

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 23, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,085,314.25
TOTAL TRANSFERS BETWEEN FUNDS	\$ 520,261.34
TOTAL NURSING HOME UPL EXPENSES	\$ 698,812.02
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED April 23, 2025	\$ 2,304,387.61

APPROVED

APR 23 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---April 23, 2025

PAYABLES AND PAYROLL

4/17/2025 Weekly Payables	540,190.03
4/22/2025 McKesson-340B Prescription Expense	138.94
4/22/2025 Amerisource Bergen-340B Prescription Expense	465.38
4/22/2025 Amerisource Bergen-340B Prescription Expense	268.64
4/22/2025 Payroll Liabilities-Payroll Taxes	136,092.42
4/22/2025 Payroll	397,533.47
Prosperity Electronic Bank Payments	
4/22/2025 90 Degree Benefits - employee insurance claims	6,283.85
4/22/2025 Sales Tax - March 2025	2,264.55
4/22/2025 Pay Plus-Patient Claims Processing Fee	679.15
4/22/2025 Credit Card Lease Fee	285.82
4/22/2025 Health Equity -HSA Contributions	1,112.00

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,085,314.25
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TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

4/17/2025 MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	388.69
4/17/2025 MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	5,596.20
4/17/2025 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	174,132.47
4/17/2025 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error & MDCR Takebacks owed	330,398.79
4/17/2025 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	9,745.19

TOTAL TRANSFERS BETWEEN FUNDS	\$ 520,261.34
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NURSING HOME UPL EXPENSES

4/22/2025 Nursing Home UPL-Cantex Transfer	59,685.04
4/22/2025 Nursing Home UPL-Nexion Transfer	166,412.27
4/22/2025 Nursing Home UPL-HMG Transfer	1,313.44
4/22/2025 Nursing Home UPL-Tuscany Transfer	441,527.39

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO SWEENEY COMMUNITY HOSPITAL

4/22/2025 Ashford to Sweeny Community Hospital -Y8 Q1 QIPP owed to Sweeny Hospital	6,842.88
4/22/2025 Broadmoor to Sweeny Community Hospital-Y8 Q1 QIPP owed to Sweeny Hospital	3,280.50
4/22/2025 Crescent to Sweeny Community Hospital-Y8 Q1 QIPP owed to Sweeny Hospital	2,719.17
4/22/2025 Fort Bend to Sweeny Community Hospital -Y8 Q1 QIPP owed to Sweeny Hospital	2,303.64
4/22/2025 Solera to Sweeny Community Hospital - Y8 Q1 QIPP owed to Sweeny Hospital	3,348.54

TRANSFER OF FUNDS BETWEEN NURSING HOMES

4/22/2025 Golden Creek to Tuscany Village -Tuscany Village insurance payment deposited into Golden Creek in error	8,319.15
4/22/2025 Gulf Point to Tuscany -Tuscany insurance payment deposited into Gulf Point in error	3,060.00

TOTAL NURSING HOME UPL EXPENSES	\$ 698,812.02
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED April 23, 2025	\$ 2,304,387.61
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APR 17 2025

MEMORIAL MEDICAL CENTER

04/17/2025

11:44

AP Open Invoice List

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CALHOUN COUNTY, TEXAS

Due Dates Through: 05/08/2025

ap_open_invoice.template

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
✓ 9160099686		04/15/202	04/11/202	05/06/202			460.59	0.00	0.00	460.59 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
A1680 AIRGAS USA, LLC - CENTRAL DIV							460.59	0.00	0.00	460.59
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
✓ 1TGKRR4K7LK4		04/08/202	04/04/202	05/04/202			850.40	0.00	0.00	850.40 ✓
✓ 1K6XXVW4HGYC		04/08/202	04/08/202	05/08/202			73.98	0.00	0.00	73.98 ✓
✓ 1N37KYHQ6MK4		04/16/202	04/09/202	05/01/202			11.99	0.00	0.00	11.99 ✓
✓ 14FXGHKW3J6J		04/16/202	04/09/202	05/01/202			23.00	0.00	0.00	23.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14028 AMAZON CAPITAL SERVICES							959.37	0.00	0.00	959.37
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
✓ 111954795		04/08/202	04/07/202	05/02/202			5,759.11	0.00	0.00	5,759.11 ✓
✓ 111956453		04/08/202	04/07/202	05/02/202			1,504.27	0.00	0.00	1,504.27 ✓
✓ 111965247		04/16/202	04/11/202	05/06/202			241.65	0.00	0.00	241.65 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
B1220 BECKMAN COULTER INC							7,505.03	0.00	0.00	7,505.03
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
✓ 908134981		04/15/202	03/27/202	04/15/202			4,771.61	0.00	0.00	4,771.61 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11072 BIO-RAD LABORATORIES, INC							4,771.61	0.00	0.00	4,771.61
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
✓ 8003808300		04/15/202	04/01/202	04/26/202			206.00	0.00	0.00	206.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C1325 CARDINAL HEALTH 414, INC.							206.00	0.00	0.00	206.00
Vendor#	Vendor Name	Class	Pay Code							
10541	CARESFIELD									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 200029652		04/15/202	04/01/202	05/01/202			136.57	0.00	0.00	136.57 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10541 CARESFIELD							136.57	0.00	0.00	136.57

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	
✓ AD5S37Y		04/15/202	04/03/202	05/03/202			47.36	0.00	0.00	47.36	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
C1992 CDW GOVERNMENT, INC.							47.36	0.00	0.00	47.36	
Vendor#	Vendor Name				Class	Pay Code					
15188 ✓	CLARITY ENROLLMENT SOLUTIONS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 1941		04/15/202	01/01/202	01/31/202			150.00	0.00	0.00	150.00	✓
✓ 1730		04/15/202	09/01/202	10/01/202			345.00	0.00	0.00	345.00	✓
✓ 1890		04/15/202	12/01/202	12/31/202			346.50	0.00	0.00	346.50	✓
✓ 2067		04/15/202	03/01/202	03/31/202			330.00	0.00	0.00	330.00	✓
✓ 2143		04/15/202	04/01/202	05/01/202			319.50	0.00	0.00	319.50	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
15188 CLARITY ENROLLMENT SOLUTIONS							1,491.00	0.00	0.00	1,491.00	
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	
✓ CPOEQT3015511		04/16/202	03/31/202	04/10/202			-261.04	0.00	0.00	-261.04	✓
✓ OEQT311651		04/16/202	04/10/202	04/20/202			3,865.44	0.00	0.00	3,865.44	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
C1166 COASTAL OFFICE SOLUTONS							3,604.40	0.00	0.00	3,604.40	
Vendor#	Vendor Name				Class	Pay Code					
14080 ✓	CORROHEALTH, INC.										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 2017569		04/16/202	03/31/202	04/30/202			2,628.45	0.00	0.00	2,628.45	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
14080 CORROHEALTH, INC.							2,628.45	0.00	0.00	2,628.45	
Vendor#	Vendor Name				Class	Pay Code					
14400 ✓	CULINARY CONCESSIONS LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ INV00001938		04/16/202	03/31/202	04/30/202			32,331.86	0.00	0.00	32,331.86	✓
MARCH INVOICE											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
14400 CULINARY CONCESSIONS LLC							32,331.86	0.00	0.00	32,331.86	
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	
✓ 7844771		04/16/202	02/20/202	03/17/202			41.44	0.00	0.00	41.44	✓
✓ 7860200		04/16/202	03/04/202	03/29/202			419.50	0.00	0.00	419.50	✓
✓ 7873700		04/16/202	03/18/202	04/12/202			119.10	0.00	0.00	119.10	✓
✓ 7893390		04/16/202	03/31/202	04/25/202			71.14	0.00	0.00	71.14	✓

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				651.18	0.00	0.00	651.18
Vendor#	Vendor Name		Class		Pay Code					
11091	✓ ECOLAB									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 6351736819		04/15/202	04/01/202	04/15/202		231.38	0.00	0.00	231.38 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11091	ECOLAB				231.38	0.00	0.00	231.38
Vendor#	Vendor Name		Class		Pay Code					
10003	✓ FILTER TECHNOLOGY CO, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 125052		04/15/202	04/08/202	05/01/202		807.26	0.00	0.00	807.26 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10003	FILTER TECHNOLOGY CO, INC				807.26	0.00	0.00	807.26 ✓
Vendor#	Vendor Name		Class		Pay Code					
13016	✓ FIRST INSURANCE FUNDING									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 041125		04/15/202	04/11/202	04/15/202		3,891.02	0.00	0.00	3,891.02 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		13016	FIRST INSURANCE FUNDING				3,891.02	0.00	0.00	3,891.02
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
	✓ 9984929		04/15/202	04/01/202	04/26/202		1,309.17	0.00	0.00	1,309.17 ✓
	✓ 9984928		04/15/202	04/01/202	04/26/202		15.90	0.00	0.00	15.90 ✓
	✓ 9984927		04/15/202	04/01/202	04/26/202		759.95	0.00	0.00	759.95 ✓
	✓ 0018001		04/15/202	04/02/202	04/27/202		164.44	0.00	0.00	164.44 ✓
	✓ 0112531		04/16/202	04/07/202	05/02/202		153.48	0.00	0.00	153.48 ✓
	✓ 0149164		04/16/202	04/08/202	05/03/202		47.70	0.00	0.00	47.70 ✓
	✓ 0184661		04/16/202	04/09/202	05/04/202		69.02	0.00	0.00	69.02 ✓
	✓ 0218224		04/16/202	04/10/202	05/05/202		535.34	0.00	0.00	535.34 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				3,055.00	0.00	0.00	3,055.00
Vendor#	Vendor Name		Class		Pay Code					
11183	✓ FRONTIER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 040225		04/15/202	04/02/202	04/15/202		1,404.58	0.00	0.00	1,404.58 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11183	FRONTIER				1,404.58	0.00	0.00	1,404.58
Vendor#	Vendor Name		Class		Pay Code					
11984	✓ GUERBET, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 92558753		04/16/202	04/09/202	04/16/202		350.00	0.00	0.00	350.00 ✓

Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
11984		GUERBET, LLC					350.00	0.00	0.00	350.00
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
	✓ 2634834		04/08/202	04/01/202	05/01/202		909.21	0.00	0.00	909.21 ✓
	✓ 2637339		04/16/202	04/08/202	05/08/202		910.71	0.00	0.00	910.71 ✓
	✓ 2637312		04/16/202	04/08/202	05/08/202		46.29	0.00	0.00	46.29 ✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
G1210		GULF COAST PAPER COMPANY					1,866.21	0.00	0.00	1,866.21
Vendor#	Vendor Name		Class		Pay Code					
10334	✓ HEALTH CARE LOGISTICS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 309879786		04/15/202	04/01/202	04/26/202		51.00	0.00	0.00	51.00 ✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
10334		HEALTH CARE LOGISTICS INC					51.00	0.00	0.00	51.00
Vendor#	Vendor Name		Class		Pay Code					
H0031	✓ HEB CREDIT RECEIVABLES DEPT308									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 032825		04/16/202	03/28/202	04/16/202		405.36	0.00	0.00	405.36 ✓
	✓ 9853		04/16/202	04/14/202	04/16/202		5.00	0.00	0.00	5.00 ✓
RECEIPT REQUEST CHARGE										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
H0031		HEB CREDIT RECEIVABLES DEPT308					410.36	0.00	0.00	410.36
Vendor#	Vendor Name		Class		Pay Code					
H1269	✓ HENRY SCHEIN INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 39632527		04/16/202	04/01/202	04/01/202		33.63	0.00	0.00	33.63 ✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
H1269		HENRY SCHEIN INC.					33.63	0.00	0.00	33.63
Vendor#	Vendor Name		Class		Pay Code					
17828	✓ JACLYN HARTL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 032825		04/15/202	03/28/202	04/15/202		33.60	0.00	0.00	33.60 ✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
17828		JACLYN HARTL					33.60	0.00	0.00	33.60
Vendor#	Vendor Name		Class		Pay Code					
L0700	✓ LABCORP OF AMERICA HOLDINGS		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 83091110		04/15/202	03/29/202	04/23/202		26.29	0.00	0.00	26.29 ✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
L0700		LABCORP OF AMERICA HOLDINGS					26.29	0.00	0.00	26.29
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
	✓ 041525		04/17/202	04/15/202	05/01/202		483.70	0.00	0.00	483.70 ✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net

	11600	LEGAL SHIELD						483.70	0.00	0.00	483.70
Vendor#	Vendor Name		Class	Pay Code							
14432	✓ LGC CLINICAL DIAGNOSTICS, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 90306260		04/15/202	04/08/202	04/15/202			1,951.00	0.00	0.00	1,951.00 ✓
Vendor Totals:		Number	Name					Gross	Discount	No-Pay	Net
		14432	LGC CLINICAL DIAGNOSTICS, INC.					1,951.00	0.00	0.00	1,951.00
Vendor#	Vendor Name		Class	Pay Code							
M2178	✓ MCKESSON MEDICAL SURGICAL INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 23594919		04/16/202	04/08/202	04/23/202			365.08	0.00	0.00	365.08 ✓
	✓ 23603994		04/16/202	04/09/202	04/24/202			157.59	0.00	0.00	157.59 ✓
	✓ 23613811		04/16/202	04/11/202	04/26/202			478.55	0.00	0.00	478.55 ✓
Vendor Totals:		Number	Name					Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC					1,001.22	0.00	0.00	1,001.22
Vendor#	Vendor Name		Class	Pay Code							
11612	✓ MEDICAL AIR SERVICES ASSOC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 2061216		04/15/202	04/15/202	04/15/202			1,618.00	0.00	0.00	1,618.00 ✓
		APRIL COVERAGE MONTH									
Vendor Totals:		Number	Name					Gross	Discount	No-Pay	Net
		11612	MEDICAL AIR SERVICES ASSOC.					1,618.00	0.00	0.00	1,618.00
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
	✓ 2365437532		04/08/202	04/08/202	05/03/202			410.66	0.00	0.00	410.66 ✓
	✓ 23585200490		04/14/202	02/19/202	03/16/202			249.64	0.00	0.00	249.64 ✓
	✓ 2364251900		04/15/202	04/01/202	04/26/202			79.36	0.00	0.00	79.36 ✓
	✓ 2364251902		04/15/202	04/01/202	04/26/202			12.16	0.00	0.00	12.16 ✓
	✓ 2364251901		04/15/202	04/01/202	04/26/202			58.63	0.00	0.00	58.63 ✓
	✓ 2364344381		04/15/202	04/02/202	04/27/202			296.88	0.00	0.00	296.88 ✓
	✓ 2364344385		04/15/202	04/02/202	04/27/202			296.88	0.00	0.00	296.88 ✓
	✓ 2364344386		04/15/202	04/02/202	04/27/202			1,398.33	0.00	0.00	1,398.33 ✓
	✓ 2364344387		04/15/202	04/02/202	04/27/202			510.46	0.00	0.00	510.46 ✓
	✓ 2364344383		04/15/202	04/02/202	04/27/202			19.00	0.00	0.00	19.00 ✓
	✓ 2364344391		04/15/202	04/02/202	04/27/202			5,290.45	0.00	0.00	5,290.45 ✓
	✓ 2364344384		04/15/202	04/02/202	04/27/202			8.64	0.00	0.00	8.64 ✓
	✓ 2358200490		04/16/202	02/19/202	03/16/202			249.64	0.00	0.00	249.64 ✓
	✓ 2365661018		04/16/202	04/09/202	05/04/202			-283.95	0.00	0.00	-283.95 ✓

✓ 2365661011	04/16/202 04/09/202 05/04/202	206.80	0.00	0.00	206.80 ✓
✓ 2365661015	04/16/202 04/09/202 05/04/202	7,346.53	0.00	0.00	7,346.53 ✓
✓ 2365661016	04/16/202 04/09/202 05/04/202	4,027.89	0.00	0.00	4,027.89 ✓
✓ 2365661013	04/16/202 04/09/202 05/04/202	72.50	0.00	0.00	72.50 ✓
✓ 2365661012	04/16/202 04/09/202 05/04/202	704.50	0.00	0.00	704.50 ✓
✓ 2365661017	04/16/202 04/09/202 05/04/202	88.94	0.00	0.00	88.94 ✓
✓ 2365661014	04/16/202 04/09/202 05/04/202	140.94	0.00	0.00	140.94 ✓
✓ 2365775737	04/16/202 04/10/202 05/05/202	296.88	0.00	0.00	296.88 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2470	MEDLINE INDUSTRIES INC	21,481.76	0.00	0.00	21,481.76

Vendor#	Vendor Name	Class	Pay Code							
10904	✓ MERCK SHARP & DOHME LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 7017737623		04/15/202	08/08/202	04/15/202			5,296.10	0.00	0.00	5,296.10 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10904	MERCK SHARP & DOHME LLC	5,296.10	0.00	0.00	5,296.10

Vendor#	Vendor Name	Class	Pay Code							
10536	✓ MORRIS & DICKSON CO, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 3264241		04/15/202	03/12/202	03/22/202			29.18	0.00	0.00	29.18 ✓
✓ 3256980		04/15/202	04/08/202	04/18/202			690.67	0.00	0.00	690.67 ✓
✓ 3252760		04/15/202	04/08/202	04/18/202			6,767.00	0.00	0.00	6,767.00 ✓
✓ 3256979		04/15/202	04/08/202	04/18/202			45.30	0.00	0.00	45.30 ✓
✓ 3253355		04/15/202	04/08/202	04/18/202			174.51	0.00	0.00	174.51 ✓
✓ 3258919		04/15/202	04/09/202	04/19/202			999.68	0.00	0.00	999.68 ✓
✓ 3262332		04/15/202	04/09/202	04/19/202			904.98	0.00	0.00	904.98 ✓
✓ 3261196		04/15/202	04/09/202	04/19/202			223.22	0.00	0.00	223.22 ✓
✓ 3262331		04/15/202	04/09/202	04/19/202			149.13	0.00	0.00	149.13 ✓
✓ 3261195		04/15/202	04/09/202	04/19/202			21.67	0.00	0.00	21.67 ✓
✓ 3262333		04/15/202	04/09/202	04/19/202			42.96	0.00	0.00	42.96 ✓
✓ 3264240		04/15/202	04/10/202	04/20/202			23.88	0.00	0.00	23.88 ✓
✓ CM10591		04/15/202	04/10/202	04/20/202			-96.56	0.00	0.00	-96.56 ✓
✓ 3264238		04/15/202	04/10/202	04/20/202			1,685.30	0.00	0.00	1,685.30 ✓

✓	3267561	04/15/202 04/10/202 04/20/202	47.35	0.00	0.00	47.35	✓
✓	3264242	04/15/202 04/10/202 04/20/202	667.52	0.00	0.00	667.52	✓
✓	3267562	04/15/202 04/10/202 04/20/202	193.42	0.00	0.00	193.42	✓
✓	3268806	04/15/202 04/11/202 04/21/202	2,044.08	0.00	0.00	2,044.08	✓
✓	3272997	04/15/202 04/13/202 04/23/202	3,918.46	0.00	0.00	3,918.46	✓
✓	3272996	04/15/202 04/13/202 04/23/202	130.85	0.00	0.00	130.85	✓
✓	0045975	04/15/202 04/14/202 04/24/202	1,692.21	0.00	0.00	1,692.21	✓
✓	3279085	04/15/202 04/14/202 04/24/202	26.57	0.00	0.00	26.57	✓
✓	3279086	04/15/202 04/14/202 04/24/202	117.99	0.00	0.00	117.99	✓
✓	3258920	04/17/202 04/09/202 04/19/202	221.81	0.00	0.00	221.81	✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	20,721.18	0.00	0.00	20,721.18

Vendor#	Vendor Name	Class	Pay Code								
M2659 ✓	MXR IMAGING, INC	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	8801244894		04/15/202	04/07/202	05/07/202		192.65	0.00	0.00	192.65	✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	192.65	0.00	0.00	192.65

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	
✓	1853998631		04/16/202	04/08/202	05/08/202		230.25	0.00	0.00	230.25	✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	230.25	0.00	0.00	230.25

Vendor#	Vendor Name	Class	Pay Code								
11155 ✓	PARAREV										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	2017857		04/16/202	04/01/202	05/01/202		3,084.00	0.00	0.00	3,084.00	✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11155	PARAREV	3,084.00	0.00	0.00	3,084.00

Vendor#	Vendor Name	Class	Pay Code								
12480 ✓	PRO ENERGY PARTNERS LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	25030600		04/15/202	03/31/202	04/15/202		4,259.93	0.00	0.00	4,259.93	✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LLC	4,259.93	0.00	0.00	4,259.93

Vendor#	Vendor Name	Class	Pay Code								
11080 ✓	RADSOURCE										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	PSI005443		04/15/202	04/12/202	05/07/202		1,791.67	0.00	0.00	1,791.67	✓

