MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 30, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	321,145.28
TOTAL TRANSFERS BETWEEN FUNDS	$	112,724.23
TOTAL NURSING HOME UPL EXPENSES	$	1,611,597.17
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED April 30, 2025	$	2,045,466.68

APPROVED

APR 30 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 30, 2025

PAYABLES AND PAYROLL			
4/25/2025	Weekly Payables	274,947.94	
4/28/2025	McKesson-340B Prescription Expense	113.06	
4/28/2025	Amerisource Bergen-340B Prescription Expense	550.92	
4/28/2025	Amerisource Bergen-340B Prescription Expense	359.18	
	Prosperity Electronic Bank Payments		
4/28/2025	90 Degree Benefits - employee insurance claims	44,168.49	
4/28/2025	Expert Pay- Child Support	524.54	
4/28/2025	Pay Plus-Patient Claims Processing Fee	481.15	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 321,145.28**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
4/25/2025	MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	276.64	
4/25/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error & QIPP Y8 Q1 payment	52,908.68	
4/25/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	52,255.04	
4/25/2025	MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	7,283.87	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 112,724.23**
NURSING HOME UPL EXPENSES			
4/28/2025	Nursing Home UPL-Cantex Transfer	636,012.38	
4/28/2025	Nursing Home UPL-Nexion Transfer	203,889.85	
4/28/2025	Nursing Home UPL-HMG Transfer	419.00	
4/28/2025	Nursing Home UPL-Tuscany Transfer	398,869.20	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
4/28/2025	Lavaca Bay to MMC - Medicare takeback. MMC paid Tuscany for Lavaca Bay. Lavaca Bay owes MMC	246,329.74	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
4/28/2025	Lavaca Bay to Tuscany -Tuscany insurance payment deposited into Lavaca Bay in error	28,211.39	
4/28/2025	Lavaca Bay to Golden Creek -Golden Creek insurance payment deposited into Lavaca Bay in error	97,865.61	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,611,597.17**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED April 30, 2025			**$ 2,045,466.68**

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 05/15/2025

Vendor#	Vendor Name	Class	Pay Code
17272	ALAN KNIGHT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
031025		03/17/202	03/10/202	05/15/202			91.00	0.00	0.00	91.00

Hazmat Training

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17272	ALAN KNIGHT	91.00	0.00	0.00	91.00

Vendor#	Vendor Name	Class	Pay Code
A1715	ALCO SALES & SERVICE CO	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2980830		04/22/202	04/14/202	04/22/202			89.60	0.00	0.00	89.60

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1715	ALCO SALES & SERVICE CO	89.60	0.00	0.00	89.60

Vendor#	Vendor Name	Class	Pay Code
17768	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
HERKIN0001		04/24/202	04/23/202	04/25/202			25.00	0.00	0.00	~~25.00~~

no invoice - removed

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17768	[redacted]	25.00	0.00	0.00	~~25.00~~

Vendor#	Vendor Name	Class	Pay Code
A1705	ALIMED INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV004428858		04/21/202	04/14/202	05/15/202			86.18	0.00	0.00	86.18

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	86.18	0.00	0.00	86.18

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
19PHWG6T641J		04/08/202	04/04/202	05/04/202			264.19	0.00	0.00	264.19
1VYDJGDN4YFN		04/16/202	04/04/202	05/04/202			258.95	0.00	0.00	258.95
1LD9FPD191DR		04/16/202	04/11/202	05/11/202			198.18	0.00	0.00	198.18
1QXH9DVRY9LL		04/21/202	04/14/202	05/15/202			120.85	0.00	0.00	120.85

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	842.17	0.00	0.00	842.17

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
805281282		04/21/202	04/17/202	05/15/202			25.20	0.00	0.00	25.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	25.20	0.00	0.00	25.20

Vendor#	Vendor Name	Class	Pay Code
17836	ANDRIE FLORES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042325		04/23/202	04/23/202	04/23/202			39.20	0.00	0.00	39.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17836	ANDRIE FLORES	39.20	0.00	0.00	39.20

Vendor# 16000 — Vendor Name: BANESTER SERVICES — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123534A		04/22/202	12/17/202	04/22/202			400.00	0.00	0.00	400.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16000	BANESTER SERVICES	400.00	0.00	0.00	400.00

Vendor# B1150 — Vendor Name: BAXTER HEALTHCARE — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
83655568		04/18/202	03/03/202	05/15/202			3,071.40	0.00	0.00	3,071.40
83657461		04/18/202	03/03/202	05/15/202			631.20	0.00	0.00	631.20
83688025		04/18/202	03/10/202	05/15/202			23.68	0.00	0.00	23.68
83805670		04/18/202	04/01/202	05/15/202			631.20	0.00	0.00	631.20
83831247		04/18/202	04/07/202	05/15/202			93.40	0.00	0.00	93.40
83856225		04/18/202	04/11/202	05/15/202			274.26	0.00	0.00	274.26
83804046		04/18/202	04/18/202	05/15/202			3,071.40	0.00	0.00	3,071.40
83763231		04/21/202	03/25/202	05/15/202			159.13	0.00	0.00	159.13

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	7,955.67	0.00	0.00	7,955.67

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111842246		04/14/202	02/04/202	03/01/202			738.02	0.00	0.00	738.02
111720463		04/21/202	04/14/202	05/15/202			1,463.52	0.00	0.00	1,463.52
111967592		04/21/202	04/14/202	05/15/202			5,016.58	0.00	0.00	5,016.58
111561836		04/21/202	09/13/202	05/15/202			5,016.58	0.00	0.00	5,016.58
111552990		04/22/202	09/09/202	10/04/202			355.19	0.00	0.00	355.19
111562940		04/22/202	09/13/202	10/08/202			176.08	0.00	0.00	176.08
111791240		04/22/202	01/10/202	02/04/202			96.32	0.00	0.00	96.32
111840670		04/22/202	04/02/202	05/01/202			225.80	0.00	0.00	225.80
111721958		04/22/202	04/22/202	05/01/202			75.34	0.00	0.00	75.34

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	13,163.43	0.00	0.00	13,163.43

Vendor# B1320 — Vendor Name: BEEKLEY CORPORATION — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MIN0202524		04/22/202	04/17/202	04/22/202			696.50	0.00	0.00	696.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1320	BEEKLEY CORPORATION	696.50	0.00	0.00	696.50

Vendor# B1800 Vendor Name: BRIGGS HEALTHCARE Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B484158		04/22/202	04/16/202	04/22/202			818.25	0.00	0.00	818.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE	818.25	0.00	0.00	818.25

Vendor# 14260 Vendor Name: CAREFUSION SOLUTIONS, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10024926538		04/22/202	04/07/202	05/01/202			1,788.00	0.00	0.00	1,788.00
10024926546		04/22/202	04/07/202	05/01/202			2.00	0.00	0.00	2.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14260	CAREFUSION SOLUTIONS, LLC	1,790.00	0.00	0.00	1,790.00

Vendor# 10541 Vendor Name: CARESFIELD

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
200029793		04/22/202	04/15/202	05/15/202			417.60	0.00	0.00	417.60

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10541	CARESFIELD	417.60	0.00	0.00	417.60

Vendor# 14516 Vendor Name: CARL KING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
031025		03/17/202	03/10/202	05/15/202			406.14	0.00	0.00	406.14

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14516	CARL KING	406.14	0.00	0.00	406.14

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AD6KK1J		04/22/202	04/09/202	05/09/202			103.63	0.00	0.00	103.63

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	103.63	0.00	0.00	103.63

Vendor# 12768 Vendor Name: CHEMAQUA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9110544		04/22/202	04/10/202	04/20/202			593.69	0.00	0.00	593.69

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12768	CHEMAQUA	593.69	0.00	0.00	593.69

Vendor# 10368 Vendor Name: DEWITT POTH & SON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7899220		04/16/202	04/08/202	05/03/202			69.46	0.00	0.00	69.46
7910620		04/22/202	04/14/202	05/09/202			829.43	0.00	0.00	829.43

