

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 9, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,119,477.06
TOTAL TRANSFERS BETWEEN FUNDS	\$ 96,307.10
TOTAL NURSING HOME UPL EXPENSES	\$ 879,851.26
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 3,094.92
GRAND TOTAL DISBURSEMENTS APPROVED April 9, 2025	\$ 2,098,730.34

APPROVED

APR 09 2025

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---April 9, 2025

PAYABLES AND PAYROLL

4/3/2025 Weekly Payables	344,809.68
4/7/2025 McKesson-340B Prescription Expense	1,104.59
4/7/2025 Amerisource Bergen-340B Prescription Expense	179.89
4/7/2025 Amerisource Bergen-340B Prescription Expense	58.06
4/7/2025 Amerisource Bergen-340B Prescription Expense	4,029.64
4/7/2025 Payroll Liabilities-Payroll Taxes	115,478.31
4/7/2025 Payroll	368,822.96
Prosperity Electronic Bank Payments	
4/7/2025 90 Degree Benefits - employee insurance claims	95,252.37
4/7/2025 90 Degree Benefits - employee insurance claims	4,090.34
4/7/2025 TCDRS March Retirement	182,591.82
4/7/2025 Pay Plus-Patient Claims Processing Fee	1,210.98
4/7/2025 Credit Card Bank Fee	176.24
4/7/2025 Credit Card Interchange Fee	173.49
4/7/2025 Authnet Gateway	25.60
4/7/2025 Credit Card Discount Fee	361.09
4/7/2025 Health Equity -HSA Contributions	1,112.00

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ 1,119,477.06

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

4/3/2025 MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	419.00
4/3/2025 MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	13,291.00
4/3/2025 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	7,914.25
4/3/2025 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	71,924.84
4/3/2025 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	2,758.01

TOTAL TRANSFERS BETWEEN FUNDS \$ 96,307.10

NURSING HOME UPL EXPENSES

4/7/2025 Nursing Home UPL-Cantex Transfer	32,345.82
4/7/2025 Nursing Home UPL-Nexion Transfer	157,380.19
4/7/2025 Nursing Home UPL-HMG Transfer	4,887.67
4/7/2025 Nursing Home UPL-Tuscany Transfer	179,901.98

QIPP CHECKS TO MMC

4/7/2025 Golden Creek - Superior Q1 QIPP Y8	258,889.12
4/7/2025 Bethany/Lavaca Bay-Superior Q1 QIPP Y8	175,462.96
4/7/2025 Lavaca Bay-SFY25 First ATLAS Payment owed to MMC	68,441.29

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

4/7/2025 Golden Creek to MMC-QTR1 Interest	491.21
4/7/2025 Bethany/Lavaca Bay-QTR1 Interest	577.36

TRANSFER OF FUNDS BETWEEN NURSING HOMES

4/7/2025 Lavaca Bay to Golden Creek -Golden Creek insurance payment deposited into Lavaca Bay in error	1,473.66
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TOTAL NURSING HOME UPL EXPENSES \$ 879,851.26

INTER-GOVERNMENT TRANSFERS

4/7/2025 Accrued IGT DSH	3,094.92
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TOTAL INTER-GOVERNMENT TRANSFERS \$ 3,094.92

GRAND TOTAL DISBURSEMENTS APPROVED April 9, 2025 \$ 2,098,730.34

APR 03 2025

04/03/2025

11:44

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 04/24/2025

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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
9159446170		03/25/202	03/24/202	04/18/202			3,652.75	0.00	0.00	3,652.75
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
A1680 AIRGAS USA, LLC - CENTRAL DIV							3,652.75	0.00	0.00	3,652.75
Vendor#	Vendor Name	Class	Pay Code							
14416	ALLOMETRICS, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00143264		03/31/202	03/18/202	04/24/202			552.00	0.00	0.00	552.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14416 ALLOMETRICS, INC.							552.00	0.00	0.00	552.00
Vendor#	Vendor Name	Class	Pay Code							
16264										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
GARALO0002A		04/01/202	04/01/202	04/01/202			20.00	0.00	0.00	20.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
16264							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
1T9T4Y3J6HC7		03/11/202	02/20/202	03/22/202			-15.00	0.00	0.00	-15.00
1WF6PTCJ1TP3		03/18/202	03/24/202	04/23/202			89.99	0.00	0.00	89.99
1F17P73HDGRY		03/18/202	03/24/202	04/23/202			132.98	0.00	0.00	132.98
16KV6TRTG3CJ		03/18/202	03/25/202	04/24/202			9.99	0.00	0.00	9.99
1T9TG4K3DWD3		03/24/202	03/17/202	04/16/202			135.40	0.00	0.00	135.40
16NQRRJR3JVP		03/24/202	03/20/202	04/19/202			797.91	0.00	0.00	797.91
1G4D1G4GHJJ3		03/24/202	03/21/202	04/20/202			39.38	0.00	0.00	39.38
D019684089110645		04/02/202	04/02/202	04/01/202			179.00	0.00	0.00	179.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14028 AMAZON CAPITAL SERVICES							1,369.65	0.00	0.00	1,369.65
Vendor#	Vendor Name	Class	Pay Code							
10419	AMBU INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
225067687		03/31/202	03/17/202	04/24/202			104.37	0.00	0.00	104.37
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10419 AMBU INC							104.37	0.00	0.00	104.37
Vendor#	Vendor Name	Class	Pay Code							
A1360	AMERISOURCEBERGEN DRUG CORP	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

Business Prime Annual Membership

✓	3209717164		04/01/202	03/21/202	04/01/202		618.00	0.00	0.00	618.00	✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
	A1360	AMERISOURCEBERGEN DRUG CORP					618.00	0.00	0.00	618.00	
Vendor#	Vendor Name		Class	Pay Code							
15456	✓	AMERITEX ELEVATOR SERVICES INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	20251489		03/31/202	04/01/202	04/24/202			750.00	0.00	0.00	750.00
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
	15456	AMERITEX ELEVATOR SERVICES INC					750.00	0.00	0.00	750.00	
Vendor#	Vendor Name		Class	Pay Code							
11247	✓	AVENO NETWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	15592		04/02/202	04/01/202	04/11/202			850.00	0.00	0.00	850.00
✓	15616		04/02/202	04/01/202	04/16/202			4,000.00	0.00	0.00	4,000.00
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
	11247	AVENO NETWORKS					4,850.00	0.00	0.00	4,850.00	
Vendor#	Vendor Name		Class	Pay Code							
16992	✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	SANBAR0001		04/01/202	04/01/202	04/01/202			50.88	0.00	0.00	50.88
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
	16992						50.88	0.00	0.00	50.88	
Vendor#	Vendor Name		Class	Pay Code							
M2485	✓	BAYER HEALTHCARE		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	6011808173		03/05/202	02/13/202	03/11/202			1,334.77	0.00	0.00	1,334.77
✓	6011841328		03/11/202	03/13/202	03/21/202			877.74	0.00	0.00	877.74
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
	M2485	BAYER HEALTHCARE					2,212.51	0.00	0.00	2,212.51	
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
✓	111931018		03/18/202	03/24/202	04/18/202			2,141.86	0.00	0.00	2,141.86
✓	5500700		03/31/202	03/25/202	04/24/202			1,337.05	0.00	0.00	1,337.05
✓	7380657		03/31/202	03/25/202	04/24/202			7,885.61	0.00	0.00	7,885.61
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
	B1220	BECKMAN COULTER INC					11,364.52	0.00	0.00	11,364.52	
Vendor#	Vendor Name		Class	Pay Code							
11072	✓	BIO-RAD LABORATORIES, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	908099719		03/11/202	03/18/202	04/24/202			1,091.00	0.00	0.00	1,091.00
✓	908083170		04/01/202	03/12/202	04/01/202			1,379.57	0.00	0.00	1,379.57
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
	11072	BIO-RAD LABORATORIES, INC					2,470.57	0.00	0.00	2,470.57	

Vendor#	Vendor Name				Class	Pay Code					
15332											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	CARNOL0001		04/01/202	04/01/202	04/01/202			123.52	0.00	0.00	123.52
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
	15332							123.52	0.00	0.00	123.52
Vendor#	Vendor Name					Class	Pay Code				
17056											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	HERBRE0001		04/01/202	04/01/202	04/01/202			40.00	0.00	0.00	40.00
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
	17056							40.00	0.00	0.00	40.00
Vendor#	Vendor Name					Class	Pay Code				
B1800	BRIGGS HEALTHCARE					M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	B482513		03/11/202	03/24/202	04/24/202			152.90	0.00	0.00	152.90
	B482267		03/31/202	03/19/202	04/24/202			147.50	0.00	0.00	147.50
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE						300.40	0.00	0.00	300.40
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
	033125		03/31/202	03/31/202	04/24/202			62.18	0.00	0.00	62.18
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY						62.18	0.00	0.00	62.18
Vendor#	Vendor Name					Class	Pay Code				
C1325	CARDINAL HEALTH 414, INC.					W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8003794189		03/31/202	03/16/202	04/10/202			436.75	0.00	0.00	436.75
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.						436.75	0.00	0.00	436.75
Vendor#	Vendor Name					Class	Pay Code				
10541	CARESFIELD										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2000295342		03/24/202	03/21/202	04/20/202			23.80	0.00	0.00	23.80
	2000295341		03/31/202	03/18/202	04/24/202			208.80	0.00	0.00	208.80
	2000296101		03/31/202	03/25/202	04/24/202			159.50	0.00	0.00	159.50
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
	10541	CARESFIELD						392.10	0.00	0.00	392.10
Vendor#	Vendor Name					Class	Pay Code				
14236	CARRIER CORPORATION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	90439614		03/31/202	03/28/202	04/20/202			12,830.00	0.00	0.00	12,830.00
	90439610	CHILLER RENTAL 120229-122924	03/31/202	03/28/202	04/20/202			12,830.00	0.00	0.00	12,830.00
	90439608	CHILLER RENTAL 110424-120124	03/31/202	03/28/202	04/20/202			12,830.00	0.00	0.00	12,830.00

CHILLER RENTAL 100724-110324

Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
14236		CARRIER CORPORATION		38,490.00		0.00		0.00		38,490.00	
Vendor#	Vendor Name			Class		Pay Code					
C1992	CDW GOVERNMENT, INC.			M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
AS3EG2F		03/11/202	03/18/202	04/24/202			308.71	0.00	0.00	308.71	
AD3SJ4D		03/11/202	03/20/202	04/24/202			6.85	0.00	0.00	6.85	
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
C1992		CDW GOVERNMENT, INC.		315.56		0.00		0.00		315.56	
Vendor#	Vendor Name			Class		Pay Code					
C1390	CENTRAL DRUG			W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
0014		03/31/202	03/24/202	04/24/202			24.25	0.00	0.00	24.25	
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
C1390		CENTRAL DRUG		24.25		0.00		0.00		24.25	
Vendor#	Vendor Name			Class		Pay Code					
17012											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
LIARHE0001		04/01/202	04/01/202	04/01/202			16.49	0.00	0.00	16.49	
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
17012				16.49		0.00		0.00		16.49	
Vendor#	Vendor Name			Class		Pay Code					
13000	CLEARFLY										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
INV697157		04/02/202	04/01/202	04/15/202			1,233.37	0.00	0.00	1,233.37	
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
13000		CLEARFLY		1,233.37		0.00		0.00		1,233.37	
Vendor#	Vendor Name			Class		Pay Code					
C1166	COASTAL OFFICE SOLUTONS			W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
OEQT304861		03/24/202	03/20/202	03/30/202			1,201.39	0.00	0.00	1,201.39	
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
C1166		COASTAL OFFICE SOLUTONS		1,201.39		0.00		0.00		1,201.39	
Vendor#	Vendor Name			Class		Pay Code					
11030	COMBINED INSURANCE										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
040125		04/02/202	04/01/202	04/01/202			501.72	0.00	0.00	501.72	
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
11030		COMBINED INSURANCE		501.72		0.00		0.00		501.72	
Vendor#	Vendor Name			Class		Pay Code					
17024											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
FRADAW0001		04/01/202	04/01/202	04/01/202			120.00	0.00	0.00	120.00	
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
17024				120.00		0.00		0.00		120.00	
Vendor#	Vendor Name			Class		Pay Code					
17008											

✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	RODDEV000		04/01/202	04/01/202	04/01/202			40.00	0.00	0.00	40.00	
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
	17008							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	✓
	✓	7881950	03/31/202	03/20/202	04/14/202			501.02	0.00	0.00	501.02	
	✓	7880051	03/31/202	03/20/202	04/24/202			195.96	0.00	0.00	195.96	✓
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
	10368	DEWITT POTH & SON						696.98	0.00	0.00	696.98	
Vendor#	Vendor Name					Class	Pay Code					
16976	✓											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	✓	AUTDAS0001	04/01/202	04/01/202	04/01/202			30.00	0.00	0.00	30.00	
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
	16976							30.00	0.00	0.00	30.00	
Vendor#	Vendor Name					Class	Pay Code					
16472	✓											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	✓	MARELO000	04/01/202	04/01/202	04/01/202			40.00	0.00	0.00	40.00	
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
	16472							40.00	0.00	0.00	40.00	
Vendor#	Vendor Name					Class	Pay Code					
T0383	✓	ERIN CLEVINGER				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	✓	040125	04/01/202	04/01/202	04/01/202			400.91	0.00	0.00	400.91	
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
	T0383	ERIN CLEVINGER						400.91	0.00	0.00	400.91	
Vendor#	Vendor Name					Class	Pay Code					
17044	✓											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	✓	SANFID0001	04/01/202	04/01/202	04/01/202			15.00	0.00	0.00	15.00	
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
	17044							15.00	0.00	0.00	15.00	
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	✓
	✓	284082	03/31/202	03/25/202	04/24/202			815.00	0.00	0.00	815.00	
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
	14336	FIRETRON, INC						815.00	0.00	0.00	815.00	
Vendor#	Vendor Name					Class	Pay Code					
F1400		FISHER HEALTHCARE				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	✓	8975488	03/18/202	02/18/202	03/15/202			307.94	0.00	0.00	307.94	
	✓	9685090	03/24/202	03/19/202	04/13/202			400.96	0.00	0.00	400.96	✓