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11080	RADSOURCE				1,791.67	0.00	0.00	1,791.67
Vendor#	Vendor Name		Class		Pay Code					
14716	✓ SINGLETON ASSOCIATES PA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 5155		04/15/202	03/12/202	04/15/202		305.48	0.00	0.00	305.48 ✓
	✓ 5146A		04/15/202	03/12/202	04/15/202		51.02	0.00	0.00	51.02 ✓
	✓ 5969		04/15/202	03/12/202	04/15/202		10.91	0.00	0.00	10.91 ✓
	✓ 5318		04/15/202	03/12/202	04/15/202		11.00	0.00	0.00	11.00 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14716	SINGLETON ASSOCIATES PA				378.41	0.00	0.00	378.41
Vendor#	Vendor Name		Class		Pay Code					
14868	✓ SINGLETON ASSOCIATES, P.A.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 246033125001		03/31/202	04/14/202	05/01/202		7,497.00	0.00	0.00	7,497.00 ✓
	<i>March 2025</i>									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14868	SINGLETON ASSOCIATES, P.A.				7,497.00	0.00	0.00	7,497.00
Vendor#	Vendor Name		Class		Pay Code					
15236	✓ SPECIALTY PROFESSIONAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 1250000387		03/31/202	03/21/202	05/01/202		2,161.25	0.00	0.00	2,161.25 ✓
	✓ 1250000422		04/16/202	03/28/202	04/16/202		4,797.50	0.00	0.00	4,797.50 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		15236	SPECIALTY PROFESSIONAL				6,958.75	0.00	0.00	6,958.75
Vendor#	Vendor Name		Class		Pay Code					
S3940	✓ STERIS CORPORATION		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 13636605		04/16/202	04/02/202	04/27/202		927.87	0.00	0.00	927.87 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		S3940	STERIS CORPORATION				927.87	0.00	0.00	927.87
Vendor#	Vendor Name		Class		Pay Code					
S2830	✓ STRYKER SALES LLC		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 9208966780		04/16/202	04/09/202	04/16/202		1,814.20	0.00	0.00	1,814.20 ✓
	✓ 9208964202		04/16/202	04/09/202	04/16/202		1,509.03	0.00	0.00	1,509.03 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		S2830	STRYKER SALES LLC				3,323.23	0.00	0.00	3,323.23
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
	✓ 1161		03/31/202	04/04/202	05/04/202		4,680.00	0.00	0.00	4,680.00 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		17248	SUMMIT PAIN AND WELLNESS				4,680.00	0.00	0.00	4,680.00
Vendor#	Vendor Name		Class		Pay Code					
17824	✓ SWEENEY COMMUNITY HOSPITAL									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 061024		04/17/202	06/10/202	05/01/202			223,306.74	0.00	0.00	223,306.74 ✓
<i>48 QIPP Pmt that were sent to mmc</i>										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
17824		SWEENEY COMMUNITY HOSPITAL					223,306.74	0.00	0.00	223,306.74
Vendor#	Vendor Name				Class	Pay Code				
T1450 ✓	TEXAS ASSOCIATION OF COUNTIES				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 041424		04/15/202	04/14/202	05/08/202			3,018.16	0.00	0.00	3,018.16 ✓
<i>1st Qtr Unemp. Contr. 2025</i>										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
T1450		TEXAS ASSOCIATION OF COUNTIES					3,018.16	0.00	0.00	3,018.16
Vendor#	Vendor Name				Class	Pay Code				
T2204 ✓	TEXAS MUTUAL INSURANCE CO				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1006811762		03/31/202	04/08/202	04/30/202			5,030.00	0.00	0.00	5,030.00 ✓
<i>3/1/25 - 4/1/25</i>										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
T2204		TEXAS MUTUAL INSURANCE CO					5,030.00	0.00	0.00	5,030.00
Vendor#	Vendor Name				Class	Pay Code				
10758 ✓	TEXAS SELECT STAFFING, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 0025233		04/15/202	06/15/202	06/16/202			6,567.55	0.00	0.00	6,567.55 ✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
10758		TEXAS SELECT STAFFING, LLC					6,567.55	0.00	0.00	6,567.55
Vendor#	Vendor Name				Class	Pay Code				
11067 ✓	TRIZETTO PROVIDER SOLUTIONS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 35FK042500		04/16/202	04/01/202	04/26/202			1,715.02	0.00	0.00	1,715.02 ✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
11067		TRIZETTO PROVIDER SOLUTIONS					1,715.02	0.00	0.00	1,715.02
Vendor#	Vendor Name				Class	Pay Code				
C2510 ✓	TRUBRIDGE				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ T2504081378		04/15/202	04/08/202	05/01/202			131,760.49	0.00	0.00	131,760.49 ✓
<i>Trust Fee - Hospital</i>										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
C2510		TRUBRIDGE					131,760.49	0.00	0.00	131,760.49
Vendor#	Vendor Name				Class	Pay Code				
15872 ✓	TYPENEX MEDICAL LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 25035737		04/15/202	03/27/202	04/15/202			255.28	0.00	0.00	255.28 ✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
15872		TYPENEX MEDICAL LLC					255.28	0.00	0.00	255.28
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
✓ 2921057279		04/08/202	04/07/202	05/02/202			146.02	0.00	0.00	146.02 ✓
✓ 2921057270		04/08/202	04/07/202	05/02/202			3,245.78	0.00	0.00	3,245.78 ✓
✓ 2921057691		04/15/202	04/10/202	05/05/202			190.79	0.00	0.00	190.79 ✓

✓ 2921057687	04/15/202 04/10/202 05/05/202	224.06	0.00	0.00	224.06 ✓
✓ 2921057693	04/15/202 04/10/202 05/05/202	270.42	0.00	0.00	270.42 ✓
✓ 2921057686	04/15/202 04/10/202 05/05/202	2,790.85	0.00	0.00	2,790.85 ✓
✓ 2921057688	04/15/202 04/10/202 05/05/202	369.73	0.00	0.00	369.73 ✓
✓ 2921057694	04/15/202 04/10/202 05/05/202	132.24	0.00	0.00	132.24 ✓
✓ 2921057692	04/15/202 04/10/202 05/05/202	169.76	0.00	0.00	169.76 ✓
✓ 2921057689	04/15/202 04/10/202 05/05/202	181.87	0.00	0.00	181.87 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC	7,721.52	0.00	0.00	7,721.52

Vendor#	Vendor Name	Class	Pay Code
17832 ✓	VOCA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 38351		04/17/202	04/04/202	05/04/202			2,440.00	0.00	0.00	2,440.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
17832	VOCA LLC	2,440.00	0.00	0.00	2,440.00

Vendor#	Vendor Name	Class	Pay Code
I1110 ✓	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9111809028		04/15/202	04/01/202	04/26/202			2,153.26	0.00	0.00	2,153.26 ✓
✓ 9111501825		04/16/202	05/13/202	06/07/202			1,210.80	0.00	0.00	1,210.80 ✓
✓ 9111818423		04/16/202	04/09/202	05/04/202			374.86	0.00	0.00	374.86 ✓
✓ 9111820397		04/16/202	04/11/202	05/06/202			1,805.88	0.00	0.00	1,805.88 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
I1110	WERFEN USA LLC	5,544.80	0.00	0.00	5,544.80

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	540,190.03	0.00	0.00	540,190.03

APPROVED ON

APR 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 208571.
208625



RUN DATE:04/22/25
TIME:10:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/23/25 THRU 04/23/25

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CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	208571	04/23/25	460.59	AIRGAS USA, LLC - CENTRAL DIV
A/P	208572	04/23/25	959.37	AMAZON CAPITAL SERVICES
A/P	208573	04/23/25	7,505.03	BECKMAN COULTER INC
A/P	208574	04/23/25	4,771.61	BIO-RAD LABORATORIES, INC
A/P	208575	04/23/25	206.00	CARDINAL HEALTH 414, INC.
A/P	208576	04/23/25	136.57	CARESFIELD
A/P	208577	04/23/25	47.36	CDW GOVERNMENT, INC.
A/P	208578	04/23/25	1,491.00	CLARITY ENROLLMENT SOLUTIONS
A/P	208579	04/23/25	3,604.40	COASTAL OFFICE SOLUTIONS
A/P	208580	04/23/25	2,628.45	CORROHEALTH, INC.
A/P	208581	04/23/25	32,331.86	CULINARY CONCESSIONS LLC
A/P	208582	04/23/25	651.18	DEWITT POTH & SON
A/P	208583	04/23/25	231.38	ECOLAB
A/P	208584	04/23/25	807.26	FILTER TECHNOLOGY CO, INC
A/P	208585	04/23/25	3,891.02	FIRST INSURANCE FUNDING
A/P	208586	04/23/25	3,055.00	FISHER HEALTHCARE
A/P	208587	04/23/25	1,404.58	FRONTIER
A/P	208588	04/23/25	350.00	GUERBET, LLC
A/P	208589	04/23/25	1,866.21	GULF COAST PAPER COMPANY
A/P	208590	04/23/25	51.00	HEALTH CARE LOGISTICS INC
A/P	208591	04/23/25	410.36	HCB CREDIT RECEIVABLES DEPT308
A/P	208592	04/23/25	33.63	HENRY SCHEIN INC.
A/P	208593	04/23/25	33.60	JACLYN HARTL
A/P	208594	04/23/25	26.29	LABCORP OF AMERICA HOLDINGS
A/P	208595	04/23/25	483.70	LEGAL SHIELD
A/P	208596	04/23/25	1,951.00	LGC CLINICAL DIAGNOSTICS, INC.
A/P	208597	04/23/25	1,001.22	MCKESSON MEDICAL SURGICAL INC
A/P	208598	04/23/25	1,618.00	MEDICAL AIR SERVICES ASSOC.
A/P	208599	04/23/25	.00	VOIDED
A/P	208600	04/23/25	.00	VOIDED
A/P	208601	04/23/25	21,481.76	MEDLINE INDUSTRIES INC
A/P	208602	04/23/25	5,296.10	MERCK SHARP & DOHME LLC
A/P	208603	04/23/25	.00	VOIDED
A/P	208604	04/23/25	20,721.18	MORRIS & DICKSON CO, LLC
A/P	208605	04/23/25	192.65	MXR IMAGING, INC
A/P	208606	04/23/25	230.25	ORTHO CLINICAL DIAGNOSTICS
A/P	208607	04/23/25	3,084.00	PARAREV
A/P	208608	04/23/25	4,259.93	PRO ENERGY PARTNERS LLC
A/P	208609	04/23/25	1,791.67	RADSOURCE
A/P	208610	04/23/25	378.41	SINGLETON ASSOCIATES PA
A/P	208611	04/23/25	7,497.00	SINGLETON ASSOCIATES, P.A.
A/P	208612	04/23/25	6,958.75	SPECIALTY PROFESSIONAL
A/P	208613	04/23/25	927.87	STERIS CORPORATION
A/P	208614	04/23/25	3,323.23	STRYKER SALES LLC
A/P	208615	04/23/25	4,680.00	SUMMIT PAIN AND WELLNESS
A/P	208616	04/23/25	223,306.74	SWEENEY COMMUNITY HOSPITAL
A/P	208617	04/23/25	3,018.16	TEXAS ASSOCIATION OF COUNTIES
A/P	208618	04/23/25	5,030.00	TEXAS MUTUAL INSURANCE CO
A/P	208619	04/23/25	6,567.55	TEXAS SELECT STAFFING, LLC
A/P	208620	04/23/25	1,715.02	TRIZETTO PROVIDER SOLUTIONS

