00	51.26

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
880015		02/25/202	02/18/202	04/01/202			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
15208	HOSPITAL CARE CONSULTANTS INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6779		03/11/202	03/15/202	03/25/202			23,663.00	0.00	0.00	23,663.00
	MID MONTH 1-15TH									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15208	HOSPITAL CARE CONSULTANTS INC.	23,663.00	0.00	0.00	23,663.00

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6401		02/28/202	02/28/202	03/20/202			14,559.71	0.00	0.00	14,559.71

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,559.71	0.00	0.00	14,559.71

Vendor#	Vendor Name	Class	Pay Code
14976	INOVALON PROVIDER INC.		

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

25M0028826		03/10/202	03/07/202	03/10/202		773.76	0.00	0.00	773.76
Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
14976	INOVALON PROVIDER INC.					773.76	0.00	0.00	773.76
Vendor#	Vendor Name				Class	Pay Code			
11200	IRON MOUNTAIN								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
KDTS812		02/28/202	02/28/202	03/30/202			1,775.68	0.00	0.00	1,775.68
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
11200	IRON MOUNTAIN						1,775.68	0.00	0.00	1,775.68
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
711865		02/28/202	03/01/202	03/11/202			250.00	0.00	0.00	250.00
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
11108	ITERSOURCE CORPORATION						250.00	0.00	0.00	250.00
Vendor#	Vendor Name				Class	Pay Code				
16340	[redacted]									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MONJAC0002		03/11/202	01/28/202	03/11/202			39.38	0.00	0.00	39.38
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
16340	[redacted]						39.38	0.00	0.00	39.38
Vendor#	Vendor Name				Class	Pay Code				
16204	[redacted]									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BUSJAM0001		03/11/202	02/10/202	03/11/202			15.44	0.00	0.00	15.44
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
16204	[redacted]						15.44	0.00	0.00	15.44
Vendor#	Vendor Name				Class	Pay Code				
16496	[redacted]									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MIKJAM0001		03/11/202	01/27/202	03/11/202			40.00	0.00	0.00	40.00
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
16496	[redacted]						40.00	0.00	0.00	40.00
Vendor#	Vendor Name				Class	Pay Code				
16332	[redacted]									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
GOMJAI0002		03/11/202	02/05/202	03/11/202			40.00	0.00	0.00	40.00
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
16332	[redacted]						40.00	0.00	0.00	40.00
Vendor#	Vendor Name				Class	Pay Code				
16372	[redacted]									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
GALJEF0001		03/11/202	01/28/202	03/11/202			40.00	0.00	0.00	40.00
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
16372	[redacted]						40.00	0.00	0.00	40.00
Vendor#	Vendor Name				Class	Pay Code				
16404	[redacted]									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

PHIJOH0001		03/11/202	01/28/202	03/11/202	20.00	0.00	0.00	20.00
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	16404	[redacted]			20.00	0.00	0.00	20.00
Vendor#	Vendor Name			Class	Pay Code			
16316	[redacted]							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
WINJOH0001		03/11/202	02/06/202	03/11/202		35.50	0.00	0.00	35.50
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	16316	[redacted]				35.50	0.00	0.00	35.50
Vendor#	Vendor Name			Class	Pay Code				
16348	[redacted]								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
RIVJON0001		03/11/202	01/28/202	03/11/202		40.00	0.00	0.00	40.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	16348	[redacted]				40.00	0.00	0.00	40.00
Vendor#	Vendor Name			Class	Pay Code				
16492	[redacted]								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
RIVJON0001A		03/11/202	01/27/202	03/11/202		20.00	0.00	0.00	20.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	16492	[redacted]				20.00	0.00	0.00	20.00
Vendor#	Vendor Name			Class	Pay Code				
16368	[redacted]								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
KOEJUD0002		03/11/202	01/28/202	03/11/202		20.00	0.00	0.00	20.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	16368	[redacted]				20.00	0.00	0.00	20.00
Vendor#	Vendor Name			Class	Pay Code				
17256	[redacted]								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
CARJUL0006		03/12/202	02/21/202	03/12/202		136.00	0.00	0.00	136.00
CARJUL0006A		03/12/202	02/21/202	03/12/202		120.00	0.00	0.00	120.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	17256	[redacted]				256.00	0.00	0.00	256.00
Vendor#	Vendor Name			Class	Pay Code				
11122	K & M SPORTS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
126007		03/11/202	03/04/202	03/11/202		300.00	0.00	0.00	300.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	11122	K & M SPORTS				300.00	0.00	0.00	300.00
Vendor#	Vendor Name			Class	Pay Code				
16308	[redacted]								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
TAKEL0002		03/11/202	02/06/202			61.18	0.00	0.00	61.18
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	16308	[redacted]				61.18	0.00	0.00	61.18
Vendor#	Vendor Name			Class	Pay Code				

16336 [redacted]

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MOTKEN0001		03/11/202	02/05/202	03/11/202			61.18	0.00	0.00	61.18

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16336	[redacted]	61.18	0.00	0.00	61.18

Vendor# 16364 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DAVKEN0001		03/11/202	01/28/202	03/11/202			33.76	0.00	0.00	33.76

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16364	[redacted]	33.76	0.00	0.00	33.76

Vendor# 16280 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
HARKER0002		03/11/202	02/06/202	03/11/202			10.40	0.00	0.00	10.40

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16280	[redacted]	10.40	0.00	0.00	10.40

Vendor# 11275 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DANKL0001		03/11/202	01/27/202	03/11/202			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# 14412 Vendor Name LAB UNIVERSITY, LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2763055	IQCP & Optimizer Program 5/11/25 - 5/11/2026	03/11/202	03/05/202	03/11/202			249.00	0.00	0.00	249.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14412	LAB UNIVERSITY, LLC	249.00	0.00	0.00	249.00

Vendor# 16168 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PAYLAR0001		03/11/202	02/10/202	03/11/202			175.00	0.00	0.00	175.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16168	[redacted]	175.00	0.00	0.00	175.00

Vendor# 16436 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
GARLAZ0001		03/11/202	01/28/202	03/11/202			35.00	0.00	0.00	35.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16436	[redacted]	35.00	0.00	0.00	35.00

Vendor# 16200 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MILLID0001		03/11/202	02/10/202	03/11/202			40.00	0.00	0.00	40.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16200	[redacted]	40.00	0.00	0.00	40.00

Vendor# Vendor Name Class Pay Code

16432 [redacted]

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CHILIN0001		03/11/202	01/28/202	03/11/202			55.00	0.00	0.00	55.00

Vendor Totals: Number 16432 Name [redacted]

Gross	Discount	No-Pay	Net
55.00	0.00	0.00	55.00

Vendor# 10371 Vendor Name LOFTIN EQUIPMENT COMPANY Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00052499		03/11/202	01/31/202	03/02/202			3,870.00	0.00	0.00	3,870.00

Vendor Totals: Number 10371 Name LOFTIN EQUIPMENT COMPANY

Gross	Discount	No-Pay	Net
3,870.00	0.00	0.00	3,870.00

Vendor# 10972 Vendor Name M G TRUST Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
031025		03/10/202	03/10/202	03/10/202			895.00	0.00	0.00	895.00

Vendor Totals: Number 10972 Name M G TRUST

Gross	Discount	No-Pay	Net
895.00	0.00	0.00	895.00

Vendor# 16300 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SMIMAR0004		03/11/202	02/06/202	03/11/202			38.91	0.00	0.00	38.91
SMIMAR0004A		03/12/202	02/06/202	03/12/202			44.95	0.00	0.00	44.95

Vendor Totals: Number 16300 Name [redacted]

Gross	Discount	No-Pay	Net
83.86	0.00	0.00	83.86

Vendor# M1950 Vendor Name MARTIN PRINTING CO Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
80575		02/28/202	02/25/202	02/25/202			125.00	0.00	0.00	125.00
80574		02/28/202	02/25/202	03/27/202			276.00	0.00	0.00	276.00

Vendor Totals: Number M1950 Name MARTIN PRINTING CO

Gross	Discount	No-Pay	Net
401.00	0.00	0.00	401.00

Vendor# 16260 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
LEEMAR0001		03/11/202	02/06/202	03/11/202			20.00	0.00	0.00	20.00

Vendor Totals: Number 16260 Name [redacted]

Gross	Discount	No-Pay	Net
20.00	0.00	0.00	20.00

Vendor# M2178 Vendor Name MCKESSON MEDICAL SURGICAL INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
23400201		03/11/202	03/03/202	03/18/202			760.58	0.00	0.00	760.58
23416801		03/11/202	03/05/202	03/20/202			160.72	0.00	0.00	160.72

Vendor Totals: Number M2178 Name MCKESSON MEDICAL SURGICAL INC

Gross	Discount	No-Pay	Net
921.30	0.00	0.00	921.30

Vendor# 11141 Vendor Name MEDICAL DATA SYSTEMS, INC. Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
200704			02/28/202	02/28/202	03/25/202		159.04	0.00	0.00	159.04
200354			02/28/202	02/28/202	03/25/202		1,164.75	0.00	0.00	1,164.75
200355			02/28/202	02/28/202	03/25/202		2,318.00	0.00	0.00	2,318.00
200356			02/28/202	02/28/202	03/25/202		53.55	0.00	0.00	53.55

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	3,695.34	0.00	0.00	3,695.34