NARHC Conference

5yr Sprinkler inspection

✓ 9856275	03/31/202 03/26/202 04/24/202	519.20	0.00	0.00	519.20 ✓
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✓ 9890332	04/01/202 03/27/202 04/21/202	83.41	0.00	0.00	83.41 ✓
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Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	1,311.51	0.00	0.00	1,311.51

Vendor#	Vendor Name	Class	Pay Code								
10599 ✓	FORVIS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	2453144		03/31/202	03/26/202	04/24/202			15,750.00	0.00	0.00	15,750.00 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10599	FORVIS	15,750.00	0.00	0.00	15,750.00

Vendor#	Vendor Name	Class	Pay Code								
11183 ✓	FRONTIER										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	031925		03/31/202	03/19/202	04/24/202			-9.67	0.00	0.00	-9.67 ✓

✓	032325		04/02/202	03/23/202	04/01/202			115.13	0.00	0.00	115.13 ✓
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Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	105.46	0.00	0.00	105.46

Vendor#	Vendor Name	Class	Pay Code								
14156 ✓	FUJI FILM										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	91617861		03/31/202	03/25/202	04/24/202			7,908.33	0.00	0.00	7,908.33 ✓

MARCH INVOICE

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

Vendor#	Vendor Name	Class	Pay Code								
11149 ✓	GBS ADMINISTRATORS, INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	749573148982		03/31/202	03/20/202	04/24/202			4,770.25	0.00	0.00	4,770.25 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11149	GBS ADMINISTRATORS, INC	4,770.25	0.00	0.00	4,770.25

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
✓	9440202035		03/11/202	03/17/202	04/24/202			800.00	0.00	0.00	800.00 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	800.00	0.00	0.00	800.00

Vendor#	Vendor Name	Class	Pay Code								
G0401 ✓	GULF COAST DELIVERY										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	033125		03/31/202	03/31/202	04/24/202			25.00	0.00	0.00	25.00 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY	25.00	0.00	0.00	25.00

Vendor#	Vendor Name	Class	Pay Code								
G1210 ✓	GULF COAST PAPER COMPANY	M									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	2632764		03/31/202	03/25/202	04/24/202			624.06	0.00	0.00	624.06 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
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	G1210	GULF COAST PAPER COMPANY					624.06	0.00	0.00	624.06
Vendor#	Vendor Name		Class	Pay Code						
17048										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	MEYHAR0001		04/01/202	04/01/202	04/01/202		40.00	0.00	0.00	40.00
	Vendor Totals: Number		Name				Gross	Discount	No-Pay	Net
	17048						40.00	0.00	0.00	40.00
Vendor#	Vendor Name		Class	Pay Code						
15348	HEALTH EQUITY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	EIQF1YA		03/31/202	01/06/202	04/24/202		316.70	0.00	0.00	316.70
	D585495		03/31/202	02/06/202	04/24/202		321.20	0.00	0.00	321.20
	ZCYB3P5		03/31/202	03/06/202	04/24/202		318.95	0.00	0.00	318.95
	Vendor Totals: Number		Name				Gross	Discount	No-Pay	Net
	15348		HEALTH EQUITY				956.85	0.00	0.00	956.85
Vendor#	Vendor Name		Class	Pay Code						
10530	HUMANA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	ARRLOR0001		04/01/202	02/12/202	04/01/202		91.82	0.00	0.00	91.82
	Vendor Totals: Number		Name				Gross	Discount	No-Pay	Net
	10530		HUMANA				91.82	0.00	0.00	91.82
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
	711877		03/31/202	04/01/202	04/01/202		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						
17036										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	CALJAC0003		04/01/202	04/01/202	04/01/202		15.00	0.00	0.00	15.00
	Vendor Totals: Number		Name				Gross	Discount	No-Pay	Net
	17036						15.00	0.00	0.00	15.00
Vendor#	Vendor Name		Class	Pay Code						
16348										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	RIVJON0001A		04/01/202	04/01/202	04/01/202		40.00	0.00	0.00	40.00
	Vendor Totals: Number		Name				Gross	Discount	No-Pay	Net
	16348						40.00	0.00	0.00	40.00
Vendor#	Vendor Name		Class	Pay Code						
17020										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	RODJOS0011		04/01/202	04/01/202	04/01/202		19.11	0.00	0.00	19.11
	Vendor Totals: Number		Name				Gross	Discount	No-Pay	Net
	17020						19.11	0.00	0.00	19.11
Vendor#	Vendor Name		Class	Pay Code						
16972										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AOUJOS0001		04/01/202	04/01/202	04/01/202			20.00	0.00	0.00	20.00
Vendor Totals:							Gross	Discount	No-Pay	Net
Number	Name						20.00	0.00	0.00	20.00
16972	[REDACTED]									
Vendor#	Vendor Name					Class	Pay Code			
16980	[REDACTED]									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
VICKAT0002		04/01/202	04/01/202	04/01/202			52.93	0.00	0.00	52.93
Vendor Totals:							Gross	Discount	No-Pay	Net
Number	Name						52.93	0.00	0.00	52.93
16980	[REDACTED]									
Vendor#	Vendor Name					Class	Pay Code			
16988	[REDACTED]									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CLAKEL0001		04/01/202	04/01/202	04/01/202			19.11	0.00	0.00	19.11
Vendor Totals:							Gross	Discount	No-Pay	Net
Number	Name						19.11	0.00	0.00	19.11
16988	[REDACTED]									
Vendor#	Vendor Name					Class	Pay Code			
14720	LABORIE MEDICAL TECHNOLOGIES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90747628		03/11/202	03/07/202	04/01/202			389.75	0.00	0.00	389.75
Vendor Totals:							Gross	Discount	No-Pay	Net
Number	Name						389.75	0.00	0.00	389.75
14720	LABORIE MEDICAL TECHNOLOGIES									
Vendor#	Vendor Name					Class	Pay Code			
11600	LEGAL SHIELD									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
031525		03/31/202	03/15/202	04/24/202			505.65	0.00	0.00	505.65
Vendor Totals:							Gross	Discount	No-Pay	Net
Number	Name						505.65	0.00	0.00	505.65
11600	LEGAL SHIELD									
Vendor#	Vendor Name					Class	Pay Code			
16132	[REDACTED]									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DRELEO0001		04/01/202	04/01/202	04/01/202			40.00	0.00	0.00	40.00
Vendor Totals:							Gross	Discount	No-Pay	Net
Number	Name						40.00	0.00	0.00	40.00
16132	[REDACTED]									
Vendor#	Vendor Name					Class	Pay Code			
10371	LOFTIN EQUIPMENT COMPANY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00053337		03/31/202	02/12/202	04/24/202			2,685.00	0.00	0.00	2,685.00
Vendor Totals:							Gross	Discount	No-Pay	Net
Number	Name						2,685.00	0.00	0.00	2,685.00
10371	LOFTIN EQUIPMENT COMPANY									
Vendor#	Vendor Name					Class	Pay Code			
16700	[REDACTED]									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BELLRO0001A		04/01/202	04/01/202	04/01/202			40.00	0.00	0.00	40.00
Vendor Totals:							Gross	Discount	No-Pay	Net
Number	Name						40.00	0.00	0.00	40.00
16700	[REDACTED]									
Vendor#	Vendor Name					Class	Pay Code			
17052	[REDACTED]									

✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ BILMAR0001		04/01/202	04/01/202	04/01/202			46.36	0.00	0.00	46.36 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
17052 [REDACTED]							46.36	0.00	0.00	46.36
Vendor#	Vendor Name				Class	Pay Code				
M2178 ✓	MCKESSON MEDICAL SURGICAL INC									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 23518879		04/01/202	03/27/202	04/11/202			295.89	0.00	0.00	295.89 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
M2178 MCKESSON MEDICAL SURGICAL INC							295.89	0.00	0.00	295.89
Vendor#	Vendor Name				Class	Pay Code				
11203 ✓	MEDI-DOSE, INC									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 0948238		03/24/202	01/10/202	04/24/202			229.70	0.00	0.00	229.70 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11203 MEDI-DOSE, INC							229.70	0.00	0.00	229.70
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
✓ 2360456302		03/11/202	03/06/202	03/31/202			-283.95	0.00	0.00	-283.95 ✓
✓ 2360627940		03/11/202	03/07/202	04/01/202			-63.74	0.00	0.00	-63.74 ✓
✓ 2362135728		03/11/202	03/18/202	04/12/202			65.33	0.00	0.00	65.33 ✓
✓ 2362316904		03/11/202	03/19/202	04/13/202			505.89	0.00	0.00	505.89 ✓
✓ 2362316908		03/11/202	03/19/202	04/13/202			3,737.26	0.00	0.00	3,737.26 ✓
✓ 2362499449		03/11/202	03/20/202	04/14/202			-20.99	0.00	0.00	-20.99 ✓
✓ 2337843502		03/17/202	10/02/202	10/27/202			28.00	0.00	0.00	28.00 ✓
✓ 2361193323		03/17/202	03/12/202	04/06/202			22,636.53	0.00	0.00	22,636.53 ✓
✓ 2357143927		03/18/202	02/12/202	03/09/202			842.12	0.00	0.00	842.12 ✓
✓ 2363057479		03/18/202	03/25/202	04/19/202			28.08	0.00	0.00	28.08 ✓
✓ 2363057478		03/18/202	03/25/202	04/19/202			593.76	0.00	0.00	593.76 ✓
✓ 2337843500		03/18/202	10/02/202	04/01/202			1,571.03	0.00	0.00	1,571.03 ✓
✓ 2358200488		03/31/202	02/19/202	03/16/202			3,680.71	0.00	0.00	3,680.71 ✓
✓ 2358200480		03/31/202	02/19/202	04/24/202			61.10	0.00	0.00	61.10 ✓
✓ 2358200477		03/31/202	02/19/202	04/24/202			101.42	0.00	0.00	101.42 ✓
✓ 2358200479		03/31/202	02/19/202	04/24/202			124.94	0.00	0.00	124.94 ✓
✓ 2358200481		03/31/202	02/19/202	04/24/202			41.53	0.00	0.00	41.53 ✓

✓	2358200485	03/31/202 02/19/202 04/24/202	109.16	0.00	0.00	109.16	✓
✓	2358200482	03/31/202 02/19/202 04/24/202	22.68	0.00	0.00	22.68	✓
✓	2358200489	03/31/202 02/19/202 04/24/202	30.65	0.00	0.00	30.65	✓
✓	2358200483	03/31/202 02/19/202 04/24/202	61.30	0.00	0.00	61.30	✓
✓	2358200476	03/31/202 02/19/202 04/24/202	36.45	0.00	0.00	36.45	✓
✓	2358200484	03/31/202 02/19/202 04/24/202	253.62	0.00	0.00	253.62	✓
✓	2363222700	03/31/202 03/26/202 04/24/202	11.24	0.00	0.00	11.24	✓
✓	2363219099	03/31/202 03/26/202 04/24/202	4,562.61	0.00	0.00	4,562.61	✓
✓	2363219098	03/31/202 03/26/202 04/24/202	1,291.43	0.00	0.00	1,291.43	✓
✓	2363219096	03/31/202 03/26/202 04/24/202	20.99	0.00	0.00	20.99	✓
✓	2363219095	03/31/202 03/26/202 04/24/202	212.90	0.00	0.00	212.90	✓
✓	2363219094	03/31/202 03/26/202 04/24/202	49.80	0.00	0.00	49.80	✓
✓	2363219097	03/31/202 03/26/202 04/24/202	15.71	0.00	0.00	15.71	✓
✓	2363516160	03/31/202 03/27/202 04/24/202	133.85	0.00	0.00	133.85	✓
✓	2363516159	03/31/202 03/27/202 04/24/202	7.06	0.00	0.00	7.06	✓
✓	2358200475	04/01/202 02/19/202 03/16/202	67.08	0.00	0.00	67.08	✓
✓	2358200486	04/01/202 02/19/202 03/16/202	30.86	0.00	0.00	30.86	✓
✓	2358200478	04/01/202 02/19/202 03/16/202	2,248.39	0.00	0.00	2,248.39	✓
✓	2358200487	04/01/202 02/19/202 03/16/202	16,914.64	0.00	0.00	16,914.64	✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	59,729.44	0.00	0.00	59,729.44

Vendor#	Vendor Name	Class	Pay Code							
17004	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	CAMMIK0001	04/01/202	04/01/202	04/01/202			120.00	0.00	0.00	120.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17004		120.00	0.00	0.00	120.00

Vendor#	Vendor Name	Class	Pay Code							
10536	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	3148641	03/31/202	03/12/202	04/24/202			42.49	0.00	0.00	42.49
✓	3148640	03/31/202	03/12/202	04/24/202			8.39	0.00	0.00	8.39
✓	3152251	03/31/202	03/12/202	04/24/202			129.82	0.00	0.00	129.82