RUN DATE:04/22/25
TIME:10:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
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CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	208621	04/23/25	131,760.49	TRUBRIDGE
A/P	208622	04/23/25	255.28	TYPENEX MEDICAL LLC
A/P	208623	04/23/25	7,721.52	UNIFIRST HOLDINGS INC
A/P	208624	04/23/25	2,440.00	VOCA LLC
A/P	208625	04/23/25	5,544.80	WERFEN USA LLC
A/P	208626	04/23/25	388.69	BROADMOOR AT CREEKSIDE PARK
A/P	208627	04/23/25	174,132.47	GOLDENCREEK HEALTHCARE
A/P	208628	04/23/25	9,745.19	LAVACA BAY NURSING AND REHAB
A/P	208629	04/23/25	5,596.20	THE CRESCENT
A/P	208630	04/23/25	330,398.79	TUSCANY VILLAGE
TOTALS:			1,060,451.37	

APPROVED ON

APR 23 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables

540,190.03 +

388.69 +

5,596.20 +

174,132.47 +

330,398.79 +

9,745.19 +

1,060,451.37 0

NH
KARS

MCKESSON**STATEMENT**

As of: 04/18/2025

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 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyDC: 8115
Customer INV SupplID:
Territory:Customer: 632536
Date: 04/19/2025As of: 04/18/2025 Page: 002
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 04/19/2025 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	
-----------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 141.77 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017If Paid By 04/22/2025,
Pay This Amount:

138.94 USD

If Paid After 04/22/2025,
Pay this Amount:

141.77 USD

Due If Paid On Time:
USD

138.94 ✓

Disc lost if paid late:

2.83

Due If Paid Late:
USD

141.77

36 • 42 +
10 • 81 +
3 • 01 +
42 • 42 +
46 • 28 +
138 • 94 ◊

APPROVED ON

APR 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 04/18/2025

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 04/19/2025

As of: 04/18/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 04/19/2025 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											
04/17/2025	04/22/2025	7563174930	B2504-055-197594	115Invoice	0.47	23.52		23.05	✓	7563174930	
04/18/2025	04/22/2025	7563422556	B2504-055-197707	115Invoice	0.27	13.64		13.37	✓	7563422556	

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: 37.16 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,537.65
04/14/2025

If Paid By 04/22/2025,
Pay This Amount:

36.42 USD

If Paid After 04/22/2025,
Pay this Amount:

37.16 USD

Due If Paid On Time:
USD

36.42

Disc lost if paid late:

0.74

Due If Paid Late:
USD

37.16

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APR 22 2025

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CALHOUN COUNTY, TEXAS

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McKESSON**STATEMENT**

As of: 04/18/2025

Page: 001

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

Company: 8000

CVS PHCY 7416/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979 ✓AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyDC: 8115
Customer INV SupplD:
Territory: 7001Customer: 835437
Date: 04/19/2025As of: 04/18/2025 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835437 PLEASE CHECK ANY
Date: 04/19/2025 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											
04/16/2025	04/22/2025	7563107635	4025302	115Invoice	0.22	11.03		10.81	✓	7563107635	

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: 11.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,537.65
04/14/2025If Paid By 04/22/2025,
Pay This Amount:

10.81 USD

If Paid After 04/22/2025,
Pay this Amount:

11.03 USD

Due If Paid On Time:

USD 10.81

Disc lost if paid late:

0.22

Due If Paid Late:

USD 11.03

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APR 22 2025

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McKESSON

STATEMENT

As of: 04/18/2025

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: 04/19/2025

As of: 04/18/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 04/19/2025 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											
04/16/2025	04/22/2025	7563041696	4026581	115Invoice	0.06	3.07		3.01	✓	7563041696	

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: 3.07 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,104.59
04/07/2025

If Paid By 04/22/2025,
Pay This Amount:

3.01 USD

If Paid After 04/22/2025,
Pay this Amount:

3.07 USD

Due If Paid On Time:
USD

3.01

Disc lost if paid late:

0.06

Due If Paid Late:
USD

3.07

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CALHOUN COUNTY TEXAS

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MCKESSON**STATEMENT**

As of: 04/18/2025

Page: 001

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

Company: 8000

CVS PHCY 10356/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835430
Date: 04/19/2025

As of: 04/18/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835430 PLEASE CHECK ANY
Date: 04/19/2025 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											
04/16/2025	04/22/2025	7562959029	4026577	115Invoice	0.87	43.29		42.42	✓	7562959029	

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: 43.29 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,104.59
04/07/2025

If Paid By 04/22/2025,
Pay This Amount:

42.42 USD

If Paid After 04/22/2025,
Pay this Amount:

43.29 USD

Due If Paid On Time:

USD 42.42

Disc lost if paid late:

0.87

Due If Paid Late:

USD 43.29

APPROVED ON

APR 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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

McKESSON

STATEMENT

As of: 04/18/2025

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 04/19/2025

As of: 04/18/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/19/2025 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											
04/16/2025	04/22/2025	7563126415	233314875	115Invoice	0.94	47.22		46.28	✓	7563126415	

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:					47.22	USD					
Future Due:	0.00						Due If Paid On Time:				
		If Paid By 04/22/2025,					USD 46.28				
Past Due:	0.00	Pay This Amount:					46.28	USD	Disc lost if paid late:		
							0.94				
Last Payment	3,537.65	If Paid After 04/22/2025,					Due If Paid Late:				
04/14/2025		Pay this Amount:					47.22	USD	USD 47.22		



STATEMENT

Statement Number: 69594784
Date: 04-18-2025

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:	465.38
Past Due:	0.00
Total Due:	465.38
Account Balance:	465.38

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-14-2025	04-25-2025	3211919907	7009411048	Invoice	335.92		0.00	335.92
04-14-2025	04-25-2025	3211919909	7009422278	Invoice	18.03		0.00	18.03
04-14-2025	04-25-2025	3211976917	7009427260	Invoice	8.85		0.00	8.85
04-16-2025	04-25-2025	3212241507	7009439479	Invoice	64.95		0.00	64.95
04-17-2025	04-25-2025	3212377105	7009449881	Invoice	9.23		0.00	9.23
04-18-2025	04-25-2025	3212506196	7009459923	Invoice	28.40		0.00	28.40

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
465.38	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON

APR 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
04-25-2025	465.38
Total Due:	465.38



STATEMENT

Statement Number: 69578314
Date: 04-18-2025

1 of 1

Served 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:	268.64
Past Due:	0.00
Total Due:	268.64
Account Balance:	268.64

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-14-2025	04-25-2025	3211934204	7009402605	Invoice	28.31		0.00	28.31
04-14-2025	04-25-2025	3211934205	7009411720	Invoice	8.56		0.00	8.56
04-14-2025	04-25-2025	3211934206	7009419480	Invoice	0.91		0.00	0.91
04-14-2025	04-25-2025	3211934207	7009419480	Invoice	3.59		0.00	3.59
04-14-2025	04-25-2025	3211934208	7009419507	Invoice	8.45		0.00	8.45
04-17-2025	04-25-2025	3212334777	7009440727	Invoice	147.85		0.00	147.85
04-18-2025	04-25-2025	3212469995	7009450485	Invoice	70.97		0.00	70.97

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
268.64	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
04-18-2025	(881.75)

APPROVED ON

APR 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
04-25-2025	268.64
Total Due:	268.64

✓ 88

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"☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"★ #☐ "IF FEDERAL TAX DEPOSIT ENTER 1"☐ "ENTER 2-DIGIT TAX FILING YEAR"★ ☐ "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

☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"
"1 TO CONFIRM"★

\$	136,092.42	#
	1	

"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"

0

\$	67,903.08	#
----	-----------	---

"ENTER W/CENTS AMOUNT OF MEDICARE"

\$	15,880.58	#
----	-----------	---

"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"

\$	52,308.76	#
----	-----------	---

☐ "6-DIGIT SETTLEMENT DATE"
"1 TO CONFIRM"★

1

☐ ACKNOWLEDGEMENT NUMBERCALLED 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	4/4/2025	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	4/17/2025					
PAY DATE:	4/26/2025					
GROSS PAY:	\$ 584,716.91			\$ -		\$ 584,716.91
DEDUCTIONS:						
A/R	\$ 365.00					\$ 365.00
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	\$ 29,634.74					\$ 29,634.74
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ 524.54					\$ 524.54
CLINIC	\$ (50.00)					\$ (50.00)
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	\$ 52,308.76					\$ 52,308.76
FICA-M	\$ 7,940.29					\$ 7,940.29
FICA-O	\$ 33,951.54					\$ 33,951.54
FICA-M ADDITIONAL						\$ -
FIRST C						\$ -
FLEX S	\$ 4,469.04					\$ 4,469.04
FLX-FE	\$ -					\$ -
GIFT S	\$ 194.26					\$ 194.26
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	\$ 7,475.69					\$ 7,475.69
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	\$ 39,817.43					\$ 39,817.43
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 187,183.44	\$ -	\$ -	\$ -	\$ -	\$ 187,183.44
NET PAY:	\$ 397,533.47	\$ -	\$ -	\$ -	\$ -	\$ 397,533.47
TOTAL CAFÉ 125 PLAN:	\$ 37,110.88					
TAXABLE PAY:	\$ 547,606.03	\$ 547,606.03				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 7,940.29		
FICA - MED (EE)	1.45%	\$ 7,940.29	\$ 7,940.29	\$ -
FICA - SOC SEC (ER)	6.20%	\$ 33,951.57		
FICA - SOC SEC (EE)	6.20%	\$ 33,951.57	\$ 33,951.54	\$ 0.03
FED WITHHOLDING		\$ 52,308.76	\$ 52,308.76	

Employees over FICA-SS Cap:

Exempt Amt:

Paycode S - Employee Reimb:

TOTAL: \$ -

TAX DEPOSIT:	\$ 136,092.48	\$ 136,092.42	
FICA - MEDICARE	2.90%	\$ 15,880.58	\$15,880.58
FICA - SOCIAL SECURITY	12.40%	\$ 67,903.14	\$67,903.08
FED WITHHOLDING		\$ 52,308.76	\$52,308.76
TOTAL TAX:	\$ 136,092.48	\$136,092.42	\$ 0.06

PREPARED BY:

Andrie Flores

PREPARED DATE:

4/18/2025

Run Date: 04/18/25
Time: 14:03

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 04/04/25 - 04/17/25 Run# 1

Page 110
P2REG

Final Summary

-- Pay Code Summary -----						*-- Deductions Summary -----*			
PayCd	Description	Hrs	OT	SH	WB	HO	CB	Gross	Code Amount
1	REGULAR PAY-S1	10031.50	N		N	N		243490.17	A/R 225.00 A/R2 140.00 A/R3
1	REGULAR PAY-S1	1970.75	N		N	N	N	100503.46	ADVANC AWARDS BCBSVI
1	REGULAR PAY-S1	296.75	Y		N	N		10705.41	BOOTS CAFE H CAFE-1
1	REGULAR PAY-S1	10.00	Y		N	N	N	640.65	CAFE-2 CAFE-3 CAFE-4
2	REGULAR PAY-S2	2370.75	N		N	N		67019.25	CAFE-5 CAFE-C CAFE-D 1270.11✓
2	REGULAR PAY-S2	141.25	Y		N	N		5364.41	CAFE-F CAFE-H 29634.74 CAFE-I
3	REGULAR PAY-S3	1429.50	N		N	N		49351.03	CAFE-L CAFE-P CANCER
3	REGULAR PAY-S3	165.00	Y		N	N		7775.11	CHILD 524.54 CLINIC -50.00 COMBIN 250.86✓
4	CALL BACK PAY	24.75	N	1	N	N	Y	1333.10	DD ADV DENTAL
4	CALL BACK PAY	2.00	N	2	N	N	Y	92.81	DEP-LF DIS-LF EAT
4	CALL BACK PAY	4.00	N	3	N	N	Y	189.62	EATCSH FEDTAX 52306.76 FICA-M 7940.29✓
C	CALL PAY	2554.75	N	1	N	N		5109.50	FICA-O 33951.54 FIRSTC FLEX S 3957.04✓
D	DOUBLE TIME	4.50	N	1	N	N		270.13	FLX FE FORT D FUTA
D	DOUBLE TIME	23.25	N	2	N	N		2115.36	GIFT S 194.26 GRANT GRP-IN
D	DOUBLE TIME	48.00	N	3	N	N		4482.30	GTL HOSP-I HSA 512.00✓
E	EXTRA WAGES		N		N	N	N	42991.38	ID TFF IRSTAX LEAF
E	EXTRA WAGES		N	1	N	N	N	2506.25	LEGAL 241.90 MASA 795.00 MEALS 4187.92✓
F	FUNERAL LEAVE	58.00	N	1	N	N		2707.22	METVIS MISC MISC/
I	INSERVICE	2.00	N	1	N	N		86.70	MMCSHR MOOACC 643.00 MOOILL 902.41✓
K	EXTENDED-ILLNESS-BANK	172.00	N	1	N	N		6119.36	MOOIND 550.50 MOOLIF 1164.58 MOOSTD 1815.17✓
P	PAID-TIME-OFF	80.00	N		N	N	N	4615.20	MOOVIS 841.99 NATFNL 1181.63 OTHER
P	PAID-TIME-OFF	921.25	N	1	N	N		26106.97	PHI PHI*** PR FIN
X	CALL PAY 2	208.00	N	1	N	N		416.00	RELAY REPAY SAMS
Z	CALL PAY 3	48.00	N	1	N	N		144.00	SCRUBS SIGNON ST-TX
p	PAID TIME OFF - PROBATION	8.00	N	1	N	N		461.52	STONDF 895.00 STONE STONE2
t	PHONE & DATA		N		N	N	N	120.00	STUDEN SUNACC SUNILL
									SUNIND SUNLIF SUNSTD
									SUNVIS SURCHG TSA-1
									TSA-2 TSA-C TSA-P
									TSA-R 39817.43 TUTION UNIFOR 3287.77
									UA/HOS

*----- Grand Totals: 20574.00 ----- (Gross: 584716.91✓ Deductions: 187183.44✓ Net: 397533.47✓
Checks Count:- FT 199 PT 13 Other 46 Female 228 Male 29 Credit OverAmt 16 ZeroNet Term Total: 257✓

CHKNO	ORFNO	LOCNO	FMFNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	EVOC	CMGTF	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDE	PRNG
4820	76351	1	2	0	2025	51001122	0	4/14/2025	\$10.75	1	SINGLETON ASSOCIATES PA	P	181	0		XRAY	F		1/27/2025	1/27/2025	741680498
4821	76351	1	2	0	2025	57001170	0	4/14/2025	\$83.52	1	SINGLETON ASSOCIATES PA	P	172	0		AB	F		2/12/2025	2/12/2025	741680498
4822	76351	2	70	0	2025	57001108	0	4/14/2025	\$12.07	1	SINGLETON ASSOCIATES PA	P	181	0		XRAY	F		2/13/2025	2/13/2025	741680498
4823	76351	2	58	3	2025	100000096	0	4/14/2025	\$70.00	1	PALACIOS COMMUNITY MEDICAL CEN	P	406	0		ER	F		2/7/2025	2/7/2025	760698013
4824	76351	2	33	0	2025	78000946	0	4/14/2025	\$134.82	1	BCM PHYSICIANS	P	457	0		OVS	F		3/17/2025	3/17/2025	300791563
4825	76351	2	33	0	2025	100000449	0	4/14/2025	\$542.50	1	VIP CARE SERVICES LLC	P	604	0		CASE	F		3/25/2025	3/25/2025	271837628
4826	76351	3	10	0	2025	45000910	0	4/14/2025	\$10.75	1	SINGLETON ASSOCIATES PA	P	189	0		ERD	F		1/30/2025	1/30/2025	741680498
4827	76351	3	74	0	2025	55000889	0	4/14/2025	\$13.79	1	SINGLETON ASSOCIATES PA	P	189	0		ERD	F		1/22/2025	1/22/2025	741680498
4828	76351	3	50	0	2025	76000781	0	4/14/2025	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0		OV	F		3/11/2025	3/11/2025	742605670
4829	76351	3	69	1	2025	76000868	0	4/14/2025	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0		OV	F		3/12/2025	3/12/2025	742605670
4830	76351	3	75	0	2025	92000211	0	4/14/2025	\$66.31	1	GHPA	P	177	0		OV	F		1/31/2025	1/31/2025	202341026
4831	76351	3	43	3	2025	76000815	0	4/14/2025	\$71.38	1	SCOTT & WHITE CLINIC	P	728	0		TELM	F		3/12/2025	3/12/2025	742958277
4832	76351	3	9	2	2025	57001181	0	4/14/2025	\$83.16	1	SINGLETON ASSOCIATES PA	P	321	0		MRIO	F		2/12/2025	2/12/2025	741680498
4833	76351	3	59	1	2025	50000211	0	4/14/2025	\$83.70	1	DRISCOLL CHP	P	177	0		OV	F		12/4/2024	12/4/2024	742838488
4834	76351	3	72	0	2025	56000630	0	4/14/2025	\$170.38	1	US ANES PARTNERS OF TX PA	P	405	0		AOQ	F		1/31/2025	1/31/2025	760482007
4835	76351	3	38	0	2025	100000464	0	4/14/2025	\$271.25	1	VIP CARE SERVICES LLC	P	604	0		CASE	F		3/10/2025	3/10/2025	271837628
4842	76360	2	35	0	2025	55000853	0	4/14/2025	\$13.37	1	SINGLETON ASSOCIATES PA	P	181	0		XRAY	F		2/7/2025	2/7/2025	741680498
4843	76360	2	72	0	2025	78000945	0	4/14/2025	\$120.24	1	HOUSTON IN PATIENT PHYSICIAN ASSOCIATES	P	188	0		HV	F		3/10/2025	3/10/2025	450675246
4845	76360	3	115	0	2025	77000936	0	4/14/2025	\$9.57	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	177	0		OV	F		3/10/2025	3/10/2025	741831291
4846	76360	3	119	0	2025	56000594	0	4/14/2025	\$10.75	1	THOMAS NEIL DAVIS M.D.	P	181	0		XRAY	F		2/13/2025	2/13/2025	741680498
4847	76360	3	91	0	2025	50002007	0	4/14/2025	\$14.23	1	SINGLETON ASSOCIATES PA	P	181	0		XRAY	F		2/5/2025	2/5/2025	741680498
4848	76360	3	119	0	2025	98001132	0	4/14/2025	\$17.24	1	COASTAL SKIN CARE & WELLNESS CENTER	P	457	0		OVS	F		2/24/2025	2/24/2025	742068224
4849	76360	3	23	0	2025	57001194	0	4/14/2025	\$35.68	1	SINGLETON ASSOCIATES PA	P	220	0		WLB	F		2/12/2025	2/12/2025	741680498
4850	76360	3	60	0	2025	76000851	0	4/14/2025	\$65.89	1	FRANK S PARMA MD	P	177	0		OV	F		3/11/2025	3/11/2025	742608003
4851	76360	3	68	0	2025	76000858	0	4/14/2025	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	728	0		TELM	F		3/11/2025	3/11/2025	742605670
4852	76360	3	21	1	2025	100000407	0	4/14/2025	\$77.50	1	VIP CARE SERVICES LLC	P	604	0		CASE	F		3/18/2025	3/18/2025	271837628
4853	76360	3	13	0	2025	50002140	0	4/14/2025	\$82.74	1	SINGLETON ASSOCIATES PA	P	321	0		MRIO	F		1/22/2025	1/22/2025	741680498
4854	76360	3	77	0	2025	50002135	0	4/14/2025	\$83.52	1	SINGLETON ASSOCIATES PA	P	172	0		AB	F		1/21/2025	1/21/2025	741680498
4855	76360	3	92	0	2025	57001200	0	4/14/2025	\$83.52	1	SINGLETON ASSOCIATES PA	P	172	0		AB	F		2/7/2025	2/7/2025	741680498
4856	76360	3	124	0	2025	73001066	0	4/14/2025	\$102.94	1	SCOTT P. STEIN, D.O., P.A.	P	457	0		OVS	F		3/12/2025	3/12/2025	742861393
4857	76360	3	28	0	2025	55000945	0	4/14/2025	\$104.13	1	HOUSTON RADIOLOGY ASSOCIATED	P	178	0		SO	F		12/11/2024	12/11/2024	741688740
4858	76360	3	32	0	2025	100000428	0	4/14/2025	\$116.25	1	VIP CARE SERVICES LLC	P	604	0		CASE	F		3/4/2025	3/28/2025	271837628
4859	76360	3	70	1	2025	84000055	0	4/14/2025	\$153.60	1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F		1/23/2025	1/23/2025	815248556
4860	76360	3	19	2	2025	91000685	0	4/14/2025	\$153.60	1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F		12/30/2024	12/30/2024	815248556
4861	76360	3	32	1	2025	94000505	0	4/14/2025	\$165.99	1	HELIOPOLIS HEALTH SERVICES PLLC	P	457	0		OVS	F		2/12/2025	2/12/2025	882236813
4862	76360	3	50	0	2025	100000479	0	4/14/2025	\$271.25	1	VIP CARE SERVICES LLC	P	604	0		CASE	F		3/17/2025	3/31/2025	271837628
4863	76360	3	30	1	2025	100001714	0	4/14/2025	\$305.25	1	THE PHIA GROUP, LLC	P	503	0		AUDT	F		4/2/2025	4/2/2025	43504115
4867	76360	3	23	1	2025	84000083	0	4/14/2025	\$376.91	1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F		1/20/2025	1/20/2025	815248556
4870	76360	3	30	1	2025	100001642	0	4/14/2025	\$540.85	1	USAP-TEXAS	P	405	0		AOQ	F		10/25/2024	10/25/2024	760482007
4877	76360	3	28	0	2025	98000936	0	4/14/2025	\$1,400.00	1	METHODIST PATHOLOGY ASSOCIATES	P	185	0		LAB	F		12/12/2024	12/12/2024	371520288
4886	76370	3	44	0	2025	97000299	0	4/14/2025	\$156.78	1	CITIZENS MEDICAL PROFESSIONALS	P	177	0		OV	F		1/8/2025	1/8/2025	471158090
									\$6,283.85												