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
2359217870			03/05/202	02/26/202	03/23/202		10,873.31	0.00	0.00	10,873.31
2360049776			03/11/202	03/04/202	03/29/202		127.88	0.00	0.00	127.88
2360049775			03/11/202	03/04/202	03/29/202		162.37	0.00	0.00	162.37
2360150820			03/11/202	03/05/202	03/30/202		1,736.55	0.00	0.00	1,736.55
2360150812			03/11/202	03/05/202	03/30/202		203.76	0.00	0.00	203.76
2360150816			03/11/202	03/05/202	03/30/202		61.46	0.00	0.00	61.46
2360150813			03/11/202	03/05/202	03/30/202		423.37	0.00	0.00	423.37
2360150829			03/11/202	03/05/202	03/30/202		288.52	0.00	0.00	288.52
2360150814			03/11/202	03/05/202	03/30/202		7.25	0.00	0.00	7.25
2360150818			03/11/202	03/05/202	03/30/202		36.21	0.00	0.00	36.21
2360406461			03/11/202	03/06/202	03/31/202		416.76	0.00	0.00	416.76

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	14,337.44	0.00	0.00	14,337.44

Vendor#	Vendor Name	Class	Pay Code
M2550	MELSTAN, INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
095075			02/28/202	02/05/202	02/15/202		158.65	0.00	0.00	158.65

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2550	MELSTAN, INC.	158.65	0.00	0.00	158.65

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
031025			03/10/202	03/10/202	03/10/202		320.00	0.00	0.00	320.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	320.00	0.00	0.00	320.00

Vendor#	Vendor Name	Class	Pay Code
14852	MERCK & CO., INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7018056865			02/28/202	02/26/202	03/11/202		5,563.24	0.00	0.00	5,563.24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14852	MERCK & CO., INC.	5,563.24	0.00	0.00	5,563.24

Vendor#	Vendor Name	Class	Pay Code
16480	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WESMIL0001		03/11/202	01/27/202	03/11/202			120.00	0.00	0.00	120.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16480	[redacted]	120.00	0.00	0.00	120.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022725		03/11/202	02/27/202	03/11/202			208.93	0.00	0.00	208.93

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	208.93	0.00	0.00	208.93

Vendor#	Vendor Name	Class	Pay Code
16184	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
LOTMON0001A		03/11/202	02/07/202	03/11/202			20.00	0.00	0.00	20.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16184	[redacted]	20.00	0.00	0.00	20.00

Vendor#	Vendor Name	Class	Pay Code
M2659	MXR IMAGING, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8801228440		03/05/202	02/14/202	03/16/202			185.78	0.00	0.00	185.78

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	185.78	0.00	0.00	185.78

Vendor#	Vendor Name	Class	Pay Code
16196	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CANNAL0001		03/11/202	02/10/202	03/11/202			35.90	0.00	0.00	35.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16196	[redacted]	35.90	0.00	0.00	35.90

Vendor#	Vendor Name	Class	Pay Code
16248	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RANNIK0001		03/11/202	02/06/202	03/11/202			40.00	0.00	0.00	40.00

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Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16248	[redacted]	40.00	0.00	0.00	40.00

Vendor#	Vendor Name	Class	Pay Code
G0425	ODEFEY WITTE WALL & VILLAFRANC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2992		03/11/202	03/07/202	03/17/202			525.00	0.00	0.00	525.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ODEFEY WITTE WALL & VILLAFRANC	525.00	0.00	0.00	525.00

Vendor#	Vendor Name	Class	Pay Code
O1500	OLYMPUS AMERICA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37691385		03/11/202	03/04/202	03/29/202			204.60	0.00	0.00	204.60

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	204.60	0.00	0.00	204.60

Vendor# 11155 Vendor Name: PARAREV — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2016312		03/11/202	03/01/202	03/31/202			950.00	0.00	0.00	950.00
2016313		03/11/202	03/01/202	03/31/202			3,084.00	0.00	0.00	3,084.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11155	PARAREV	4,034.00	0.00	0.00	4,034.00

Vendor# 10152 Vendor Name: PARTSSOURCE, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
05663932		03/11/202	02/21/202	03/23/202			68.27	0.00	0.00	68.27

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC	68.27	0.00	0.00	68.27

Vendor# 16288 Vendor Name: PATRICIA MONROY — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MONPAT0001		03/11/202	02/06/202	03/11/202			40.00	0.00	0.00	40.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16288	PATRICIA MONROY	40.00	0.00	0.00	40.00

Vendor# 16488 Vendor Name: [redacted] — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WESPAT0001		03/11/202	01/27/202	03/11/202			40.00	0.00	0.00	40.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16488	[redacted]	40.00	0.00	0.00	40.00

Vendor# 14764 Vendor Name: PL-CPR, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
361		03/11/202	03/04/202	03/11/202			600.00	0.00	0.00	600.00
362		03/11/202	03/05/202	03/05/202			1,200.00	0.00	0.00	1,200.00
363		03/11/202	03/06/202	03/11/202			700.00	0.00	0.00	700.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14764	PL-CPR, LLC	2,500.00	0.00	0.00	2,500.00

Vendor# 15956 Vendor Name: PLENUM MEDICAL TESTING — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
417036SC		02/28/202	03/01/202	03/11/202			1,700.00	0.00	0.00	1,700.00

2025 Annual Medical Gas Inspec.

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15956	PLENUM MEDICAL TESTING	1,700.00	0.00	0.00	1,700.00

Vendor# P2200 Vendor Name: POWER HARDWARE — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022825		03/13/202	02/28/202	03/10/202			22.98	0.00	0.00	22.98

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE	22.98	0.00	0.00	22.98

Vendor#	Vendor Name	Class	Pay Code
15196	PROVATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INVPVM59667A		03/12/202	03/09/202	03/09/202			1,961.14	0.00	0.00	1,961.14

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15196	PROVATION	1,961.14	0.00	0.00	1,961.14

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
001381863		02/26/202	03/01/202	03/11/202			2,771.12	0.00	0.00	2,771.12

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14920	REPUBLIC SERVICES, INC.	2,771.12	0.00	0.00	2,771.12

Vendor#	Vendor Name	Class	Pay Code
16444	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CATRAY0001		03/11/202	01/17/202	03/11/202			120.00	0.00	0.00	120.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16444	[redacted]	120.00	0.00	0.00	120.00

Vendor#	Vendor Name	Class	Pay Code
16392	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RISORN0002		03/11/202	01/28/202	03/11/202			120.00	0.00	0.00	120.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16392	[redacted]	120.00	0.00	0.00	120.00

Vendor#	Vendor Name	Class	Pay Code
16360	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CHAROS0001		03/11/202	01/28/202	03/11/202			41.10	0.00	0.00	41.10

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16360	[redacted]	41.10	0.00	0.00	41.10

Vendor#	Vendor Name	Class	Pay Code
16272	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CASRUD0001		03/11/202	02/06/202	03/11/202			19.11	0.00	0.00	19.11

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16272	[redacted]	19.11	0.00	0.00	19.11

Vendor#	Vendor Name	Class	Pay Code
16232	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BURSAR0001		03/11/202	02/10/202	03/11/202			10.81	0.00	0.00	10.81

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16232	[redacted]	10.81	0.00	0.00	10.81

Vendor#	Vendor Name	Class	Pay Code
16376	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SPISET0001		03/11/202	01/28/202	03/11/202			20.00	0.00	0.00	20.00

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	16376	[redacted]					20.00	0.00	0.00	20.00

Vendor#	Vendor Name	Class	Pay Code
10699	SIGN AD, LTD.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
310404		03/11/202	03/01/202	03/11/202			425.00	0.00	0.00	425.00
	LEASE SPACE 3/12/25-4/8/25									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	425.00	0.00	0.00	425.00

Vendor#	Vendor Name	Class	Pay Code
14240	SMILE MAKERS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9692804		03/11/202	02/25/202	03/11/202			113.88	0.00	0.00	113.88

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14240	SMILE MAKERS	113.88	0.00	0.00	113.88

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
CM14404		02/28/202	02/28/202	03/25/202			-1,100.00	0.00	0.00	-1,100.00
I07048190		02/28/202	02/28/202	03/25/202			5,149.00	0.00	0.00	5,149.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	4,049.00	0.00	0.00	4,049.00

Vendor#	Vendor Name	Class	Pay Code
10845	STAPLES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6025599761		02/01/202	02/28/202	03/30/202			39.76	0.00	0.00	39.76

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10845	STAPLES	39.76	0.00	0.00	39.76

Vendor#	Vendor Name	Class	Pay Code
10735	STRYKER SALES, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9206164611		03/11/202	02/10/202	03/11/202			2,237.22	0.00	0.00	2,237.22

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SALES, LLC	2,237.22	0.00	0.00	2,237.22

Vendor#	Vendor Name	Class	Pay Code
17248	SUMMIT PAIN AND WELLNESS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1123		02/28/202	02/26/202	03/28/202			120.00	0.00	0.00	120.00
1122		03/11/202	02/26/202	03/28/202			1,200.00	0.00	0.00	1,200.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17248	SUMMIT PAIN AND WELLNESS	1,320.00	0.00	0.00	1,320.00

Vendor#	Vendor Name	Class	Pay Code
T2539	T-SYSTEM, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2015860		02/28/202	02/28/202	03/30/202			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#	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
0025075		03/11/202	03/01/202	03/02/202			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# 13144 Vendor Name: TRI WHOLESALE CO. Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022525		03/13/202	02/25/202	03/13/202			53.99	0.00	0.00	53.99