✓ 3156092	03/31/202 03/13/202 04/24/202	271.69	0.00	0.00	271.69 ✓
✓ 3156091	03/31/202 03/13/202 04/24/202	2.03	0.00	0.00	2.03 ✓
✓ 3154675	03/31/202 03/13/202 04/24/202	79.31	0.00	0.00	79.31 ✓
✓ 3162716	03/31/202 03/16/202 04/24/202	11,685.53	0.00	0.00	11,685.53 ✓
✓ 3162717	03/31/202 03/16/202 04/24/202	774.47	0.00	0.00	774.47 ✓
✓ 3162715	03/31/202 03/16/202 04/24/202	41.15	0.00	0.00	41.15 ✓
✓ 3168742	03/31/202 03/17/202 04/24/202	158.20	0.00	0.00	158.20 ✓
✓ 3168741	03/31/202 03/17/202 04/24/202	56.74	0.00	0.00	56.74 ✓
✓ 0042673	03/31/202 03/18/202 04/24/202	1,050.00	0.00	0.00	1,050.00 ✓
✓ 3174645	03/31/202 03/18/202 04/24/202	643.54	0.00	0.00	643.54 ✓
✓ 3174644	03/31/202 03/18/202 04/24/202	454.17	0.00	0.00	454.17 ✓
✓ CM95569	03/31/202 03/19/202 03/29/202	-5,955.82	0.00	0.00	-5,955.82 ✓
✓ 3176516	03/31/202 03/19/202 04/24/202	1,013.25	0.00	0.00	1,013.25 ✓
✓ CM95570	03/31/202 03/19/202 04/24/202	-2.67	0.00	0.00	-2.67 ✓
✓ 3180293	03/31/202 03/19/202 04/24/202	12,370.69	0.00	0.00	12,370.69 ✓
✓ 3176517	03/31/202 03/19/202 04/24/202	50.93	0.00	0.00	50.93 ✓
✓ CM95571	03/31/202 03/19/202 04/24/202	-82.60	0.00	0.00	-82.60 ✓
✓ 3177949	03/31/202 03/19/202 04/24/202	276.62	0.00	0.00	276.62 ✓
✓ 3177950	03/31/202 03/19/202 04/24/202	608.53	0.00	0.00	608.53 ✓
✓ 3180292	03/31/202 03/19/202 04/24/202	986.71	0.00	0.00	986.71 ✓
✓ CM95920	03/31/202 03/20/202 04/24/202	-43.36	0.00	0.00	-43.36 ✓
✓ 3181812	03/31/202 03/20/202 04/24/202	23.79	0.00	0.00	23.79 ✓
✓ 3185089	03/31/202 03/20/202 04/24/202	956.46	0.00	0.00	956.46 ✓
✓ 3185088	03/31/202 03/20/202 04/24/202	9.47	0.00	0.00	9.47 ✓
✓ 3189299	03/31/202 03/23/202 04/24/202	131.67	0.00	0.00	131.67 ✓
✓ 3191560	03/31/202 03/23/202 04/24/202	50.47	0.00	0.00	50.47 ✓
✓ 3191561	03/31/202 03/23/202 04/24/202	296.95	0.00	0.00	296.95 ✓
✓ 3195889	03/31/202 03/24/202 04/24/202	47.30	0.00	0.00	47.30 ✓

✓	3195890	03/31/202 03/24/202 04/24/202	3,326.26	0.00	0.00	3,326.26	✓
✓	3198546	04/01/202 03/25/202 04/04/202	189.89	0.00	0.00	189.89	✓
	SC7815	04/01/202 03/25/202 04/04/202	118.00	0.00	0.00	118.00	
	Removed invoice .10 over						
✓	3201383	04/01/202 03/25/202 04/04/202	1,196.19	0.00	0.00	1,196.19	✓
✓	SC7816	04/01/202 03/25/202 04/04/202	19.16	0.00	0.00	19.16	✓
✓	SC7817	04/01/202 03/25/202 04/04/202	92.55	0.00	0.00	92.55	✓
✓	SC7818	04/01/202 03/25/202 04/04/202	323.51	0.00	0.00	323.51	✓
✓	3201382	04/01/202 03/25/202 04/04/202	613.11	0.00	0.00	613.11	✓
✓	3206703	04/01/202 03/26/202 04/05/202	3,917.66	0.00	0.00	3,917.66	✓
✓	3206704	04/01/202 03/26/202 04/05/202	3,218.25	0.00	0.00	3,218.25	✓
✓	3212449	04/01/202 03/27/202 04/06/202	391.24	0.00	0.00	391.24	✓
✓	3209220	04/01/202 03/27/202 04/06/202	437.65	0.00	0.00	437.65	✓
✓	3209221	04/01/202 03/27/202 04/06/202	94.81	0.00	0.00	94.81	✓
✓	3212448	04/01/202 03/27/202 04/06/202	28.32	0.00	0.00	28.32	✓
✓	3217663	04/01/202 03/30/202 04/09/202	3,193.69	0.00	0.00	3,193.69	✓
✓	3217661	04/01/202 03/30/202 04/09/202	86.19	0.00	0.00	86.19	✓
✓	3217662	04/01/202 03/30/202 04/09/202	22.15	0.00	0.00	22.15	✓
✓	3217665	04/01/202 03/30/202 04/09/202	1,561.78	0.00	0.00	1,561.78	✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	44,966.33	0.00	0.00	44,966.33

Vendor#	Vendor Name	Class	Pay Code
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15224 ✓ MUTUAL OF OMAHA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
001863104092		03/31/202	03/31/202	04/24/202			24,004.31	0.00	0.00	24,004.31

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15224	MUTUAL OF OMAHA	24,004.31	0.00	0.00	24,004.31

Vendor#	Vendor Name	Class	Pay Code
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16904 ✓ [REDACTED]

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CURNAN0001		04/01/202	04/01/202	04/01/202			24.00	0.00	0.00	24.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16904	[REDACTED]	24.00	0.00	0.00	24.00

Vendor#	Vendor Name	Class	Pay Code
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16004 ✓ NITOR E LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
47018		03/31/202	03/26/202	04/24/202			160.34	0.00	0.00	160.34

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		16004	NITOR E LLC				160.34	0.00	0.00	160.34
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
	37829670		03/31/202	03/28/202	04/24/202		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#	Vendor Name			Class	Pay Code					
O1416	ORTHO CLINICAL DIAGNOSTICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1853975154		03/11/202	03/19/202	04/18/202		230.25	0.00	0.00	230.25
	1853979556		03/18/202	03/24/202	04/23/202		838.33	0.00	0.00	838.33
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		O1416	ORTHO CLINICAL DIAGNOSTICS				1,068.58	0.00	0.00	1,068.58
Vendor#	Vendor Name			Class	Pay Code					
15988	PEARSON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	27232020		03/31/202	12/10/202	04/24/202		1,095.94	0.00	0.00	1,095.94
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		15988	PEARSON				1,095.94	0.00	0.00	1,095.94
Vendor#	Vendor Name			Class	Pay Code					
P1800	PITNEY BOWES INC			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1027161971		03/31/202	03/22/202	04/24/202		198.00	0.00	0.00	198.00
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		P1800	PITNEY BOWES INC				198.00	0.00	0.00	198.00
Vendor#	Vendor Name			Class	Pay Code					
14764	PL-CPR, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	371		03/31/202	03/26/202	04/24/202		1,260.00	0.00	0.00	1,260.00
	372		03/31/202	03/27/202	04/24/202		60.00	0.00	0.00	60.00
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14764	PL-CPR, LLC				1,320.00	0.00	0.00	1,320.00
Vendor#	Vendor Name			Class	Pay Code					
12708	POC ELECTRIC, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	4309		03/31/202	03/21/202	04/24/202		750.00	0.00	0.00	750.00
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		12708	POC ELECTRIC, LLC				750.00	0.00	0.00	750.00
Vendor#	Vendor Name			Class	Pay Code					
P1971	PORT LAVACA FORD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	314593		03/31/202	01/27/202	04/24/202		315.15	0.00	0.00	315.15
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		P1971	PORT LAVACA FORD				315.15	0.00	0.00	315.15

Vendor#	Vendor Name				Class	Pay Code					
10372	PRECISION DYNAMICS CORP (PDC)										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9358560762		03/24/202	03/18/202	04/17/202			167.60	0.00	0.00	167.60
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)					167.60	0.00	0.00	167.60
Vendor#	Vendor Name										
16760											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	ROSRAY0002		04/01/202	04/01/202	04/01/202			33.88	0.00	0.00	33.88
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		16760						33.88	0.00	0.00	33.88
Vendor#	Vendor Name										
17016											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	OVAREB0001		04/01/202	04/01/202	04/01/202			40.00	0.00	0.00	40.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17016						40.00	0.00	0.00	40.00
Vendor#	Vendor Name										
17028											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MILRIC0001		04/01/202	04/01/202	04/01/202			120.00	0.00	0.00	120.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17028						120.00	0.00	0.00	120.00
Vendor#	Vendor Name										
16996											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	PALRON0001		04/01/202	04/01/202	04/01/202			10.00	0.00	0.00	10.00
	PALRON0001A		04/01/202	04/01/202	04/01/202			10.00	0.00	0.00	10.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		16996						20.00	0.00	0.00	20.00
Vendor#	Vendor Name										
S2001	SIEMENS MEDICAL SOLUTIONS INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	116699994		03/31/202	03/19/202	04/24/202			3,507.72	0.00	0.00	3,507.72
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC					3,507.72	0.00	0.00	3,507.72
Vendor#	Vendor Name										
10681	SIMMLER, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	195827		03/31/202	03/27/202	04/24/202			239.00	0.00	0.00	239.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10681	SIMMLER, INC.					239.00	0.00	0.00	239.00
Vendor#	Vendor Name										
15236	SPECIALTY PROFESSIONAL										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1250000320		03/30/202	03/07/202	04/01/202			3,396.25	0.00	0.00	3,396.25

✓ 1250000352 03/30/202 03/14/202 04/01/202 3,348.75 0.00 0.00 3,348.75 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15236	SPECIALTY PROFESSIONAL	6,745.00	0.00	0.00	6,745.00

Vendor# Vendor Name Class Pay Code

10094 ✓ ST DAVIDS HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ MMCPL202502		04/01/202	03/25/202	04/01/202			375.00	0.00	0.00	375.00

Vendor Totals: Number Name
10094 ST DAVIDS HEALTHCARE

Gross	Discount	No-Pay	Net
375.00	0.00	0.00	375.00

Vendor# Vendor Name Class Pay Code

17000 ✓ [REDACTED]

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ GUEST0003		04/01/202	04/01/202	04/01/202			48.24	0.00	0.00	48.24

Vendor Totals: Number Name
17000 [REDACTED]

Gross	Discount	No-Pay	Net
48.24	0.00	0.00	48.24

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
✓ 9208848562		03/31/202	03/26/202	04/24/202			333.74	0.00	0.00	333.74

Vendor Totals: Number Name
10735 STRYKER SALES, LLC

Gross	Discount	No-Pay	Net
333.74	0.00	0.00	333.74

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
✓ 1121		03/31/202	02/26/202	03/28/202			840.00	0.00	0.00	840.00

✓ 1146		03/31/202	03/21/202	04/24/202			1,560.00	0.00	0.00	1,560.00
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Vendor Totals: Number Name
17248 SUMMIT PAIN AND WELLNESS

Gross	Discount	No-Pay	Net
2,400.00	0.00	0.00	2,400.00

Vendor# Vendor Name Class Pay Code

14212 ✓ SURGICAL DIRECT SOUTH

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9355		03/31/202	03/25/202	04/24/202			3,000.00	0.00	0.00	3,000.00

Vendor Totals: Number Name
14212 SURGICAL DIRECT SOUTH

Gross	Discount	No-Pay	Net
3,000.00	0.00	0.00	3,000.00

Vendor# Vendor Name Class Pay Code

14524 ✓ SYSMEX AMERICA, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 95833932		03/11/202	03/24/202	04/24/202			527.44	0.00	0.00	527.44

Vendor Totals: Number Name
14524 SYSMEX AMERICA, INC.