APPROVED ON

APR 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- April 14, 2025 - April 20, 2025**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten Check" #</u>
4/18/2025	WEBFILE TAX PYMT DD 902/78774355 21000024120	- Sales Tax	2,264.55	700155
4/18/2025	PAY PLUS ACHTrans 64135763 101000696731876 P	- 3rd Party Payor Fee	103.94	901543
4/18/2025	AMERISOURCE BERG PAYMENTS 0100007768 21000002	- 340B Drug Program Expense	881.75 *	550758
4/17/2025	PAY PLUS ACHTrans 63898816 101000695414426 P	- 3rd Party Payor Fee	35.29	901544
4/16/2025	PAY PLUS ACHTrans 63751677 101000693680631 P	- 3rd Party Payor Fee	205.96	901545
4/15/2025	IRS USATAXPYMT 270550511866360 6103601001068	- Payroll Taxes	115,478.31 **	800609
4/15/2025	PAY PLUS ACHTrans 63582245 101000692211643 P	- 3rd Party Payor Fee	177.61	901546
4/15/2025	MCKESSON DRUG AUTO ACH ACH06478474 910000169	- 340B Drug Program Expense	3,537.65 *	550759
4/15/2025	TEXAS COUNTY DRS RECEIVABLE 0419 21000026224	- Retirement Funding	182,591.82 **	800610
4/15/2025	FDMS FDMS PYMT 052-1743547-000 4100012566955	- Credit Card Machine Lease Fee	40.03	901547
4/15/2025	FDMS FDMS PYMT 052-1737276-000 4100012566847	- Credit Card Machine Lease Fee	120.09	901548
4/15/2025	FDMS FDMS PYMT 052-1743548-000 4100012567216	- Credit Card Machine Lease Fee	80.06	901549
4/15/2025	FDMS FDMS PYMT 052-2100911-000 4100012567769	- Credit Card Machine Lease Fee	45.64	901550
4/14/2025	PAY PLUS ACHTrans 63322647 101000690559511 P	- 3rd Party Payor Fee	156.35	901551
			305,719.05	

✓ 

Steve Brock, CFO
Memorial Medical Center

April 21, 2025

* Approved on 4.16.25 cc
** Approved on 4.09.25 cc

**PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS**

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
				103 * 94 +
				35 * 29 +
				205 * 96 +
				177 * 61 +
				156 * 35 +
				679 * 15 +
			0.01	

pay plus

lease fee

Steve Brock, CFO
Memorial Medical Center

305,719.05 +
2,264.55 -
881.75 -
115,478.31 -
3,537.65 -
182,591.82 -
964.97 +
964.97 -
0.00 +

APPROVED ON
APR 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

40 * 03 +
120 * 09 +
80 * 06 +
45 * 64 +
285 * 82 +
679 * 15 +
285 * 82 +
964 * 97 +

[← Back](#)

Sales and Use Tax

Taxpayer: XXXXXXXXXX MEMORIAL MEDICAL CENTER
Address: 815 N VIRGINIA ST, PORT LAVACA TX 77979-3025
Tax Type: Sales and Use Tax

Return Summary Original Return for Period Ending 03/31/2025 (2503)

CREDITS TAKEN

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	27,587	27,587	0	27,587	1,724.19	27,587	0.02000	551.74
SubTotal	27,587	27,587	0	27,587	1,724.19	27,587		551.74

Total Tax for Locations **\$2,275.93**

Total Tax Due: \$2,275.93

Prior Payments: - \$2,264.55

Timely Filing Discount: - \$11.38

Balance Due: \$0.01

Pending Payments: - \$0.00

Total Amount Due and Payable: \$0.01

(State amount due is \$0.01)

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

04/17/2025
10:38

APR 17 2025

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 05/09/2025

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

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
✓ 041525		04/17/202	04/15/202	05/09/202			388.69	0.00	0.00	388.69

Vendor Totals: Number

11832

Name BROADMOOR AT CREEKSIDE PARK

Gross

Discount

No-Pay

Net

388.69

0.00

0.00

388.69

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

388.69

0.00

0.00

388.69

APPROVED ON

APR 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 208624

ins. pmt dep into mmc opt in error ✓

APR 17 2025

MEMORIAL MEDICAL CENTER

04/17/2025

10:39

AP Open Invoice List

0

CALHOUN COUNTY, TEXAS

Due Dates Through: 05/09/2025

ap_open_invoice.template

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
✓ 041125		04/17/202	04/11/202	05/09/202			5,596.20	0.00	0.00	5,596.20

Vendor Totals: Number

11824

Name

THE CRESCENT

Gross

5,596.20

Discount

0.00

No-Pay

0.00

Net

5,596.20

Report Summary

Grand Totals:

Gross

5,596.20

Discount

0.00

No-Pay

0.00

Net

5,596.20

APPROVED ON

APR 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 208629

ins. pmt dep. into mmc opt in error ✓

APR 17 2025

MEMORIAL MEDICAL CENTER

04/17/2025

AP Open Invoice List

0

10:40

CALHOUN COUNTY, TEXAS

Due Dates Through: 05/09/2025

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 ✓ GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 040925A		04/17/202	04/09/202	05/09/202			88,594.97	0.00	0.00	88,594.97 ✓
✓ 040925	ins. pmt. due into mmc opt in error	04/17/202	04/09/202	05/09/202			62,938.03	0.00	0.00	62,938.03 ✓
✓ 041125		04/17/202	04/11/202	05/09/202			1,974.07	0.00	0.00	1,974.07 ✓
✓ 041125A		04/17/202	04/11/202	05/09/202			1,522.47	0.00	0.00	1,522.47 ✓
✓ 041425		04/17/202	04/14/202	05/09/202			4,012.64	0.00	0.00	4,012.64 ✓
✓ 041425A		04/17/202	04/14/202	05/09/202			3,360.45	0.00	0.00	3,360.45 ✓
✓ 041525		04/17/202	04/15/202	05/09/202			5,014.84	0.00	0.00	5,014.84 ✓
✓ 041525A		04/17/202	04/15/202	05/09/202			6,715.00	0.00	0.00	6,715.00 ✓

Vendor Totals: Number

Name

11836

GOLDENCREEK HEALTHCARE

Gross

Discount

No-Pay

Net

174,132.47

0.00

0.00

174,132.47

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

174,132.47

0.00

0.00

174,132.47

APPROVED ON

APR 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check# 208627

APR 17 2025

04/21/2025

10:49

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Invoice Dates Through: 04/21/2025

0

ap_open_invoice.template

Vendor# Vendor Name

13004 ✓ TUSCANY VILLAGE

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 040925		04/17/202	04/09/202	05/09/202			32,279.18	0.00	0.00	32,279.18 ✓
✓ 040925A	ins. pmt. over. into mmc opt in error	04/17/202	04/09/202	05/09/202			3,561.50	0.00	0.00	3,561.50 ✓
✓ 041025		04/17/202	04/10/202	05/09/202			419.00	0.00	0.00	419.00 ✓
✓ 041125B		04/17/202	04/11/202	05/09/202			7,975.40	0.00	0.00	7,975.40 ✓
✓ 041125A		04/17/202	04/11/202	05/09/202			640.58	0.00	0.00	640.58 ✓
✓ 041125D		04/17/202	04/11/202	05/09/202			20,927.44	0.00	0.00	20,927.44 ✓
✓ 041125C		04/17/202	04/11/202	05/09/202			7,575.00	0.00	0.00	7,575.00 ✓
✓ 041125		04/17/202	04/11/202	05/09/202			2,723.50	0.00	0.00	2,723.50 ✓
✓ 041425A		04/17/202	04/14/202	05/09/202			3,927.45	0.00	0.00	3,927.45 ✓
✓ 041425		04/17/202	04/14/202	05/09/202			4,040.00	0.00	0.00	4,040.00 ✓
✓ 042125		04/21/202	04/21/202	05/09/202			246,329.74	0.00	0.00	246,329.74 ✓

MDCR TAKEBACKS OWED

Vendor Totals: Number Name

13004 TUSCANY VILLAGE

Gross	Discount	No-Pay	Net
330,398.79	0.00	0.00	330,398.79

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
330,398.79	0.00	0.00	330,398.79

APPROVED ON

APR 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 208630

APR 17 2025

MEMORIAL MEDICAL CENTER

04/17/2025

10:39

AP Open Invoice List

0

CALHOUN COUNTY, TEXAS

Due Dates Through: 05/09/2025

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12792 ✓ LAVACA BAY NURSING AND REHAB

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 040925		04/17/202	04/09/202	05/09/202			934.61	0.00	0.00	934.61 ✓
✓ 041425		04/17/202	04/14/202	05/09/202			1,279.81	0.00	0.00	1,279.81 ✓
✓ 041425A		04/17/202	04/14/202	05/09/202			3,728.05	0.00	0.00	3,728.05 ✓
✓ 041525		04/17/202	04/15/202	05/09/202			3,455.97	0.00	0.00	3,455.97 ✓
✓ 041525A		04/17/202	04/15/202	05/09/202			117.24	0.00	0.00	117.24 ✓
✓ 041525B		04/17/202	04/15/202	05/09/202			229.51	0.00	0.00	229.51 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12792 LAVACA BAY NURSING AND REHAB							9,745.19	0.00	0.00	9,745.19

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,745.19	0.00	0.00	9,745.19

APPROVED ON

APR 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 208628

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
4/21/2025

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		12,931.61	74.05	14,183.00		27,040.56	17,185.51