7911100	04/22/202	04/15/202	05/10/202		19.50	0.00	0.00	19.50
7911520	04/22/202	04/15/202	05/10/202		10.82	0.00	0.00	10.82

Vendor Totals: Number 10368 Name DEWITT POTH & SON — Gross 929.21, Discount 0.00, No-Pay 0.00, Net 929.21

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC041525		04/23/202	04/15/202	04/16/202			98,673.55	0.00	0.00	98,673.55

4/1 - 4/15/25

Vendor Totals: Number 10789 Name DISCOVERY MEDICAL NETWORK INC — Gross 98,673.55, Discount 0.00, No-Pay 0.00, Net 98,673.55

Vendor# 11091 Vendor Name ECOLAB — Class — Pay Code —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6351960854		04/21/202	04/10/202	05/15/202			300.00	0.00	0.00	300.00

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

Vendor# 11284 Vendor Name EMERGENCY STAFFING SOLUTIONS — Class — Pay Code —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
44200		04/23/202	04/30/202	05/10/202			40,062.50	0.00	0.00	40,062.50

14th - 40MM

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

Vendor# 15832 Vendor Name EVERON — Class — Pay Code —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
158440865		04/22/202	04/02/202	05/02/202			58.43	0.00	0.00	58.43

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0280895		04/22/202	04/14/202	05/09/202			94.40	0.00	0.00	94.40
0314747		04/22/202	04/15/202	05/10/202			479.82	0.00	0.00	479.82
0314745		04/22/202	04/15/202	05/10/202			88.20	0.00	0.00	88.20
0381753		04/22/202	04/17/202	05/12/202			59.97	0.00	0.00	59.97
0381754		04/22/202	04/17/202	05/12/202			15,995.94	0.00	0.00	15,995.94
0410891		04/22/202	04/18/202	05/13/202			69.96	0.00	0.00	69.96

Vendor Totals: Number F1400 Name FISHER HEALTHCARE — Gross 16,788.29, Discount 0.00, No-Pay 0.00, Net 16,788.29

Vendor# G1210 Vendor Name GULF COAST PAPER COMPANY — Class M — Pay Code —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2639833		04/22/202	04/15/202	05/15/202			316.24	0.00	0.00	316.24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	316.24	0.00	0.00	316.24

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
309903161		04/22/202	04/16/202	05/11/202			146.00	0.00	0.00	146.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	146.00	0.00	0.00	146.00

Vendor#	Vendor Name	Class	Pay Code
10829	HEALTHSTREAM, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0379182		04/15/202	04/09/202	05/09/202			969.84	0.00	0.00	969.84

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10829	HEALTHSTREAM, INC.	969.84	0.00	0.00	969.84

Vendor#	Vendor Name	Class	Pay Code
14916	HEWLETT-PACKARD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100001049813		04/21/202	04/17/202	05/15/202			573.53	0.00	0.00	573.53
	INVOICE PERIOD 060125-063025									

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

Vendor#	Vendor Name	Class	Pay Code
15208	HOSPITAL CARE CONSULTANTS INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6810		04/23/202	04/30/202	05/10/202			23,663.00	0.00	0.00	23,663.00

14th - GDM

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

Vendor#	Vendor Name	Class	Pay Code
13876	INQUISEEK, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1200		04/22/202	04/15/202	04/22/202			450.00	0.00	0.00	450.00

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

Vendor#	Vendor Name	Class	Pay Code
10371	LOFTIN EQUIPMENT COMPANY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00057587		04/22/202	04/18/202	04/22/202			1,045.00	0.00	0.00	1,045.00
	4/17/25 inspection on unit									
00057664		04/22/202	04/18/202	04/22/202			910.00	0.00	0.00	910.00
	4/18/25 inspection on unit									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10371	LOFTIN EQUIPMENT COMPANY	1,955.00	0.00	0.00	1,955.00

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040425		04/21/202	04/04/202	05/15/202			895.00	0.00	0.00	895.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	895.00	0.00	0.00	895.00

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

23625732	04/21/202	04/14/202	05/15/202	474.79	0.00	0.00	474.79	
23621188	04/22/202	04/14/202	04/29/202	58.15	0.00	0.00	58.15	
23638369	04/22/202	04/16/202	05/01/202	41.96	0.00	0.00	41.96	
23638368	04/22/202	04/16/202	05/15/202	43.23	0.00	0.00	43.23	

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	618.13	0.00	0.00	618.13

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2083387		04/22/202	04/02/202	04/22/202			1,585.00	0.00	0.00	1,585.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11612	MEDICAL AIR SERVICES ASSOC.	1,585.00	0.00	0.00	1,585.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2364344380		04/15/202	04/02/202	04/27/202			594.83	0.00	0.00	594.83
2364344379		04/15/202	04/02/202	04/27/202			208.85	0.00	0.00	208.85
2366532641		04/21/202	04/15/202	05/15/202			24.55	0.00	0.00	24.55
2366586501		04/22/202	04/16/202	05/11/202			104.04	0.00	0.00	104.04
2366533598		04/22/202	04/16/202	05/11/202			107.00	0.00	0.00	107.00
2366586511		04/22/202	04/16/202	05/11/202			1,684.24	0.00	0.00	1,684.24
2366586503		04/22/202	04/16/202	05/11/202			22.35	0.00	0.00	22.35
2366586510		04/22/202	04/16/202	05/11/202			139.48	0.00	0.00	139.48
2366586502		04/22/202	04/16/202	05/11/202			44.70	0.00	0.00	44.70
2366586509		04/22/202	04/16/202	05/11/202			139.48	0.00	0.00	139.48
2366533599		04/22/202	04/16/202	05/11/202			2,016.50	0.00	0.00	2,016.50
2366586506		04/22/202	04/16/202	05/11/202			593.76	0.00	0.00	593.76
2366586512		04/22/202	04/16/202	05/11/202			960.04	0.00	0.00	960.04
2366586500		04/22/202	04/16/202	05/11/202			162.96	0.00	0.00	162.96
2366586508		04/22/202	04/16/202	05/11/202			69.74	0.00	0.00	69.74
2366586504		04/22/202	04/16/202	05/11/202			44.70	0.00	0.00	44.70
2366586507		04/22/202	04/16/202	05/11/202			139.48	0.00	0.00	139.48
2366793134		04/22/202	04/16/202	05/11/202			164.91	0.00	0.00	164.91

2366586505	04/22/202	04/16/202	05/11/202		22.35	0.00	0.00	22.35
2366586513	04/22/202	04/16/202	05/11/202		5,415.61	0.00	0.00	5,415.61
2366965663	04/22/202	04/17/202	05/12/202		-2,016.50	0.00	0.00	-2,016.50
2367311710	04/22/202	04/19/202	05/14/202		71.76	0.00	0.00	71.76

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	10,714.83	0.00	0.00	10,714.83

Vendor# 10963 Vendor Name: MEMORIAL MEDICAL CLINIC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040425		04/21/202	04/04/202	05/15/202			50.00	0.00	0.00	50.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	50.00	0.00	0.00	50.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042125		04/21/202	04/21/202	05/15/202			635.09	0.00	0.00	635.09

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	635.09	0.00	0.00	635.09

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4464875		04/21/202	04/14/202	05/15/202			2,510.54	0.00	0.00	2,510.54

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LIFE INSURANCE	2,510.54	0.00	0.00	2,510.54

Vendor# 12096 Vendor Name: NEOGENOMICS LABORATORIES — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8505515		04/21/202	01/31/202	05/15/202			480.00	0.00	0.00	480.00
8607628		04/21/202	02/28/202	05/15/202			625.00	0.00	0.00	625.00
8723458		04/21/202	03/31/202	05/15/202			250.00	0.00	0.00	250.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12096	NEOGENOMICS LABORATORIES	1,355.00	0.00	0.00	1,355.00

Vendor# O1416 Vendor Name: ORTHO CLINICAL DIAGNOSTICS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1854001817		04/16/202	04/09/202	05/09/202			1,298.14	0.00	0.00	1,298.14