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13144	TRI WHOLESALE CO.	53.99	0.00	0.00	53.99

Vendor# C2510 Vendor Name: TRUBRIDGE Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1028800		02/28/202	03/04/202	03/29/202			2,337.73	0.00	0.00	2,337.73
1028820		03/11/202	03/05/202	03/30/202			48,000.00	0.00	0.00	48,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE	50,337.73	0.00	0.00	50,337.73

Vendor# 16468 Vendor Name: [redacted] Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
ABRTYL0002		03/11/202	01/27/202	03/11/202			40.00	0.00	0.00	40.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16468	[redacted]	40.00	0.00	0.00	40.00

Vendor# U1064 Vendor Name: UNIFIRST HOLDINGS INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921054764		03/10/202	03/03/202	03/28/202			3,013.99	0.00	0.00	3,013.99
2921054774		03/10/202	03/03/202	03/28/202			142.09	0.00	0.00	142.09
2921055144		03/10/202	03/03/202	03/28/202			181.87	0.00	0.00	181.87
2921055131		03/10/202	03/06/202	03/31/202			242.90	0.00	0.00	242.90
2921055134		03/10/202	03/06/202	03/31/202			2,807.81	0.00	0.00	2,807.81
2921055128		03/10/202	03/06/202	03/31/202			138.46	0.00	0.00	138.46
2921055141		03/10/202	03/06/202	03/31/202			252.45	0.00	0.00	252.45
2921055148		03/10/202	03/06/202	03/31/202			167.11	0.00	0.00	167.11
2921055146		03/10/202	03/06/202	03/31/202			190.73	0.00	0.00	190.73
2921055136		03/10/202	03/06/202	03/31/202			70.07	0.00	0.00	70.07

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	7,207.48	0.00	0.00	7,207.48

Vendor# 12400 Vendor Name: UPDOX LLC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00564516		03/10/202	02/28/202	03/10/202			1,283.27	0.00	0.00	1,283.27

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12400	UPDOX LLC	1,283.27	0.00	0.00	1,283.27

Vendor# 16400 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
VASVIV0001		03/11/202	01/28/202	03/11/202			40.00	0.00	0.00	40.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16400	[redacted]	40.00	0.00	0.00	40.00

Vendor# 12548 Vendor Name WAGEWORKS, INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0225TR116685		02/28/202	02/27/202	03/11/202			131.25	0.00	0.00	131.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12548	WAGEWORKS, INC	131.25	0.00	0.00	131.25

Vendor# W1040 Vendor Name WATERMARK GRAPHICS INC Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
46211		03/11/202	09/24/202	10/24/202			523.98	0.00	0.00	523.98
45382		03/11/202	10/11/202	11/10/202			183.47	0.00	0.00	183.47
45381		03/11/202	10/11/202	11/10/202			2,265.39	0.00	0.00	2,265.39

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAPHICS INC	2,972.84	0.00	0.00	2,972.84

Vendor# I1110 Vendor Name WERFEN USA LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9111778638		03/11/202	03/03/202	03/28/202			331.80	0.00	0.00	331.80
9111782556		03/11/202	03/05/202	03/30/202			132.30	0.00	0.00	132.30
9111782557		03/11/202	03/05/202	03/30/202			198.40	0.00	0.00	198.40

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	662.50	0.00	0.00	662.50

Vendor# W1189 Vendor Name WERLING ASSOCIATES INC Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8889		03/10/202	03/07/202	03/10/202			750.00	0.00	0.00	750.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1189	WERLING ASSOCIATES INC	750.00	0.00	0.00	750.00

Vendor# 16428 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
LUJYRE0001		03/11/202	01/28/202	03/11/202			30.00	0.00	0.00	30.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16428	[redacted]	30.00	0.00	0.00	30.00

Grand Totals:	Gross	Discount	No-Pay	Net
	456,204.21	0.00	0.00	456,204.21

APPROVED ON

MAR 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 208076 -
208221

456,204.21 +
40.00 - Pg.17 minor refund removed
456,164.21 ◊

RUN DATE:03/17/25 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:12 CHECK REGISTER GLCKREG
03/19/25 THRU 03/19/25

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	208076	03/19/25	199.00	3WON, LLC
A/P	208077	03/19/25	1,400.00	ACUTE CARE INC
A/P	208078	03/19/25	52.02	[redacted]
A/P	208079	03/19/25	791.32	AIRGAS USA, LLC - CENTRAL DIV
A/P	208080	03/19/25	20.00	[redacted]
A/P	208081	03/19/25	.00	VOIDED
A/P	208082	03/19/25	2,125.50	AMAZON CAPITAL SERVICES
A/P	208083	03/19/25	12.24	[redacted]
A/P	208084	03/19/25	240.00	
A/P	208085	03/19/25	40.00	
A/P	208086	03/19/25	20.00	
A/P	208087	03/19/25	25.00	
A/P	208088	03/19/25	1,042.59	BAXTER HEALTHCARE
A/P	208089	03/19/25	94.19	[redacted]
A/P	208090	03/19/25	12,381.35	BECKMAN COULTER INC
A/P	208091	03/19/25	1,784.00	BEYER MECHANICAL LTD
A/P	208092	03/19/25	55.00	[redacted]
A/P	208093	03/19/25	21.00	
A/P	208094	03/19/25	672.00	CABLES AND SENSORS
A/P	208095	03/19/25	31,015.22	CALHOUN COUNTY
A/P	208096	03/19/25	5,280.00	CALHOUN COUNTY EMS
A/P	208097	03/19/25	229.11	CARDINAL HEALTH 414, INC.
A/P	208098	03/19/25	795.48	CARESFIELD
A/P	208099	03/19/25	46.99	[redacted]
A/P	208100	03/19/25	1,683.84	CDW GOVERNMENT, INC.
A/P	208101	03/19/25	1,650.00	CERVEY, LLC
A/P	208102	03/19/25	13.00	[redacted]
A/P	208103	03/19/25	23,793.00	CLINICAL COMPUTER SYSTEMS INC
A/P	208104	03/19/25	12,094.89	CLINICAL PATHOLOGY LABS
A/P	208105	03/19/25	833.97	COCA COLA SOUTHWEST BEVERAGES
A/P	208106	03/19/25	40.00	[redacted]
A/P	208107	03/19/25	496.50	COVIDIEN SALES LLC
A/P	208108	03/19/25	3,080.00	CROSS COUNTRY STAFFING
A/P	208109	03/19/25	278.75	CULLIGAN ULTRAPURE INC.
A/P	208110	03/19/25	312.05	CYRACOM LLC
A/P	208111	03/19/25	12.42	[redacted]
A/P	208112	03/19/25	19.11	
A/P	208113	03/19/25	38.42	
A/P	208114	03/19/25	40.00	
A/P	208115	03/19/25	40.00	
A/P	208116	03/19/25	427.36	
A/P	208117	03/19/25	40.00	
A/P	208118	03/19/25	1,879.77	DEWITT POTH & SON
A/P	208119	03/19/25	20.00	[redacted]
A/P	208120	03/19/25	100,294.12	DISCOVERY MEDICAL NETWORK INC
A/P	208121	03/19/25	3,996.12	DOOR CONTROL SERVICES
A/P	208122	03/19/25	120.00	[redacted]
A/P	208123	03/19/25	75.00	DOWELL PEST CONTROL
A/P	208124	03/19/25	472.55	ECLINICAL WORKS LLC
A/P	208125	03/19/25	10.00	[redacted]

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	208126	03/19/25	30.00	[redacted]
A/P	208127	03/19/25	40.00	[redacted]
A/P	208128	03/19/25	20.00	[redacted]
A/P	208129	03/19/25	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	208130	03/19/25	40.00	[redacted]
A/P	208131	03/19/25	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	208132	03/19/25	20.00	[redacted]
A/P	208133	03/19/25	20.00	[redacted]
A/P	208134	03/19/25	21.00	[redacted]
A/P	208135	03/19/25	8,556.07	EVOQUA WATER TECHNOLOGIES LLC
A/P	208136	03/19/25	545.00	FASTHEALTH CORPORATION
A/P	208137	03/19/25	4,041.90	FIRETRON, INC
A/P	208138	03/19/25	3,787.94	FISHER HEALTHCARE
A/P	208139	03/19/25	40.07	FRONTIER
A/P	208140	03/19/25	3,237.00	FUSION MEDICAL STAFFING, LLC
A/P	208141	03/19/25	12,869.51	GE PRECISION HEALTHCARE, LLC
A/P	208142	03/19/25	273.00	[redacted]
A/P	208143	03/19/25	233.34	GRAINGER
A/P	208144	03/19/25	1,977.08	GULF COAST PAPER COMPANY
A/P	208145	03/19/25	465.13	HEALTHCARE FINANCIAL SERVICES
A/P	208146	03/19/25	51.26	HENRY SCHEIN INC.
A/P	208147	03/19/25	573.53	HEWLETT-PACKARD
A/P	208148	03/19/25	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	208149	03/19/25	14,559.71	HUNTER PHARMACY SERVICES
A/P	208150	03/19/25	773.76	INOVALON PROVIDER INC.
A/P	208151	03/19/25	1,775.68	IRON MOUNTAIN
A/P	208152	03/19/25	250.00	ITERSOURCE CORPORATION
A/P	208153	03/19/25	39.38	[redacted]
A/P	208154	03/19/25	15.44	[redacted]
A/P	208155	03/19/25	40.00	[redacted]
A/P	208156	03/19/25	40.00	[redacted]
A/P	208157	03/19/25	40.00	[redacted]
A/P	208158	03/19/25	20.00	[redacted]
A/P	208159	03/19/25	35.50	[redacted]
A/P	208160	03/19/25	40.00	[redacted]
A/P	208161	03/19/25	20.00	[redacted]
A/P	208162	03/19/25	20.00	[redacted]
A/P	208163	03/19/25	256.00	[redacted]
A/P	208164	03/19/25	300.00	K & M SPORTS
A/P	208165	03/19/25	61.18	[redacted]
A/P	208166	03/19/25	61.18	[redacted]
A/P	208167	03/19/25	33.76	[redacted]
A/P	208168	03/19/25	10.40	[redacted]
A/P	208169	03/19/25	19.11	[redacted]
A/P	208170	03/19/25	249.00	LAB UNIVERSITY, LLC
A/P	208171	03/19/25	175.00	[redacted]
A/P	208172	03/19/25	35.00	[redacted]
A/P	208173	03/19/25	40.00	[redacted]
A/P	208174	03/19/25	55.00	[redacted]
A/P	208175	03/19/25	3,870.00	LOFTIN EQUIPMENT COMPANY
A/P	208176	03/19/25	895.00	M G TRUST

