

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 14, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 751,305.32
TOTAL TRANSFERS BETWEEN FUNDS	\$ 1,169,185.01
TOTAL NURSING HOME UPL EXPENSES	\$ 385,126.53
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED May 14, 2025	\$ 2,305,616.86

APPROVED

MAY 14 2025

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---May 14, 2025

PAYABLES AND PAYROLL

5/8/2025 Weekly Payables	738,511.31
5/7/2025 Citibank Credit Card-see attached (Erin)	806.50
5/9/2025 CitiBank Credit Card-See attached (Steve)	78.00
5/12/2025 McKesson-340B Prescription Expense	28.45
5/12/2025 Amerisource Bergen-340B Prescription Expense	1,237.02
5/12/2025 Amerisource Bergen-340B Prescription Expense	1,557.98
Prosperity Electronic Bank Payments	
5/12/2025 90 Degree Benefits - employee insurance claims	3,699.58
5/12/2025 Sales Tax - April 2025	2,462.87
5/12/2025 Expert Pay- Child Support	524.54
5/12/2025 Pay Plus-Patient Claims Processing Fee	1,329.15
5/12/2025 Credit Card Processing Fee	734.39
5/12/2025 Credit Card Lease Fee	335.53

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 751,305.32**

TRANSFERS BETWEEN FUNDS-MMC

5/12/2025 Transfer from Nexbank to Operating Account	1,000,000.00
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TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

5/8/2025 MMC Operating to Solera-Correction of insurance payment deposited into MMC Operating in error	5,447.00
5/8/2025 MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	9,184.92
5/8/2025 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	23,005.41
5/8/2025 MMC Operating to Tuscan Village-Correction of Insurance payment deposited into MMC operating in error	76,524.16
5/8/2025 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	55,023.52

TOTAL TRANSFERS BETWEEN FUNDS **\$ 1,169,185.01**

NURSING HOME UPL EXPENSES

5/12/2025 Nursing Home UPL-Cantex Transfer	66,731.78
5/12/2025 Nursing Home UPL-Nexion Transfer	147,952.64
5/12/2025 Nursing Home UPL-HMG Transfer	17,096.22
5/12/2025 Nursing Home UPL-Tuscany Transfer	153,345.89

TOTAL NURSING HOME UPL EXPENSES **\$ 385,126.53**

TOTAL INTER-GOVERNMENT TRANSFERS **\$ -**

GRAND TOTAL DISBURSEMENTS APPROVED May 14, 2025 **\$ 2,305,616.86**

MAY 08 2025

05/08/2025

10:29

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/29/2025

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ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

10950 ✓ ACUTE CARE INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ INV2308		04/30/202	05/20/202	05/20/202			1,400.00	0.00	0.00	1,400.00

Vendor Totals: Number Name

10950 ACUTE CARE INC

Gross	Discount	No-Pay	Net
1,400.00	0.00	0.00	1,400.00

Vendor# Vendor Name

Class Pay Code

13180 ✓ ADVANCED STERILIZATION PRODUCT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 8020867797		04/22/202	05/02/202	05/02/202			362.94	0.00	0.00	362.94

Vendor Totals: Number Name

13180 ADVANCED STERILIZATION PRODUCT

Gross	Discount	No-Pay	Net
362.94	0.00	0.00	362.94

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
✓ 5516209319		04/30/202	04/30/202	05/25/202			288.77	0.00	0.00	288.77

✓ 9160666539		05/06/202	04/25/202	05/20/202			257.04	0.00	0.00	257.04
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✓ 5516209114		05/06/202	04/30/202	05/25/202			1,065.30	0.00	0.00	1,065.30
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✓ 9160677309		05/06/202	04/30/202	05/25/202			2,683.63	0.00	0.00	2,683.63
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Vendor Totals: Number Name

A1680 AIRGAS USA, LLC - CENTRAL DIV

Gross	Discount	No-Pay	Net
4,294.74	0.00	0.00	4,294.74

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
✓ 1T34HJDN37XH		04/29/202	04/24/202	05/24/202			239.00	0.00	0.00	239.00

✓ 1CWV9N4Y466H		04/29/202	04/24/202	05/24/202			115.88	0.00	0.00	115.88
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Vendor Totals: Number Name

14028 AMAZON CAPITAL SERVICES

Gross	Discount	No-Pay	Net
354.88	0.00	0.00	354.88

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
✓ 805316283		04/30/202	04/30/202	05/06/202			34.52	0.00	0.00	34.52

Vendor Totals: Number Name

A1360 AMERISOURCEBERGEN DRUG CORP

Gross	Discount	No-Pay	Net
34.52	0.00	0.00	34.52

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
✓ 050125		05/07/202	05/01/202	05/07/202			56.70	0.00	0.00	56.70

Vendor Totals: Number Name

17836 ANDRIE FLORES

Gross	Discount	No-Pay	Net
56.70	0.00	0.00	56.70

Vendor# Vendor Name

Class Pay Code

A2218 ✓ AQUA BEVERAGE COMPANY

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 190555		05/07/202	01/23/202	02/17/202			92.00	0.00	0.00	92.00 ✓
✓ 196624		05/07/202	03/06/202	03/31/202			81.50	0.00	0.00	81.50 ✓
✓ 107968		05/07/202	04/17/202	05/12/202			29.00	0.00	0.00	29.00 ✓
✓ 107971		05/07/202	04/17/202	05/12/202			60.50	0.00	0.00	60.50 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY					263.00	0.00	0.00	263.00
Vendor#	Vendor Name		Class		Pay Code					
11247	✓ AVENO NETWORKS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 15979		05/06/202	05/01/202	05/11/202			4,000.00	0.00	0.00	4,000.00 ✓
✓ 15992		05/06/202	05/01/202	05/11/202			500.00	0.00	0.00	500.00 ✓
✓ 15956		05/06/202	05/01/202	05/16/202			850.00	0.00	0.00	850.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11247	AVENO NETWORKS					5,350.00	0.00	0.00	5,350.00
Vendor#	Vendor Name		Class		Pay Code					
14088	✓ AZALEA HEALTH									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 120747		05/06/202	05/01/202	05/01/202			712.80	0.00	0.00	712.80 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	14088	AZALEA HEALTH					712.80	0.00	0.00	712.80
Vendor#	Vendor Name		Class		Pay Code					
B1150	✓ BAXTER HEALTHCARE		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 13082978		05/06/202	04/26/202	05/21/202			23.42	0.00	0.00	23.42 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE					23.42	0.00	0.00	23.42
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
✓ 4513200		04/22/202	11/21/202	12/16/202			13,356.00	0.00	0.00	13,356.00 ✓
✓ 111994283		04/22/202	04/29/202	05/24/202			2,080.62	0.00	0.00	2,080.62 ✓
✓ 112001675		04/22/202	05/01/202	05/26/202			56.62	0.00	0.00	56.62 ✓
✓ 112002409		04/22/202	05/02/202	05/27/202			2,623.36	0.00	0.00	2,623.36 ✓
✓ 112001698		04/30/202	05/01/202	05/26/202			1,324.49	0.00	0.00	1,324.49 ✓
✓ 111236615A		05/05/202	04/01/202	04/26/202			20.00	0.00	0.00	20.00 ✓
✓ 112002708		05/05/202	05/02/202	05/27/202			102.59	0.00	0.00	102.59 ✓
✓ 112002648		05/05/202	05/02/202	05/27/202			1,752.22	0.00	0.00	1,752.22 ✓
✓ 112004578		05/05/202	05/04/202	05/28/202			303.34	0.00	0.00	303.34 ✓

✓ 112003879	05/05/202 05/04/202 05/29/202	514.24	0.00	0.00	514.24 ✓
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Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
B1220	BECKMAN COULTER INC	22,133.48	0.00	0.00	22,133.48

Vendor#	Vendor Name	Class	Pay Code
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11072 ✓	BIO-RAD LABORATORIES, INC		
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 908177543		05/06/202	04/15/202	05/06/202			1,379.11	0.00	0.00	1,379.11 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11072	BIO-RAD LABORATORIES, INC	1,379.11	0.00	0.00	1,379.11

Vendor#	Vendor Name	Class	Pay Code
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C1048 ✓	CALHOUN COUNTY		
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 53413755		04/30/202	04/25/202	05/25/202			1,468.07	0.00	0.00	1,468.07 ✓