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	1,298.14	0.00	0.00	1,298.14

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
05725973		04/22/202	04/03/202	05/03/202			636.47	0.00	0.00	636.47

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC	636.47	0.00	0.00	636.47

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
	4323		04/21/202	04/16/202	05/15/202			2,021.55	0.00	0.00	2,021.55
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12708	POC ELECTRIC, LLC					2,021.55	0.00	0.00	2,021.55
Vendor#	Vendor Name				Class	Pay Code				
S1800	SHERWIN WILLIAMS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	033125		04/23/202	03/31/202	04/15/202			1,244.39	0.00	0.00	1,244.39
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS					1,244.39	0.00	0.00	1,244.39
Vendor#	Vendor Name				Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	116713038		04/22/202	04/17/202	05/12/202			2,617.41	0.00	0.00	2,617.41
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC					2,617.41	0.00	0.00	2,617.41
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
	042325		04/23/202	04/23/202	04/23/202			1,380.40	0.00	0.00	1,380.40
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14716	SINGLETON ASSOCIATES PA					1,380.40	0.00	0.00	1,380.40
Vendor#	Vendor Name				Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	CM12535A		04/15/202	06/15/202	05/01/202			-2,846.00	0.00	0.00	-2,846.00
		removed									
	I07049477		04/21/202	04/15/202	05/15/202			4,296.00	0.00	0.00	4,296.00
	CM14735		04/21/202	04/15/202	05/15/202			-2,015.00	0.00	0.00	-2,015.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN					-565.00	0.00	0.00	-565.00
Vendor#	Vendor Name				Class	Pay Code				
S3960	STERICYCLE, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8010546814		04/21/202	04/18/202	05/15/202			3,210.57	0.00	0.00	3,210.57
		MAY SUBSCRIPTION SERVICES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S3960	STERICYCLE, INC					3,210.57	0.00	0.00	3,210.57
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
	13652405		04/22/202	04/07/202	05/02/202			147.64	0.00	0.00	147.64
	13689280		04/22/202	04/15/202	05/10/202			448.54	0.00	0.00	448.54
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S3940	STERIS CORPORATION					596.18	0.00	0.00	596.18
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
0025260		04/21/202	04/16/202	05/15/202			6,723.00	0.00	0.00	6,723.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10758	TEXAS SELECT STAFFING, LLC	6,723.00	0.00	0.00	6,723.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921057784		04/22/202	04/14/202	05/09/202			3,525.44	0.00	0.00	3,525.44
2921057798		04/22/202	04/14/202	05/09/202			142.09	0.00	0.00	142.09
2921058135		04/22/202	04/17/202	05/12/202			181.87	0.00	0.00	181.87
2921058228		04/22/202	04/17/202	05/12/202			381.99	0.00	0.00	381.99
2921058151		04/22/202	04/17/202	05/12/202			142.55	0.00	0.00	142.55
2921058137		04/22/202	04/17/202	05/12/202			190.73	0.00	0.00	190.73
2921058116		04/22/202	04/17/202	05/12/202			341.02	0.00	0.00	341.02
2921058142		04/22/202	04/17/202	05/12/202			165.78	0.00	0.00	165.78
2921058108		04/22/202	04/17/202	05/12/202			2,887.64	0.00	0.00	2,887.64
2921058147		04/22/202	04/17/202	05/12/202			282.71	0.00	0.00	282.71

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	8,241.82	0.00	0.00	8,241.82

Vendor# U1056 Vendor Name: UNIFORM ADVANTAGE — Class: W — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SIV16395066		04/15/202	03/21/202	04/05/202			91.90	0.00	0.00	91.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	91.90	0.00	0.00	91.90

Vendor# V1056 Vendor Name: VICTORIA AIR CONDITIONING LTD — Class: W — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
217683		04/23/202	04/23/202	05/01/202			500.00	0.00	0.00	500.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V1056	VICTORIA AIR CONDITIONING LTD	500.00	0.00	0.00	500.00

Vendor# 17260 Vendor Name: VIRGINIA BERNARDINO — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
031025		03/17/202	04/20/202	05/15/202			91.00	0.00	0.00	91.00

Hazmat Training.

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17260	VIRGINIA BERNARDINO	91.00	0.00	0.00	91.00

Vendor# I1110 Vendor Name: WERFEN USA LLC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9111823543		04/22/202	04/15/202	05/10/202			1,571.67	0.00	0.00	1,571.67

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,571.67	0.00	0.00	1,571.67

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS00007255		04/21/202	04/01/202	05/15/202			11,675.00	0.00	0.00	11,675.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	11,675.00	0.00	0.00	11,675.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	272,126.94	0.00	0.00	272,126.94

APPROVED ON

APR 25 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 208631 - 208685

272,126.94 +
25.00 - Pg 1. removed no invoice
272,101.94 ◇
2,846.00 - - Pg 8. removed Credit
274,947.94 ◇

RUN DATE:04/30/25 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:49 CHECK REGISTER GLCKREG
04/30/25 THRU 04/30/25

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	208631	04/30/25	91.00	ALAN KNIGHT
A/P	208632	04/30/25	89.60	ALCO SALES & SERVICE CO
A/P	208633	04/30/25	86.18	ALIMED INC.
A/P	208634	04/30/25	842.17	AMAZON CAPITAL SERVICES
A/P	208635	04/30/25	25.20	AMERISOURCEBERGEN DRUG CORP
A/P	208636	04/30/25	39.20	ANDRIE FLORES
A/P	208637	04/30/25	400.00	BANESTER SERVICES
A/P	208638	04/30/25	7,955.67	BAXTER HEALTHCARE
A/P	208639	04/30/25	13,163.43	BECKMAN COULTER INC
A/P	208640	04/30/25	696.50	BEEKLEY CORPORATION
A/P	208641	04/30/25	818.25	BRIGGS HEALTHCARE
A/P	208642	04/30/25	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	208643	04/30/25	417.60	CARESFIELD
A/P	208644	04/30/25	406.14	CARL KING
A/P	208645	04/30/25	103.63	CDW GOVERNMENT, INC.
A/P	208646	04/30/25	593.69	CHEMAQUA
A/P	208647	04/30/25	929.21	DEWITT POTH & SON
A/P	208648	04/30/25	98,673.55	DISCOVERY MEDICAL NETWORK INC
A/P	208649	04/30/25	300.00	ECOLAB
A/P	208650	04/30/25	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	208651	04/30/25	58.43	EVERON
A/P	208652	04/30/25	16,788.29	FISHER HEALTHCARE
A/P	208653	04/30/25	316.24	GULF COAST PAPER COMPANY
A/P	208654	04/30/25	146.00	HEALTH CARE LOGISTICS INC
A/P	208655	04/30/25	969.84	HEALTHSTREAM, INC.
A/P	208656	04/30/25	573.53	HEWLETT-PACKARD
A/P	208657	04/30/25	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	208658	04/30/25	450.00	INQUISEEK, LLC
A/P	208659	04/30/25	1,955.00	LOFTIN EQUIPMENT COMPANY
A/P	208660	04/30/25	895.00	M G TRUST
A/P	208661	04/30/25	618.13	MCKESSON MEDICAL SURGICAL INC
A/P	208662	04/30/25	1,585.00	MEDICAL AIR SERVICES ASSOC.
A/P	208663	04/30/25	.00	VOIDED
A/P	208664	04/30/25	.00	VOIDED
A/P	208665	04/30/25	10,714.83	MEDLINE INDUSTRIES INC
A/P	208666	04/30/25	50.00	MEMORIAL MEDICAL CLINIC
A/P	208667	04/30/25	635.09	MMC AUXILIARY GIFT SHOP
A/P	208668	04/30/25	2,510.54	NATIONAL FARM LIFE INSURANCE
A/P	208669	04/30/25	1,355.00	NEOGENOMICS LABORATORIES
A/P	208670	04/30/25	1,298.14	ORTHO CLINICAL DIAGNOSTICS
A/P	208671	04/30/25	636.47	PARTSSOURCE, LLC
A/P	208672	04/30/25	2,021.55	POC ELECTRIC, LLC
A/P	208673	04/30/25	1,244.39	SHERWIN WILLIAMS
A/P	208674	04/30/25	2,617.41	SIEMENS MEDICAL SOLUTIONS INC
A/P	208675	04/30/25	1,380.40	SINGLETON ASSOCIATES PA
A/P	208676	04/30/25	2,281.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	208677	04/30/25	3,210.57	STERICYCLE, INC
A/P	208678	04/30/25	596.18	STERIS CORPORATION
A/P	208679	04/30/25	6,723.00	TEXAS SELECT STAFFING, LLC
A/P	208680	04/30/25	8,241.82	UNIFIRST HOLDINGS INC