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	208177	03/19/25	83.86	[redacted]
A/P	208178	03/19/25	401.00	MARTIN PRINTING CO
A/P	208179	03/19/25	20.00	[redacted]
A/P	208180	03/19/25	921.30	MCKESSON MEDICAL SURGICAL INC
A/P	208181	03/19/25	3,695.34	MEDICAL DATA SYSTEMS, INC.
A/P	208182	03/19/25	.00	VOIDED
A/P	208183	03/19/25	14,337.44	MEDLINE INDUSTRIES INC
A/P	208184	03/19/25	158.65	MELSTAN, INC.
A/P	208185	03/19/25	320.00	MEMORIAL MEDICAL CLINIC
A/P	208186	03/19/25	5,563.24	MERCK & CO., INC.
A/P	208187	03/19/25	120.00	[redacted]
A/P	208188	03/19/25	208.93	MMC AUXILIARY GIFT SHOP
A/P	208189	03/19/25	20.00	[redacted]
A/P	208190	03/19/25	185.78	MXR IMAGING, INC
A/P	208191	03/19/25	35.90	[redacted]
A/P	208192	03/19/25	525.00	ODEFEY WITTE WALL & VILLAFRANC
A/P	208193	03/19/25	204.60	OLYMPUS AMERICA INC
A/P	208194	03/19/25	4,034.00	PARAREV
A/P	208195	03/19/25	68.27	PARTSSOURCE, LLC
A/P	208196	03/19/25	40.00	[redacted]
A/P	208197	03/19/25	40.00	[redacted]
A/P	208198	03/19/25	2,500.00	PL-CPR, LLC
A/P	208199	03/19/25	1,700.00	PLENUM MEDICAL TESTING
A/P	208200	03/19/25	22.98	POWER HARDWARE
A/P	208201	03/19/25	1,961.14	PROVATION
A/P	208202	03/19/25	2,771.12	REPUBLIC SERVICES, INC.
A/P	208203	03/19/25	120.00	[redacted]
A/P	208204	03/19/25	120.00	[redacted]
A/P	208205	03/19/25	41.10	[redacted]
A/P	208206	03/19/25	19.11	[redacted]
A/P	208207	03/19/25	10.81	[redacted]
A/P	208208	03/19/25	20.00	[redacted]
A/P	208209	03/19/25	425.00	SIGN AD, LTD.
A/P	208210	03/19/25	113.88	SMILE MAKERS
A/P	208211	03/19/25	4,049.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	208212	03/19/25	39.76	STAPLES
A/P	208213	03/19/25	2,237.22	STRYKER SALES, LLC
A/P	208214	03/19/25	1,320.00	SUMMIT PAIN AND WELLNESS
A/P	208215	03/19/25	6,130.42	T-SYSTEM, INC
A/P	208216	03/19/25	3,659.00	TEXAS SELECT STAFFING, LLC
A/P	208217	03/19/25	53.99	TRI WHOLESALE CO.
A/P	208218	03/19/25	50,337.73	TRUBRIDGE
A/P	208219	03/19/25	40.00	[redacted]
A/P	208220	03/19/25	7,207.48	UNIFIRST HOLDINGS INC
A/P	208221	03/19/25	1,283.27	UPDOX LLC
A/P	208222	03/19/25	40.00	[redacted]
A/P	208223	03/19/25	131.25	WAGEWORKS, INC
A/P	208224	03/19/25	2,972.84	WATERMARK GRAPHICS INC
A/P	208225	03/19/25	662.50	WERFEN USA LLC
A/P	208226	03/19/25	750.00	WERLING ASSOCIATES INC
A/P	208227	03/19/25	30.00	[redacted]

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	208228	03/19/25	275.00	ASHFORD GARDENS
A/P	208229	03/19/25	394.46	BROADMOOR AT CREEKSIDE PARK
A/P	208230	03/19/25	39,222.68	GOLDENCREEK HEALTHCARE
A/P	208231	03/19/25	40,826.90	LAVACA BAY NURSING AND REHAB
A/P	208232	03/19/25	3,809.50	THE CRESCENT
A/P	208233	03/19/25	48,404.94	TUSCANY VILLAGE
TOTALS:			589,097.69	

APPROVED ON

MAR 19 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 456,164.21 +
275.00 +
394.46 +
NH 3,809.50 +
Xfers 39,222.68 +
48,404.94 +
40,826.90 +
589,097.69 ◇

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ERIN CLEVENGER

citi

Account Inquiries:
Toll Free: 1-(800)-248-4553
International: 1-(904)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity

Total Activity	$2,438.71

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

Not an invoice. For your records only.

Credit Limit	$20,000
Cash Advance Limit	$5,000
Statement Closing Date	**03/03/2025**
Days in Billing Period	28

Pd. 3-27-25

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location					Amount
********** NOTICE MEMO ITEM(S) LISTED BELOW **********										
02/06	02/05	9399	05134375037600062783566	1	NPDB NPDB.HRSA.GOV N122201267	FAIRFAX	VA	22033	USA	2.50
02/06	02/05	9399	05134375037600062783640	2	NPDB NPDB.HRSA.GOV N122201401	FAIRFAX	VA	22033	USA	2.50
02/07	02/07	8999	55432865038204342823145	3	AMA*CREDENTIALING	800-621-8335 IL		60611	USA	44.00
02/10	02/09	7011	12302025040002218216062	4	Fredericksburg Inn	FredericksburTX		78624	USA	584.21
02/13	02/11	8999	25247705044054884936724	5	SOCIETYFORHUMANRESOURC CS2583869	ALEXANDRIA		22314	USA	299.00
02/13	02/11	8999	25247705044054885444728	6	SOCIETYFORHUMANRESOURC CS2583881	ALEXANDRIA		22314	USA	299.00
02/28	02/27	8699	12302025058001709488072	7	2025 Mid Coast Hurrica	San Antonio	TX	78227	USA	300.00
02/28	02/27	9399	05134375059600062544151	8	NPDB NPDB.HRSA.GOV N124060550	FAIRFAX	VA	22033	USA	25.00
02/28	02/27	9399	05134375059600062544235	9	NPDB NPDB.HRSA.GOV N124060714	FAIRFAX	VA	22033	USA	2.50
03/03	02/27	8062	55457375059112299298613	10	TEXAS HOSPITAL ASSOC	AUSTIN	TX	78701	USA	875.00
03/03	02/28	9399	05134375060600071122814	11	NPDB NPDB.HRSA.GOV N124127678	FAIRFAX	VA	22033	USA	2.50
03/03	02/28	9399	05134375060600071122996	12	NPDB NPDB.HRSA.GOV N124127735	FAIRFAX	VA	22033	USA	2.50
********** TOTAL AMOUNT OF MEMO ITEM(S): $2,438.71										

Confirmation # DWR-03336099

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

citi CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number XXXX-XXXX-XXXX-6228
Statement Closing Date March 03, 2025

APPROVED ON
MAR 13 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Not an invoice.
For your records only.