Gross	Discount	No-Pay	Net
527.44	0.00	0.00	527.44

Vendor# Vendor Name Class Pay Code

T2050 ✓ TEXAS HOSPITAL INS EXCHANGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 030525		03/31/202	03/05/202	04/24/202			959.77	0.00	0.00	959.77

Vendor Totals: Number Name
T2050 TEXAS HOSPITAL INS EXCHANGE

Gross	Discount	No-Pay	Net
959.77	0.00	0.00	959.77

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
✓ 0025154		03/31/202	03/27/202	04/24/202			3,663.00	0.00	0.00	3,663.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10758	TEXAS SELECT STAFFING, LLC	3,663.00	0.00	0.00	3,663.00

Vendor#	Vendor Name	Class	Pay Code
D0415 ✓	██████████		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ DUNTRA0001		04/01/202	04/01/202	04/01/202			24.00	0.00	0.00	24.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
D0415	██████████	24.00	0.00	0.00	24.00

Vendor#	Vendor Name	Class	Pay Code
10841 ✓	TRUBRIDGE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ ADJCM1378		03/31/202	03/14/202	04/24/202			-46,230.00	0.00	0.00	-46,230.00 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ T2503181378		03/31/202	03/18/202	04/24/202			106,182.14	0.00	0.00	106,182.14 ✓

FEBRUARY INVOICE

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10841	TRUBRIDGE, LLC	59,952.14	0.00	0.00	59,952.14

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2921056265		03/25/202	03/24/202	04/18/202			139.89	0.00	0.00	139.89 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2921056257		03/25/202	03/24/202	04/18/202			3,239.93	0.00	0.00	3,239.93 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2921052029		03/31/202	01/23/202	04/24/202			173.16	0.00	0.00	173.16 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2921054145		03/31/202	02/20/202	04/24/202			194.80	0.00	0.00	194.80 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2921056640		03/31/202	03/27/202	04/21/202			181.87	0.00	0.00	181.87 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2921056643		03/31/202	03/27/202	04/21/202			193.55	0.00	0.00	193.55 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2921056645		03/31/202	03/27/202	04/21/202			150.06	0.00	0.00	150.06 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2921056625		03/31/202	03/27/202	04/21/202			158.79	0.00	0.00	158.79 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2921056650		03/31/202	03/27/202	04/21/202			136.96	0.00	0.00	136.96 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2921056648		03/31/202	03/27/202	04/21/202			266.31	0.00	0.00	266.31 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2921056634		03/31/202	03/27/202	04/21/202			502.84	0.00	0.00	502.84 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2921056622		03/31/202	03/27/202	04/21/202			2,781.32	0.00	0.00	2,781.32 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC	8,119.48	0.00	0.00	8,119.48

Vendor#	Vendor Name	Class	Pay Code
11110 ✓	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9111754545		03/11/202	02/05/202	04/24/202			1,102.33	0.00	0.00	1,102.33 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
I1110	WERFEN USA LLC	1,102.33	0.00	0.00	1,102.33

Vendor#	Vendor Name	Class	Pay Code
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10556	WOUND CARE SPECIALISTS		
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS00007234		03/31/202	03/01/202	04/24/202			9,250.00	0.00	0.00	9,250.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10556	WOUND CARE SPECIALISTS	9,250.00	0.00	0.00	9,250.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	344,927.68	0.00	0.00	~~344,927.68~~

APPROVED ON

APR 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 208370-
208409

344,927.68 +
118.00 -
344,809.68

Pg12. invoice is for more

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RUN DATE:04/07/25
TIME:18:30

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/09/25 THRU 04/09/25

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	208370	04/09/25	3,652.75	AIRGAS USA, LLC - CENTRAL DIV
A/P	208371	04/09/25	552.00	ALLOMETRICS, INC.
A/P	208372	04/09/25	20.00	
A/P	208373	04/09/25	1,369.65	AMAZON CAPITAL SERVICES
A/P	208374	04/09/25	104.37	AMBU INC
A/P	208375	04/09/25	618.00	AMERISOURCEBERGEN DRUG CORP
A/P	208376	04/09/25	750.00	AMERITEX ELEVATOR SERVICES INC
A/P	208377	04/09/25	4,850.00	AVENO NETWORKS
A/P	208378	04/09/25	50.88	
A/P	208379	04/09/25	2,212.51	BAYER HEALTHCARE
A/P	208380	04/09/25	11,364.52	BECKMAN COULTER INC
A/P	208381	04/09/25	2,470.57	BIO-RAD LABORATORIES, INC
A/P	208382	04/09/25	123.52	
A/P	208383	04/09/25	40.00	
A/P	208384	04/09/25	300.40	BRIGGS HEALTHCARE
A/P	208385	04/09/25	62.18	CALHOUN COUNTY
A/P	208386	04/09/25	436.75	CARDINAL HEALTH 414, INC.
A/P	208387	04/09/25	392.10	CARESFIELD
A/P	208388	04/09/25	38,490.00	CARRIER CORPORATION
A/P	208389	04/09/25	315.56	CDW GOVERNMENT, INC.
A/P	208390	04/09/25	24.25	CENTRAL DRUG
A/P	208391	04/09/25	16.49	
A/P	208392	04/09/25	1,233.37	CLEARFLY
A/P	208393	04/09/25	1,201.39	COASTAL OFFICE SOLUTIONS
A/P	208394	04/09/25	501.72	COMBINED INSURANCE
A/P	208395	04/09/25	120.00	
A/P	208396	04/09/25	40.00	
A/P	208397	04/09/25	696.98	DEWITT POTH & SON
A/P	208398	04/09/25	30.00	
A/P	208399	04/09/25	40.00	
A/P	208400	04/09/25	400.91	ERIN CLEVINGER
A/P	208401	04/09/25	15.00	
A/P	208402	04/09/25	815.00	FIRETRON, INC
A/P	208403	04/09/25	1,311.51	FISHER HEALTHCARE
A/P	208404	04/09/25	15,750.00	FORVIS
A/P	208405	04/09/25	105.46	FRONTIER
A/P	208406	04/09/25	7,908.33	FUJI FILM
A/P	208407	04/09/25	4,770.25	GBS ADMINISTRATORS, INC
A/P	208408	04/09/25	800.00	GRAINGER
A/P	208409	04/09/25	25.00	GULF COAST DELIVERY
A/P	208410	04/09/25	624.06	GULF COAST PAPER COMPANY
A/P	208411	04/09/25	40.00	
A/P	208412	04/09/25	956.85	HEALTH EQUITY
A/P	208413	04/09/25	91.82	HUMANA
A/P	208414	04/09/25	250.00	ITERSOURCE CORPORATION
A/P	208415	04/09/25	15.00	
A/P	208416	04/09/25	40.00	
A/P	208417	04/09/25	19.11	
A/P	208418	04/09/25	20.00	
A/P	208419	04/09/25	52.93	

RUN DATE:04/07/25
TIME:18:30

MEMORIAL MEDICAL CENTER
CHECK REGISTER
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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	208420	04/09/25	19.11	[REDACTED]
A/P	208421	04/09/25	389.75	LABORIE MEDICAL TECHNOLOGIES
A/P	208422	04/09/25	505.65	LEGAL SHIELD
A/P	208423	04/09/25	40.00	[REDACTED]
A/P	208424	04/09/25	2,685.00	LOFTIN EQUIPMENT COMPANY
A/P	208425	04/09/25	40.00	[REDACTED]
A/P	208426	04/09/25	46.36	[REDACTED]
A/P	208427	04/09/25	295.89	MCKESSON MEDICAL SURGICAL INC
A/P	208428	04/09/25	229.70	MEDI-DOSE, INC
A/P	208429	04/09/25	.00	VOIDED
A/P	208430	04/09/25	.00	VOIDED
A/P	208431	04/09/25	.00	VOIDED
A/P	208432	04/09/25	.00	VOIDED
A/P	208433	04/09/25	59,729.44	MEDLINE INDUSTRIES INC
A/P	208434	04/09/25	120.00	[REDACTED]
A/P	208435	04/09/25	.00	VOIDED
A/P	208436	04/09/25	.00	VOIDED
A/P	208437	04/09/25	.00	VOIDED
A/P	208438	04/09/25	44,848.33	MORRIS & DICKSON CO, LLC
A/P	208439	04/09/25	24,004.31	MUTUAL OF OMAHA
A/P	208440	04/09/25	24.00	[REDACTED]
A/P	208441	04/09/25	160.34	NITOR E LLC
A/P	208442	04/09/25	204.60	OLYMPUS AMERICA INC
A/P	208443	04/09/25	1,068.58	ORTHO CLINICAL DIAGNOSTICS
A/P	208444	04/09/25	1,095.94	PEARSON
A/P	208445	04/09/25	198.00	PITNEY BOWES INC
A/P	208446	04/09/25	1,320.00	PL-CPR, LLC
A/P	208447	04/09/25	750.00	POC ELECTRIC, LLC
A/P	208448	04/09/25	315.15	PORT LAVACA FORD
A/P	208449	04/09/25	167.60	PRECISION DYNAMICS CORP (PDC)
A/P	208450	04/09/25	33.88	[REDACTED]
A/P	208451	04/09/25	40.00	[REDACTED]
A/P	208452	04/09/25	120.00	[REDACTED]
A/P	208453	04/09/25	20.00	[REDACTED]
A/P	208454	04/09/25	3,507.72	SIEMENS MEDICAL SOLUTIONS INC
A/P	208455	04/09/25	239.00	SIMMLER, INC.
A/P	208456	04/09/25	6,745.00	SPECIALTY PROFESSIONAL
A/P	208457	04/09/25	375.00	ST DAVIDS HEALTHCARE
A/P	208458	04/09/25	48.24	[REDACTED]
A/P	208459	04/09/25	333.74	STRYKER SALES, LLC
A/P	208460	04/09/25	2,400.00	SUMMIT PAIN AND WELLNESS
A/P	208461	04/09/25	3,000.00	SURGICAL DIRECT SOUTH
A/P	208462	04/09/25	527.44	SYSMEX AMERICA, INC.
A/P	208463	04/09/25	959.77	TEXAS HOSPITAL INS EXCHANGE
A/P	208464	04/09/25	3,663.00	TEXAS SELECT STAFFING, LLC
A/P	208465	04/09/25	24.00	[REDACTED]
A/P	208466	04/09/25	59,952.14	TRUBRIDGE, LLC
A/P	208467	04/09/25	8,119.48	UNIFIRST HOLDINGS INC
A/P	208468	04/09/25	1,102.33	WERFEN USA LLC
A/P	208469	04/09/25	9,250.00	WOUND CARE SPECIALISTS
A/P	208470	04/09/25	419.00	BROADMOOR AT CREEKSIDE PARK

RUN DATE:04/07/25
TIME:18:30

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/09/25 THRU 04/09/25

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P 208471 04/09/25 7,914.25 GOLDENCREEK HEALTHCARE
A/P 208472 04/09/25 2,758.01 LAVACA BAY NURSING AND REHAB
A/P 208473 04/09/25 13,291.00 THE CRESCENT
A/P 208474 04/09/25 71,924.84 TUSCANY VILLAGE
TOTALS: 441,116.78

APPROVED ON

APR 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 344,809.68 +
419.00 +
NH 13,291.00 +
Xfers 7,914.25 +
71,924.84 +
2,758.01 +
441,116.78 ◇

McKESSON**STATEMENT**

As of: 04/04/2025

Page: 002

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

Company: 8000

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979✓ AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyDC: 8115
Customer INV SupplD:
Territory:Customer: 632536
Date: 04/04/2025As of: 04/04/2025 Page: 002
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 04/04/2025 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 1,127.13 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017If Paid By 04/08/2025,
Pay This Amount:

1,104.59 USD ✓

If Paid After 04/08/2025,
Pay this Amount: ✓

1,127.13 USD

Due If Paid On Time:
USD

1,104.59

Disc lost if paid late:

22.54

Due If Paid Late:
USD

1,127.13

266.37 +
509.16 +
251.92 +
2.70 +
48.66 +
5.62 +
20.16 +
1,104.59 ◇

APPROVED ON

APR 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

Company: 8000

As of: 04/04/2025

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittanceDC: 8115
Customer INV SupplD:
Territory: 7001As of: 04/04/2025 Page: 001
Mail to: Comp: 8000Customer: 256342
Date: 04/04/2025AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyWALMART 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 onlyCust: 256342 PLEASE CHECK ANY
Date: 04/04/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
04/01/2025	04/08/2025	7560238732	231761650	115Invoice	5.44	271.81		266.37	✓	7560238732	

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: 271.81 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/31/2025 376.08

If Paid By 04/08/2025,
Pay This Amount:

266.37 ✓ USD

If Paid After 04/08/2025,
Pay this Amount:

271.81 USD

Due If Paid On Time:

USD 266.37

Disc lost if paid late:

5.44

Due If Paid Late:

USD 271.81

APPROVED ON

APR 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

Company: 8000

As of: 04/04/2025

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittanceDC: 8115
Customer INV SupplD:
Territory: 7001As of: 04/04/2025 Page: 001
Mail to: Comp: 8000Customer: 835430
Date: 04/04/2025AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCVS PHCY 10356/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835430 PLEASE CHECK ANY
Date: 04/04/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835430 CVS PHCY 10356/MEM MC PHS											
04/02/2025	04/08/2025	7560302203	3991924	115Invoice	10.39	519.55		509.16	✓	7560302203	

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: 519.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 141.42
03/17/2025If Paid By 04/08/2025,
Pay This Amount:

509.16 ✓ USD

If Paid After 04/08/2025,
Pay this Amount:

519.55 USD

Due If Paid On Time:

USD 509.16

Disc lost if paid late:

10.39

Due If Paid Late:

USD 519.55

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APR 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

McKESSON

STATEMENT

As of: 04/04/2025

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835434
Date: 04/04/2025

As of: 04/04/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 04/04/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
04/02/2025	04/08/2025	7560419921	3991936	115Invoice	5.14	257.06		251.92	✓	7560419921	

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: 257.06 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 141.42
03/17/2025

If Paid By 04/08/2025,
Pay This Amount:

251.92 ✓ USD

If Paid After 04/08/2025,
Pay this Amount:

257.06 USD

Due If Paid On Time:
USD

251.92

Disc lost if paid late:

5.14

Due If Paid Late:
USD

257.06

APPROVED ON

APR 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

Company: 8000

CVS PHCY 7416/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 04/04/2025

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittanceDC: 8115
Customer INV SupplD:
Territory: 7001As of: 04/04/2025 Page: 001
Mail to: Comp: 8000Customer: 835437
Date: 04/04/2025AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835437 PLEASE CHECK ANY
Date: 04/04/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS												
04/02/2025	04/08/2025	7560483395		3991097	115Invoice	0.06	2.76		2.70	✓	7560483395	

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: 2.76 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 376.08
03/31/2025

If Paid By 04/08/2025,

Pay This Amount: 2.70 ✓ USD

If Paid After 04/08/2025,

Pay this Amount: 2.76 USD

Due If Paid On Time:

USD 2.70

Disc lost if paid late:

0.06

Due If Paid Late:

USD 2.76

APPROVED ON

APR 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 04/04/2025

Page: 001

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

DC: 8115
Customer INV SupplD:
Territory: 7001

As of: 04/04/2025 Page: 001
Mail to: Comp: 8000

Customer: 820405
Date: 04/04/2025

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 04/04/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
03/31/2025	04/08/2025	7559710669	B2503-055-195465	115Invoice	0.99	49.65		48.66	✓✓	7559710669	
04/03/2025	04/08/2025	7560540464	B2504-055-195963	115Invoice	0.11	5.73		5.62	✓✓	7560540464	
04/04/2025	04/08/2025	7560765946	B2504-055-196114	115Invoice	0.41	20.57		20.16	✓✓	7560765946	

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:

75.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,370.92
03/24/2025

If Paid By 04/08/2025,
Pay This Amount:

74.44 USD

If Paid After 04/08/2025,
Pay this Amount:

75.95 USD

Due If Paid On Time:

USD 74.44

Disc lost if paid late:

1.51

Due If Paid Late:

USD 75.95

APPROVED ON

APR 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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

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:	179.89
Past Due:	0.00
Total Due:	179.89
Account Balance:	179.89

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-31-2025	04-11-2025	3210527186	7009287128	Invoice	3.91		0.00	3.91✓
03-31-2025	04-11-2025	3210527187	7009294783	Invoice	15.61		0.00	15.61✓
03-31-2025	04-11-2025	3210527188	7009304887	Invoice	56.79		0.00	56.79✓
04-01-2025	04-11-2025	3210684386	7009310372	Invoice	27.82		0.00	27.82✓
04-02-2025	04-11-2025	3210810659	7009318466	Invoice	23.93		0.00	23.93✓
04-03-2025	04-11-2025	3210944964	7009331563	Invoice	13.14		0.00	13.14✓
04-04-2025	04-11-2025	3211087509	7009336113	Invoice	38.69		0.00	38.69✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
179.89	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
04-04-2025	(4,029.64)

APPROVED ON

APR 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
04-11-2025	179.89
Total Due:	179.89

✓ 88



STATEMENT

Statement Number: 69514884
Date: 04-04-2025

1 of 1

Served 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:	58.06
Past Due:	0.00
Total Due:	58.06
Account Balance:	58.06

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-31-2025	04-11-2025	3210511328	7009287296	Invoice	2.68		0.00	2.68 ✓
03-31-2025	04-11-2025	3210511600	7009294993	Invoice	16.88		0.00	16.88 ✓
03-31-2025	04-11-2025	3210511602	7009304862	Invoice	3.51		0.00	3.51 ✓
03-31-2025	04-11-2025	3210576241	7009311960	Invoice	14.46		0.00	14.46 ✓
04-01-2025	04-11-2025	3210717769	7009319822	Invoice	7.08		0.00	7.08 ✓
04-02-2025	04-11-2025	3210853836	7009327549	Invoice	8.54		0.00	8.54 ✓
04-03-2025	04-11-2025	3210989248	7009337443	Invoice	0.64		0.00	0.64 ✓
04-04-2025	04-11-2025	3211122402	7009346609	Invoice	4.27		0.00	4.27 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
58.06	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
APR 07 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
04-11-2025	58.06
Total Due:	58.06

✓ 83

TOLL FREE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###																		
☐ "ENTER YOUR 4-DIGIT PIN"																			
☐ "MAKE A PAYMENT, PRESS 1"	1																		
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #																		
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1																		
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★ 24																		
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★ 06																		
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM" "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" "ENTER W/CENTS AMOUNT OF MEDICARE" "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	★ <table border="1"><tr><td>\$</td><td>115,478.31</td><td>#</td></tr><tr><td></td><td>1</td><td></td></tr><tr><td>0</td><td>\$</td><td>61,387.72</td><td>#</td></tr><tr><td></td><td>\$</td><td>14,356.80</td><td>#</td></tr><tr><td></td><td>\$</td><td>39,733.79</td><td>#</td></tr></table>	\$	115,478.31	#		1		0	\$	61,387.72	#		\$	14,356.80	#		\$	39,733.79	#
\$	115,478.31	#																	
	1																		
0	\$	61,387.72	#																
	\$	14,356.80	#																
	\$	39,733.79	#																
☐ "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	★ 1																		
☐ ACKNOWLEDGEMENT NUMBER																			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	3/21/2025	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	4/3/2025					
PAY DATE:	4/11/2025					
GROSS PAY:	\$ 532,281.33			\$ -		\$ 532,281.33
DEDUCTIONS:						
A/R	\$ 225.00					\$ 225.00
ADVANC						\$ -
BOOTS						\$ -
MUTUAL CRITICAL ILLNESS						\$ -
MUTUAL ACCIDENT						\$ -
IRS TAX						\$ -
MUTUAL SHORT TERM DIS						\$ -
MUTUAL VISION	\$ 841.99					\$ 841.99
CAFÉ-D	\$ 1,270.11					\$ 1,270.11
CAFÉ-H	\$ 29,742.64					\$ 29,742.64
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ 570.69					\$ 570.69
CLINIC	\$ 155.00					\$ 155.00
COMBIN	\$ 250.86					\$ 250.86
CREDUN						\$ -
DENTAL						\$ -
DEP-LF						\$ -
MUTUAL TERM LIFE	\$ 1,164.58					\$ 1,164.58
MUTUAL HOSP INDEM	\$ 550.50					\$ 550.50
FED TAX	\$ 39,733.79					\$ 39,733.79
FICA-M	\$ 7,178.40					\$ 7,178.40
FICA-O	\$ 30,693.86					\$ 30,693.86
FICA-M ADDITIONAL						\$ -
FIRST C						\$ -
FLEX S	\$ 4,469.04					\$ 4,469.04
FLX-FE						\$ -
GIFT S	\$ 135.93					\$ 135.93
MUTUAL CRITICAL ILLNESS	\$ 902.41					\$ 902.41
MUTUAL ACCIDENT	\$ 643.00					\$ 643.00
MUTUAL SHORT TERM DIS	\$ 1,815.17					\$ 1,815.17
LEGAL	\$ 1,036.90					\$ 1,036.90
OTHER	\$ 3,685.15					\$ 3,685.15
NATIONAL FARM LIFE	\$ 1,181.63					\$ 1,181.63
MED SURCHARGE						\$ -
Blank						\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 895.00					\$ 895.00
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 36,316.72					\$ 36,316.72
UWHOS						\$ -
TOTAL DEDUCTIONS:	\$ 163,458.37	\$ -	\$ -	\$ -	\$ -	\$ 163,458.37
NET PAY:	\$ 368,822.96	\$ -	\$ -	\$ -	\$ -	\$ 368,822.96

TOTAL CAFÉ 125 PLAN: \$ 37,218.78 Less Exempt:

TAXABLE PAY: \$ 495,062.55 \$ 495,062.55

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 7,178.41		
FICA - MED (EE)	1.45%	\$ 7,178.41	\$ 7,178.40	\$ 0.01
FICA - SOC SEC (ER)	6.20%	\$ 30,693.88		
FICA - SOC SEC (EE)	6.20%	\$ 30,693.88	\$ 30,693.86	\$ 0.02
FED WITHHOLDING		\$ 39,733.79	\$ 39,733.79	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

Exempt Amt:

TOTAL: \$ -

TAX DEPOSIT:		\$	115,478.37	\$	115,478.31	
FICA - MEDICARE	2.90%	\$	14,356.82		\$14,356.80	
FICA - SOCIAL SECURITY	12.40%	\$	61,387.76		\$61,387.72	PREPARED BY:
FED WITHHOLDING		\$	39,733.79		\$39,733.79	PREPARED DATE:
TOTAL TAX:		\$	115,478.37	\$115,478.31	\$	0.06

PREPARED BY:

Andrie Flores

PREPARED DATE:

4/7/2025

Run Date: 04/04/25
Time: 16:07

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 03/21/25 - 04/03/25 Run# 1

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P2R5G

Final Summary

*-- Pay Code Summary						*-- Deductions Summary			
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code Amount
1	REGULAR PAY-S1	10206.75	N	N	N			244925.57	A/R A/R2 A/R3
1	REGULAR PAY-S1	1951.50	N	N	N	N		95926.92	ADVANC AWARDS BCBSVI
1	REGULAR PAY-S1	6.25	N	1	N	N		153.75	BOOTS CAFE H CAFE-1
1	REGULAR PAY-S1	358.75	Y	N	N			12365.55	CAFE-2 CAFE-3 CAFE-4
2	REGULAR PAY-S2	2239.00	N	N	N			65697.42	CAFE-5 CAFE-C CAFE-D 1270.11
2	REGULAR PAY-S2	102.50	Y	N	N			3068.28	CAFE-F CAFE-H 29742.64 CAFE-I
3	REGULAR PAY-S3	1518.75	N	N	N			52842.11	CAFE-L CAFE-P CANCER
3	REGULAR PAY-S3	83.00	Y	N	N			4242.13	CHILD 570.69 CLINIC 155.00 COMBIN 250.86
4	CALL BACK PAY	24.25	N	1	N	N	Y	1340.88	CRHDUN DD ADV DENTAL
4	CALL BACK PAY	1.50	N	2	N	N	Y	69.61	DEP-LF DIS-LF EAT
4	CALL BACK PAY	2.00	N	3	N	N	Y	103.87	EATCSH FEDTAX 39733.79 FICA-M 7178.40
4	CALL BACK PAY	.25	Y	1	N	N	Y	20.98	FICA-O 30693.86 FIRSTC FLEX S 3957.04
4	CALL BACK PAY	.50	Y	2	N	N	Y	34.80	FLX PE FORT D FUTA
C	CALL PAY	2083.50	N	1	N	N		4167.00	GIFT S 135.93 GRANT GRP-IN
D	DOUBLE TIME	7.75	N	1	N	N		661.39	GTL HOSP-I HSA 512.00
D	DOUBLE TIME	11.50	N	2	N	N		1022.39	ID TFT IRSTAX LEAF
D	DOUBLE TIME	10.50	N	3	N	N		907.10	LEGAL 241.90 MASA 795.00 MEALS 3685.15
E	EXTRA WAGES		N	1	N	N	N	1895.00	METVIS MISC MISC/
I	INSERVICE	31.75	N	1	N	N		1288.51	MMCSHR MOORACC 643.00 MOOILL 902.41
I	INSERVICE	20.25	Y	1	N	N		810.17	MOOIND 550.50 MOOLIF 1164.58 MOOSTD 1815.12
K	EXTENDED-ILLNESS-BANK	80.00	N	N	N	N		2926.40	MOOVIS 841.99 NATFML 1181.62 OTHER
K	EXTENDED-ILLNESS-BANK	122.00	N	1	N	N		5793.62	PHI PHI*** PR FIN
P	PAID-TIME-OFF	331.84	N	N	N	N		6055.52	RELAY REPAY SAMS
P	PAID-TIME-OFF	873.50	N	1	N	N		23539.26	SCRUBS SIGNON ST-TX
Y	CALL PAY 2	160.00	N	1	N	N		320.00	STONDF 895.00 STONE STONE2
Y	YMCA/CURVES		N	N	N	N		60.00	STUDEN SUNACC SUNILL
Z	CALL PAY 3	96.00	N	1	N	N		288.00	SUNIND SUNLIF SUNSTD
t	PHONE & DATA		N	N	N	N		1755.00	SUNVIS SURCHG TSA-1
									TSA-2 TSA-C TSA-P
									TSA-R 36316.72 TUTION UNIFOR
									UW/HOS

*----- Grand Totals: 20323.59 ----- (Gross: 532281.33 Deductions: 163458.37 Net: 368822.96)
| Checks Count:- FT 201 FT 12 Other 43 Female 226 Male 29 Credit OverAmt 8 ZeroNet Term Total: 255 |
*-----