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	208681	04/30/25	91.90	UNIFORM ADVANTAGE
A/P	208682	04/30/25	500.00	VICTORIA AIR CONDITIONING LTD
A/P	208683	04/30/25	91.00	VIRGINIA BERNARDINO
A/P	208684	04/30/25	1,571.67	WERFEN USA LLC
A/P	208685	04/30/25	11,675.00	WOUND CARE SPECIALISTS
A/P	208686	04/30/25	276.64	BROADMOOR AT CREEKSIDE PARK
A/P	208687	04/30/25	52,908.68	GOLDENCREEK HEALTHCARE
A/P	208688	04/30/25	7,283.87	LAVACA BAY NURSING AND REHAB
A/P	208689	04/30/25	52,255.04	TUSCANY VILLAGE
TOTALS:			387,672.17	

APPROVED ON
APR 30 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 274,947.94 +
276.64 +
NH 52,908.68 +
Kfers 52,255.04 +
7,283.87 +
387,672.17 ◇

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 04/25/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 04/26/2025

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

As of: 04/25/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 04/26/2025 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 115.37 USD

Future Due:	0.00			**Due If Paid On Time:** USD 113.06
Past Due:	0.00	**If Paid By 04/29/2025, Pay This Amount:**	113.06 USD	**Disc lost if paid late:** 2.31
Last Payment 08/07/2017	2,451.97	**If Paid After 04/29/2025, Pay this Amount:**	115.37 USD	**Due If Paid Late:** USD 115.37

APPROVED ON
APR 28 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

0.93 +
112.13 +
113.06 ◇

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 04/25/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 04/26/2025

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 04/25/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 04/26/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
04/25/2025	04/29/2025	7564953445	234226892	115Invoice	0.02	0.95		0.93	✓	7564953445	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 0.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 138.94
04/21/2025

If Paid By 04/29/2025, Pay This Amount: 0.93 USD

If Paid After 04/29/2025, Pay this Amount: 0.95 USD

Due If Paid On Time:
USD 0.93

Disc lost if paid late: 0.02

Due If Paid Late:
USD 0.95

APPROVED ON

APR 28 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: 04/25/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 04/26/2025

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

As of: 04/25/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 04/26/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
04/24/2025	04/29/2025	7564476456	B2504-055-198331	115Invoice	2.29	114.42		112.13	✓	7564476456	

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: 114.42 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 138.94
04/21/2025

If Paid By 04/29/2025, Pay This Amount: 112.13 USD

If Paid After 04/29/2025, Pay this Amount: 114.42 USD

Due If Paid On Time: USD 112.13

Disc lost if paid late: 2.29

Due If Paid Late: USD 114.42

APPROVED ON

APR 28 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 69622140
Date: 04-25-2025

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

DEA: RA0316958
866-451-9655

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

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

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	550.92
Past Due:	0.00
Total Due:	550.92
Account Balance:	550.92

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-21-2025	05-02-2025	3212598112	7009468879	Invoice	3.76		0.00	3.76
04-21-2025	05-02-2025	3212598114	7009476081	Invoice	17.01		0.00	17.01
04-21-2025	05-02-2025	3212658363	7009482508	Invoice	265.06		0.00	265.06
04-22-2025	05-02-2025	3212794146	7009490185	Invoice	3.39		0.00	3.39
04-24-2025	05-02-2025	3212950129	7009498300	Invoice	7.54		0.00	7.54
04-24-2025	05-02-2025	3213055635	7009508166	Invoice	254.16		0.00	254.16

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
550.92	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
APR 28 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
05-02-2025	550.92
Total Due:	550.92

AmerisourceBergen

STATEMENT

Statement Number: 69605633
Date: 04-25-2025

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	359.18
Past Due:	0.00
Total Due:	359.18
Account Balance:	359.18

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-21-2025	05-02-2025	3212613041	7009459171	Invoice	79.32		0.00	79.32
04-21-2025	05-02-2025	3212613042	7009468830	Invoice	13.57		0.00	13.57
04-21-2025	05-02-2025	3212613043	7009468830	Invoice	1.10		0.00	1.10
04-21-2025	05-02-2025	3212613044	7009476890	Invoice	4.14		0.00	4.14
04-22-2025	05-02-2025	3212757877	7009483443	Invoice	8.54		0.00	8.54
04-24-2025	05-02-2025	3213015073	7009497757	Invoice	17.91		0.00	17.91
04-25-2025	05-02-2025	3213142936	7009505383	Invoice	234.60		0.00	234.60

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
359.18	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
04-25-2025	(734.02)

APPROVED ON
APR 28 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
05-02-2025	359.18
Total Due:	359.18