ERIN CLEVENGER
202 S ANN ST., STE A
PORT LAVACA TX 77979-4204

00010079643

(1)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 3/10/2025

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB x 1 Provider Enroll			✓ 2.50
2	—		NPDB x 1 Provider Enroll			✓ 2.50
3	—		AMA Credentialing - Init	Caraleigh Buxie		✓ 44.00
4			and Cont Monitoring 1 phy			
5	—		Fredericksburg Inn - Hotel			✓ 584.21
6			expense for Marissa Almanzar			
7			RHC Workshop	2/5/25 - 2/8/25		
8	—		Society for Human Resources			✓ 299.00
9			Membership - Andrie Flores			
10	—		Society for Human Resources Membership Sariah Rubio			✓ 299.00

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

NOTES:

charges made to Erin's MC

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO ✓ _____

Administrator _____

(2)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 3/10/2025

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Vendor Fax #:

Initiated By:

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		2025 Mid Coast Hurricane + Disaster Conf - Registration	75		✓ 300.00
2		2.50 +				
3		2.50 +	Dawn Marek, Dianne Atkinson,			
4		44.00 +	Kyle Daniel, Carl King	4/3/25 Victoria, TX		
5	—	584.21 + 299.00 + 299.00 +	NPDB - 10 Provider Renewals			✓ 25.00
6	—	300.00 + 25.00 +	NPDB - 1 Provider Enroll			✓ 2.50
7	—	2.50 + 875.00 +	THA - THT Healthcare	6/12/25 - 6/14/25		✓ 875.00
8		2.50 +	Governance Conference	Arlington, TX		
9		2.50 + 2,438.71 ◊	Registration - Erin Cleveger			
10	— —		NPDB - 1 Provider ~~Enroll~~ Renewal NPDB - 1 Provider Enroll			✓ 2.50 ✓ 2.50

Est. Freight _____ Est. Total Cost _____ TOTAL COST $2,438.71

NOTES:

charges made to Erin's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator Erin C

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/14/2025 Page: 002

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 03/14/2025

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

As of: 03/14/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 03/14/2025 **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: 144.30 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 03/18/2025,
Pay This Amount: 141.42 USD

If Paid After 03/18/2025,
Pay this Amount: 144.30 USD

Due If Paid On Time:
USD 141.42

Disc lost if paid late:
2.88

Due If Paid Late:
USD 144.30

0.93 +
78.00 +
15.40 +
41.97 +
5.12 +
141.42 ◇

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MAR 17 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 03/14/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 03/14/2025

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: 03/14/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 03/14/2025 **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											
03/10/2025	03/18/2025	7555851818	229394667	115Invoice	0.02	0.95		0.93	✓	7555851818	☐

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: 0.95 USD

Future Due:	0.00			**Due If Paid On Time:** USD 0.93
Past Due:	0.00	**If Paid By 03/18/2025, Pay This Amount:**	0.93 USD	**Disc lost if paid late:** 0.02
Last Payment 02/24/2025	1,528.02	**If Paid After 03/18/2025, Pay this Amount:**	0.95 USD	**Due If Paid Late:** USD 0.95

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MAR 17 2025

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CALHOUN COUNTY, TEXAS

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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: 03/14/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 03/14/2025

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

As of: 03/14/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 03/14/2025 **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											
03/10/2025	03/18/2025	7555594829	B2503-055-192936	115Invoice	0.22	11.19		10.97	✓	7555594829	
03/13/2025	03/18/2025	7556459500	B2503-055-193499	115Invoice	1.37	68.40		67.03	✓	7556459500	

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: 79.59 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 423.90
03/10/2025

If Paid By 03/18/2025,
Pay This Amount: 78.00 USD

If Paid After 03/18/2025,
Pay this Amount: 79.59 USD

Due If Paid On Time:
USD 78.00

Disc lost if paid late:
1.59

Due If Paid Late:
USD 79.59

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MAR 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

CVS PHCY 10356/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: 03/14/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835430
Date: 03/14/2025

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

As of: 03/14/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835430 **PLEASE CHECK ANY**
Date: 03/14/2025 **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 835430 CVS PHCY 10356/MEM MC PHS											
03/12/2025	03/18/2025	7556226399	3942432	115Invoice	0.31	15.71		15.40	✓	7556226399	

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

TOTAL: Customer Number 835430 CVS PHCY 10356/MEM MC PHS

Subtotals: 15.71 USD

Future Due:	0.00			**Due If Paid On Time:** USD	15.40
Past Due:	0.00	**If Paid By 03/18/2025, Pay This Amount:**	15.40 USD	**Disc lost if paid late:**	0.31
Last Payment 02/24/2025	1,528.02	**If Paid After 03/18/2025, Pay this Amount:**	15.71 USD	**Due If Paid Late:** USD	15.71

APPROVED ON

MAR 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/14/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835434
Date: 03/14/2025

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

As of: 03/14/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 03/14/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
03/12/2025	03/18/2025	7556222020	3943478	115Invoice	0.86	42.83		41.97	✓	7556222020	

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

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

Subtotals: 42.83 USD

Future Due:	0.00	**If Paid By 03/18/2025,**			**Due If Paid On Time:**
Past Due:	0.00	**Pay This Amount:**	41.97	USD	USD 41.97
Last Payment	423.90	**If Paid After 03/18/2025,**			**Disc lost if paid late:** 0.86
03/10/2025		**Pay this Amount:**	42.83	USD	**Due If Paid Late:** USD 42.83

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CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 03/14/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 03/14/2025

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

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

As of: 03/14/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 03/14/2025 **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											
03/12/2025	03/18/2025	7556419858	3940979	115Invoice	0.10	5.22		5.12	✓	7556419858	

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: 5.22 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 423.90
03/10/2025

If Paid By 03/18/2025,
Pay This Amount: 5.12 USD

If Paid After 03/18/2025,
Pay this Amount: 5.22 USD

Due If Paid On Time:
USD 5.12

Disc lost if paid late:
0.10

Due If Paid Late:
USD 5.22

APPROVED ON

MAR 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 69348803
Date: 03-14-2025

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:	83.24
Past Due:	0.00
Total Due:	83.24
Account Balance:	83.24

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-10-2025	03-21-2025	3208401470	7009129237	Invoice	1.68		0.00	1.68
03-10-2025	03-21-2025	3208401471	7009139508	Invoice	20.62		0.00	20.62
03-10-2025	03-21-2025	3208401472	7009147211	Invoice	19.48		0.00	19.48
03-10-2025	03-21-2025	3208401473	7009145983	Invoice	20.10		0.00	20 10
03-11-2025	03-21-2025	3208550728	7009153537	Invoice	11.38		0.00	11.38
03-13-2025	03-21-2025	3208837472	7009164225	Invoice	5.84		0.00	5.84
03-14-2025	03-21-2025	3208965223	7009171584	Invoice	4.14		0.00	4.14

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
83.24	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
03-14-2025	(544.67)

APPROVED ON
MAR 17 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
03-21-2025	83.24
Total Due:	83.24

AmerisourceBergen

STATEMENT

Statement Number: 69365453
Date: 03-14-2025

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:	4.58
Past Due:	0.00
Total Due:	4.58
Account Balance:	4.58

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-11-2025	03-21-2025	3208602901	7009159751	Invoice	4.58		0.00	4.58

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
4.58	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
03-21-2025	4.58
Total Due:	4.58

APPROVED ON
MAR 17 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PMVNO
4434	76351	1	2	1	2025	51000905	0	3/10/2025	$72.62	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	180	0	[redacted]		XRDR	F	2/14/2025	2/14/2025	741831291
4436	76351	2	33	0	2025	51000899	0	3/10/2025	$188.70	1	BCM PHYSICIANS	P	177	0			OV	F	2/7/2025	2/7/2025	300791563
4438	76351	3	72	0	2025	45000434	0	3/10/2025	$8,017.20	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	186	0			HLAB	F	2/4/2025	2/4/2025	760545192
4441	76351	3	38	0	2025	45000813	0	3/10/2025	$64.55	1	UT PHYSICIANS	P	457	0			OVS	F	2/10/2025	2/10/2025	760459500
4442	76351	3	69	1	2025	48000805	0	3/10/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	2/7/2025	2/7/2025	742605670
4445	76351	3	43	0	2025	50002062	0	3/10/2025	$248.20	1	CITIZENS MEDICAL PROFESSIONALS	P	176	0			AO	F	1/28/2025	1/28/2025	471158090
4449	76351	3	50	0	2025	43001193	0	3/10/2025	$318.75	1	CITIZENS MEDICAL PROFESSIONALS	P	172	0			AB	F	1/23/2025	1/23/2025	471158090
4454	76351	3	43	0	2025	42000515	0	3/10/2025	$655.75	1	VICTORIA EYE CENTER	P	178	0			SO	F	1/28/2025	1/28/2025	742208337
4455	76351	3	74	0	2025	51000776	0	3/10/2025	$675.84	1	HUBCARE PATHOLOGY PA	P	172	0			AB	F	1/18/2025	1/18/2025	640899072
4456	76351	3	23	0	2025	48000745	0	3/10/2025	$793.71	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	483	0			ODX	F	1/17/2025	1/17/2025	300520570
4460	76351	3	35	1	2025	48000838	0	3/10/2025	$1,497.87	1	NORTHSTAR ANESTHESIA, PA	P	176	0			AO	F	12/17/2024	12/17/2024	201218565
4461	76351	3	47	0	2025	48000754	0	3/10/2025	$2,072.80	1	NORTHSTAR ANESTHESIA, PA	P	175	0			AI	F	12/27/2024	12/27/2024	201218565
4466	76360	3	28	0	2025	66002276	0	3/10/2025	$0.60	9	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	30	1			EX30	F	12/12/2024	12/12/2024	591031071
4467	76360	3	66	0	2025	48000845	0	3/10/2025	$16.38	1	VICTORIA EYE CENTER	P	457	0			OVS	F	2/7/2025	2/7/2025	742208337
4468	76360	3	41	1	2025	50001009	0	3/10/2025	$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	2/12/2025	2/12/2025	742605670
4469	76360	3	43	1	2025	51000815	0	3/10/2025	$50.26	1	KHIEM VU DO PA	P	177	0			OV	F	12/30/2024	12/30/2024	451261253
4470	76360	3	13	0	2025	50004008	0	3/10/2025	$55.89	1	SCOTT P. STEIN, D.O., P.A.	P	457	0			OVS	F	2/12/2025	2/12/2025	742861393
4471	76360	3	94	0	2025	48000822	0	3/10/2025	$59.94	1	AYO ADU, MD PLLC	P	177	0			OV	F	2/12/2025	2/12/2025	273335355
4472	76360	3	37	1	2025	45000782	0	3/10/2025	$62.36	1	MELISSA MILLER RN RNPC	P	177	0			OV	F	11/19/2024	11/19/2024	742620408
4473	76360	3	82	0	2025	48000812	0	3/10/2025	$65.87	1	MICHELLE M CUMMINS	P	457	0			OVS	F	2/3/2025	2/3/2025	742951453
4476	76360	3	30	1	2025	45000795	0	3/10/2025	$100.86	1	UT PHYSICIANS	P	752	0			TELS	F	10/10/2024	10/10/2024	760459500
4477	76360	3	32	0	2025	50003698	0	3/10/2025	$116.56	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0			OVS	F	10/21/2024	10/21/2024	300520570
4481	76360	3	32	1	2025	50001035	0	3/10/2025	$207.99	1	VICTORIA VEIN AND SURGERY CLINIC	P	449	0			LBDS	F	2/4/2025	2/4/2025	452590280
4501	76360	3	51	1	2025	50004832	0	3/10/2025	$2,175.00	1	VICTORIA EYE CENTER	P	431	0			SFS	F	2/3/2025	2/3/2025	742208337
4504	76370	3	22	0	2025	42000527	0	3/10/2025	$424.95	1	CALHOUN COUNTY EMS	P	412	0			AMB	F	12/11/2024	12/11/2024	746001923
4505	76370	3	44	0	2025	51000881	0	3/10/2025	$2,825.79	1	AMIRALI S POPATIA MD	P	458	0			CT	F	1/27/2025	1/27/2025	760599320
									$20,863.43												