Bank Balance 27,040.56
Variance -

Leave in Balance 100.00

Routing Information for Ashford Gardens:

Wellpoint Y7 Interim Allocation 2,912.17
Wellpoint Y8 Q1- owed to Sweeny Hosp 6,842.88

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

Broadmoor	58,196.73	-	17,225.21
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Adjust Balance/Transfer Amt 17,185.51

Bank Balance 75,421.94
Variance -

Leave in Balance 100.00

Wellpoint Y7 Interim Allocation 53,702.58
Wellpoint Y8 Q1- owed to Sweeny Hosp 3,280.50

Crescent	64,274.89	24,853.13	13,051.14
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Adjust Balance/Transfer Amt 18,338.86

Bank Balance 52,472.90
Variance -

Leave in Balance 100.00

Wellpoint Y7 Interim Allocation 36,856.22
Wellpoint Y8 Q1- owed to Sweeny Hosp 2,719.17

Fort Bend	9,464.32	8,643.79	6,570.00
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Adjust Balance/Transfer Amt 12,797.51

Bank Balance 7,390.53
Variance -

Leave in Balance 100.00

Wellpoint Y8 Q1- owed to Sweeny Hosp 2,303.64

Solera at W Houston	108,379.94	80.75	5,237.50
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Adjust Balance/Transfer Amt 4,986.89

Bank Balance 113,536.69
Variance -

Leave in Balance 100.00

Wellpoint Y7 Interim Allocation 57,793.29
MolIn Comp 1 Y7 recon 45,918.59
Wellpoint Y8 Q1- owed to Sweeny Hosp 3,348.54

17,185.51 +
18,338.86 +
12,797.51 +
4,986.89 +
6,376.27 +
59,685.04

st Houston / Fort Bend / Broadmoor:

Adjust Balance/Transfer Amt 6,376.27

TOTAL TRANSFERS 59,685.04

Approved: Steve Brock, CFO

4/21/2025

APPROVED ON

APR 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

Ashford Gardens

4/17/2025 Deposit
 4/17/2025 MANAGEANDNET1718 MNS PMNT 00000000000093 41
 4/15/2025 Enhanced Analysis Ch

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	3,468.00	-	-	-	-	-	3,468.00
-	10,715.00	-	-	-	-	-	10,715.00
74.05	-	-	-	-	-	-	-
74.05	14,183.00	-	-	-	-	-	14,183.00

Broadmoor

4/18/2025 MANAGEANDNET1718 MNS PMNT 000000000004293 41
 4/17/2025
 4/17/2025 MANAGEANDNET1718 MNS PMNT 000000000004293 41
 4/17/2025 HNB - ECHO HCCLAIMPMT 746003411 440000251946
 4/16/2025 HNB - ECHO HCCLAIMPMT 746003411 440000208372

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	4,475.00	-	-	-	-	-	4,475.00
-	2,514.00	-	-	-	-	-	2,514.00
-	6,600.00	-	-	-	-	-	6,600.00
-	970.97	-	-	-	-	-	970.97
-	2,665.24	-	-	-	-	-	2,665.24
-	17,225.21	-	-	-	-	-	17,225.21

Crescent

4/17/2025 390
 4/17/2025 Deposit
 4/17/2025 MANAGEANDNET1718 MNS PMNT 000000000003268 41
 4/17/2025 HNB - ECHO HCCLAIMPMT 746003411 440000251107
 4/16/2025 MANAGEANDNET1718 MNS PMNT 000000000003268 41

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2, 3 & 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
24,853.13	-	-	-	-	-	-	-
-	1,745.30	-	-	-	-	-	1,745.30
-	6,572.00	-	-	-	-	-	6,572.00
-	401.84	-	-	-	-	-	401.84
-	4,332.00	-	-	-	-	-	4,332.00
24,853.13	13,051.14	-	-	-	-	-	13,051.14

Fort Bend

4/17/2025 269
 4/17/2025 MANAGEANDNET1718 MNS PMNT 000000000004294 41

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2, 3 & 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
8,643.79	-	-	-	-	-	-	-
-	6,570.00	-	-	-	-	-	6,570.00
8,643.79	6,570.00	-	-	-	-	-	6,570.00

Solera at West Houston

4/17/2025 Deposit
 4/15/2025 Enhanced Analysis Ch

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2, 3 & 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	5,237.50	-	-	-	-	-	5,237.50
80.75	-	-	-	-	-	-	-
80.75	5,237.50	-	-	-	-	-	5,237.50
	56,266.85	-	-	-	-	-	56,266.85

TOTALS

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$3,660,133.44	\$3,688,789.70	\$3,660,133.44	\$3,660,559.44
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$27,040.56 ✓ /	\$131,544.82	\$27,040.56	\$27,040.56
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$75,421.94 ✓ /	\$75,421.94	\$75,421.94	\$70,946.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$52,472.90 ✓ /	\$232,900.15	\$52,472.90	\$52,472.90
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$113,536.69 ✓ /	\$313,803.35	\$113,536.69	\$113,536.69
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$7,390.53 ✓ /	\$7,390.53	\$7,390.53	\$7,390.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$283,234.77 ✓	\$294,399.45	\$283,234.77	\$276,627.77
*4551 CAL CO INDIGENT HEALTHCARE	\$5,494.35	\$5,494.35	\$5,494.35	\$5,494.35
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$4,473.44 ✓	\$4,473.44	\$4,473.44	\$4,473.44
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.43 ✓	\$101.43	\$101.43	\$101.43
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$236,875.92 ✓	\$243,911.84	\$236,875.92	\$233,712.53
*3407 MMC -NH TUSCANY VILLAGE	\$445,262.67 ✓	\$478,012.57	\$445,262.67	\$445,262.67
*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	\$4,977,628.24	\$5,542,433.17	\$4,977,628.24	\$4,963,808.85

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
4/21/2025

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		166,098.55	57,736.18	174,872.40		283,234.77	166,412.27
						283,234.77	
						-	
						100.00	
						108,403.35	
						8,319.15	

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

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

Adjust Balance/Transfer Amt 166,412.27

Approved: 
Steve Brock, CFO

4/21/2025

APPROVED ON

APR 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Golden Creek

4/18/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001824
 4/18/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 4/17/2025 234
 4/17/2025 Deposit
 4/17/2025 HNB - ECHO HCCLAIMPMT 746003411 440000252176
 4/17/2025 HNB - ECHO HCCLAIMPMT 746003411 440000252176
 4/17/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001637
 4/16/2025 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 4/16/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 4/14/2025 GOLDENCREEKHEALT ELEC DEBIT 1220356 91000011
 4/14/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 4/14/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 4/14/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001161
 4/14/2025 AETNA AS01 HCCLAIMPMT 1588075964 51000018795

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	
-	2,356.00					-	2,356.00
-	4,251.00					-	4,251.00
11,917.20	-					-	-
-	125,683.50					-	125,683.50
-	16,675.21					-	16,675.21
-	5,245.35					-	5,245.35
-	3,201.00					-	3,201.00
45,678.00	-					-	-
-	983.00					-	983.00
140.98	-					-	-
-	5,425.00					-	5,425.00
-	1,500.00					-	1,500.00
-	9,030.79					-	9,030.79
-	521.55					-	521.55
-	-					-	-
-	-					-	-
57,736.18	174,872.40	-	-	-	-	-	174,872.40

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$3,660,133.44	\$3,688,789.70	\$3,660,133.44	\$3,660,559.44
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$27,040.56	\$131,544.82	\$27,040.56	\$27,040.56
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$75,421.94	\$75,421.94	\$75,421.94	\$70,946.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$52,472.90	\$232,900.15	\$52,472.90	\$52,472.90
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$113,536.69	\$313,803.35	\$113,536.69	\$113,536.69
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$7,390.53	\$7,390.53	\$7,390.53	\$7,390.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$283,234.77 ✓	\$294,399.45	\$283,234.77	\$276,627.77
*4551 CAL CO INDIGENT HEALTHCARE	\$5,494.35	\$5,494.35	\$5,494.35	\$5,494.35
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$4,473.44	\$4,473.44	\$4,473.44	\$4,473.44
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.43	\$101.43	\$101.43	\$101.43
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$236,875.92	\$243,911.84	\$236,875.92	\$233,712.53
*3407 MMC -NH TUSCANY VILLAGE	\$445,262.67	\$478,012.57	\$445,262.67	\$445,262.67
*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	\$4,977,628.24	\$5,542,433.17	\$4,977,628.24	\$4,963,808.85

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
4/21/2025

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		100.00	-	4,373.44				
						Bank Balance	4,473.44	1,313.44
						Variance	4,473.44	
						Leave in Balance	100.00	
						Claim Payment owed to Tuscany	1,020.00	
						Claim Payment owed to Tuscany	2,040.00	
						Adjust Balance/Transfer Amt	1,313.44	
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		101.43	-	-				
						Bank Balance	101.43	
						Variance	101.43	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	1.43	
TOTAL TRANSFERS							-	

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

4/21/2025

APPROVED ON
APR 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Points Plaza-Private Pay

4/17/2025 HNB - ECHO HCCLAIMPMT 746003411 440000251314
 4/16/2025 HNB - ECHO HCCLAIMPMT 746003411 440000208725
 4/15/2025 HNB - ECHO HCCLAIMPMT 746003411 440000262053
 4/14/2025 HNB - ECHO HCCLAIMPMT 746003411 440000202252

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	49.00					-	49.00
-	590.40					-	590.40
-	48.43					-	48.43
-	3,685.61					-	3,685.61
-	4,373.44	-	-	-	-	-	4,373.44

Gulf Points Plaza-Medicare/Medicaid

No Activity

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	4,373.44	-	-	-	-	-	4,373.44

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$3,660,133.44	\$3,688,789.70	\$3,660,133.44	\$3,660,559.44
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$27,040.56	\$131,544.82	\$27,040.56	\$27,040.56
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$75,421.94	\$75,421.94	\$75,421.94	\$70,946.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$52,472.90	\$232,900.15	\$52,472.90	\$52,472.90
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$113,536.69	\$313,803.35	\$113,536.69	\$113,536.69
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$7,390.53	\$7,390.53	\$7,390.53	\$7,390.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$283,234.77	\$294,399.45	\$283,234.77	\$276,627.77
*4551 CAL CO INDIGENT HEALTHCARE	\$5,494.35	\$5,494.35	\$5,494.35	\$5,494.35
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$4,473.44	\$4,473.44	\$4,473.44	\$4,473.44
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.43	\$101.43	\$101.43	\$101.43
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$236,875.92	\$243,911.84	\$236,875.92	\$233,712.53
*3407 MMC -NH TUSCANY VILLAGE	\$445,262.67	\$478,012.57	\$445,262.67	\$445,262.67
*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	\$4,977,628.24	\$5,542,433.17	\$4,977,628.24	\$4,963,808.85