✓ 53414021		04/30/202	04/25/202	05/25/202			512.91	0.00	0.00	512.91 ✓
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✓ 53380679		04/30/202	04/25/202	05/25/202			8.28	0.00	0.00	8.28 ✓
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✓ 53413748		04/30/202	04/25/202	05/25/202			19.89	0.00	0.00	19.89 ✓
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✓ 53413655		04/30/202	04/25/202	05/25/202			31,698.02	0.00	0.00	31,698.02 ✓
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✓ 050625		05/07/202	05/06/202	05/06/202			7.50	0.00	0.00	7.50 ✓
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VEHICLE REGISTRATION RENEW

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1048	CALHOUN COUNTY	33,714.67	0.00	0.00	33,714.67

Vendor#	Vendor Name	Class	Pay Code
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14120 ✓	CALHOUN COUNTY EMS		
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 202501		04/30/202	02/07/202	03/04/202			4,840.00	0.00	0.00	4,840.00 ✓

FEB INVOICE

✓ 202504		04/30/202	05/02/202	05/27/202			4,400.00	0.00	0.00	4,400.00 ✓
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Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14120	CALHOUN COUNTY EMS	9,240.00	0.00	0.00	9,240.00

Vendor#	Vendor Name	Class	Pay Code
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C1325 ✓	CARDINAL HEALTH 414, INC.		
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 8003826515		04/30/202	04/20/202	05/15/202			332.52	0.00	0.00	332.52 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1325	CARDINAL HEALTH 414, INC.	332.52	0.00	0.00	332.52

Vendor#	Vendor Name	Class	Pay Code
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C1992 ✓	CDW GOVERNMENT, INC.		
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ AD8B26Z		05/06/202	04/23/202	05/23/202			34.28	0.00	0.00	34.28 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1992	CDW GOVERNMENT, INC.	34.28	0.00	0.00	34.28

Vendor#	Vendor Name	Class	Pay Code
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13264 ✓	CERVEY, LLC		
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 35072		04/30/202	05/05/202	05/29/202			1,650.00	0.00	0.00	1,650.00 ✓

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		13264	CERVEY, LLC				1,650.00	0.00	0.00	1,650.00
Vendor#	Vendor Name		Class		Pay Code					
C1730 ✓	CITY OF PORT LAVACA		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	040925A		05/05/202	04/09/202	05/05/202		20.00	0.00	0.00	20.00 ✓
Permit App. Water Supply										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		C1730	CITY OF PORT LAVACA				20.00	0.00	0.00	20.00
Vendor#	Vendor Name		Class		Pay Code					
13000 ✓	CLEARFLY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	INV705771		05/01/202	05/01/202	05/06/202		1,233.37	0.00	0.00	1,233.37 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		13000	CLEARFLY				1,233.37	0.00	0.00	1,233.37
Vendor#	Vendor Name		Class		Pay Code					
13336 ✓	COCA COLA SOUTHWEST BEVERAGES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	46770805004		04/30/202	05/06/202	05/06/202		395.89	0.00	0.00	395.89 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		13336	COCA COLA SOUTHWEST BEVERAGES				395.89	0.00	0.00	395.89
Vendor#	Vendor Name		Class		Pay Code					
11030 ✓	COMBINED INSURANCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	050125		05/06/202	05/01/202	05/01/202		501.72	0.00	0.00	501.72 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11030	COMBINED INSURANCE				501.72	0.00	0.00	501.72
Vendor#	Vendor Name		Class		Pay Code					
13932 ✓	COVIDIEN SALES LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	5874943172		04/22/202	04/30/202	05/06/202		496.50	0.00	0.00	496.50 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		13932	COVIDIEN SALES LLC				496.50	0.00	0.00	496.50
Vendor#	Vendor Name		Class		Pay Code					
10006 ✓	CUSTOM ASSEMBLIES, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	INV17321		04/22/202	04/30/202	05/06/202		210.37	0.00	0.00	210.37 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10006	CUSTOM ASSEMBLIES, INC				210.37	0.00	0.00	210.37
Vendor#	Vendor Name		Class		Pay Code					
11368	CYRACOM LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2025029896		04/30/202	04/30/202	05/15/202		331.80	0.00	0.00	331.80 ✓
Per mmc removed										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11368	CYRACOM LLC				331.80	0.00	0.00	331.80
Vendor#	Vendor Name		Class		Pay Code					
D1200 ✓	DETAR HOSPITAL		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	DTR2504016		04/30/202	05/05/202	05/05/202		1,034.50	0.00	0.00	1,034.50 ✓

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		D1200	DETAR HOSPITAL				1,034.50	0.00	0.00	1,034.50	
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
	✓ 7922000		05/06/202	04/25/202	05/20/202			315.45	0.00	0.00	315.45 ✓
	✓ 7923840		05/06/202	04/28/202	05/23/202			66.05	0.00	0.00	66.05 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10368	DEWITT POTH & SON				381.50	0.00	0.00	381.50	
Vendor#	Vendor Name		Class		Pay Code						
11011	✓ DIAMOND HEALTHCARE CORP										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ IN20056578		04/30/202	04/21/202	05/16/202			31,637.49	0.00	0.00	31,637.49 ✓
	✓ IN20056579		04/30/202	05/01/202	05/26/202			19,166.67	0.00	0.00	19,166.67 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11011	DIAMOND HEALTHCARE CORP				50,804.16	0.00	0.00	50,804.16	
Vendor#	Vendor Name		Class		Pay Code						
10789	✓ DISCOVERY MEDICAL NETWORK INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ MMC043025		04/30/202	04/30/202	05/01/202			368,831.71	0.00	0.00	368,831.71 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10789	DISCOVERY MEDICAL NETWORK INC				368,831.71	0.00	0.00	368,831.71	
Vendor#	Vendor Name		Class		Pay Code						
11291	✓ DOWELL PEST CONTROL										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 50236		05/06/202	04/28/202	05/23/202			505.00	0.00	0.00	505.00 ✓
	✓ 50338		05/06/202	04/28/202	05/23/202			160.00	0.00	0.00	160.00 ✓
	✓ 50339		05/06/202	04/29/202	05/24/202			105.00	0.00	0.00	105.00 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11291	DOWELL PEST CONTROL				770.00	0.00	0.00	770.00	
Vendor#	Vendor Name		Class		Pay Code						
14924	✓ DR. TIMU KWI										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 050525		05/06/202	05/05/202	05/05/202			4,000.00	0.00	0.00	4,000.00 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		14924	DR. TIMU KWI				4,000.00	0.00	0.00	4,000.00	
Vendor#	Vendor Name		Class		Pay Code						
11944	✓ EQUIFAX WORKFORCE SOLUTIONS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 2065528382		04/30/202	04/30/202	05/07/202			10.99	0.00	0.00	10.99 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11944	EQUIFAX WORKFORCE SOLUTIONS				10.99	0.00	0.00	10.99	
Vendor#	Vendor Name		Class		Pay Code						
10042	✓ ERBE USA INC SURGICAL SYSTEMS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