APPROVED ON

MAR 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
4323	76360	3	33	0	2025	45000435	0	2/18/2025	$4,703.40	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	485	0	[redacted]		INLM	F	12/31/2024	12/31/2024	760545192
									$4,703.40												

APPROVED ON

MAR 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- March 11, 2025

Date	Bank Description	M			Amount	CPSI "Handwritten Check" #
3/10/2025	PAY PLUS ACHTrans 58483749 101000695350784 P	- 3rd Party Payor Fee	46.96	+	46.96	901590
3/10/2025	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	67.41	+	2,730.62	901591
3/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	125.78	+	73.20	901592
3/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	936.20	+	1,342.99	901593
3/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	226.97	+	2,253.18	901594
3/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	1,403.32	◊	226.24	901595
3/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee			196.97	901596
3/11/2025	STATE COMPTRLR TEXNET 08599098/50310 2100002	ACCRUED IGT DSH	2,730.62	+	10,624.73 *	110096
3/11/2025	PAY PLUS ACHTrans 58671966 101000696704551 P	- 3rd Party Payor Fee	73.20	+	67.41	901597
3/11/2025	MCKESSON DRUG AUTO ACH ACH06430810 910000121	- 340B Drug Program Expense	1,342.99	+	423.90 * *	550568
3/12/2025	PAY PLUS ACHTrans 58791495 101000697947324 P	- 3rd Party Payor Fee	2,253.18	+	125.78	901598
3/13/2025	PAY PLUS ACHTrans 58964025 101000699436317 P	- 3rd Party Payor Fee	226.24	+	936.20	901599
3/14/2025	PAY PLUS ACHTrans 59147559 101000690768217 P	- 3rd Party Payor Fee	196.97	+	226.97	901600
3/14/2025	EXPERTPAY EXPERTPAY 746003411 910000162075 32	-Child Support Payment	6,823.20	◊	570.69	800589
3/14/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	570.69	+	544.67 * *	550569
3/14/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll			386,003.93 * *	
3/14/2025	HPHG LLC MEM. MED. MemMedCtr PtLav 113122650	- Health Insurance Claim Payments			49,768.78 * *	800590
3/14/2025	HPHG LLC MEM. MED MemMedCtr PtLav 1131226500	- Health Insurance Claim Payments	1,403.32	+	34,469.46 * *	800591
3/14/2025	HPHG LLC MEM. MED. MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	6,823.20	+	29,021.36 * *	800592
			570.69	+	**519,654.04**	
			8,797.21	◊		

✓

Steve Brock, CFO
Memorial Medical Center

March 17, 2025

* Approved on 3.05.25cc
** Approved on 3.12.25cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description		MMC Notes		Amount
3/19/2025	- WEBFILE TAX PYMT DD	- Sales Tax	519,654.04	+	✓ 2,195.19
			10,624.73	-	
			423.90	-	**2,195.19**
			544.67	-	
			386,003.93	-	
			49,768.78	-	
			34,469.46	-	
			29,021.36	-	
			8,797.21	◊	
			8,797.21	-	
			0.00	◊	

Steve Brock, CFO
Memorial Medical Center

March 17, 2025

APPROVED ON
MAR 17 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

COMPTROLLER.TEXAS.GOV

Menu

Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 02/28/2025 (2502)

Taxpayer ID: [redacted]
User ID: [redacted]
Reference Number: [redacted]
Date and Time of Filing:
03/11/2025, 04:15:12 PM

Taxpayer Name:
MEMORIAL MEDICAL CENTER
Taxpayer Address:
815 N VIRGINIA ST PORT LAVACA , TX 77979-3025
IP Address: [redacted]

Entered By: Caitlin Clevenger
Email Address:
cclevenger@mmcportlavaca.com
Telephone Number: (361) 552-0272

PAYMENT SUMMARY

Electronic Check
State Amount: $1,663.02
Local Amount: $532.17
Amount to Pay: $2,195.19
Electronic Check: $2,195.19

Payment Reference Number: [redacted]
Trace Number: [redacted]

Type of Bank Account: Checking
Accountholder Name:
Memorial Medical Center Operating
Bank Routing Number: [redacted]
Bank Account Number [redacted]
Payment Effective Date: 03/19/2025

CREDIT SUMMARY

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	26,742	26,742	0.00	26,742	1,671.38	26,742	0.02	534.84
SubTotal	**26,742**	**26,742**	**0**	**26,742**	**1,671.38**	**26,742**		**534.84**
Total Tax for Locations								**2,206.22**

Total Tax Due:	$2,206.22
Timely Filing Discount:	- $11.03
Balance Due:	$2,195.19
Pending Payments:	- $0.00
Total Amount Due and Payable:	**$2,195.19**

(State amount due is $1,663.02) (Local amount due is $532.17)

COUNTY AUDITOR ON

MAR 13 2025

CALHOUN COUNTY, TEXAS

03/13/2025
10:20

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 04/04/2025
Class Pay Code

0
ap_open_invoice.template

Vendor#	Vendor Name
11816	ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
031025		03/13/202	03/10/202	04/04/202			275.00	0.00	0.00	275.00

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

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	275.00	0.00	0.00	275.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	275.00	0.00	0.00	275.00

APPROVED ON

MAR 14 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 208228

RECEIVED BY THE
COUNTY AUDITOR ON

MAR 13 2025

03/13/2025
10:19

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 04/04/2025

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
031025		03/13/202	03/10/202	04/04/202			394.46	0.00	0.00	394.46

ins. pmt. dep. into mmc opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	394.46	0.00	0.00	394.46

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	394.46	0.00	0.00	394.46

APPROVED ON

MAR 14 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#208229

RECEIVED BY THE
COUNTY AUDITOR ON

MAR 13 2025

CALHOUN COUNTY, TEXAS

03/13/2025
10:20

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 04/04/2025
Class Pay Code

0
ap_open_invoice.template

Vendor#	Vendor Name
11824	THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030625		03/13/202	03/06/202	04/04/202			209.50	0.00	0.00	209.50
031125	ins pmt dep into mmc opt. error	03/13/202	03/11/202	04/04/202			3,600.00	0.00	0.00	3,600.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	3,809.50	0.00	0.00	3,809.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,809.50	0.00	0.00	3,809.50

APPROVED ON

MAR 14 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#208232

COUNTY AUDITOR ON

MAR 13 2025

03/13/2025
10:21

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 04/04/2025

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
030525		03/13/202	03/05/202	04/04/202			2,069.60	0.00	0.00	2,069.60
031025		03/13/202	03/06/202	04/04/202			1,894.15	0.00	0.00	1,894.15
030625		03/13/202	03/06/202	04/04/202			4,609.00	0.00	0.00	4,609.00
031125B		03/13/202	03/11/202	04/04/202			15,516.66	0.00	0.00	15,516.66
031125A		03/13/202	03/11/202	04/04/202			551.27	0.00	0.00	551.27
031125		03/13/202	03/11/202	04/04/202			14,582.00	0.00	0.00	14,582.00

ins. pmt dep. into mmc opt in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	39,222.68	0.00	0.00	39,222.68

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	39,222.68	0.00	0.00	39,222.68

APPROVED ON

MAR 14 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ink#208230

RECEIVED BY THE
COUNTY AUDITOR ON

MAR 13 2025

CALHOUN COUNTY, TEXAS

03/13/2025
10:17

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 04/04/2025

0
ap_open_invoice.template

Vendor# Vendor Name
13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030525		03/13/202	03/05/202	04/04/202			5,564.88	0.00	0.00	5,564.88
030725		03/13/202	03/07/202	04/04/202			2,304.50	0.00	0.00	2,304.50
030725C		03/13/202	03/07/202	04/04/202			5,568.08	0.00	0.00	5,568.08
030725B		03/13/202	03/07/202	04/04/202			2,525.00	0.00	0.00	2,525.00
030725A		03/13/202	03/07/202	04/04/202			11,615.00	0.00	0.00	11,615.00
031025		03/13/202	03/10/202	04/04/202			9,595.00	0.00	0.00	9,595.00
031025A		03/13/202	03/10/202	04/04/202			2,005.48	0.00	0.00	2,005.48
031125C		03/13/202	03/11/202	04/04/202			3,264.00	0.00	0.00	3,264.00
031125B		03/13/202	03/11/202	04/04/202			3,030.00	0.00	0.00	3,030.00
031125		03/13/202	03/11/202	04/04/202			838.00	0.00	0.00	838.00
031125A		03/13/202	03/11/202	04/04/202			2,095.00	0.00	0.00	2,095.00

ins. pmt. dep. into MMC acct in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	48,404.94	0.00	0.00	48,404.94