CHKNO	GRPNO	LOCNO	CHAPNO	DEPNO	CLMYR	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VDNO	FROMDT	THRUDT	PROVNO
4891	76351	1	1	0	2025	100000394	0	4/21/2025	$22,088.58	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0			PCS	F	3/24/2025	4/6/2025	464334244
4892	76351	1	2	1	2025	84000459	0	4/21/2025	$21.71	1	MELISSA A KAINER ERWIN MD PA	P	177	0			OV	F	3/21/2025	3/21/2025	200802489
4893	76351	2	70	0	2025	87000864	0	4/21/2025	$20.37	1	CLINICAL PATHOLOGY LABS, INC	P	172	0			AB	F	3/19/2025	3/19/2025	742554159
4894	76351	2	70	0	2025	99000983	0	4/21/2025	$33.52	1	COASTAL SKIN CARE & WELLNESS CENTER	P	457	0			OVS	F	3/19/2025	3/19/2025	742068224
4895	76351	2	33	0	2025	84000536	0	4/21/2025	$134.82	1	BAYLOR COLLEGE OF MEDICINE	P	457	0			OVS	F	3/17/2025	3/17/2025	300791563
4896	76351	2	70	0	2025	80000992	0	4/21/2025	$173.99	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0			AB	F	3/18/2025	3/18/2025	741831291
4898	76351	3	69	1	2025	83001467	0	4/21/2025	$32.25	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	3/19/2025	3/19/2025	742605670
4900	76351	3	42	0	2025	80000620	0	4/21/2025	$54.76	1	DETAR HEALTHCARE SYSTEM	P	186	0			HLAB	F	3/13/2025	3/13/2025	621754940
4901	76351	3	9	2	2025	92000995	0	4/21/2025	$57.01	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0			OVS	F	3/26/2025	3/26/2025	260151734
4902	76351	3	69	1	2025	80001069	0	4/21/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	3/17/2025	3/17/2025	742605670
4903	76351	3	31	0	2025	83001443	0	4/21/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	3/18/2025	3/18/2025	742605670
4904	76351	3	42	0	2025	90000815	0	4/21/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	3/26/2025	3/26/2025	742605670
4905	76351	3	55	0	2025	91001912	0	4/21/2025	$65.89	1	JESUS AGUIRRE-BURGOS	P	177	0			OV	F	3/26/2025	3/26/2025	760423386
4906	76351	3	69	1	2025	92000990	0	4/21/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	728	0			TELM	F	3/28/2025	3/28/2025	742605670
4907	76351	3	65	0	2025	98001902	0	4/21/2025	$65.89	1	AMERICAN REGIONAL HEALTH CENTER	P	177	0			OV	F	3/25/2025	3/25/2025	742640162
4908	76351	3	74	1	2025	86000873	0	4/21/2025	$105.00	1	SOUTH TEXAS EYE CENTER	P	457	0			OVS	F	3/20/2025	3/20/2025	742184915
4909	76351	3	64	0	2025	87000991	0	4/21/2025	$124.66	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0			AB	F	3/21/2025	3/21/2025	741831291
4910	76351	3	11	0	2025	84000503	0	4/21/2025	$132.62	1	ORTHOLONESTAR PLLC	P	431	0			SFS	F	12/11/2024	12/11/2024	842136648
4911	76351	3	8	0	2025	79001169	0	4/21/2025	$145.00	1	SOUTH TEXAS EYE CENTER	P	457	0			OVS	F	3/13/2025	3/13/2025	742184915
4912	76351	3	73	2	2025	87000955	0	4/21/2025	$149.31	1	SCOTT & WHITE CLINIC	P	177	0			OV	F	3/24/2025	3/24/2025	742958277
4913	76351	3	69	1	2025	84000497	0	4/21/2025	$198.31	1	PORT LAVACA CLINIC ASSOCIATES	P	178	0			SO	F	3/20/2025	3/20/2025	742605670
4914	76351	3	11	0	2025	84000490	0	4/21/2025	$221.37	1	ORTHOLONESTAR PLLC	P	457	0			OVS	F	8/26/2024	8/26/2024	842136648
4917	76351	3	42	0	2025	84000502	0	4/21/2025	$269.64	1	COMMUNITY PATHOLOGY ASSOCIATES	P	185	0			LAB	F	3/17/2025	3/17/2025	760421006
4920	76351	3	42	0	2025	83001426	0	4/21/2025	$356.53	1	PORT LAVACA CLINIC ASSOCIATES	P	178	0			SO	F	3/13/2025	3/13/2025	742605670
4921	76351	3	35	1	2025	80000622	0	4/21/2025	$368.00	1	PAM SPECIALTY HOSPITAL OF VICTORIA NORTH	P	462	0			HPT	F	1/2/2025	1/10/2025	383743547
4924	76351	3	35	1	2025	80000623	0	4/21/2025	$575.00	1	PAM SPECIALTY HOSPITAL OF VICTORIA NORTH	P	462	0			HPT	F	12/19/2024	12/30/2024	383743547
4925	76351	3	69	1	2025	84000482	0	4/21/2025	$608.79	1	PORT LAVACA CLINIC ASSOCIATES	P	178	0			SO	F	3/20/2025	3/20/2025	742605670
4931	76360	1	17	2	2025	92001052	0	4/21/2025	$160.00	1	NEXTCARE URGENT CARE	P	487	0			URG	F	3/26/2025	3/26/2025	260845489
4932	76360	2	72	0	2025	85000806	0	4/21/2025	$65.28	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	450	0			XRDS	F	3/21/2025	3/21/2025	300520570
4933	76360	2	29	0	2025	97000963	0	4/21/2025	$73.02	1	HILLCROFT MEDICAL CLINIC ASSOC	P	457	0			OVS	F	4/2/2025	4/2/2025	741700061
4934	76360	2	72	0	2025	85000825	0	4/21/2025	$101.18	1	MSIWA LLC	P	470	0			DME	F	3/10/2025	3/10/2025	202536458
4938	76360	3	119	0	2025	99000562	0	4/21/2025	$3.72	1	COASTAL SKIN CARE & WELLNESS CENTER	P	457	0			OVS	F	3/10/2025	3/10/2025	742068224
4939	76360	3	49	2	2025	79001184	0	4/21/2025	$13.37	1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	189	0			ERD	F	3/13/2025	3/13/2025	760686474
4941	76360	3	44	1	2025	78001024	0	4/21/2025	$41.16	1	PORT LAVACA CLINIC	P	177	0			OV	F	3/13/2025	3/13/2025	742605670
4943	76360	3	126	0	2025	79001227	0	4/21/2025	$58.14	1	MELISSA A. KAINER ERWIN, MD PA	P	457	0			OVS	F	3/18/2025	3/18/2025	200802489
4944	76360	3	94	0	2025	79001158	0	4/21/2025	$59.94	1	AYO ADU, MD PLLC	P	177	0			OV	F	3/17/2025	3/17/2025	273335355
4945	76360	3	74	0	2025	93001410	0	4/21/2025	$59.94	1	AYO ADU, MD PLLC	P	177	0			OV	F	4/1/2025	4/1/2025	273335355
4946	76360	3	37	1	2025	84000512	0	4/21/2025	$63.11	1	MELISSA MILLER RN RNPC	P	177	0			OV	F	3/18/2025	3/18/2025	742620408
4947	76360	3	94	0	2025	94001214	0	4/21/2025	$65.87	1	ANN M. ALEMAN-WEINMANN MD, PA	P	457	0			OVS	F	3/31/2025	3/31/2025	134257684
4948	76360	3	53	1	2025	93001409	0	4/21/2025	$68.14	1	MELISSA A. KAINER ERWIN, MD PA	P	177	0			OV	F	4/1/2025	4/1/2025	200802489
4949	76360	3	37	1	2025	83001458	0	4/21/2025	$77.61	1	GULF BEND CENTER	P	728	0			TELM	F	3/10/2025	3/10/2025	741659064
4951	76360	3	81	0	2025	100000137	0	4/21/2025	$94.58	1	HOUSTON RHEUMATOLOGY CENTER - BAYTOWN	P	457	0			OVS	F	2/17/2025	2/17/2025	271402471
4952	76360	3	51	1	2025	86000797	0	4/21/2025	$110.04	1	VICTORIA EYE CENTER	P	457	0			OVS	F	3/17/2025	3/17/2025	742208337
4953	76360	3	127	0	2025	83001405	0	4/21/2025	$111.43	1	PODIATRY ASSOCIATES OF VICTORIA	P	457	0			OVS	F	3/19/2025	3/19/2025	200719703
4954	76360	3	117	0	2025	94001220	0	4/21/2025	$124.66	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0			AB	F	3/27/2025	3/27/2025	741831291
4955	76360	3	120	0	2025	92000958	0	4/21/2025	$129.50	1	BEACON BEHAVIORAL OF TEXAS	P	360	0			POV	F	3/27/2025	3/27/2025	263158703
4957	76360	3	59	1	2025	56000657	0	4/21/2025	$144.22	1	FAMILY CARE CENTER	P	360	0			POV	F	2/20/2025	2/20/2025	810970561
4958	76360	3	123	0	2025	93001469	0	4/21/2025	$148.61	1	CHILDRENS PHYSICIAN SERVICES OF SOUTH	P	180	0			XRDR	F	3/31/2025	3/31/2025	742620408
4959	76360	3	37	1	2025	79001156	0	4/21/2025	$164.23	1	CHILDRENS PHYSICIAN SERVICES OF SOUTH	P	541	0			SLPS	F	3/14/2025	3/14/2025	742620408
4960	76360	3	30	1	2025	107000397	0	4/21/2025	$165.15	1	THE PHIA GROUP, LLC	P	503	0			AUDT	F	4/8/2025	4/8/2025	43504115
4961	76360	3	32	6	2025	78000954	0	4/21/2025	$217.94	1	CHILDRENS PHYSICIAN SERVICES OF SOUTH	P	177	0			OV	F	11/11/2024	11/11/2024	742620408
4962	76360	3	123	0	2025	97000927	0	4/21/2025	$225.22	1	CHILDRENS PHYSICIAN SERVICES OF SOUTH	P	172	0			AB	F	3/31/2025	3/31/2025	742620408
4963	76360	3	51	1	2025	94001584	0	4/21/2025	$267.40	1	VICTORIA SURGERY CENTER, INC	P	433	0			ASF	F	3/31/2025	3/31/2025	742803100
4964	76360	3	129	0	2025	92001039	0	4/21/2025	$284.82	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0			OVS	F	3/28/2025	3/28/2025	300520570
4967	76360	3	21	1	2025	98001924	0	4/21/2025	$303.85	1	HARESH KUMAR M.D	P	466	0			DI	F	3/25/2025	3/25/2025	453050693
4968	76360	3	112	0	2025	87000909	0	4/21/2025	$334.66	1	VICTORIA WOMENS CLINIC	P	172	0			AB	F	3/20/2025	3/20/2025	741831291
4969	76360	3	31	0	2025	90000806	0	4/21/2025	$380.72	1	VICTORIA HEART VASCULAR CENTER	P	457	0			OVS	F	3/25/2025	3/25/2025	562284144
4972	76360	3	30	1	2025	107000232	0	4/21/2025	$632.05	1	USAP-TEXAS	P	176	0			AO	F	10/25/2024	10/25/2024	760482007
4975	76360	3	81	0	2025	91001528	0	4/21/2025	$1,015.91	1	MEMORIAL HERMANN SUGAR LAND HOSPITAL	P	182	0			HXR	F	9/16/2024	9/16/2024	741152597
4976	76360	3	45	0	2025	93001457	0	4/21/2025	$1,108.81	1	VICTORIA EYE CENTER	P	178	0			SO	F	3/25/2025	3/25/2025	742208337
4981	76360	3	37	1	2025	79000712	0	4/21/2025	$2,778.37	1	DRISCOLL CHILDRENS HOSPITAL	P	541	0			SLPS	F	3/14/2025	3/14/2025	742577746
4984	76370	3	44	0	2025	83001418	0	4/21/2025	$7,906.34	1	AMIRALI S POPATIA MD	P	457	0			OVS	F	3/10/2025	3/10/2025	760599320
4985	76370	3	44	0	2025	86000809	0	4/21/2025	$342.92	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	431	0			SFS	F	3/24/2025	3/24/2025	300520570
									$44,168.43												