April 2025 BW Health
April 2025 CPR

4/4 - 4/6/25, 4/19 - 4/20/25, 4/25 - 4/27/25

✓	37177732		05/07/202	04/29/202	05/07/202		169.50	0.00	0.00	169.50	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		10042	ERBE USA INC SURGICAL SYSTEMS				169.50	0.00	0.00	169.50	
Vendor#	Vendor Name		Class		Pay Code						
17848	✓ FEDLOGIC LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	1496991745		05/07/202	04/15/202	05/15/202		1,691.25	0.00	0.00	1,691.25	✓
EMPLOYEE BENEFIT CONSULTIN											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		17848	FEDLOGIC LLC				1,691.25	0.00	0.00	1,691.25	
Vendor#	Vendor Name		Class		Pay Code						
14336	✓ FIRETRON, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	287110		05/06/202	04/28/202	05/28/202		350.36	0.00	0.00	350.36	✓
✓	287102		05/06/202	04/28/202	05/28/202		476.00	0.00	0.00	476.00	✓
✓	287108		05/06/202	04/28/202	05/28/202		961.86	0.00	0.00	961.86	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		14336	FIRETRON, INC				1,788.22	0.00	0.00	1,788.22	
Vendor#	Vendor Name		Class		Pay Code						
17276	✓ FIRST UNITED METHODIST CHURCH										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	RC250501001		05/01/202	05/01/202	05/01/202		1,450.00	0.00	0.00	1,450.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		17276	FIRST UNITED METHODIST CHURCH				1,450.00	0.00	0.00	1,450.00	
Vendor#	Vendor Name		Class		Pay Code						
10599	✓ FORVIS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	2517739		04/30/202	04/30/202	05/25/202		5,250.00	0.00	0.00	5,250.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		10599	FORVIS				5,250.00	0.00	0.00	5,250.00	
Vendor#	Vendor Name		Class		Pay Code						
12404	✓ GE PRECISION HEALTHCARE, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	6002935310		05/05/202	05/01/202	05/05/202		3,588.58	0.00	0.00	3,588.58	✓
✓	6002935316		05/05/202	05/01/202	05/25/202		5,665.83	0.00	0.00	5,665.83	✓
✓	6002935311		05/05/202	05/01/202	05/25/202		86.67	0.00	0.00	86.67	✓
✓	6002935312		05/05/202	05/01/202	05/25/202		2,422.50	0.00	0.00	2,422.50	✓
✓	6002935313		05/05/202	05/01/202	05/25/202		61.67	0.00	0.00	61.67	✓
✓	6002935617		05/06/202	05/01/202	05/25/202		1,044.26	0.00	0.00	1,044.26	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		12404	GE PRECISION HEALTHCARE, LLC				12,869.51	0.00	0.00	12,869.51	
Vendor#	Vendor Name		Class		Pay Code						
12948	✓ GREAT AMERICA FINANCIAL SVCS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	

✓ 39110814 05/06/202 04/29/202 05/24/202 10,938.74 0.00 0.00 10,938.74 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS	10,938.74	0.00	0.00	10,938.74

Vendor#	Vendor Name	Class	Pay Code
G0401	GULF COAST DELIVERY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 043025		05/06/202	04/30/202	05/06/202			25.00	0.00	0.00	25.00 ✓

Services performed on 4/3/25

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2643931		05/06/202	04/29/202	05/29/202			232.60	0.00	0.00	232.60 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	232.60	0.00	0.00	232.60

Vendor#	Vendor Name	Class	Pay Code
15348	HEALTH EQUITY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ M5DAVHH		05/06/202	05/06/202	05/06/202			306.95	0.00	0.00	306.95 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15348	HEALTH EQUITY	306.95	0.00	0.00	306.95

Vendor#	Vendor Name	Class	Pay Code
12380	HEALTH SOLUTIONS DIETETICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 040125		04/30/202	04/01/202	05/05/202			2,550.00	0.00	0.00	2,550.00 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS	2,550.00	0.00	0.00	2,550.00

Vendor#	Vendor Name	Class	Pay Code
11200	IRON MOUNTAIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ KJGB758		04/30/202	04/30/202	05/25/202			1,660.09	0.00	0.00	1,660.09 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN	1,660.09	0.00	0.00	1,660.09

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ MMC052025		05/06/202	05/02/202	05/22/202			44,939.01	0.00	0.00	44,939.01 ✓

May 2025

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	44,939.01	0.00	0.00	44,939.01

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
✓ 050525		05/06/202	05/05/202	05/06/202			525.00	0.00	0.00	525.00 ✓

LPC Supervisor Training Course

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17828	JACLYN HARTL	525.00	0.00	0.00	525.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
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✓ 050525 05/06/202 05/05/202 05/05/202 2,000.00 0.00 0.00 2,000.00 ✓

4/11 - 4/13/25, 4/18/25

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
W1372	JOHN B WRIGHT LLC	2,000.00	0.00	0.00	2,000.00

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
✓ 050525		05/06/202	05/05/202	05/06/202			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
J1350	M.C. JOHNSON COMPANY INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 00398471		04/22/202	04/17/202	04/22/202			190.66	0.00	0.00	190.66 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
J1350	M.C. JOHNSON COMPANY INC	190.66	0.00	0.00	190.66

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
✓ 23697459		05/06/202	04/29/202	05/14/202			93.47	0.00	0.00	93.47 ✓

✓ 23698627		05/06/202	04/30/202	05/15/202			2,216.22	0.00	0.00	2,216.22 ✓
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Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2178	MCKESSON MEDICAL SURGICAL INC	2,309.69	0.00	0.00	2,309.69

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 202166		04/30/202	04/30/202	05/25/202			1,946.74	0.00	0.00	1,946.74 ✓

✓ 202165		04/30/202	04/30/202	05/25/202			2,109.96	0.00	0.00	2,109.96 ✓
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✓ 202865		04/30/202	04/30/202	05/25/202			41.08	0.00	0.00	41.08 ✓
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Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11141	MEDICAL DATA SYSTEMS, INC.	4,097.78	0.00	0.00	4,097.78

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
✓ 2369162963		04/22/202	05/03/202	05/28/202			15.42	0.00	0.00	15.42 ✓

✓ 2368471391		05/06/202	04/29/202	05/24/202			48.27	0.00	0.00	48.27 ✓
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✓ 2368471393		05/06/202	04/29/202	05/24/202			8.20	0.00	0.00	8.20 ✓
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✓ 2368471390		05/06/202	04/29/202	05/24/202			12.30	0.00	0.00	12.30 ✓
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Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2470	MEDLINE INDUSTRIES INC	84.19	0.00	0.00	84.19

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 050525		04/30/202	05/05/202	05/06/202			45.00	0.00	0.00	45.00 ✓

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				45.00	0.00	0.00	45.00
Vendor#	Vendor Name		Class		Pay Code					
10182	✓ MERCEDES SCIENTIFIC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 2947525		05/06/202	04/28/202	05/28/202		54.34	0.00	0.00	54.34 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10182	MERCEDES SCIENTIFIC				54.34	0.00	0.00	54.34
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
	✓ 7018151873		05/06/202	04/23/202	05/06/202		1,830.02	0.00	0.00	1,830.02 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10904	MERCK SHARP & DOHME LLC				1,830.02	0.00	0.00	1,830.02
Vendor#	Vendor Name		Class		Pay Code					
M2621	✓ MMC AUXILIARY GIFT SHOP		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 043025		05/06/202	04/30/202	05/06/202		242.07	0.00	0.00	242.07 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				242.07	0.00	0.00	242.07
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
	✓ 3275625		05/06/202	04/14/202	04/24/202		70.07	0.00	0.00	70.07 ✓
	✓ 3312909		05/06/202	04/23/202	05/03/202		3,298.30	0.00	0.00	3,298.30 ✓
	✓ 3315211		05/06/202	04/23/202	05/03/202		127.84	0.00	0.00	127.84 ✓
	✓ 3315210		05/06/202	04/23/202	05/03/202		1,166.68	0.00	0.00	1,166.68 ✓
	✓ 3315208		05/06/202	04/23/202	05/03/202		321.31	0.00	0.00	321.31 ✓
	✓ 3315209		05/06/202	04/23/202	05/03/202		54.28	0.00	0.00	54.28 ✓
	✓ CM13342		05/06/202	04/24/202	05/04/202		-14.12	0.00	0.00	-14.12 ✓
	✓ 3326659		05/06/202	04/27/202	05/07/202		405.18	0.00	0.00	405.18 ✓
	✓ 3326658		05/06/202	04/27/202	05/07/202		506.36	0.00	0.00	506.36 ✓
	✓ SC8022		05/06/202	04/28/202	05/08/202		322.61	0.00	0.00	322.61 ✓
	✓ 3337483		05/06/202	04/28/202	05/08/202		19.40	0.00	0.00	19.40 ✓
	✓ 3332063		05/06/202	04/28/202	05/08/202		56.54	0.00	0.00	56.54 ✓
	✓ 3329360		05/06/202	04/28/202	05/08/202		411.46	0.00	0.00	411.46 ✓
	✓ 3332064		05/06/202	04/28/202	05/08/202		38.46	0.00	0.00	38.46 ✓
	✓ 3337484		05/06/202	04/29/202	05/09/202		153.44	0.00	0.00	153.44 ✓