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	48,404.94	0.00	0.00	48,404.94

APPROVED ON

MAR 14 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#208233

RECEIVED BY THE
COUNTY AUDITOR ON

MAR 13 20

CALHOUN COUNTY, TEXAS

03/13/2025
10:18

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 04/04/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12792	BETHANY SENIOR LIVING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030525		03/13/202	03/05/202	04/04/202			40,123.77	0.00	0.00	40,123.77
	ins. pmt dep. into MMC opt in error									
031025		03/13/202	03/10/202	04/04/202			703.13	0.00	0.00	703.13

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	40,826.90	0.00	0.00	40,826.90

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	40,826.90	0.00	0.00	40,826.90

APPROVED ON

MAR 14 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 208231

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
3/17/2025

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		41,444.42	41,400.88	24,383.09			24,426.63	**24,326.63**
						Bank Balance	24,426.63	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Adjust Balance/Transfer Amt	**24,326.63**	
Broadmoor		29,570.97	29,470.97	-		-	100.00	-
						Bank Balance	100.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	-	
Crescent		37,705.03	37,605.03	62,095.00			62,195.00	**62,095.00**
						Bank Balance	62,195.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**62,095.00**	
Fort Bend		11,996.45	11,896.45	3,865.54			3,965.54	**3,865.54**
						Bank Balance	3,965.54	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**3,865.54**	
Solera at W Houston		20,091.41	20,059.22	79,481.03			79,513.22	**79,413.22**
						Bank Balance	79,513.22	
						Variance	-	
						Leave in Balance	100.00	

24,326.63 +
62,095.00 + *t West Houston / Fort Bend / Broadmoor:*
3,865.54 +
79,413.22 +
169,700.39 ◊

	Adjust Balance/Transfer Amt	**79,413.22**
	TOTAL TRANSFERS	**169,700.39**

APPROVED ON
MAR 17 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved:
Steve Brock, CFO **3/17/2025**

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

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
3/14/2025	Enhanced Analysis Ch	56.46	-					-	-
3/13/2025	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	34,038.50	-					-	-
3/12/2025	AARP Supplementa HCCLAIMPMT 746003411 124384	-	5,866.00					-	5,866.00
3/11/2025	NOVITAS SOLUTION HCCLAIMPMT 675423 420000129	-	3,804.70					-	3,804.70
3/10/2025	1260	7,305.92	-					-	-
3/10/2025	HNB - ECHO HCCLAIMPMT 746003411 440000262569	-	6,694.67					-	6,694.67
3/10/2025	NOVITAS SOLUTION HCCLAIMPMT 675423 420000174	-	8,017.72					-	8,017.72
								-	-
		41,400.88	24,383.09	-	-	-	-	-	24,383.09

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
3/13/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	26,995.68	-					-	-
3/10/2025	299	2,475.29	-					-	-
								-	-
		29,470.97	-	-	-	-	-	-	-

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
3/14/2025	Deposit	-	11,103.50					-	11,103.50
3/13/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	35,561.97	-					-	-
3/13/2025	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	5,700.00					-	5,700.00
3/13/2025	AARP Supplementa HCCLAIMPMT 746003411 124384	-	5,866.00					-	5,866.00
3/12/2025	AARP Supplementa HCCLAIMPMT 746003411 124384	-	6,075.50					-	6,075.50
3/12/2025	DEVOTED HEALTH P HCCLAIMPMT 21000025470787	-	9,000.00					-	9,000.00
3/11/2025	HUMANA CHA DISB HCCLAIMPMT 70344007 42000011	-	3,850.00					-	3,850.00
3/10/2025	388	2,043.06	-					-	-
3/10/2025	DEVOTED HEALTH P HCCLAIMPMT 21000026713003	-	20,500.00					-	20,500.00
								-	-
		37,605.03	62,095.00	-	-	-	-	-	62,095.00

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
3/13/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	9,605.44	-					-	-
3/11/2025	NOVITAS SOLUTION HCCLAIMPMT 675663 420000129	-	3,865.54					-	3,865.54
3/10/2025	267	2,291.01	-					-	-
								-	-
		11,896.45	3,865.54	-	-	-	-	-	3,865.54

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
3/14/2025	Enhanced Analysis Ch	67.81	-					-	-
3/13/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	17,722.98	-					-	-
3/12/2025	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	1,650.66					-	1,650.66
3/11/2025	HNB - ECHO HCCLAIMPMT 746003411 440000217858	-	12,082.32					-	12,082.32
3/10/2025	1323	2,268.43	-					-	-
3/10/2025	HNB - ECHO HCCLAIMPMT 746003411 440000262569	-	65,748.05					-	65,748.05
								-	-
								-	-
		20,059.22	79,481.03	-	-	-	-	-	79,481.03
	TOTALS		169,824.66	-	-	-	-	-	169,824.66

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,505,037.64	$1,291,239.22	$1,505,037.64	$1,963,895.47
*4381 MEMORIAL MEDICAL / NH ASHFORD	$24,426.63	$24,426.63	$24,426.63	$24,483.09
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$62,195.00	$62,195.00	$62,195.00	$51,091.50
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$79,513.22	$79,513.22	$79,513.22	$79,581.03
*4446 MEMORIAL MEDICAL / NH FORT BEND	$3,965.54	$3,965.54	$3,965.54	$3,965.54
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$169,472.06	$169,573.11	$169,472.06	$28,025.76
*4551 CAL CO INDIGENT HEALTHCARE	$5,493.50	$5,493.50	$5,493.50	$9,660.17
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$256.03	$256.03	$256.03	$256.03
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.30	$101.30	$101.30	$101.30
*5506 MMC -NH BETHANY SENIOR LIVING	$337,414.93	$337,414.93	$337,414.93	$186,161.63
*3407 MMC -NH TUSCANY VILLAGE	$62,364.48	$174,447.27	$62,364.48	$39,946.64
*2998 MMC -MONEY MARKET FUND	$764,700.30	$764,700.30	$764,700.30	$764,700.30
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.76	$39.76	$39.76	$39.76
Total Balance	**$3,015,080.39**	**$2,913,465.81**	**$3,015,080.39**	**$3,152,008.22**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
3/17/2025

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		136,494.17	129,534.31	162,512.20		-	169,472.06	54,108.85
						Bank Balance	169,472.06	
						Variance	-	
						Leave In Balance	100.00	
						QIPP Y7 Adj 1	6,595.68	
						Centene Payment awaiting remit info	108,403.35	
						January Interest	158.97	
						February Interest	105.21	
						Adjust Balance/Transfer Amt	54,108.85	

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

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

Approved:
Steve Brock, CFO
3/17/2025

APPROVED ON
MAR 17 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	
3/14/2025	Deposit	-	29,115.24					-	29,115.24
3/14/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	983.00					-	983.00
3/14/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001266	-	2,944.71					-	2,944.71
3/14/2025	Centene Manageme ACH 008765433514 1110000258	-	108,403.35					-	108,403.35
3/13/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	129,534.31	-					-	-
3/12/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	1,626.00					-	1,626.00
3/12/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001392	-	3,813.57					-	3,813.57
3/11/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	2,092.00					-	2,092.00
3/11/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001400	-	6,939.63					-	6,939.63
3/11/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001400	-	1,289.29					-	1,289.29
3/10/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	5,305.41					-	5,305.41
								-	-
		129,534.31	162,512.20	-	-	-	-	-	162,512.20

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,505,037.64	$1,291,239.22	$1,505,037.64	$1,963,895.47
*4381 MEMORIAL MEDICAL / NH ASHFORD	$24,426.63	$24,426.63	$24,426.63	$24,483.09
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$62,195.00	$62,195.00	$62,195.00	$51,091.50
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$79,513.22	$79,513.22	$79,513.22	$79,581.03
*4446 MEMORIAL MEDICAL / NH FORT BEND	$3,965.54	$3,965.54	$3,965.54	$3,965.54
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$169,472.06 √	$169,573.11	$169,472.06	$28,025.76
*4551 CAL CO INDIGENT HEALTHCARE	$5,493.50	$5,493.50	$5,493.50	$9,660.17
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$256.03	$256.03	$256.03	$256.03
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.30	$101.30	$101.30	$101.30
*5506 MMC -NH BETHANY SENIOR LIVING	$337,414.93	$337,414.93	$337,414.93	$186,161.63
*3407 MMC -NH TUSCANY VILLAGE	$62,364.48	$174,447.27	$62,364.48	$39,946.64
*2998 MMC -MONEY MARKET FUND	$764,700.30	$764,700.30	$764,700.30	$764,700.30
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.76	$39.76	$39.76	$39.76
Total Balance	**$3,015,080.39**	**$2,913,465.81**	**$3,015,080.39**	**$3,152,008.22**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
3/17/2025