APPROVED ON

APR 28 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- April 21, 2025 - April 27, 2025

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
4/25/2025	PAY PLUS ACHTrans 65118780 101000694187256 P	- 3rd Party Payor Fee	116.32	901552
4/25/2025	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	90,528.27 *	800611
4/25/2025	HEALTHEQUITY INC HealthEqui 1356888 91000013	- EmpDeduct/Employer Contribut	1,112.00 * *	800612
4/25/2025	EXPERTPAY EXPERTPAY 746003411 91000012930713	-Child Support Payment	524.54	800613
4/25/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	734.02 * *	550759
4/25/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	395,859.65 * *	
4/24/2025	PAY PLUS ACHTrans 65047679 101000692854331 P	- 3rd Party Payor Fee	19.97	901553
4/23/2025	PAY PLUS ACHTrans 64815487 101000691153154 P	- 3rd Party Payor Fee	71.45	901554
4/22/2025	PAY PLUS ACHTrans 64599566 101000699680331 P	- 3rd Party Payor Fee	30.98	901555
4/22/2025	MCKESSON DRUG AUTO ACH ACH06484358 910000121	- 340B Drug Program Expense	138.94 * *	550760
4/21/2025	PAY PLUS ACHTrans 64407476 101000698139706 P	- 3rd Party Payor Fee	242.43	901556
			489,378.57	

* Approved on 4.16.25 cc
** Approved on 4.23.25 cc

Steve Brock, CFO
Memorial Medical Center

April 28, 2025

116.32 +
19.97 +
71.45 +
30.98 +
242.43 +
481.15 ◊
0.C

pay plus

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
			0.00

Steve Brock, CFO
Memorial Medical Center

April 28, 2025

APPROVED ON
APR 28 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

489,378.57 +
90,528.27 -
1,112.00 -
734.02 -
395,859.65 -
138.94 -
1,005.69 ◊
1,005.69 -
0.00 ◊

Child Suppt
524.54 +
524.54 ◊
0.C

481.15 +
524.54 +
1,005.69 ◊

RECEIVED BY THE
COUNTY AUDITOR ON

APR 25 2025

CALHOUN COUNTY, TEXAS

04/24/2025
10:50

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 05/16/2025

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041825		04/23/202	04/18/202	05/16/202			276.64	0.00	0.00	276.64

ins. pmt. dep. into mmc opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	276.64	0.00	0.00	276.64

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	276.64	0.00	0.00	276.64

APPROVED ON

APR 25 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Check# 208484

RECEIVED BY THE
COUNTY AUDITOR ON

APR 25 2025

04/24/2025
10:51

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 05/16/2025

0
ap_open_invoice.template

Vendor# / Vendor Name — Class — Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042125		04/23/202	04/21/202	05/16/202			52,533.49	0.00	0.00	52,533.49
042225A		04/23/202	04/22/202	05/16/202			375.00	0.00	0.00	375.00
042225		04/23/202	04/22/202	05/16/202			0.19	0.00	0.00	0.19

QIPP 48 Q1 Pmt.

INS. Pmt dep. into MMC Dpt. in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	52,908.68	0.00	0.00	52,908.68

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	52,908.68	0.00	0.00	52,908.68

APPROVED ON

APR 25 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check 207687

RECEIVED BY THE
COUNTY AUDITOR ON

APR 25 2025

CALHOUN COUNTY, TEXAS

04/24/2025
11:09

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 05/16/2025

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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
041825		04/23/202	04/18/202	05/16/202			2,514.00	0.00	0.00	2,514.00
041825A		04/23/202	04/18/202	05/16/202			29,290.00	0.00	0.00	29,290.00
042125A		04/23/202	04/21/202	05/16/202			937.05	0.00	0.00	937.05
042225		04/23/202	04/22/202	05/16/202			5,154.94	0.00	0.00	5,154.94
041725		04/24/202	04/17/202	05/16/202			14,359.05	0.00	0.00	14,359.05

ins. pmt dep into mmc opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	52,255.04	0.00	0.00	52,255.04

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	52,255.04	0.00	0.00	52,255.04

APPROVED ON

APR 25 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

UNK 208859

RECEIVED BY THE
COUNTY AUDITOR ON

APR 25 2025

CALHOUN COUNTY, TEXAS

04/24/2025
11:10

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 05/16/2025

0
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
041625		04/23/202	04/16/202	05/16/202			667.98	0.00	0.00	667.98
041825		04/23/202	04/18/202	05/16/202			1,462.64	0.00	0.00	1,462.64
041825A		04/23/202	04/18/202	05/16/202			448.64	0.00	0.00	448.64
042125		04/23/202	04/21/202	05/16/202			2,381.52	0.00	0.00	2,381.52
042225		04/23/202	04/22/202	05/16/202			2,165.28	0.00	0.00	2,165.28
041725		04/24/202	04/17/202	05/16/202			157.81	0.00	0.00	157.81

ins. pmt. due into mmc opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	7,283.87	0.00	0.00	7,283.87

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,283.87	0.00	0.00	7,283.87

APPROVED ON

APR 25 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check# 208688

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
4/28/2025

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		27,040.56	17,185.51	124,471.16			134,326.21	**124,471.16**
						Bank Balance	134,326.21	
						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								
						Adjust Balance/Transfer Amt	**124,471.16**	
Broadmoor		75,421.94	18,338.86	456.19		-	57,539.27	-
						Bank Balance	57,539.27	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint Y7 Interim Allocation	53,702.58	
						Wellpoint Y8 Q1- owed to Sweeny Hosp	3,280.50	
						Adjust Balance/Transfer Amt	**456.19**	
Crescent		52,472.90	12,797.51	235,026.24			274,701.63	**235,026.24**
						Bank Balance	274,701.63	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint Y7 Interim Allocation	36,856.22	
						Wellpoint Y8 Q1- owed to Sweeny Hosp	2,719.17	
						Adjust Balance/Transfer Amt	**235,026.24**	
Fort Bend		7,390.53	4,986.89	24,306.13			26,709.77	**24,306.13**
						Bank Balance	26,709.77	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint Y8 Q1- owed to Sweeny Hosp	2,303.64	
						Adjust Balance/Transfer Amt	**24,306.13**	
Solera at W Houston		113,536.69	6,376.27	252,208.85			359,369.27	**252,208.85**
						Bank Balance	359,369.27	
						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	
						Adjust Balance/Transfer Amt	**252,208.85**	
						TOTAL TRANSFERS		**636,012.38**