✓ 3337485	05/06/202 04/29/202 05/09/202	955.27	0.00	0.00	955.27	✓
✓ 3337482	05/06/202 04/29/202 05/09/202	19.18	0.00	0.00	19.18	✓
✓ 3345252	05/06/202 04/30/202 05/10/202	543.33	0.00	0.00	543.33	✓
✓ CM14931	05/06/202 04/30/202 05/10/202	-24.53	0.00	0.00	-24.53	✓
✓ 3343134	05/06/202 04/30/202 05/10/202	838.80	0.00	0.00	838.80	✓
✓ 3343133	05/06/202 04/30/202 05/10/202	90.70	0.00	0.00	90.70	✓
✓ 3343135	05/06/202 04/30/202 05/10/202	38.12	0.00	0.00	38.12	✓
✓ 3348734	05/06/202 05/01/202 05/11/202	44.82	0.00	0.00	44.82	✓
✓ 3348735	05/06/202 05/01/202 05/11/202	910.63	0.00	0.00	910.63	✓
✓ CM15400	05/06/202 05/01/202 05/11/202	-3.35	0.00	0.00	-3.35	✓
✓ 3345254	05/06/202 05/01/202 05/11/202	235.99	0.00	0.00	235.99	✓
✓ 3352858	05/06/202 05/04/202 05/14/202	1,311.67	0.00	0.00	1,311.67	✓
✓ 3353931	05/06/202 05/04/202 05/14/202	74.07	0.00	0.00	74.07	✓
✓ 3360055	05/06/202 05/05/202 05/15/202	4,748.60	0.00	0.00	4,748.60	✓
✓ 3360058	05/06/202 05/05/202 05/15/202	204.42	0.00	0.00	204.42	✓
✓ 3360057	05/06/202 05/05/202 05/15/202	23.88	0.00	0.00	23.88	✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10536	MORRIS & DICKSON CO, LLC	16,949.41	0.00	0.00	16,949.41

Vendor#	Vendor Name	Class	Pay Code
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13624 ✓ NEXION HEALTH AT NAVASOTA INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 040125		05/06/202	05/04/202	05/06/202			1,000.00	0.00	0.00	1,000.00

TELEMED REIMB *April 2025*

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13624	NEXION HEALTH AT NAVASOTA INC	1,000.00	0.00	0.00	1,000.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 37974400		05/06/202	04/28/202	05/23/202			204.60	0.00	0.00	204.60

✓ 37974401		05/06/202	04/28/202	05/23/202			145.00	0.00	0.00	145.00
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Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
O1500	OLYMPUS AMERICA INC	349.60	0.00	0.00	349.60

Vendor#	Vendor Name	Class	Pay Code
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10152 ✓ PARTSSOURCE, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 05751810		05/06/202	04/22/202	05/22/202			79.38	0.00	0.00	79.38

✓ 05757783		05/06/202	04/25/202	05/25/202			767.40	0.00	0.00	767.40
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Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10152	PARTSSOURCE, LLC				846.78	0.00	0.00	846.78
Vendor#	Vendor Name		Class		Pay Code					
W1363	✓ PHARMACY ONESOURCE INC		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ INPS132985A		05/08/202	04/15/202	05/15/202		13,906.37	0.00	0.00	13,906.37 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		W1363	PHARMACY ONESOURCE INC				13,906.37	0.00	0.00	13,906.37
Vendor#	Vendor Name		Class		Pay Code					
P1971	✓ PORT LAVACA FORD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 315921		05/06/202	04/21/202	05/06/202		250.15	0.00	0.00	250.15 ✓
	✓ 315826		05/06/202	04/21/202	05/06/202		79.65	0.00	0.00	79.65 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		P1971	PORT LAVACA FORD				329.80	0.00	0.00	329.80
Vendor#	Vendor Name		Class		Pay Code					
14536	✓ QUVA PHARMA INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 76953252167		05/06/202	03/27/202	05/06/202		218.04	0.00	0.00	218.04 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14536	QUVA PHARMA INC				218.04	0.00	0.00	218.04
Vendor#	Vendor Name		Class		Pay Code					
11251	✓ RAPID PRINTING LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 28408		05/07/202	03/27/202	04/11/202		67.00	0.00	0.00	67.00 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11251	RAPID PRINTING LLC				67.00	0.00	0.00	67.00
Vendor#	Vendor Name		Class		Pay Code					
10554	✓ REPUBLIC SERVICES #847									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 0847001391710		04/30/202	04/26/202	05/05/202		2,387.46	0.00	0.00	2,387.46 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10554	REPUBLIC SERVICES #847				2,387.46	0.00	0.00	2,387.46
Vendor#	Vendor Name		Class		Pay Code					
12436	✓ SHANNA O'DONNELL, FNP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 050525		05/05/202	05/05/202	05/05/202		734.48	0.00	0.00	734.48
Tax Inc'd - removed taxes										689.00 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		12436	SHANNA O'DONNELL, FNP				734.48	0.00	0.00	734.48
Vendor#	Vendor Name		Class		Pay Code					
10936	✓ SIEMENS FINANCIAL SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 56382500046858		05/06/202	04/29/202	05/19/202		1,333.00	0.00	0.00	1,333.00 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10936	SIEMENS FINANCIAL SERVICES				1,333.00	0.00	0.00	1,333.00
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
✓ 116715524		04/30/202	04/24/202	05/19/202			3,507.72	0.00	0.00	3,507.72 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC					3,507.72	0.00	0.00	3,507.72
Vendor#	Vendor Name		Class		Pay Code					
10699 ✓	SIGN AD, LTD.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 312580		04/30/202	05/01/202	05/11/202			425.00	0.00	0.00	425.00 ✓
Advertising Lease Space 5/7 - 6/3/25										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.					425.00	0.00	0.00	425.00
Vendor#	Vendor Name		Class		Pay Code					
11296 ✓	SOUTH TEXAS BLOOD & TISSUE CEN									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 107049859		04/30/202	04/30/202	05/25/202			7,308.00	0.00	0.00	7,308.00 ✓
✓ CM14822		04/30/202	04/30/202	05/25/202			-3,055.00	0.00	0.00	-3,055.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					4,253.00	0.00	0.00	4,253.00
Vendor#	Vendor Name		Class		Pay Code					
C1010 ✓	SPARKLIGHT		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 050125		04/30/202	04/21/202	04/22/202			1,239.93	0.00	0.00	1,239.93 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT					1,239.93	0.00	0.00	1,239.93
Vendor#	Vendor Name		Class		Pay Code					
12288 ✓	SPBS CLINICAL EQUIPMENT SRVC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ INV050000525		05/06/202	05/01/202	05/02/202			9,836.92	0.00	0.00	9,836.92 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQUIPMENT SRVC					9,836.92	0.00	0.00	9,836.92
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
✓ 1250000495		04/30/202	04/18/202	05/05/202			3,562.50	0.00	0.00	3,562.50 ✓
✓ 1250000539		04/30/202	04/25/202	05/05/202			2,280.00	0.00	0.00	2,280.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	15236	SPECIALTY PROFESSIONAL					5,842.50	0.00	0.00	5,842.50
Vendor#	Vendor Name		Class		Pay Code					
10094 ✓	ST DAVIDS HEALTHCARE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ MMCP202503		04/30/202	04/30/202	05/06/202			375.00	0.00	0.00	375.00 ✓
MARCH CONNECTIVITY FEE										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTHCARE					375.00	0.00	0.00	375.00
Vendor#	Vendor Name		Class		Pay Code					
10845 ✓	STAPLES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 6030791281		05/06/202	04/30/202	05/06/202			372.70	0.00	0.00	372.70 ✓