8

CHKNO	GRPID	LDENR	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	#AYEE	PAYTO	CVECD	CVGTP	FIRSTNAME	LASTNAME	CCODE	VCD	FROMDT	THRU01	PRVNO
2764	76360	3	28	0	2024	233000558	1000	3/31/2025	-\$2,494.20		1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	321	0		MRIO	T	7/31/2024	7/31/2024	7605451592
4682	76351	1	1	0	2025	86001113	0	3/31/2025	\$30,901.71		1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0		PCS	F	3/10/2025	3/23/2025	464334244
4683	76351	2	33	0	2025	76000169	0	3/31/2025	\$53.52		1	DERM SURGERY ASSOCIATES PA	P	457	0		OVS	F	2/7/2025	2/7/2025	760514163
4686	76351	3	47	0	2025	84000268	0	3/31/2025	\$5,888.84		1	DETAR HEALTHCARE SYSTEM	P	418	0		RB	F	12/30/2024	12/30/2024	621754940
4690	76351	3	76	0	2025	66001285	0	3/31/2025	\$9.82		1	TMH PHYSICIAN ASSOCIATES, PLLC	P	455	0		INI	F	3/3/2025	3/3/2025	300520570
4692	76351	3	65	1	2025	69001567	0	3/31/2025	\$29.10		1	JACKSON COUNTY MEDICAL CLINIC OF EDNA	P	177	0		OV	F	2/26/2025	2/26/2025	741738475
4694	76351	3	42	0	2025	65003323	0	3/31/2025	\$42.56		1	CLINICAL PATHOLOGY LABS, INC	P	172	0		AB	F	12/31/2024	12/31/2024	742554159
4695	76351	3	51	0	2025	62000585	0	3/31/2025	\$46.46		1	JUDITH GILLEY	P	177	0		OV	F	2/6/2025	2/6/2025	471158090
4696	76351	3	43	0	2025	65000917	0	3/31/2025	\$52.62		1	VICTORIA EYE CENTER	P	484	0		ODXS	F	2/18/2025	2/18/2025	742208337
4701	76351	3	76	0	2025	62000592	0	3/31/2025	\$91.18		1	VICTORIA EYE CENTER	P	457	0		OVS	F	2/18/2025	2/18/2025	742208337
4704	76351	3	9	2	2025	59000839	0	3/31/2025	\$109.95		1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0		OVS	F	2/24/2025	2/24/2025	760151734
4705	76351	3	40	0	2025	69000067	0	3/31/2025	\$129.50		1	BEACON BEHAVIORAL OF TEXAS	P	728	0		TELM	F	12/17/2024	12/17/2024	263158703
4706	76351	3	74	0	2025	69001579	0	3/31/2025	\$138.99		1	MEHRAN A NEZHAD MD	P	172	0		AB	F	3/4/2025	3/4/2025	742929415
4707	76351	3	42	5	2025	71000337	0	3/31/2025	\$153.60		1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	12/14/2024	12/14/2024	815248556
4708	76351	3	58	3	2025	72000306	0	3/31/2025	\$153.60		1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	12/29/2024	12/29/2024	815248556
4710	76351	3	74	0	2025	52001000	0	3/31/2025	\$208.00		1	SOUTHERN GROUP ANESTHESIA PLLC	P	172	0		AB	F	1/18/2025	1/18/2025	844277052
4711	76351	3	53	0	2025	69000674	0	3/31/2025	\$223.31		1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	7/6/2024	7/6/2024	815248556
4713	76351	3	53	0	2025	66003149	0	3/31/2025	\$346.62		1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	3/22/2024	3/22/2024	815248556
4717	76351	3	43	0	2025	69001615	0	3/31/2025	\$887.05		1	VICTORIA EYE CENTER	P	178	0		SO	F	2/25/2025	2/25/2025	742208337
4720	76360	2	39	1	2025	63002411	0	3/31/2025	\$3.15		1	MELISSA A. KAINER ERWIN, MD PA	P	457	0		OVS	F	1/13/2025	1/13/2025	200802489
4721	76360	2	87	0	2025	65000894	0	3/31/2025	\$52.62		1	VICTORIA EYE CENTER	P	484	0		ODXS	F	2/18/2025	2/18/2025	742208337
4726	76360	3	59	1	2025	66000972	0	3/31/2025	\$12,733.74		1	ADVENTHEALTH CASTLE ROCK	P	406	0		ER	F	1/5/2025	1/5/2025	840438224
4728	76360	3	52	0	2025	69001536	0	3/31/2025	\$13.37		1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	189	0		ERD	F	2/23/2025	2/23/2025	760686474
4729	76360	3	71	1	2025	63002404	0	3/31/2025	\$18.15		1	TMH PHYSICIAN ASSOCIATES, PLLC	P	484	0		ODXS	F	1/8/2025	1/8/2025	300520570
4730	76360	3	27	0	2025	65003309	0	3/31/2025	\$41.16		1	PORT LAVACA CLINIC ASSOCIATES	P	177	0		OV	F	3/3/2025	3/3/2025	742605670
4731	76360	3	112	0	2025	66001262	0	3/31/2025	\$41.16		1	PORT LAVACA CLINIC ASSOCIATES	P	177	0		OV	F	3/4/2025	3/4/2025	742605670
4734	76360	3	74	0	2025	65003284	0	3/31/2025	\$59.94		1	AYO ADU, MD PLLC	P	177	0		OV	F	3/4/2025	3/4/2025	273335355
4735	76360	3	82	0	2025	59000848	0	3/31/2025	\$60.63		1	MICHELLE M CUMMINS	P	484	0		ODXS	F	2/13/2025	2/13/2025	742951453
4739	76360	3	30	1	2025	65003277	0	3/31/2025	\$78.82		1	ORTHOLONESTAR PLLC	P	457	0		OVS	F	2/26/2025	2/26/2025	842136648
4742	76360	3	81	0	2025	87002245	0	3/31/2025	\$96.42		1	AMERICAN SPECIALTY PHYSICAL MEDICINE	P	460	0		PT	F	12/20/2024	12/20/2024	455513255
4743	76360	3	81	0	2025	87002246	0	3/31/2025	\$96.42		1	AMERICAN SPECIALTY PHYSICAL MEDICINE	P	460	0		PT	F	12/23/2024	12/23/2024	455513255
4744	76360	3	81	0	2025	87002248	0	3/31/2025	\$96.42		1	AMERICAN SPECIALTY PHYSICAL MEDICINE	P	460	0		PT	F	12/27/2024	12/27/2024	455513255
4745	76360	3	59	1	2025	83000300	0	3/31/2025	\$99.14		1	SEVA FAMILY MEDICINE LLC	P	360	0		POV	F	1/13/2025	1/13/2025	874006167
4747	76360	3	31	0	2025	80001333	0	3/31/2025	\$112.05		1	CLAUDIA AMADOR PLLC	P	728	0		TELM	F	1/16/2025	1/16/2025	461842620
4749	76360	3	49	2	2025	65000996	0	3/31/2025	\$118.02		1	MELISSA A. KAINER ERWIN, MD PA	P	591	0		INLP	F	1/6/2025	1/6/2025	200802489
4751	76360	3	32	6	2025	70001023	0	3/31/2025	\$121.05		1	CRESCENT VIEW MEDICAL CLINICS PA	P	172	0		AB	F	3/6/2025	3/6/2025	452547088
4752	76360	3	83	0	2025	65000975	0	3/31/2025	\$127.43		1	SAMUEL COPELAND MD	P	457	0		OVS	F	2/20/2025	2/20/2025	471158090
4754	76360	3	51	1	2025	65000969	0	3/31/2025	\$141.71		1	VICTORIA EYE CENTER	P	178	0		SO	F	2/17/2025	2/17/2025	742208337
4755	76360	3	81	0	2025	87002244	0	3/31/2025	\$144.82		1	AMERICAN SPECIALTY PHYSICAL MEDICINE	P	460	0		PT	F	12/17/2024	12/17/2024	455513255
4757	76360	3	28	0	2025	66002724	0	3/31/2025	\$181.12		1	USAP-TEXAS	P	405	0		AOQ	F	12/12/2024	12/12/2024	760482007
4758	76360	3	21	1	2025	83001126	0	3/31/2025	\$193.75		1	VIP CARE SERVICES LLC	P	604	0		CASE	F	2/11/2025	2/11/2025	271837628
4759	76360	3	31	0	2025	59000827	0	3/31/2025	\$206.72		1	TMH PHYSICIAN ASSOCIATES, PLLC	P	483	0		ODX	F	2/24/2025	2/24/2025	300520570
4760	76360	3	3	0	2025	71000338	0	3/31/2025	\$223.31		1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	12/11/2024	12/11/2024	815248556
4761	76360	3	66	0	2025	71000339	0	3/31/2025	\$223.31		1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	12/9/2024	12/9/2024	815248556
4764	76360	3	21	1	2025	65000930	0	3/31/2025	\$303.85		1	HARESH KUMAR M.D	P	466	0		DI	F	2/18/2025	2/18/2025	453050693
4765	76360	3	21	1	2025	65001019	0	3/31/2025	\$303.85		1	HARESH KUMAR M.D	P	466	0		DI	F	1/14/2025	1/14/2025	453050693
4766	76360	3	28	0	2025	83001142	0	3/31/2025	\$310.00		1	VIP CARE SERVICES LLC	P	604	0		CASE	F	2/14/2025	2/14/2025	271837628
4767	76360	3	66	0	2025	71000249	0	3/31/2025	\$322.62		1	ESS OF PORT LAVACA LLC	P	188	0		HV	F	12/9/2024	12/10/2024	815248556
4772	76360	3	94	0	2025	69001605	0	3/31/2025	\$499.02		1	TEXAS EYE CARE NETWORK	P	457	0		OVS	F	3/3/2025	3/3/2025	293059260
4780	76360	3	33	0	2025	83001170	0	3/31/2025	\$1,162.50		1	VIP CARE SERVICES LLC	P	604	0		CASE	F	2/3/2025	2/25/2025	271837628
4785	76360	3	32	0	2025	65003340	0	3/31/2025	\$2,459.22		1	TMH PHYSICIAN ASSOCIATES, PLLC	P	178	0		SO	F	10/31/2024	10/31/2024	300520570
4786	76370	3	44	0	2025	65000949	0	3/31/2025	\$6,326.11		1	AMIRALI S POPATIA MD	P	457	0		OVS	F	2/17/2025	2/17/2025	760599320
4787	76370	3	44	0	2025	85000753	0	3/31/2025	\$28,627.42		1	CITIZENS MEDICAL CENTER	P	448	0		HRT	F	2/3/2025	2/28/2025	741698143
4788	76370	3	22	0	2025	71000336	0	3/31/2025	\$186.92		1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	12/11/2024	12/11/2024	815248556

\$95,252.37

TOTAL CHECKS \$95,252.37
TOTAL VOIDS -\$2,494.20
TOTAL TO FUND \$95,252.37

APPROVED ON

APR 07 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	THRU DT	PRVNO
4618	76360	3	33	0	2025	57001142	0	3/24/2025	\$4,090.34	1	METHODIST PATHOLOGY ASSOCIATES	P	185	0			LAB	F	12/31/2024	12/31/2024	371520288
									\$4,090.34												

89 J

APPROVED ON

APR 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- March 31, 2025 - April 6, 2025

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten"</u> <u>Check" #</u>
4/4/2025	PAY PLUS ACHTrans 62172671 101000692199365 P	- 3rd Party Payor Fee	497.88	497.88 +
4/4/2025	HPHG LLC PT LAVACA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	3,768.86	* 128.31 +
4/4/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	4,029.64	185.48 +
4/3/2025	PAY PLUS ACHTrans 61977455 101000690745475 P	- 3rd Party Payor Fee	128.31	153.20 +
4/3/2025	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	173.49	246.11 +
4/3/2025	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	341.14	1,210.98 +
4/3/2025	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95	Bank Inter.
4/3/2025	MERCHANT BANKCD FEE 971160910883 91000016777	- Credit Card Processing Fee	9.95	173.49 +
4/3/2025	MERCHANT BANKCD FEE 971160913887 91000016777	- Credit Card Processing Fee	166.29	Bank Disc.
4/3/2025	HPHG LLC MEMOR PREM MemMedCtr PtLav 11312265	- Health Insurance Premium Payment	70,813.83	341.14 +
4/2/2025	WIRE OUT HEALTHEQUITY	-Wageworks	196.65	19.95 +
4/2/2025	PAY PLUS ACHTrans 61760287 101000698596218 P	- 3rd Party Payor Fee	185.48	361.09 +
4/2/2025	AUTHNET GATEWAY BILLING 141647632 1040000187	- 3rd Party Payor Fee	25.60	Bank Fee
4/1/2025	PAY PLUS ACHTrans 61573598 101000697055290 P	- 3rd Party Payor Fee	153.20	9.95 +
4/1/2025	MCKESSON DRUG AUTO ACH ACH06457680 910000156	- 340B Drug Program Expense	376.08	166.29 +
3/31/2025	PAY PLUS ACHTrans 61340462 101000695430694 P	- 3rd Party Payor Fee	246.11	176.24 +
3/31/2025	IRS USATAXPYMT 270549095435821 6103601004382	- Payroll Taxes	116,727.79	25.60 +
			197,860.25	25.60 +

✓ 
Steve Brock, CFO
Memorial Medical Center

April 7, 2025

* Approved on 4.02.25 cc
** Approved on 3.26.25 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten"</u> <u>Check" #</u>
4/15/2025	- TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	182,591.82	176.24 +
4/8/2025	ACCRUED IGT DSH	#NAME?	3,094.92	authnet
			185,686.74	25.60 +
			197,860.25	25.60 +
			3,768.86	1,210.98 +
			4,029.64	173.49 +
			70,813.83	361.09 +
			196.65	176.24 +
			376.08	25.60 +
			116,727.79	1,947.40 +
			1,947.40	0.00 +
			0.00	0.00 +

✓ 
Steve Brock, CFO
Memorial Medical Center

April 7, 2025

APPROVED ON
APR 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



Transaction Summary

Transaction Complete
Trace #

**Texas Health and Human Services Commission
Memorial Medical Center Operating County**

Payment Total	\$3,094.92
Bank Routing and Account Number	
Settlement Date	4/8/2025
DSH Amount	\$3,094.92
Entered By	Michelle Cumberland

Date/Time 04-01-2025 / 12:47 PM
Submitted By cclevenger256

Pay Date 03-31-2025

Employee Deposits	\$74,745.21
Employer Contributions	\$107,846.61
Group Term Life Premiums	\$0.00
Total	\$182,591.82

Comments

Payroll File March 2025.xlsx

[CLOSE](#)

[PRINT](#)

Plan	Start Date	EE Per Pay Cost	ER Per Pay Cost
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$30.00	\$25.00
2025 Heath Equity Health Savings Account	2/1/2025	\$5.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$137.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$25.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	3/1/2025	\$5.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$50.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$50.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$25.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$175.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$50.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$10.00	\$25.00
		\$562.00	\$550.00
	Total	\$1,112.00	

RECEIVED BY THE
COUNTY AUDITOR ON

APR 03 2025

MEMORIAL MEDICAL CENTER

04/03/2025

10:04

AP Open Invoice List

0

CALHOUN COUNTY, TEXAS

Due Dates Through: 04/25/2025

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
✓ 032725		03/31/202	03/27/202	04/25/202			419.00	0.00	0.00	419.00

ins. pmt. cleo. into mmc det. in error ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	419.00	0.00	0.00	419.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	419.00	0.00	0.00	419.00