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 4/21/2025

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		210,323.61	210,223.61	445,162.67	-	-	445,262.67	441,527.39
						Bank Balance	445,262.67	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint Y8 Q1 payment	3,635.28	

Adjust Balance/Transfer Amt 441,527.39

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 4/21/2025

APPROVED ON
 APR 22 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp 1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	
4/17/2025 Deposit	-					-	60,356.86
4/17/2025 Deposit	-					-	226,324.01
4/16/2025 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	210,223.61					-	-
4/16/2025 HNB - ECHO HCCLAIMPMT 746003411 440000209258	-					-	2,413.82
4/16/2025 HNB - ECHO HCCLAIMPMT 746003411 440000208725	-					-	1,161.11
4/15/2025 HNB - ECHO HCCLAIMPMT 746003411 440000261735	-					-	11,100.24
4/14/2025 Deposit	-					-	23,000.00
4/14/2025 HNB - ECHO HCCLAIMPMT 746003411 440000202252	-					-	120,806.63
210,223.61	445,162.67	-	-	-	-	-	445,162.67

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$3,660,133.44	\$3,688,789.70	\$3,660,133.44	\$3,660,559.44
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$27,040.56	\$131,544.82	\$27,040.56	\$27,040.56
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$75,421.94	\$75,421.94	\$75,421.94	\$70,946.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$52,472.90	\$232,900.15	\$52,472.90	\$52,472.90
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$113,536.69	\$313,803.35	\$113,536.69	\$113,536.69
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$7,390.53	\$7,390.53	\$7,390.53	\$7,390.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$283,234.77	\$294,399.45	\$283,234.77	\$276,627.77
*4551 CAL CO INDIGENT HEALTHCARE	\$5,494.35	\$5,494.35	\$5,494.35	\$5,494.35
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$4,473.44	\$4,473.44	\$4,473.44	\$4,473.44
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.43	\$101.43	\$101.43	\$101.43
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$236,875.92	\$243,911.84	\$236,875.92	\$233,712.53
*3407 MMC -NH TUSCANY VILLAGE	\$445,262.67 ✓	\$478,012.57	\$445,262.67	\$445,262.67
*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	\$4,977,628.24	\$5,542,433.17	\$4,977,628.24	\$4,963,808.85

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 4/21/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Lavaca Bay Nursing and Rehab		337,608.53	180,909.89	80,177.28			236,875.92	No Transfer
						Bank Balance	236,875.92	
						Variance	-	
						Leave in Balance	100.00	
						Superior Y7 Comp 1 Interim Allocation	142,236.95	
						Take Back owed to MMC	100,740.48	
						Take Back owed to MMC	141,058.13	
						Take Back owed to MMC	4,531.13	

Adjust Balance/Transfer Amt (151,790.77)

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

4/21/2025

APPROVED ON
 APR 22 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Levaco Bay Nursing and Rehab

4/18/2025 TMHP HCCLAIMPMT 415592101 21000022339064
 4/18/2025 HOSPICE OF SOUTH Payments NF 113122650016418
 4/17/2025 1064
 4/17/2025 Deposit
 4/17/2025 HUMANA INS CO HCCLAIMPMT 73123934 8300005494
 4/17/2025 BCBS TEXAS HCCLAIMPMT C25105E48067610 710001
 4/16/2025 Deposit
 4/16/2025 HNB - ECHO HCCLAIMPMT 746003411 440000208725
 4/14/2025 BCBS TEXAS HCCLAIMPMT C25100E46950610 710001

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	922.24	-	-	-	-	-	922.24
-	2,241.15	-	-	-	-	-	2,241.15
180,909.89	-	-	-	-	-	-	-
-	52,353.97	-	-	-	-	-	52,353.97
-	2,462.55	-	-	-	-	-	2,462.55
-	2,856.00	-	-	-	-	-	2,856.00
-	12,012.50	-	-	-	-	-	12,012.50
-	4,880.87	-	-	-	-	-	4,880.87
-	2,448.00	-	-	-	-	175,462.96	(173,014.96)
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
180,909.89	80,177.28	-	-	-	-	175,462.96	(95,285.68)

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$3,660,133.44	\$3,688,789.70	\$3,660,133.44	\$3,660,559.44
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$27,040.56	\$131,544.82	\$27,040.56	\$27,040.56
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$75,421.94	\$75,421.94	\$75,421.94	\$70,946.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$52,472.90	\$232,900.15	\$52,472.90	\$52,472.90
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$113,536.69	\$313,803.35	\$113,536.69	\$113,536.69
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$7,390.53	\$7,390.53	\$7,390.53	\$7,390.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$283,234.77	\$294,399.45	\$283,234.77	\$276,627.77
*4551 CAL CO INDIGENT HEALTHCARE	\$5,494.35	\$5,494.35	\$5,494.35	\$5,494.35
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$4,473.44	\$4,473.44	\$4,473.44	\$4,473.44
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.43	\$101.43	\$101.43	\$101.43
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$236,875.92	✓ \$243,911.84	\$236,875.92	\$233,712.53
*3407 MMC -NH TUSCANY VILLAGE	\$445,262.67	\$478,012.57	\$445,262.67	\$445,262.67
*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	\$4,977,628.24	\$5,542,433.17	\$4,977,628.24	\$4,963,808.85

Ashford

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Sweeny Community Hospital Date Requested: 4/21/2025

A _____

Y _____

E _____

E _____

APPROVED ON

APR 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 001261

FOR ACCT USE ONLY

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

AMOUNT: \$ 6,842.88 ✓ G/L NUMBER: 21400007

EXPLANATION: Y8 Q1 QIPP owed to Sweeny Hospital

REQUESTED BY: Caitlin Clevenger

✓
AUTHORIZED BY: 

Broadman

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Sweeny Community Hospital

Date Requested: _____

4/21/2025

A

Y

E

E

APPROVED ON

APR 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk # 000301

FOR ACCT USE ONLY

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

AMOUNT:

\$

3,280.50 ✓

G/L NUMBER: _____

21400007

EXPLANATION:

Y8 Q1 QIPP owed to Sweeny Hospital

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: _____

✓
83

Crescent

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Sweeny Community Hospital

Date Requested: 4/21/2025

A

Y

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APPROVED ON

APR 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 000391

FOR ACCT USE ONLY

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

AMOUNT: \$ 2,719.17 ✓ G/L NUMBER: 21400007

EXPLANATION: Y8 Q1 QIPP owed to Sweeny Hospital

REQUESTED BY: Caitlin Clevenger

✓
AUTHORIZED BY: 

Fort Bend

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Sweeny Community Hospital

Date Requested: 4/21/2025

A

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APPROVED ON

APR 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 000270

FOR ACCT USE ONLY

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

AMOUNT: \$ 2,303.64 ✓

G/L NUMBER: 21400007

EXPLANATION: Y8 Q1 QIPP owed to Sweeny Hospital

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: SS

Sclera

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Sweeny Community Hospital

Date Requested: 4/21/2025

A

Y

E

E

APPROVED ON

APR 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#001324

FOR ACCT USE ONLY

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

AMOUNT: \$ 3,348.54 ✓

G/L NUMBER: 21400007

EXPLANATION: Y8 Q1 QIPP owed to Sweeny Hospital

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ 

Golden Creek

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Tuscany Village

Date Requested: _____

4/21/2025

A

Y

E

E

APPROVED ON

APR 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 000235

FOR ACCT USE ONLY

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

AMOUNT:

\$

8,319.15

G/L NUMBER: _____

21400007

EXPLANATION:

Claim Payment owed to Tuscany

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: _____

[Signature]

Checkpoint

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Tuscany Village

Date Requested:

4/21/2025

A

Y

APPROVED ON

APR 22 2025

E

E

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 001150

FOR ACCT USE ONLY

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

AMOUNT:

\$

3,060.00

G/L NUMBER:

21400007

EXPLANATION:

Claim Payments owed to Tuscany

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY:

✓


MEMORIAL MEDICAL CENTER

NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001261

Date

4-24-25

88-2265/1131

PAY

TO THE
ORDER OF

Sweeny Community Hospital

\$ 6,042.⁹⁹/₁₀₀

Six thousand, eight hundred forty-two dollars $\frac{99}{100}$

DOLLARS



PROSPERITY
BANK

County Auditor

FOR

QIPP y8 Q1



County Treasurer
Security features are
included. Details on back.

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000301

Date

4-24-25

88-2265/1131

PAY

TO THE
ORDER OF

Sweeny Community Hospital

\$ 3,280.⁵⁰/₁₀₀

Three thousand, two hundred eighty dollars $\frac{50}{100}$

DOLLARS



PROSPERITY
BANK

County Auditor

FOR

QIPP y8 Q1



County Treasurer
Security features are
included. Details on back.

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

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000391

Date

4-24-25

88-2265/1131

PAY

TO THE
ORDER OF

Sweeny Community Hospital

\$ 2,719.¹⁷/₁₀₀

Two thousand, seven hundred nineteen dollars $\frac{17}{100}$

DOLLARS



PROSPERITY
BANK

County Auditor

FOR

QIPP y8 Q1



County Treasurer
Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

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

000270

Date 4-24-25

88-2265/1131

PAY

TO THE
ORDER OF

Sweeny Hospital District

\$ 2,303. $\frac{64}{100}$

Two thousand, three hundred three dollars & $\frac{64}{100}$

DOLLARS



PROSPERITY
BANK

FOR Q1 pp yg 01

County Auditor



County Treasurer
Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001324

Date 4-24-25

88-2265/1131

PAY

TO THE
ORDER OF

Sweeny Community Hospital

\$ 3,348. $\frac{54}{100}$

Three thousand, three hundred forty-eight dollars & $\frac{54}{100}$

DOLLARS



PROSPERITY
BANK

FOR Q1 pp yg 01

County Auditor



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

000235

Date 4-24-25

88-2265/1131

PAY

TO THE
ORDER OF

Tuscany Village

\$ 8,319. $\frac{15}{100}$

Eight thousand, three hundred nineteen dollars & $\frac{15}{100}$

DOLLARS



PROSPERITY
BANK

FOR Claim payment

County Auditor



County Treasurer
Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

NH GULF POINTE - PRIVATE PAY

815 N. VIRGINIA ST.

PORT LAVACA, TX 77979

001150

Date

4-24-25

88-2265/1131

PAY

TO THE
ORDER OF

Tuscany Village

\$ 3,060 ⁰⁰/₁₀₀

Three thousand, sixty dollars ³/₁₀₀

DOLLARS



PROSPERITY
BANK

FOR

Claim payments

County Treasurer



County Auditor
Security features are
included. Details on back.