✓	6030791282		05/06/202	04/30/202	05/06/202		339.72	0.00	0.00	339.72	✓
✓	6030791283		05/06/202	04/30/202	05/06/202		83.00	0.00	0.00	83.00	✓
✓	6030791284		05/06/202	04/30/202	05/06/202		139.84	0.00	0.00	139.84	✓
✓	6030791285		05/06/202	04/30/202	05/06/202		189.84	0.00	0.00	189.84	✓
✓	6030791286		05/06/202	05/06/202	05/06/202		283.98	0.00	0.00	283.98	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	10845	STAPLES					1,409.08	0.00	0.00	1,409.08	
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	
	✓ 1174		04/28/202	04/26/202	05/26/202		2,680.00	0.00	0.00	2,680.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	17248	SUMMIT PAIN AND WELLNESS					2,680.00	0.00	0.00	2,680.00	
Vendor#	Vendor Name		Class		Pay Code						
14212	✓ SURGICAL DIRECT SOUTH										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	✓ 9357		04/30/202	04/29/202	05/29/202		4,490.00	0.00	0.00	4,490.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	14212	SURGICAL DIRECT SOUTH					4,490.00	0.00	0.00	4,490.00	
Vendor#	Vendor Name		Class		Pay Code						
T2539	✓ T-SYSTEM, INC		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	✓ 2018439		04/30/202	04/30/202	05/15/202		2,526.42	0.00	0.00	2,526.42	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	T2539	T-SYSTEM, INC					2,526.42	0.00	0.00	2,526.42	
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	
	✓ 1006892643		04/30/202	05/02/202	05/22/202		5,084.00	0.00	0.00	5,084.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	T2204	TEXAS MUTUAL INSURANCE CO					5,084.00	0.00	0.00	5,084.00	
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	
	✓ 0025340		04/30/202	05/01/202	05/02/202		6,621.80	0.00	0.00	6,621.80	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	10758	TEXAS SELECT STAFFING, LLC					6,621.80	0.00	0.00	6,621.80	
Vendor#	Vendor Name		Class		Pay Code						
15396	✓ THIRD COAST DISTRIBUTING LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	✓ 043025		05/07/202	04/30/202	05/07/202		425.73	0.00	0.00	425.73	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	15396	THIRD COAST DISTRIBUTING LLC					425.73	0.00	0.00	425.73	
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
✓ T2504171378		04/30/202	04/17/202	05/12/202			4,000.00	0.00	0.00	4,000.00 ✓
✓ 1028978		05/05/202	03/14/202	04/08/202			11,553.15	0.00	0.00	11,553.15 ✓
✓ 1029441		05/06/202	03/31/202	04/25/202			6,000.00	0.00	0.00	6,000.00 ✓

Travel Reimbursement - Clinical

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C2510	TRUBRIDGE	21,553.15	0.00	0.00	21,553.15

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
✓ 2921057143		05/06/202	04/03/202	04/28/202			576.55	0.00	0.00	576.55 ✓
✓ 2921058822		05/06/202	04/28/202	05/23/202			153.31	0.00	0.00	153.31 ✓
✓ 2921059195		05/06/202	05/01/202	05/26/202			181.87	0.00	0.00	181.87 ✓
✓ 2921059186		05/06/202	05/01/202	05/26/202			235.58	0.00	0.00	235.58 ✓
✓ 2921059176		05/06/202	05/01/202	05/26/202			64.34	0.00	0.00	64.34 ✓
✓ 2921059213		05/06/202	05/01/202	05/26/202			136.50	0.00	0.00	136.50 ✓
✓ 2921059208		05/06/202	05/01/202	05/26/202			214.06	0.00	0.00	214.06 ✓
✓ 2921059204		05/06/202	05/01/202	05/26/202			165.56	0.00	0.00	165.56 ✓
✓ 2921059200		05/06/202	05/01/202	05/26/202			213.05	0.00	0.00	213.05 ✓
✓ 2921058812		05/07/202	04/28/202	05/23/202			15,991.72	0.00	0.00	15,991.72 ✓
✓ 2921059167		05/07/202	05/01/202	05/26/202			2,850.08	0.00	0.00	2,850.08 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC	20,782.62	0.00	0.00	20,782.62

Vendor#	Vendor Name	Class	Pay Code
U1056	UNIFORM ADVANTAGE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ SIV16505899		04/22/202	04/17/202	05/02/202			257.10	0.00	0.00	257.10 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
U1056	UNIFORM ADVANTAGE	257.10	0.00	0.00	257.10

Vendor#	Vendor Name	Class	Pay Code
12400	UPDOX LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ INV00578359		05/06/202	04/30/202	05/20/202			1,019.79	0.00	0.00	1,019.79 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12400	UPDOX LLC	1,019.79	0.00	0.00	1,019.79

Vendor#	Vendor Name	Class	Pay Code
11280	VICTORIA ADVOCATE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 0346959		04/30/202	04/01/202	04/30/202			52.70	0.00	0.00	52.70 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
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	11280	VICTORIA ADVOCATE					52.70	0.00	0.00	52.70	
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
	✓ 38722		04/29/202	04/25/202	05/25/202			1,880.00	0.00	0.00	1,880.00 ✓
Vendor Totals: Number		Name						Gross	Discount	No-Pay	Net
17832		VOCA LLC						1,880.00	0.00	0.00	1,880.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	738,888.59	0.00	0.00	<u>738,888.59</u>

APPROVED ON

MAY 08 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 208848 - 208934

738,888.59 +
331.80 -
734.48 -
689.00 +
738,511.31 ◊

Pg 4. Per mmc removed - credit Due
Pg 11. Taxes were inc'd - removed

8

RUN DATE:05/12/25
TIME:16:04

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/14/25 THRU 05/14/25

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	208848	05/14/25	1,400.00	ACUTE CARE INC
A/P	208849	05/14/25	362.94	ADVANCED STERILIZATION PRODUCT
A/P	208850	05/14/25	4,294.74	AIRGAS USA, LLC - CENTRAL DIV
A/P	208851	05/14/25	354.88	AMAZON CAPITAL SERVICES
A/P	208852	05/14/25	34.52	AMERISOURCEBERGEN DRUG CORP
A/P	208853	05/14/25	56.70	ANDRIE FLORES
A/P	208854	05/14/25	263.00	AQUA BEVERAGE COMPANY
A/P	208855	05/14/25	5,350.00	AVENO NETWORKS
A/P	208856	05/14/25	712.80	AZALEA HEALTH
A/P	208857	05/14/25	23.42	BAXTER HEALTHCARE
A/P	208858	05/14/25	22,133.48	BECKMAN COULTER INC
A/P	208859	05/14/25	1,379.11	BIO-RAD LABORATORIES, INC
A/P	208860	05/14/25	33,714.67	CALHOUN COUNTY
A/P	208861	05/14/25	9,240.00	CALHOUN COUNTY EMS
A/P	208862	05/14/25	332.52	CARDINAL HEALTH 414, INC.
A/P	208863	05/14/25	34.28	CDW GOVERNMENT, INC.
A/P	208864	05/14/25	1,650.00	CERVEY, LLC
A/P	208865	05/14/25	20.00	CITY OF PORT LAVACA
A/P	208866	05/14/25	1,233.37	CLEARFLY
A/P	208867	05/14/25	395.89	COCA COLA SOUTHWEST BEVERAGES
A/P	208868	05/14/25	501.72	COMBINED INSURANCE
A/P	208869	05/14/25	496.50	COVIDIEN SALES LLC
A/P	208870	05/14/25	210.37	CUSTOM ASSEMBLIES, INC
A/P	208871	05/14/25	1,034.50	DETAR HOSPITAL
A/P	208872	05/14/25	381.50	DEWITT POTH & SON
A/P	208873	05/14/25	50,804.16	DIAMOND HEALTHCARE CORP
A/P	208874	05/14/25	368,831.71	DISCOVERY MEDICAL NETWORK INC
A/P	208875	05/14/25	770.00	DOWELL PEST CONTROL
A/P	208876	05/14/25	4,000.00	DR. TIMU KWI
A/P	208877	05/14/25	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	208878	05/14/25	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	208879	05/14/25	1,691.25	FEDLOGIC LLC
A/P	208880	05/14/25	1,788.22	FIRETRON, INC
A/P	208881	05/14/25	1,450.00	FIRST UNITED METHODIST CHURCH
A/P	208882	05/14/25	5,250.00	FORVIS
A/P	208883	05/14/25	12,869.51	GE PRECISION HEALTHCARE, LLC
A/P	208884	05/14/25	10,938.74	GREAT AMERICA FINANCIAL SVCS
A/P	208885	05/14/25	25.00	GULF COAST DELIVERY
A/P	208886	05/14/25	232.60	GULF COAST PAPER COMPANY
A/P	208887	05/14/25	306.95	HEALTH EQUITY
A/P	208888	05/14/25	2,550.00	HEALTH SOLUTIONS DIETETICS
A/P	208889	05/14/25	1,660.09	IRON MOUNTAIN
A/P	208890	05/14/25	44,939.01	ITA RESOURCES INC
A/P	208891	05/14/25	525.00	JACLYN HARTL
A/P	208892	05/14/25	2,000.00	JOHN B WRIGHT LLC
A/P	208893	05/14/25	895.00	M G TRUST
A/P	208894	05/14/25	190.66	M.C. JOHNSON COMPANY INC
A/P	208895	05/14/25	2,309.69	MCKESSON MEDICAL SURGICAL INC
A/P	208896	05/14/25	4,097.78	MEDICAL DATA SYSTEMS, INC.
A/P	208897	05/14/25	84.19	MEDLINE INDUSTRIES INC