124,471.16 +
235,026.24 +
24,306.13 +
252,208.85 +
636,012.38 ◊

ouston / Fort Bend / Broadmoor:

APPROVED ON
APR 28 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved:
Steve Brock, CFO **4/28/2025**

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

Ashford Gardens	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
4/23/2025 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	17,185.51	-					-	-
4/23/2025 NOVITAS SOLUTION HCCLAIMPMT 675423 420000119	-	19,966.90					-	19,966.90
4/21/2025 NOVITAS SOLUTION HCCLAIMPMT 675423 420000129	-	104,504.26					-	104,504.26
							-	-
							-	-
	17,185.51	124,471.16	-	-	-	-	-	124,471.16

Broadmoor	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
4/25/2025 MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	67.50					-	67.50
4/24/2025 Deposit	-	388.69					-	388.69
4/23/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	18,338.86	-					-	-
							-	-
							-	-
							-	-
	18,338.86	456.19	-	-	-	-	-	456.19

Crescent	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
4/25/2025 CIGNA HCCLAIMPMT 1669860425 91000013382300	-	4,399.50					-	4,399.50
4/24/2025 Deposit	-	5,596.20					-	5,596.20
4/24/2025 HNB - ECHO HCCLAIMPMT 746003411 440000270522	-	2,775.24					-	2,775.24
4/24/2025 NOVITAS SOLUTION HCCLAIMPMT 676323 420000139	-	37,432.63					-	37,432.63
4/23/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	12,797.51	-					-	-
4/23/2025 NOVITAS SOLUTION HCCLAIMPMT 676323 420000118	-	4,395.42					-	4,395.42
4/21/2025 NOVITAS SOLUTION HCCLAIMPMT 676323 420000128	-	180,427.25					-	180,427.25
							-	-
	12,797.51	235,026.24	-	-	-	-	-	235,026.24

Fort Bend	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
4/24/2025 NOVITAS SOLUTION HCCLAIMPMT 675663 420000139	-	7,888.92					-	7,888.92
4/23/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	4,986.89	-					-	-
4/22/2025 NOVITAS SOLUTION HCCLAIMPMT 675663 420000186	-	16,417.21					-	16,417.21
							-	-
							-	-
							-	-
	4,986.89	24,306.13	-	-	-	-	-	24,306.13

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
4/25/2025 AARP Supplementa HCCLAIMPMT 746003411 124384	-	6,075.50					-	6,075.50
4/24/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000139	-	5,025.88					-	5,025.88
4/23/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	6,376.27	-					-	-
4/23/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000118	-	6,653.27					-	6,653.27
4/22/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000186	-	34,187.54					-	34,187.54
4/21/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000128	-	200,266.66					-	200,266.66
							-	-
							-	-
	6,376.27	252,208.85	-	-	-	-	-	252,208.85
TOTALS		636,468.57	-	-	-	-	-	636,468.57

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,842,668.66	$1,870,947.43	$1,842,668.66	$2,299,426.72
*4381 MEMORIAL MEDICAL / NH ASHFORD	$134,326.21	$134,326.21	$134,326.21	$134,326.21
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$57,539.27	$57,539.27	$57,539.27	$57,471.77
*4411 MEMORIAL MEDICAL / NH CRESCENT	$274,701.63	$276,049.98	$274,701.63	$270,302.13
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$359,369.27	$367,604.93	$359,369.27	$353,293.77
*4446 MEMORIAL MEDICAL / NH FORT BEND	$26,709.77	$35,063.50	$26,709.77	$26,709.77
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$320,712.35	$320,712.35	$320,712.35	$320,458.55
*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	$3,579.00	$21,444.21	$3,579.00	$3,579.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.43	$101.43	$101.43	$101.43
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$461,716.73	$461,716.73	$461,716.73	$457,500.24
*3407 MMC -NH TUSCANY VILLAGE	$402,604.48	$404,986.12	$402,604.48	$384,915.57
*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	**$3,955,712.75**	**$4,022,176.11**	**$3,955,712.75**	**$4,379,769.11**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
4/28/2025

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		283,234.77	166,412.27	203,889.85		-	320,712.35	203,889.85
						Bank Balance	320,712.35	
						Variance	-	
						Leave in Balance	100.00	
						Superior Y7 Comp 1 Interim Allocation	108,403.35	
						Medicare Recoup owed to Tuscany	8,319.15	

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

Adjust Balance/Transfer Amt 203,889.85

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 4/28/2025

APPROVED ON
APR 28 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
4/25/2025	TSYS/TRANSFIRST CR CD DEP S436845558769l7 43	-	253.80					-	253.80
4/24/2025	Deposit	-	174,132.47					-	174,132.47
4/24/2025	TSYS/TRANSFIRST CR CD DEP S436845558769l7 43	-	263.00					-	263.00
4/24/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	5,475.84					-	5,475.84
4/23/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	166,412.27	-					-	-
4/23/2025	TSYS/TRANSFIRST CR CD DEP S436845558769l7 43	-	4,950.00					-	4,950.00
4/23/2025	HNB - ECHO HCCLAIMPMT 746003411 440000231048	-	705.67					-	705.67
4/22/2025	NOVITAS SOLUTION HCCLAIMPMT 676097 420000186	-	6,944.39					-	6,944.39
4/21/2025	TSYS/TRANSFIRST CR CD DEP S436845558769l7 43	-	2,092.00					-	2,092.00
4/21/2025	Luminos Hospice Bill.com 015KSVYQFMGHX9D 210	-	9,072.68					-	9,072.68
								-	-
								-	-
								-	-
								-	-
								-	-
								-	-
								-	-
		166,412.27	203,889.85	-	-	-	-	-	203,889.85

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,842,668.66	$1,870,947.43	$1,842,668.66	$2,299,426.72
*4381 MEMORIAL MEDICAL / NH ASHFORD	$134,326.21	$134,326.21	$134,326.21	$134,326.21
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$57,539.27	$57,539.27	$57,539.27	$57,471.77
*4411 MEMORIAL MEDICAL / NH CRESCENT	$274,701.63	$276,049.98	$274,701.63	$270,302.13
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$359,369.27	$367,604.93	$359,369.27	$353,293.77
*4446 MEMORIAL MEDICAL / NH FORT BEND	$26,709.77	$35,063.50	$26,709.77	$26,709.77
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$320,712.35	$320,712.35	$320,712.35	$320,458.55
*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	$3,579.00	$21,444.21	$3,579.00	$3,579.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.43	$101.43	$101.43	$101.43
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$461,716.73	$461,716.73	$461,716.73	$457,500.24
*3407 MMC -NH TUSCANY VILLAGE	$402,604.48	$404,986.12	$402,604.48	$384,915.57
*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	**$3,955,712.75**	**$4,022,176.11**	**$3,955,712.75**	**$4,379,769.11**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
4/28/2025

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		4,473.44	1,313.44	419.00			-	3,579.00	419.00
							Bank Balance	3,579.00	
							Variance	-	
							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	419.00	

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	-	-		-	-	101.43	-
							Bank Balance	101.43	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	1.43	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	-

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 4/28/2025

APPROVED ON
APR 28 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
4/24/2025 HNB - ECHO HCCLAIMPMT 746003411 440000269299	-	419.00					-	419.00
4/23/2025 WIRE OUT HMG Rockport SNF, LP -Commerical	1,313.44	-					-	-
							-	-
							-	-
	1,313.44	419.00	-	-	-	-	-	419.00

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
No Activity							-	-
							-	-
	-	-	-	-	-	-	-	-
	1,313.44	419.00	-	-	-	-	-	419.00