APPROVED ON

APR 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 208470

APR 03 2025

04/03/2025

10:05

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 04/25/2025

ap_open_invoice.template

0

Vendor# Vendor Name
11824 THE CRESCENT

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
032625		03/31/202	03/26/202	04/25/202			1,665.45	0.00	0.00	~~1,665.45~~
032625A		03/31/202	03/26/202	04/25/202			1,092.56	0.00	0.00	~~1,092.56~~
✓ 032825		03/31/202	03/28/202	04/25/202			5,028.00	0.00	0.00	5,028.00 ✓
✓ 032825A		03/31/202	03/28/202	04/25/202			2,933.00	0.00	0.00	2,933.00 ✓
✓ 033125		03/31/202	03/31/202	04/25/202			5,330.00	0.00	0.00	5,330.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11824 THE CRESCENT							16,049.01	0.00	0.00	16,049.01

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	16,049.01	0.00	0.00	~~16,049.01~~

13,291.00

APPROVED ON

APR 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 208473

RECEIVED BY THE
COUNTY AUDITOR ON

APR 03 2025

MEMORIAL MEDICAL CENTER

04/03/2025

10:06

AP Open Invoice List

0

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Due Dates Through: 04/25/2025

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
✓ 032625		03/31/202	03/26/202	04/25/202			2,569.76	0.00	0.00	2,569.76 ✓
✓ 032625A		03/31/202	03/26/202	04/25/202			864.25	0.00	0.00	864.25 ✓
✓ 032725		03/31/202	03/27/202	04/25/202			224.83	0.00	0.00	224.83 ✓
✓ 032825		03/31/202	03/28/202	04/25/202			2,290.21	0.00	0.00	2,290.21 ✓
✓ 033125		03/31/202	03/31/202	04/25/202			1,965.20	0.00	0.00	1,965.20 ✓

Vendor Totals: Number Name

11836 GOLDENCREEK HEALTHCARE

Gross	Discount	No-Pay	Net
7,914.25	0.00	0.00	7,914.25

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
7,914.25	0.00	0.00	7,914.25

APPROVED ON

APR 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 208471

APR 03 2025

MEMORIAL MEDICAL CENTER

04/03/2025

AP Open Invoice List

0

10:06

CALHOUN COUNTY, TEXAS

Due Dates Through: 04/25/2025

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 032625C		03/31/202	03/26/202	04/25/202			10,530.00	0.00	0.00	10,530.00 ✓
✓ 032625A		03/31/202	03/26/202	04/25/202			4,028.39	0.00	0.00	4,028.39 ✓
✓ 032625B		03/31/202	03/26/202	04/25/202			0.04	0.00	0.00	0.04 ✓
✓ 032625		03/31/202	03/26/202	04/25/202			3,561.50	0.00	0.00	3,561.50 ✓
✓ 032725		03/31/202	03/27/202	04/25/202			1,885.50	0.00	0.00	1,885.50 ✓
✓ 032825		03/31/202	03/28/202	04/25/202			4,210.41	0.00	0.00	4,210.41 ✓
✓ 032825A		03/31/202	03/28/202	04/25/202			20,305.00	0.00	0.00	20,305.00 ✓
✓ 033125		03/31/202	03/31/202	04/25/202			14,400.00	0.00	0.00	14,400.00 ✓
✓ 033125A		03/31/202	03/31/202	04/25/202			419.00	0.00	0.00	419.00 ✓
✓ 040125		04/01/202	04/01/202	04/25/202			12,585.00	0.00	0.00	12,585.00 ✓

ins. pmt. due into mirc Opt in error

Vendor Totals: Number Name
13004 TUSCANY VILLAGE

Gross Discount No-Pay Net
71,924.84 0.00 0.00 71,924.84

Report Summary

Grand Totals: Gross Discount No-Pay Net
71,924.84 0.00 0.00 71,924.84

APPROVED ON

APR 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check# 208 474

APR 03 2025

04/03/2025

10:15

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 04/25/2025

0
ap_open_invoice.template

Vendor# Vendor Name

12792 ✓ LAVACA BAY NURSING AND REHAB

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 032625		03/26/202	03/26/202	04/25/202			1,665.45	0.00	0.00	1,665.45 ✓
✓ 032625A		03/26/202	03/26/202	04/25/202			1,092.56	0.00	0.00	1,092.56 ✓

ins. pmt. due into mmc opt. in error

Vendor Totals: Number

12792

Name

LAVACA BAY NURSING AND REHAB

Gross

2,758.01

Discount

0.00

No-Pay

0.00

Net

2,758.01

Report Summary

Grand Totals:

Gross

2,758.01

Discount

0.00

No-Pay

0.00

Net

2,758.01

APPROVED ON

APR 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 208472

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
4/7/2025

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		308,203.51	305,191.34	9,919.44		12,931.61	-

Bank Balance 12,931.61
Variance (0.00)

Leave In Balance 100.00

Routing Information for Ashford Gardens:

Wellpoint Y7 Interim Allocation 2,912.17
Wellpoint payment, waiting on info 6,842.88

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

Broadmoor	154,986.43	101,183.85	3,570.15
-----------	------------	------------	----------

Adjust Balance/Transfer Amt 3,076.56

- 57,372.73
Bank Balance 57,372.73
Variance -

Leave In Balance 100.00
Wellpoint Y7 Interim Allocation 53,702.58
Wellpoint payment, waiting on info 3,280.50

Crescent	428,584.94	391,628.72	35,064.99
----------	------------	------------	-----------

Adjust Balance/Transfer Amt 289.65

72,021.21
Bank Balance 72,021.21
Variance -

Leave In Balance 100.00
Wellpoint Y7 Interim Allocation 36,856.22
Wellpoint payment, waiting on info 2,719.17

32,345.82

Fort Bend	67,278.32	67,178.32	6,064.32
-----------	-----------	-----------	----------

Adjust Balance/Transfer Amt 32,345.82

6,164.32 No Transfer
Bank Balance 6,164.32
Variance -

Leave In Balance 100.00
Wellpoint payment, waiting on info 2,303.64
Claim Payment owed to Tuscany 8,643.79

Solera at W Houston	413,313.86	309,501.98	3,520.56
---------------------	------------	------------	----------

Adjust Balance/Transfer Amt (4,883.11)

107,332.44
Bank Balance 107,332.44
Variance -

Leave In Balance 100.00
Wellpoint Y7 Interim Allocation 57,793.29
MolIn Comp 1 Y7 recon 45,918.59
Wellpoint payment, waiting on info 3,348.54

Routing Information for Crescent / Solera at W Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank

APR 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt 172.02

TOTAL TRANSFERS	#VALUE!
-----------------	---------

Approved: 
Steve Brock, CFO

4/7/2025

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					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/3/2025 MANAGEANDNET1718 MNS PMNT 00000000000093 41	-	2,970.00	-	-	-	-	-	2,970.00
4/3/2025 WELLPOINT CO AP E-PAYMENT EE52968430 1110000	-	6,842.88	-	-	-	-	-	6,842.88
4/2/2025 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	305,191.34	-	-	-	-	-	-	-
3/31/2025 Added to Account	-	106.56	-	-	-	-	-	106.56
	305,191.34	9,919.44	-	-	-	-	-	9,919.44

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/3/2025 300	40,826.90	-	-	-	-	-	-	-
4/3/2025 WELLPOINT CO AP E-PAYMENT EE52968433 1110000	-	3,280.50	-	-	-	-	-	3,280.50
4/2/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	60,356.95	-	-	-	-	-	-	-
3/31/2025 Added to Account	-	73.89	-	-	-	-	-	73.89
3/31/2025 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	215.76	-	-	-	-	-	215.76
	101,183.85	3,570.15	-	-	-	-	-	3,570.15

Crescent

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/3/2025 389	14,958.00	-	-	-	-	-	-	-
4/3/2025 Deposit	-	16,906.27	-	-	-	-	-	16,906.27
4/3/2025 MANAGEANDNET1718 MNS PMNT 0000000000003268 41	-	660.00	-	-	-	-	-	660.00
4/3/2025 WELLPOINT CO AP E-PAYMENT EE52968432 1110000	-	2,719.17	-	-	-	-	-	2,719.17
4/2/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	376,670.72	-	-	-	-	-	-	-
4/1/2025 HNB - ECHO HCCLAIMPMT 746003411 440000290237	-	14,571.08	-	-	-	-	-	14,571.08
3/31/2025 Added to Account	-	208.47	-	-	-	-	-	208.47
	391,628.72	35,064.99	-	-	-	-	-	35,064.99

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/3/2025 268	7,844.45	-	-	-	-	-	-	-
4/3/2025 MANAGEANDNET1718 MNS PMNT 0000000000004294 41	-	3,720.00	-	-	-	-	-	3,720.00
4/3/2025 WELLPOINT CO AP E-PAYMENT EE52968429 1110000	-	2,303.64	-	-	-	-	-	2,303.64
4/2/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	59,333.87	-	-	-	-	-	-	-
3/31/2025 Added to Account	-	40.68	-	-	-	-	-	40.68
	67,178.32	6,064.32	-	-	-	-	-	6,064.32

Solera at West Houston

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/3/2025 WELLPOINT CO AP E-PAYMENT EE52968431 1110000	-	3,348.54	-	-	-	-	-	3,348.54
4/2/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	309,501.98	-	-	-	-	-	-	-
3/31/2025 Added to Account	-	172.02	-	-	-	-	-	172.02
	309,501.98	3,520.56	-	-	-	-	-	3,520.56
		58,139.46	-	-	-	-	-	58,139.46

TOTALS

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$3,451,790.48	\$3,497,631.88	\$3,451,790.48	\$3,343,371.72
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$12,931.61 ✓	\$12,931.61	\$12,931.61	\$12,931.61
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$57,372.73 ✓	\$57,372.73	\$57,372.73	\$57,372.73
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$72,021.21 ✓	\$78,511.21	\$72,021.21	\$72,021.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$107,332.44 ✓	\$107,332.44	\$107,332.44	\$107,332.44
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$6,164.32 ✓	\$6,164.32	\$6,164.32	\$6,164.32
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$525,263.87 ✓	\$530,414.43	\$525,263.87	\$525,263.87
*4551 CAL CO INDIGENT HEALTHCARE	\$9,691.27	\$9,691.27	\$9,691.27	\$9,691.27
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$4,987.67 ✓	\$4,987.67	\$4,987.67	\$4,987.67
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.43 ✓	\$101.43	\$101.43	\$101.43
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$461,293.17 ✓	\$461,293.17	\$461,293.17	\$407,255.40
*3407 MMC -NH TUSCANY VILLAGE	\$180,001.98 ✓	\$180,001.98	\$180,001.98	\$230,788.08
*2998 MMC -MONEY MARKET FUND	\$66,149.81	\$66,149.81	\$66,149.81	\$66,149.81
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$39.79	\$39.79	\$39.79	\$39.79
Total Balance	\$4,955,141.78	\$5,012,623.74	\$4,955,141.78	\$4,843,471.35

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
4/7/2025

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		262,189.79	153,422.26	416,496.34		525,263.87	157,380.19
					Bank Balance Variance	525,263.87	
					Leave in Balance	100.00	
					Superior Y7 Comp 1 Interim Allocation	108,403.35	
					Superior Q1 Payment Owed to MMC	258,889.12	
					January Interest	158.97	
					February Interest	105.21	
					March Interest	227.03	

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

Adjust Balance/Transfer Amt 157,380.19

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

4/7/2025

APPROVED ON

APR 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

4/3/2025 Deposit
 4/3/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 4/3/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001840
 4/2/2025 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 4/2/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 4/2/2025 Centene Manageme ACH 008765433514 1110000273
 3/31/2025 Added to Account
 3/31/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
-	145,770.88					-	145,770.88
-	2,602.94					-	2,602.94
-	6,381.00					-	6,381.00
153,422.26	-					-	-
-	1,625.37					-	1,625.37
-	258,889.12					-	258,889.12
-	227.03					-	227.03
-	1,000.00					-	1,000.00
-	-					-	-
153,422.26	416,496.34	-	-	-	-	-	416,496.34

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$3,451,790.48	\$3,497,631.88	\$3,451,790.48	\$3,343,371.72
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$12,931.61	\$12,931.61	\$12,931.61	\$12,931.61
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$57,372.73	\$57,372.73	\$57,372.73	\$57,372.73
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$72,021.21	\$78,511.21	\$72,021.21	\$72,021.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$107,332.44	\$107,332.44	\$107,332.44	\$107,332.44
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$6,164.32	\$6,164.32	\$6,164.32	\$6,164.32
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$525,263.87 ✓	\$530,414.43	\$525,263.87	\$525,263.87
*4551 CAL CO INDIGENT HEALTHCARE	\$9,691.27	\$9,691.27	\$9,691.27	\$9,691.27
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$4,987.67	\$4,987.67	\$4,987.67	\$4,987.67
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.43	\$101.43	\$101.43	\$101.43
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$461,293.17	\$461,293.17	\$461,293.17	\$407,255.40
*3407 MMC -NH TUSCANY VILLAGE	\$180,001.98	\$180,001.98	\$180,001.98	\$230,788.08
*2998 MMC -MONEY MARKET FUND	\$66,149.81	\$66,149.81	\$66,149.81	\$66,149.81
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$39.79	\$39.79	\$39.79	\$39.79
Total Balance	\$4,955,141.78	\$5,012,623.74	\$4,955,141.78	\$4,843,471.35