RUN DATE:05/12/25
TIME:16:04

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/14/25 THRU 05/14/25

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	208898	05/14/25	45.00	MEMORIAL MEDICAL CLINIC
A/P	208899	05/14/25	54.34	MERCEDES SCIENTIFIC
A/P	208900	05/14/25	1,830.02	MERCK SHARP & DOHME LLC
A/P	208901	05/14/25	242.07	MMC AUXILIARY GIFT SHOP
A/P	208902	05/14/25	.00	VOIDED
A/P	208903	05/14/25	.00	VOIDED
A/P	208904	05/14/25	16,949.41	MORRIS & DICKSON CO, LLC
A/P	208905	05/14/25	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	208906	05/14/25	349.60	OLYMPUS AMERICA INC
A/P	208907	05/14/25	846.78	PARTSSOURCE, LLC
A/P	208908	05/14/25	13,906.37	PHARMACY ONESOURCE INC
A/P	208909	05/14/25	329.80	PORT LAVACA FORD
A/P	208910	05/14/25	218.04	QUVA PHARMA INC
A/P	208911	05/14/25	67.00	RAPID PRINTING LLC
A/P	208912	05/14/25	2,387.46	REPUBLIC SERVICES #847
A/P	208913	05/14/25	689.00	SHANNA O'DONNELL, FNP
A/P	208914	05/14/25	1,333.00	SIEMENS FINANCIAL SERVICES
A/P	208915	05/14/25	3,507.72	SIEMENS MEDICAL SOLUTIONS INC
A/P	208916	05/14/25	425.00	SIGN AD, LTD.
A/P	208917	05/14/25	4,253.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	208918	05/14/25	1,239.93	SPARKLIGHT
A/P	208919	05/14/25	9,836.92	SPBS CLINICAL EQUIPMENT SRVC
A/P	208920	05/14/25	5,842.50	SPECIALTY PROFESSIONAL
A/P	208921	05/14/25	375.00	ST DAVIDS HEALTHCARE
A/P	208922	05/14/25	1,409.08	STAPLES
A/P	208923	05/14/25	2,680.00	SUMMIT PAIN AND WELLNESS
A/P	208924	05/14/25	4,490.00	SURGICAL DIRECT SOUTH
A/P	208925	05/14/25	2,526.42	T-SYSTEM, INC
A/P	208926	05/14/25	5,084.00	TEXAS MUTUAL INSURANCE CO
A/P	208927	05/14/25	6,621.80	TEXAS SELECT STAFFING, LLC
A/P	208928	05/14/25	425.73	THIRD COAST DISTRIBUTING LLC
A/P	208929	05/14/25	21,553.15	TRUBRIDGE
A/P	208930	05/14/25	20,782.62	UNIFIRST HOLDINGS INC
A/P	208931	05/14/25	257.10	UNIFORM ADVANTAGE
A/P	208932	05/14/25	1,019.79	UPDOX LLC
A/P	208933	05/14/25	52.70	VICTORIA ADVOCATE
A/P	208934	05/14/25	1,880.00	VOCA LLC
A/P	208935	05/14/25	9,184.92	BROADMOOR AT CREEKSIDE PARK
A/P	208936	05/14/25	23,005.41	GOLDENCREEK HEALTHCARE
A/P	208937	05/14/25	55,023.52	LAVACA BAY NURSING AND REHAB
A/P	208938	05/14/25	5,447.00	SOLERA WEST HOUSTON
A/P	208939	05/14/25	76,524.16	TUSCANY VILLAGE
TOTALS:			907,696.32	

APPROVED ON

MAY 14 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables

738,511.31 +

5,447.00 +

9,184.92 +

23,005.41 +

76,524.16 +

55,023.52 +

907,696.32 +

NH
xfers

CITIBANK CORPORATE CARD

Account Statement



Account Inquiries:

Toll Free 1-(800)-246-4553
 International 1-(904)-954-7314
 TDD/TTY 1-(877)-505-7276

Commercial Card Account
 ERIN CLEVINGER

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity

Total Activity \$806.50

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

Not an invoice. For your records only.

Credit Limit \$20,000
 Cash Advance Limit \$5,000
 Statement Closing Date 05/03/2025
 Days in Billing Period 30

Transactions

Pol 5-27-25 DWK-03453190

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
----- NOTICE MEMO ITEM(S) LISTED BELOW -----					
04/08	04/07	9399	05134375098600071208700	1 NPDB NPDB HRSA GOV FAIRFAX VA 22033 USA 7500 ✓	7500 ✓
04/08	04/07	9399	05134375098600071208882	2 NPDB NPDB HRSA GOV FAIRFAX VA 22033 USA 2500 ✓	2500 ✓
04/17	04/16	7392	55547505106878661868350	3 MGMA- MA/N ENGLEWOOD CO 80112 USA 399.00 ✓	399.00 ✓
04/18	04/18	8999	55432865108207649446879	4 FAXAGE 303-991-6020 CO 80222 USA 500 ✓	500 ✓
04/22	04/21	5912	55436875112161127997961	5 MPRIM SRX 503B LEDGEWOOD NJ 1824819 USA 370.00 ✓	370.00 ✓
----- TOTAL AMOUNT OF MEMO ITEM(S) \$806.50 -----					

APPROVED ON

MAY 07 2025

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2



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

Account Number
 Statement Closing Date

XXXX-XXXX-XXXX-6228
 May 03 2025

Not an invoice
 For your records only.

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

00010079643

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 5/6/2025

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		(enroll) NPDB x 3 providers	2.50		✓ 7.50
2	—		NPDB x 10 providers	2.50		✓ 25.00
3			(renewals)			
4	—		MGMA - 1 yr membership			✓ 399.00
5			Erin Clevenger			
6	—		Faxage - pmt (IT)			✓ 5.00
7	—		Imprimis RX - 1pk - 20ct box Pheny 1/1ide 1.5% / 1% 1ml vial			✓ 370.00
7.50 +						
25.00 +						
399.00 +						
5.00 +						
370.00 +						
806.50						

NOTES:

Est. Total Cost _____ TOTAL COST 806.50

changes made to Erin's credit card

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

Dept. Director	
Dir. Nursing	
Dir. Clinical Services	
CFO	✓ <u>[Signature]</u>
Administrator	<u>[Signature]</u>

CITIBANK CORPORATE CARD

Account Statement



Account Inquiries:

Toll Free: 1-(800)-248-4553

International: 1-(904)-954-7314

TDD/TTY: 1-(877)-505-7276

Commercial Card Account
STEVE BROCK

Account Number: XXXX-XXXX-XXXX-1615

Summary of Account Activity

Total Activity ✓ \$78.00

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

Not an invoice. For your records only.

Credit Limit \$5,000

Cash Advance Limit \$0

Statement Closing Date 05/03/2025

Days in Billing Period 30

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
04/24	04/23	8699	75418235113227597039935 1	AMERICAN HOSPITAL L A CHICAGO IL 60606 USA	78.00 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S): \$78.00					✓

APPROVED ON

MAY 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXASPd. 5/28/25
Confirmation # DWR-03456324

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125Account Number
Statement Closing DateXXXX-XXXX-XXXX-1615
May 03, 2025Not an invoice.
For your records only.STEVE BROCK
202 S ANN ST, STE A
PORT LAVACA TX 77979-4204

00010079654

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 5/7/2025

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To			
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost	
1	—		American Hospital Assoc			✓	78.00
2			2023 Estimated Useful Lives				
3			of Depreciable Hosp Assets -				
4			for Caitlen Cleverger				
5							
6							
7							
		78.00 ÷					
8		78.00 ÷					
9							
10							

Est. Freight _____

Est. Total Cost _____

TOTAL COST 78.00

NOTES:

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>[Signature]</u>

McKESSON**STATEMENT**

As of: 05/09/2025

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 SupplD:
Territory:Customer: 632536
Date: 05/09/2025As of: 05/09/2025 Page: 002
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 05/09/2025 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: 29.03 USD

Future Due: 0.00

If Paid By 05/13/2025,
Pay This Amount:

28.45 USD

Past Due: 0.00

If Paid After 05/13/2025,
Pay this Amount:

29.03 USD

Last Payment 2,451.97
08/07/2017Due If Paid On Time:
USD

28.45

Disc lost if paid late:

0.58

Due If Paid Late:
USD

29.03

APPROVED ON

MAY 12 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS28.45 +
28.45 =<>
For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 05/09/2025

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: 05/09/2025

As of: 05/09/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 05/09/2025 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											
05/07/2025	05/13/2025	7567043292	4078368	115Invoice	0.58	29.03		28.45	✓	7567043292	

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: 29.03 USD

Future Due: 0.00

If Paid By 05/13/2025,
Pay This Amount:

28.45 USD

Due If Paid On Time:
USD

28.45

Past Due: 0.00

Disc lost if paid late:

0.58

Last Payment 197.91
05/05/2025

If Paid After 05/13/2025,
Pay this Amount:

29.03 USD

Due If Paid Late:
USD

29.03

APPROVED ON

MAY 12 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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



STATEMENT

Statement Number: 69709826
Date: 05-09-2025

1 of 1

Served By:

AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101DEA: RA0289276
866-451-9655

Customer:

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

Remit To:

AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number

100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	1,237.02
Past Due:	0.00
Total Due:	1,237.02
Account Balance:	1,237.02

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
05-05-2025	05-16-2025	3213987842	7009579339	Invoice	1,152.54		0.00	1,152.54
05-05-2025	05-16-2025	3213987843	7009586799	Invoice	28.56		0.00	28.56
05-05-2025	05-16-2025	3213987844	7009580851	Invoice	23.78		0.00	23.78
05-08-2025	05-16-2025	3214395106	7009608908	Invoice	3.58		0.00	3.58
05-09-2025	05-16-2025	3214527501	7009615431	Invoice	28.56		0.00	28.56

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,237.02	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
05-09-2025	(2,655.46)

APPROVED ON

MAY 12 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
05-16-2025	1,237.02
Total Due:	1,237.02



STATEMENT

Statement Number: 69726554
Date: 05-09-2025

1 of 1

Served By:

AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336DEA: 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:	1,557.98
Past Due:	0.00
Total Due:	1,557.98
Account Balance:	1,557.98

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
05-05-2025	05-16-2025	3213974829	7009577841	Invoice	288.87		0.00	288.87
05-05-2025	05-16-2025	3213975851	7009586029	Invoice	263.79		0.00	263.79
05-06-2025	05-16-2025	3214175626	7009602502	Invoice	0.63		0.00	0.63
05-09-2025	05-16-2025	3214461718	7009616009	Invoice	1,001.62		0.00	1,001.62
05-09-2025	05-16-2025	3214568841	7009624482	Invoice	3.07		0.00	3.07

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,557.98	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON

MAY 12 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
05-16-2025	1,557.98
Total Due:	1,557.98

CHENO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCO	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
4811	76360	2	72	0	2025	86000488	1000	5/5/2025	-\$50,000.00		1 HOUSTON METHODIST SUGAR LAND HOSPITAL	P	418	0		RB	T		3/10/2025	3/12/2025	760545192
4819	76360	2	72	0	2025	93002129	1000	5/5/2025	-\$26,495.10		1 HOUSTON METHODIST SUGAR LAND HOSPITAL	P	485	0		INLM	T		3/10/2025	3/12/2025	760545192
5038	76351	2	58	3	2025	107001785	0	5/5/2025	\$70.00		1 PALACIOS COMMUNITY MEDICAL CEN	P	406	0		ER	F		4/7/2025	4/7/2025	760698013
5040	76351	3	21	1	2025	73001107	0	5/5/2025	\$51.76		1 SINGLETON ASSOCIATES PA	P	189	0		ERD	F		2/27/2025	2/27/2025	741680498
5041	76351	3	11	0	2025	107001418	0	5/5/2025	\$123.02		1 ORTHOLONESTAR PLLC	P	431	0		SFS	F		8/26/2024	8/26/2024	842136648
5042	76351	3	72	0	2025	120000041	0	5/5/2025	\$183.60		1 TMH PHYSICIAN ASSOCIATES, PLLC	P	728	0		TELM	F		2/27/2025	2/27/2025	300520570
5043	76351	3	74	0	2025	52001011	0	5/5/2025	\$208.00		1 SOUTHERN GROUP ANESTHESIA PLLC	P	172	0		AB	F		1/18/2025	1/18/2025	844277052
5045	76351	3	57	2	2025	99001691	0	5/5/2025	\$360.46		1 EMERGENCY MEDICINE SERVICES OF TX, PC	P	189	0		ERD	F		3/31/2025	3/31/2025	922417967
5046	76351	3	22	3	2025	107001348	0	5/5/2025	\$482.75		1 PHYSICIAN MANAGEMENT SERVICES OF TEXAS	P	172	0		AB	F		4/15/2025	4/15/2025	842167725
5047	76351	3	45	1	2025	71001302	0	5/5/2025	\$1,092.35		1 CENTENE MGMT CORP	P	406	0		ER	F		7/18/2024	7/18/2024	742770542
5048	76360	2	72	0	2025	65000644	0	5/5/2025	\$74.67		1 TMH PHYSICIAN ASSOCIATES, PLLC	P	177	0		OV	F		2/19/2025	2/19/2025	300520570
5049	76360	2	29	0	2025	114000040	0	5/5/2025	\$256.20		1 SEAN K OSULLIVAN MD DABR	P	172	0		AB	F		3/4/2025	3/4/2025	742765481
5050	76360	3	53	0	2025	115000478	0	5/5/2025	\$43.22		1 TD EYECARE, PLLC	P	457	0		OVS	F		3/18/2025	3/18/2025	260467806
5051	76360	3	51	1	2025	91000887	0	5/5/2025	\$91.16		1 ESS OF PORT LAVACA LLC	P	189	0		ERD	F		1/29/2025	1/29/2025	815248556
5052	76360	3	51	3	2025	91000900	0	5/5/2025	\$91.16		1 ESS OF PORT LAVACA LLC	P	189	0		ERD	F		1/31/2025	1/31/2025	815248556
5054	76360	3	30	1	2025	115000187	0	5/5/2025	\$138.39		1 TCPSO	P	177	0		OV	F		2/11/2025	2/11/2025	260834681
5055	76360	3	33	0	2025	98001134	0	5/5/2025	\$432.84		1 PROFICIO SURGICAL ASSISTANTS LLC	P	178	0		SO	F		12/31/2024	12/31/2024	471208933
									\$3,699.58												
TOTAL CHECKS									\$3,699.58												
TOTAL VOIDS									-\$76,495.10												
TOTAL TO FUND									\$3,699.58												

8

APPROVED ON

MAY 12 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 5, 2025 - May 11, 2025**

Date	Bank Description	MMC Notes
5/9/2025	PAY PLUS ACHTrans 67240296 101000690234487 P	- 3rd Party Payor Fee
5/9/2025	HPHG LLC PT LAVA MemMedCtr PtLav 11312265003	- Health Insurance Claim Payments
5/9/2025	HEALTH EQUITY INC HealthEqui 1356888 91000017	- EmpDeduct/Employer Contribut
5/9/2025	EXPERTPAY EXPERTPAY 746003411 91000012748129	- Child Support Payment
5/9/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
5/9/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll
5/8/2025	PAY PLUS ACHTrans 67097184 101000699039875 P	- 3rd Party Payor Fee
5/7/2025	PAY PLUS ACHTrans 66779604 101000697488226 P	- 3rd Party Payor Fee
5/6/2025	PAY PLUS ACHTrans 66549912 101000695874169 P	- 3rd Party Payor Fee
5/6/2025	MCKESSON DRUG AUTO ACH ACH06504871 910000128	- 340B Drug Program Expense
5/6/2025	FDMS FDMS PYMT 052-1601830-000 4100012831410	- Credit Card Machine Lease Fee
5/5/2025	PAY PLUS ACHTrans 66333618 101000694221648 P	- 3rd Party Payor Fee
5/5/2025	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee
5/5/2025	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee
5/5/2025	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee
5/5/2025	MERCHANT BANKCD FEE 971160913887 91000017067	- Credit Card Processing Fee
5/5/2025	MERCHANT BANKCD FEE 971160910883 91000017067	- Credit Card Processing Fee
5/5/2025	FDMS FDMS PYMT 052-2000500-000 4100012251286	- Credit Card Machine Lease Fee
5/5/2025	FDMS FDMS PYMT 052-2182545-000 4100012254957	- Credit Card Machine Lease Fee
5/5/2025	FDMS FDMS PYMT 052-2182557-000 4100012254951	- Credit Card Machine Lease Fee