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		188.00	-	68.03			-	256.03	No Transfer
							Bank Balance	256.03	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	156.03	

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		101.30	-	-		-	-	101.30	-
							Bank Balance	101.30	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	1.30	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	157.33

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
3/17/2025

APPROVED ON

MAR 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

3/13/2025 HNB - ECHO HCCLAIMPMT 746003411 440000298922

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	68.03					-	68.03
						-	-
-	68.03	-	-	-	-	-	68.03

Gulf Pointe Plaza-Medicare/Medicaid

No Activity

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
						-	-
						-	-
-	-	-	-	-	-	-	-
-	68.03	-	-	-	-	-	68.03

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,505,037.64	$1,291,239.22	$1,505,037.64	$1,963,895.47
*4381 MEMORIAL MEDICAL / NH ASHFORD	$24,426.63	$24,426.63	$24,426.63	$24,483.09
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$62,195.00	$62,195.00	$62,195.00	$51,091.50
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$79,513.22	$79,513.22	$79,513.22	$79,581.03
*4446 MEMORIAL MEDICAL / NH FORT BEND	$3,965.54	$3,965.54	$3,965.54	$3,965.54
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$169,472.06	$169,573.11	$169,472.06	$28,025.76
*4551 CAL CO INDIGENT HEALTHCARE	$5,493.50	$5,493.50	$5,493.50	$9,660.17
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$256.03	$256.03	$256.03	$256.03
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.30	$101.30	$101.30	$101.30
*5506 MMC -NH BETHANY SENIOR LIVING	$337,414.93	$337,414.93	$337,414.93	$186,161.63
*3407 MMC -NH TUSCANY VILLAGE	$62,364.48	$174,447.27	$62,364.48	$39,946.64
*2998 MMC -MONEY MARKET FUND	$764,700.30	$764,700.30	$764,700.30	$764,700.30
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.76	$39.76	$39.76	$39.76
Total Balance	**$3,015,080.39**	**$2,913,465.81**	**$3,015,080.39**	**$3,152,008.22**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
3/17/2025

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		127,897.38	127,797.38	62,264.48	-	-	-	62,364.48	62,264.48
							Bank Balance	62,364.48	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 62,264.48

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 3/17/2025

APPROVED ON
MAR 17 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
3/14/2025	Deposit	-		12,006.40					-	12,006.40
3/14/2025	HNB - ECHO HCCLAIMPMT 746003411 440000240057	-		10,411.44					-	10,411.44
3/13/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	123,463.57	✓	-					-	-
3/13/2025	HNB - ECHO HCCLAIMPMT 746003411 440000298922	-		92.11					-	92.11
3/13/2025	HNB - ECHO HCCLAIMPMT 746003411 440000298407	-		191.16					-	191.16
3/12/2025	HNB - ECHO HCCLAIMPMT 746003411 440000259668	-		15,904.08					-	15,904.08
3/12/2025	HNB - ECHO HCCLAIMPMT 746003411 440000259289	-	✓	12,442.13					-	12,442.13
3/10/2025	1182	4,333.81		-					-	-
3/10/2025	Deposit	-		7,922.50					-	7,922.50
3/10/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000174	-		3,294.66	✓				-	3,294.66
		127,797.38	✓	62,264.48	-	-	-	-	-	62,264.48

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,505,037.64	$1,291,239.22	$1,505,037.64	$1,963,895.47
*4381 MEMORIAL MEDICAL / NH ASHFORD	$24,426.63	$24,426.63	$24,426.63	$24,483.09
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$62,195.00	$62,195.00	$62,195.00	$51,091.50
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$79,513.22	$79,513.22	$79,513.22	$79,581.03
*4446 MEMORIAL MEDICAL / NH FORT BEND	$3,965.54	$3,965.54	$3,965.54	$3,965.54
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$169,472.06	$169,573.11	$169,472.06	$28,025.76
*4551 CAL CO INDIGENT HEALTHCARE	$5,493.50	$5,493.50	$5,493.50	$9,660.17
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$256.03	$256.03	$256.03	$256.03
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.30	$101.30	$101.30	$101.30
*5506 MMC -NH BETHANY SENIOR LIVING	$337,414.93	$337,414.93	$337,414.93	$186,161.63
*3407 MMC -NH TUSCANY VILLAGE	$62,364.48	$174,447.27	$62,364.48	$39,946.64
*2998 MMC -MONEY MARKET FUND	$764,700.30	$764,700.30	$764,700.30	$764,700.30
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.76	$39.76	$39.76	$39.76
Total Balance	**$3,015,080.39**	**$2,913,465.81**	**$3,015,080.39**	**$3,152,008.22**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
3/17/2025

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		88,982.23	88,560.54	336,993.24			-	337,414.93	190,041.73
							Bank Balance	337,414.93	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Y7 Adj 1	4,714.56	
							Centene Payment awaiting remit info	142,236.95	
							January Interest	168.80	
							February Interest	152.89	
							Adjust Balance/Transfer Amt	190,041.73	

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
3/17/2025

APPROVED ON
MAR 17 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Layaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
3/14/2025	Deposit	-	5,823.53					-	5,823.53
3/14/2025	HOSPICE OF SOUTH Payments NF 113122650070473	-	3,192.82					-	3,192.82
3/14/2025	Centene Manageme ACH 008765433514 1110000258	-	142,236.95					-	142,236.95
3/13/2025	WIRE OUT REG Leased OpCo LLC	88,560.54	-					-	-
3/12/2025	CENTENE CORP HCCLAIMPMT 53101121565153	-	133,326.64					-	133,326.64
3/11/2025	NDC SWEEP FAC 02330 560096800098 21 SWEEP FR	-	7,010.22					-	7,010.22
3/11/2025	Deposit	-	44,195.56					-	44,195.56
3/10/2025	HUMANA CHA DISB HCCLAIMPMT 70161170 42000016	-	1,207.52					-	1,207.52
								-	-
		88,560.54	336,993.24	-	-	-	-	-	336,993.24

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,505,037.64	$1,291,239.22	$1,505,037.64	$1,963,895.47
*4381 MEMORIAL MEDICAL / NH ASHFORD	$24,426.63	$24,426.63	$24,426.63	$24,483.09
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$62,195.00	$62,195.00	$62,195.00	$51,091.50
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$79,513.22	$79,513.22	$79,513.22	$79,581.03
*4446 MEMORIAL MEDICAL / NH FORT BEND	$3,965.54	$3,965.54	$3,965.54	$3,965.54
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$169,472.06	$169,573.11	$169,472.06	$28,025.76
*4551 CAL CO INDIGENT HEALTHCARE	$5,493.50	$5,493.50	$5,493.50	$9,660.17
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$256.03	$256.03	$256.03	$256.03
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.30	$101.30	$101.30	$101.30
*5506 MMC -NH BETHANY SENIOR LIVING	$337,414.93	$337,414.93	$337,414.93	$186,161.63
*3407 MMC -NH TUSCANY VILLAGE	$62,364.48	$174,447.27	$62,364.48	$39,946.64
*2998 MMC -MONEY MARKET FUND	$764,700.30	$764,700.30	$764,700.30	$764,700.30
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.76	$39.76	$39.76	$39.76
Total Balance	**$3,015,080.39**	**$2,913,465.81**	**$3,015,080.39**	**$3,152,008.22**

✓ Golden Creek

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 3/17/2025

APPROVED ON
MAR 17 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#000231

FOR ACCT USE ONLY

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

AMOUNT: $ 6,595.68 ✓

G/L NUMBER: 10255040

EXPLANATION: Check written to MMC was written out of incorrect account.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓

✓ Bethany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 3/17/2025

APPROVED ON
MAR 17 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk#1059

FOR ACCT USE ONLY

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

AMOUNT: $ 4,714.56 ✓

G/L NUMBER: 10255040

EXPLANATION: Check written to MMC was written out of incorrect account.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **3/19/2025**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP Y7 ADJ 1			TOTAL	Date
Ashford	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040				-	3/19/2025
Broadmoor	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040				-	3/19/2025
Crescent	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040				-	3/19/2025
Fort Bend	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040				-	3/19/2025
Solera	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040				-	3/19/2025
Golden Creek	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	6,595.68			6,595.68	3/19/2025 ✓
Bethany	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	4,714.56			4,714.56	3/19/2025 ✓
Tuscany	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	-			-	3/19/2025
				Total:	**11,310.24**	**-**	**-**	**11,310.24**	

Note:

Approved:

Steve Brock, CFO 3/17/2025

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

1059

88-2265/1131-87

DATE 3.26.25

CHECK ARMOR

PAY TO THE ORDER OF MMC Operating $ 4,714.56/100

Four thousand, seven hundred fourteen dollars 3 56/100 DOLLARS

Photo Safe Deposit® Details on back.

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

County auditor

FOR QIPP 47 Adj 1

MP
County Treasurer

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

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

MP

000231

88-2265/1131

Date 3.28.25

PAY
TO THE ORDER OF MMC Operating $ 6,595.00/100

Six thousand, five hundred ninety-five dollars 3 00/100 **DOLLARS**

PROSPERITY BANK®

County auditor

MP
County Treasurer

FOR QIPP 47 Adj 1

Security features are included. Details on back.

RUN DATE:03/25/25 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:15 CHECK REGISTER GLCKREG
03/25/25 THRU 03/25/25

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG *	000231	03/25/25	6,595.68	MMC OPERATING
BSL	001059	03/25/25	4,714.56	MMC OPERATING
TOTALS:			11,310.24	