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
4/7/2025

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		4,338.60	-	649.07			4,987.67	4,887.67
						Bank Balance	4,987.67	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	4,887.67	
Gulf Pointe Plaza-Medicare/Medicaid		101.30	-	0.13			101.43	-
						Bank Balance	101.43	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	1.43	
TOTAL TRANSFERS							4,889.10	

Routing Information for Gulf Pointe Plaza:

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

4/7/2025

APPROVED ON
APR 07 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

4/3/2025 HNB - ECHO HCCLAIMPMT 746003411 440000286410
 3/31/2025 Added to Account
 3/31/2025 HNB - ECHO HCCLAIMPMT 746003411 440000226276

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	600.00					-	600.00
✓	1.07					-	1.07
✓	48.00					-	48.00
-	649.07	-	-	-	-	-	649.07

Gulf Pointe Plaza-Medicare/Medicaid

3/31/2025 Added to Account

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	0.13					-	0.13
✓	0.13					-	-
-	0.13	-	-	-	-	-	0.13
-	649.20	-	-	-	-	-	649.20

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$3,451,790.48	\$3,497,631.88	\$3,451,790.48	\$3,343,371.72
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$12,931.61	\$12,931.61	\$12,931.61	\$12,931.61
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$57,372.73	\$57,372.73	\$57,372.73	\$57,372.73
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$72,021.21	\$78,511.21	\$72,021.21	\$72,021.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$107,332.44	\$107,332.44	\$107,332.44	\$107,332.44
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$6,164.32	\$6,164.32	\$6,164.32	\$6,164.32
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$525,263.87	\$530,414.43	\$525,263.87	\$525,263.87
*4551 CAL CO INDIGENT HEALTHCARE	\$9,691.27	\$9,691.27	\$9,691.27	\$9,691.27
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$4,987.67 ✓	\$4,987.67	\$4,987.67	\$4,987.67
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.43 J	\$101.43	\$101.43	\$101.43
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$461,293.17	\$461,293.17	\$461,293.17	\$407,255.40
*3407 MMC -NH TUSCANY VILLAGE	\$180,001.98	\$180,001.98	\$180,001.98	\$230,788.08
*2998 MMC -MONEY MARKET FUND	\$66,149.81	\$66,149.81	\$66,149.81	\$66,149.81
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$39.79	\$39.79	\$39.79	\$39.79
Total Balance	\$4,955,141.78	\$5,012,623.74	\$4,955,141.78	\$4,843,471.35

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 4/7/2025

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		228,659.76	228,559.76	179,901.98	-	-	180,001.98	179,901.98
						Bank Balance Variance	180,001.98	
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 179,901.98

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

Approved: 
 Michelle Cumberland, Controller 4/1/2025

APPROVED ON
 APR 07 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village

MMC PORTION				
QIPP/Comp 1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI

	Transfer-Out	Transfer-In		NH PORTION
4/4/2025 1184	50,786.10 ✓	-	-	-
4/3/2025 Deposit	-	22,802.45	-	22,802.45
4/3/2025 Deposit	-	60,829.30	-	60,829.30
4/3/2025 HNB - ECHO HCCLAIMPMT 746003411 440000286410	-	2,420.12	-	2,420.12
4/3/2025 WELLPOINT CO AP E-PAYMENT EE52968434 1110000	-	3,635.28	-	3,635.28
4/2/2025 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	177,773.66 ✓	-	-	-
4/1/2025 HNB - ECHO HCCLAIMPMT 746003411 440000291217	-	1,936.68	-	1,936.68
4/1/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000180	-	88,049.74	-	88,049.74
3/31/2025 Added to Account	-	228.41	-	228.41
	228,559.76 ✓	179,901.98 ✓	-	179,901.98

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$3,451,790.48	\$3,497,631.88	\$3,451,790.48	\$3,343,371.72
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$12,931.61	\$12,931.61	\$12,931.61	\$12,931.61
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$57,372.73	\$57,372.73	\$57,372.73	\$57,372.73
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$72,021.21	\$78,511.21	\$72,021.21	\$72,021.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$107,332.44	\$107,332.44	\$107,332.44	\$107,332.44
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$6,164.32	\$6,164.32	\$6,164.32	\$6,164.32
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$525,263.87	\$530,414.43	\$525,263.87	\$525,263.87
*4551 CAL CO INDIGENT HEALTHCARE	\$9,691.27	\$9,691.27	\$9,691.27	\$9,691.27
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$4,987.67	\$4,987.67	\$4,987.67	\$4,987.67
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.43	\$101.43	\$101.43	\$101.43
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$461,293.17	\$461,293.17	\$461,293.17	\$407,255.40
*3407 MMC -NH TUSCANY VILLAGE	\$180,001.98	\$180,001.98	\$180,001.98	\$230,788.08
*2998 MMC -MONEY MARKET FUND	\$66,149.81	\$66,149.81	\$66,149.81	\$66,149.81
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$39.79	\$39.79	\$39.79	\$39.79
Total Balance	\$4,955,141.78	\$5,012,623.74	\$4,955,141.78	\$4,843,471.35

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 4/7/2025

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
Laveca Bay Nursing and Rehab		283,772.31	141,113.67	318,634.53			461,293.17	No Transfer
						Bank Balance	461,293.17	
						Variance	-	
						Leave in Balance	100.00	
						Superior Y7 Comp 1 Interim Allocation	142,236.95	
						Superior Q1 payment owed to MMC	175,462.96	
						ATLIS Pymt owed to MMC	68,441.29	
						January Interest	168.80	
						February Interest	152.89	
						March Interest	255.67	
						Claim Payment Owed to Golden Creek	1,473.66	
						Adjust Balance/Transfer Amt	73,000.95	

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

Approved: _____
 Michelle Cumberland, Controller 4/7/2025

APPROVED ON
 APR 07 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&Lapse	QJPP TI	NH PORTION
4/4/2025	NDC SWEEP FAC 02330 56009680014381 SWEEP FR	-	26,358.33					-	26,358.33
4/4/2025	Deposit	-	26,730.72					-	26,730.72
4/4/2025	HNB - ECHO HCCLAIMPMT 746003411 440000230985	-	948.72					-	948.72
4/3/2025	Deposit	-	40,826.90					-	40,826.90
4/3/2025	Deposit	-	18,752.88					-	18,752.88
4/2/2025	WIRE OUT REG Leased OpCo LLC	141,113.67	-					-	-
4/2/2025	HOSPICE OF SOUTH Payments NF 113122650011434	-	869.51					-	869.51
4/2/2025	NDC SWEEP FAC 02330 56009680008661 SWEEP FR	-	3,214.20					-	3,214.20
4/2/2025	Centene Managemt ACH 008765433514 1110000273	-	181,636.68					175,462.96	6,173.72
4/1/2025	CENTENE CORP HCCLAIMPMT 53101126135055	-	2,921.40					-	2,921.40
3/31/2025	Added to Account	-	255.67					-	255.67
3/31/2025	Deposit	-	16,119.52					-	16,119.52
		141,113.67	318,634.53	-	-	-	-	175,462.96	143,171.57

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$3,451,790.48	\$3,497,631.88	\$3,451,790.48	\$3,343,371.72
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$12,931.61	\$12,931.61	\$12,931.61	\$12,931.61
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$57,372.73	\$57,372.73	\$57,372.73	\$57,372.73
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$72,021.21	\$78,511.21	\$72,021.21	\$72,021.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$107,332.44	\$107,332.44	\$107,332.44	\$107,332.44
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$6,164.32	\$6,164.32	\$6,164.32	\$6,164.32
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$525,263.87	\$530,414.43	\$525,263.87	\$525,263.87
*4551 CAL CO INDIGENT HEALTHCARE	\$9,691.27	\$9,691.27	\$9,691.27	\$9,691.27
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$4,987.67	\$4,987.67	\$4,987.67	\$4,987.67
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.43	\$101.43	\$101.43	\$101.43
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$461,293.17	\$461,293.17	\$461,293.17	\$407,255.40
*3407 MMC -NH TUSCANY VILLAGE	\$180,001.98	\$180,001.98	\$180,001.98	\$230,788.08
*2998 MMC -MONEY MARKET FUND	\$66,149.81	\$66,149.81	\$66,149.81	\$66,149.81
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$39.79	\$39.79	\$39.79	\$39.79
Total Balance	\$4,955,141.78	\$5,012,623.74	\$4,955,141.78	\$4,843,471.35

Golden Creek

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

MMC Operating

Date Requested:

4/7/2025

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APPROVED ON

APR 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK 000233

FOR ACCT USE ONLY

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

AMOUNT:

\$

258,889.12

G/L NUMBER:

10255040

EXPLANATION:

Superior Q1 Payment Owed to MMC

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY:

[Signature]

Lavaca Bay

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

MMC Operating

Date Requested:

4/7/2025

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APPROVED ON

APR 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 1060

FOR ACCT USE ONLY

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

AMOUNT:

\$

175,462.96

G/L NUMBER:

10255040

EXPLANATION:

Superior Q1 payment owed to MMC

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY:

8

Lanacabey

MEMORIAL MEDICAL CENTER CHECK REQUEST

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Y
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Memorial Medical Center

Date Requested: 4/7/2025

APPROVED ON

APR 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 1062

FOR ACCT USE ONLY

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

AMOUNT: \$ 68,441.29

G/L NUMBER: _____

EXPLANATION: ATLIS Pymt owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *✓* *SD*

Golden Creek

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

MMC Operating

Date Requested:

4/7/2025

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APPROVED ON

APR 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ch#000232

FOR ACCT USE ONLY

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

AMOUNT:

\$

491.21

G/L NUMBER:

EXPLANATION:

Quarterly Interest owed to MMC

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY:

8

Lavaca Bay

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

MMC Operating

Date Requested:

4/7/2025

A

Y

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APPROVED ON

APR 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 1063

FOR ACCT USE ONLY

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

AMOUNT:

\$

577.36

G/L NUMBER:

EXPLANATION:

Quarter 1 Interest Owed to MMC

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY:

✓
[Signature]

Interest To MMC From NH

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Golden Creek	- Prosperity		MMC -Prosperity Operating	21400013	Jan- Mar	491.21	4/7/2025
Lavaca Bay	- Prosperity		MMC -Prosperity Operating	21400015	Jan- Mar	577.36	4/7/2025
						1,068.57	

Note:

Approved: 
Steve Brock, CFO

4/7/2025

Lavaca Bay

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Golden Creek

Date Requested:

4/7/2025

A

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APPROVED ON

APR 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Check # 1001

FOR ACCT USE ONLY

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

AMOUNT:

\$

1,473.66

G/L NUMBER:

21400007

EXPLANATION:

Claim Payment Owed to Golden Creek

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY:

✓
8

MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING

PH 361-553-4818
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1060

88-2265/1131-87

DATE 4-9-25

CHECK ARMOR

PAY
TO THE
ORDER OF MMC Operating

\$ 175,462. $\frac{96}{100}$

One hundred seventy-five thousand, four hundred sixty-two dollars & $\frac{96}{100}$

DOLLARS

Photo
Safe
Deposit
Details on back



PROSPERITY BANK

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

FOR Superior Q1 QIPP

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING

PH 361-553-4818
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1061

88-2265/1131-87

DATE 4-9-25

CHECK ARMOR

PAY
TO THE
ORDER OF Golden Creek

\$ 1,473. $\frac{66}{100}$

One thousand, four hundred seventy-three dollars & $\frac{66}{100}$

DOLLARS

Photo
Safe
Deposit
Details on back



PROSPERITY BANK

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

FOR Claim pymt

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING

PH 361-553-4818
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1062

88-2265/1131-87

DATE 4-9-25

CHECK ARMOR

PAY
TO THE
ORDER OF MMC Operating

\$ 68,441. $\frac{29}{100}$

Sixty-eight thousand, four hundred forty-one dollars & $\frac{29}{100}$

DOLLARS

Photo
Safe
Deposit
Details on back



PROSPERITY BANK

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

FOR ATLIS

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING

PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1063

88-2265/1131-87

DATE 4-9-25

CHECK AMOUNT

PAY
TO THE
ORDER OF

mhc Operating

\$ 577. $\frac{36}{100}$

Five hundred seventy-seven dollars & $\frac{36}{100}$

DOLLARS

Photo
Safe
Deposit
Details on back



PROSPERITY BANK®

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

FOR

Q1 Interest

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER

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

000232

88-2265/1131

Date

4-9-25

PAY

TO THE
ORDER OF

MMC Operating

\$

491. $\frac{21}{100}$ Four hundred ninety-one dollars & $\frac{21}{100}$

DOLLARS

PROSPERITY
BANK

County auditor

FOR

Quarter Interest

County Treasurer
Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

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

000233

88-2265/1131

Date

4-9-25

PAY

TO THE
ORDER OF

MMC Operating

\$

258,889. $\frac{17}{100}$ Two hundred fifty-eight thousand, eight hundred eighty-nine dollars & $\frac{17}{100}$

DOLLARS

PROSPERITY
BANK

County auditor

FOR

Superior Q1 QIPP pymt

County Treasurer
Security features are
included. Details on back.

Q

RUN DATE:04/09/25
TIME:12:09

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/09/25 THRU 04/09/25

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG 000232 04/09/25 491.21 MMC OPERATING
NHG * 000233 04/09/25 258,889.12 MMC OPERATING
BSL 001060 04/09/25 175,462.96 MMC OPERATING
BSL 001061 04/09/25 1,473.66 GOLDEN CREEK
BSL 001062 04/09/25 68,441.29 MMC OPERATING
BSL * 001063 04/09/25 577.36 MMC OPERATING