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,842,668.66	$1,870,947.43	$1,842,668.66	$2,299,426.72
*4381 MEMORIAL MEDICAL / NH ASHFORD	$134,326.21	$134,326.21	$134,326.21	$134,326.21
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$57,539.27	$57,539.27	$57,539.27	$57,471.77
*4411 MEMORIAL MEDICAL / NH CRESCENT	$274,701.63	$276,049.98	$274,701.63	$270,302.13
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$359,369.27	$367,604.93	$359,369.27	$353,293.77
*4446 MEMORIAL MEDICAL / NH FORT BEND	$26,709.77	$35,063.50	$26,709.77	$26,709.77
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$320,712.35	$320,712.35	$320,712.35	$320,458.55
*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	$3,579.00	$21,444.21	$3,579.00	$3,579.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.43	$101.43	$101.43	$101.43
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$461,716.73	$461,716.73	$461,716.73	$457,500.24
*3407 MMC -NH TUSCANY VILLAGE	$402,604.48	$404,986.12	$402,604.48	$384,915.57
*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	**$3,955,712.75**	**$4,022,176.11**	**$3,955,712.75**	**$4,379,769.11**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
4/28/2025

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	[redacted]	445,262.67	441,527.39	398,869.20	-	-	-	402,604.48	398,869.20
							Bank Balance	402,604.48	
							Variance	-	
							Leave in Balance	100.00	
							Wellpoint Y8 Q1 payment	3,635.28	
							Adjust Balance/Transfer Amt		398,869.20

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 4/28/2025

APPROVED ON
APR 28 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Tuscany Village	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp 1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
4/25/2025 HNB - ECHO HCCLAIMPMT 746003411 440000212804	-	17,688.91					-	17,688.91
4/24/2025 Deposit	-	330,398.79					-	330,398.79
4/23/2025 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	441,527.39	-					-	-
4/23/2025 HNB - ECHO HCCLAIMPMT 746003411 440000232429	-	4,366.35					-	4,366.35
4/23/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000118	-	11,570.25					-	11,570.25
4/22/2025 Deposit	-	2,095.00					-	2,095.00
4/21/2025 HNB - ECHO HCCLAIMPMT 746003411 440000239580	-	30,278.23					-	30,278.23
4/21/2025 HNB - ECHO HCCLAIMPMT 746003411 440000239045	-	2,471.67					-	2,471.67
	441,527.39	**398,869.20**	-	-	-	-	-	**398,869.20**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,842,668.66	$1,870,947.43	$1,842,668.66	$2,299,426.72
*4381 MEMORIAL MEDICAL / NH ASHFORD	$134,326.21	$134,326.21	$134,326.21	$134,326.21
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$57,539.27	$57,539.27	$57,539.27	$57,471.77
*4411 MEMORIAL MEDICAL / NH CRESCENT	$274,701.63	$276,049.98	$274,701.63	$270,302.13
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$359,369.27	$367,604.93	$359,369.27	$353,293.77
*4446 MEMORIAL MEDICAL / NH FORT BEND	$26,709.77	$35,063.50	$26,709.77	$26,709.77
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$320,712.35	$320,712.35	$320,712.35	$320,458.55
*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	$3,579.00	$21,444.21	$3,579.00	$3,579.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.43	$101.43	$101.43	$101.43
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$461,716.73	$461,716.73	$461,716.73	$457,500.24
*3407 MMC -NH TUSCANY VILLAGE	$402,604.48	$404,986.12	$402,604.48	$384,915.57
*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	**$3,955,712.75**	**$4,022,176.11**	**$3,955,712.75**	**$4,379,769.11**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
4/28/2025

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		236,875.92	-	224,840.81			-	461,716.73	No Transfer
							Bank Balance	461,716.73	
							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	
							Take back owed to Tuscany	28,211.39	
							Takeback owed to Golden Creek	97,865.61	
							Adjust Balance/Transfer Amt	(53,026.96)	

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 4/28/2025

APPROVED ON
APR 28 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
4/25/2025	TMHP HCCLAIMPMT 415592101 21000028420223	-	78.14					-	78.14
4/25/2025	HOSPICE OF SOUTH Payments NF 113122650040729	-	1,205.35					-	1,205.35
4/25/2025	BCBS TEXAS HCCLAIMPMT C25113E50237520 710001	-	2,933.00					-	2,933.00
4/24/2025	Deposit	-	9,745.19					-	9,745.19
4/24/2025	HNB - ECHO HCCLAIMPMT 746003411 440000269299	-	1,411.29					-	1,411.29
4/23/2025	HNB - ECHO HCCLAIMPMT 746003411 440000231135	-	9,921.71					-	9,921.71
4/23/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	2,244.00					-	2,244.00
4/23/2025	CENTENE CORP HCCLAIMPMT 53101121315460	-	19,084.64					-	19,084.64
4/22/2025	Deposit	-	10,073.25					-	10,073.25
4/22/2025	Deposit	-	5,076.46					-	5,076.46
4/22/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000186	-	102,444.58					-	102,444.58
4/22/2025	CENTENE CORP HCCLAIMPMT 53101126791373	-	53,587.28					-	53,587.28
4/21/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	7,035.92					-	7,035.92
		-	224,840.81	-	-	-	-	-	224,840.81

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,842,668.66	$1,870,947.43	$1,842,668.66	$2,299,426.72
*4381 MEMORIAL MEDICAL / NH ASHFORD	$134,326.21	$134,326.21	$134,326.21	$134,326.21
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$57,539.27	$57,539.27	$57,539.27	$57,471.77
*4411 MEMORIAL MEDICAL / NH CRESCENT	$274,701.63	$276,049.98	$274,701.63	$270,302.13
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$359,369.27	$367,604.93	$359,369.27	$353,293.77
*4446 MEMORIAL MEDICAL / NH FORT BEND	$26,709.77	$35,063.50	$26,709.77	$26,709.77
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$320,712.35	$320,712.35	$320,712.35	$320,458.55
*4551 CAL CO INDIGENT HEALTHCARE	$5,494.35	$5,494.35	$5,494.35	$5,494.35
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*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$39.79	$39.79	$39.79	$39.79
Total Balance	**$3,955,712.75**	**$4,022,176.11**	**$3,955,712.75**	**$4,379,769.11**

Lavaca Bay

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 4/28/2025

APPROVED ON
APR 28 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Check 10088

FOR ACCT USE ONLY

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

AMOUNT: $ 246,329.74

G/L NUMBER: 21400007

EXPLANATION: Medicare takeback. MMC paid Tuscany for Lavaca Bay. Lavaca Bay owes MMC.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

Lavara Bays

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Tuscany Village

Date Requested: 4/28/2025

APPROVED ON
APR 28 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 1065

FOR ACCT USE ONLY

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

AMOUNT: $ 28,211.39

G/L NUMBER: 21400007

EXPLANATION: Claim Payments owed to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Golden Creek

Date Requested: 4/28/2025

APPROVED ON APR 28 2025 BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

Chk# 10616

FOR ACCT USE ONLY

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

AMOUNT: $ 97,865.61

G/L NUMBER: 21400007

EXPLANATION: Claim Payments owed to Golden Creek

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

1065

88-2265/1131-87

CHECK ARMOR

DATE 4-30-25

PAY TO THE ORDER OF Tuscany Village $ 28,211.39/100

Twenty-eight thousand, two hundred eleven dollars 3 39/100 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 medicare recoup

county auditor

MP
county treasurer

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

1066

88-2265/1131-87

CHECK ARMOR

DATE 4-30-25

PAY TO THE ORDER OF Golden Creek $ 97,865.61/100

Ninety-seven thousand, eight hundred sixty-five dollars 3 61/100 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 medicare recoup

county auditor

MP
county treasurer

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

1068

88-2265/1131-87

DATE 4-30-25

CHECK ARMOR

PAY TO THE ORDER OF MMC Operating $ 246,329.74/100

Two hundred forty-six thousand, three hundred twenty-nine dollars 74/100 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 medicare recoup

county auditor

county treasurer

RUN DATE:04/30/25 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:31 CHECK REGISTER GLCKREG
04/30/25 THRU 04/30/25

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
BSL		001065	04/30/25	28,211.39	TUSCANY VILLAGE
BSL		001066	04/30/25	97,865.61	GOLDEN CREEK
[redacted]					
BSL		001068	04/30/25	246,329.74	MMC OPERATING
TOTALS:				372,406.74	