Amount	CPS
981.27	981.27 +
41,602.00 *	6.23 +
1,112.00 *	31.65 +
524.54	209.44 +
2,655.46 *	100.56 +
368,786.72 *	1,329.15 +
6.23	Child Support
31.65	524.54 +
209.44	524.54 +
197.91 *	Lease Fee
365.03	32.45 +
19.95	75.67 +
170.61	45.64 +
168.85	181.77 +
9.95	335.53 +
75.67	Proc. Fee
45.64	365.03 +
181.77	19.95 +
417,277.00	170.61 +
	168.85 +
	9.95 +
	734.39 +
	1,329.15 +
	524.54 +
	335.53 +
	734.39 +
	2,923.61 +

pay plus
Child Support
Lease Fee

** Approved on 5.07.25 cc*

✓ *SS*

Steve Brock, CFO
Memorial Medical Center

May 12, 2025

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

Date	Description	
5/20/2025	WEBFILE TAX PYMT DD	- Sales Tax

417,277.70 +
41,602.00 -
1,112.00 -
2,655.46 -
368,786.72 -
197.91 -
2,923.61 +
2,923.61 -
0.00 +

Amount
2,462.87
2,462.87

✓ *SS*

Steve Brock, CFO
Memorial Medical Center

APPROVED ON

May 12, 2025

MAY 12 2025

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

✓ Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 04/30/2025 (2504)

Taxpayer ID: [REDACTED]	Taxpayer Name:	Entered By: Caitlin Clevenger
User ID: [REDACTED]	MEMORIAL MEDICAL CENTER	Email Address:
Reference Number: [REDACTED]	Taxpayer Address:	cclevenger@mmcpportlavaca.com
Date and Time of Filing:	815 N VIRGINIA ST PORT LAVACA, TX	Telephone Number: (361) 552-0272
05/09/2025, 03:00:04 PM	77979-3025	
	IP Address [REDACTED]	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number: [REDACTED]	Type of Bank Account: Checking
State Amount: \$1,865.81	Trace Number: [REDACTED]	Accountholder Name:
Local Amount: \$597.06		Memorial Medical Center Operating
Amount to Pay: \$2,462.87		Bank Routing Number: [REDACTED]
Electronic Check: \$2,462.87		Bank Account Number [REDACTED]
		Payment Effective Date: 05/20/2025

CREDIT SUMMARY

Credits Taken

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

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licensed 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	30,003	30,003	0.00	30,003	1,875.19	30,003	0.02	600.06
SubTotal	30,003	30,003	0	30,003	1,875.19	30,003		600.06

Total Tax for Locations **2,475.25**

Total Tax Due:	\$2,475.25
Timely Filing Discount:	- \$12.38
Balance Due:	\$2,462.87
Pending Payments:	- \$0.00

Total Amount Due and Payable: **\$2,462.87**

(State amount due is \$1,865.81) (Local amount due is \$597.06)

Memorial Medical Center
Transfer Request

Amount: 1,000,000.00

Date: 5/12/2025

From Account: Nexbank Money Marke [REDACTED]

To Account: Operating [REDACTED]

APPROVED ON

MAY 12 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

TRANSFER FUNDS FROM NEXBANK MONEY MARKET TO PROSPERITY OPERATING

Requested by: Caitlin Clevenger

Date: 5/12/2025

Authorized by: ✓ [Signature]

Date: 5/12/25

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 08 2025

05/09/2025

14:27

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/30/2025

0

ap_open_invoice.template

Vendor# Vendor Name

11828 SOLERA WEST HOUSTON

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 050125		05/07/202	05/01/202	05/30/202			3,561.50	0.00	0.00	3,561.50 ✓
✓ 050125AB	ins. pmt. dup into mmc opt in error	05/09/202	05/01/202	05/30/202			1,885.50	0.00	0.00	1,885.50 ✓

Vendor Totals: Number Name
11828 SOLERA WEST HOUSTON

Gross	Discount	No-Pay	Net
5,447.00	0.00	0.00	5,447.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
APPROVED ON	5,447.00	0.00	0.00	5,447.00

MAY 08 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 208938

MAY 08 2025

05/08/2025

09:20

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/30/2025

0

ap_open_invoice.template

Vendor# Vendor Name

11832 ✓ BROADMOOR AT CREEKSIDE PARK

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 050525		05/07/202	05/05/202	05/30/202			5,656.50	0.00	0.00	5,656.50 ✓
✓ 050625A		05/07/202	05/06/202	05/30/202			1,648.22	0.00	0.00	1,648.22 ✓
✓ 050625		05/07/202	05/06/202	05/30/202			1,880.20	0.00	0.00	1,880.20 ✓

ins. pmt dep. into mmc opt in error

Vendor Totals: Number Name

11832 BROADMOOR AT CREEKSIDE PARK

Gross	Discount	No-Pay	Net
9,184.92	0.00	0.00	9,184.92

Report Summary

Grand Totals:

Gross
9,184.92

Discount
0.00

No-Pay
0.00

Net
9,184.92

APPROVED ON

MAY 08 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 208935

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 08 2025

05/08/2025

09:21

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/30/2025

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
✓ 021925A		05/07/202	02/19/202	05/30/202			14,300.00	0.00	0.00	14,300.00 ✓
✓ 021925	ins. pmt dep. into mmc opt in error	05/07/202	02/19/202	05/30/202			5,304.40	0.00	0.00	5,304.40 ✓
/ 050125		05/07/202	05/01/202	05/30/202			2,460.04	0.00	0.00	2,460.04 ✓
/ 050625		05/07/202	05/06/202	05/30/202			940.97	0.00	0.00	940.97 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	23,005.41	0.00	0.00	23,005.41

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
APPROVED ON	23,005.41	0.00	0.00	23,005.41

MAY 08 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 208936

MAY 08 2025

05/08/2025

09:33

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/30/2025

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 ✓ TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 043025		04/30/202	04/30/202	05/30/202			4,638.17	0.00	0.00	4,638.17 ✓
/ 021925A	ins. amt dup into mmc acct in error	05/07/202	02/19/202	05/30/202			3,778.67	0.00	0.00	3,778.67 ✓
✓ 021925		05/07/202	02/19/202	05/30/202			13,500.00	0.00	0.00	13,500.00 ✓
✓ 050125		05/07/202	05/01/202	05/30/202			2,304.50	0.00	0.00	2,304.50 ✓
✓ 050525C		05/07/202	05/05/202	05/30/202			84.45	0.00	0.00	84.45 ✓
✓ 050525B		05/07/202	05/05/202	05/30/202			2,244.00	0.00	0.00	2,244.00 ✓
✓ 050525		05/07/202	05/05/202	05/30/202			143.30	0.00	0.00	143.30 ✓
✓ 050525A		05/07/202	05/05/202	05/30/202			143.00	0.00	0.00	143.00 ✓
✓ 050625		05/07/202	05/06/202	05/30/202			22,919.03	0.00	0.00	22,919.03 ✓
✓ 050125AB		05/08/202	05/01/202	05/30/202			26,769.04	0.00	0.00	26,769.04 ✓

Vendor Totals: Number Name
13004 TUSCANY VILLAGE

Gross	Discount	No-Pay	Net
76,524.16	0.00	0.00	76,524.16

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	76,524.16	0.00	0.00	76,524.16

APPROVED ON

MAY 08 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CH# 208939

COUNTY AUDITOR ON

MAY 08 2025

05/08/2025

09:22

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/30/2025

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
✓ 043025		04/30/202	04/30/202	05/30/202			42,649.55	0.00	0.00	42,649.55 ✓
✓ 043025A	ins. pmt. dep into mmc opt in error	04/30/202	04/30/202	05/30/202			310.97	0.00	0.00	310.97 ✓
✓ 050525		05/07/202	05/05/202	05/30/202			8,799.00	0.00	0.00	8,799.00 ✓
✓ 050625		05/07/202	05/06/202	05/30/202			3,264.00	0.00	0.00	3,264.00 ✓

Vendor Totals: Number Name

12792 LAVACA BAY NURSING AND REHAB

Gross	Discount	No-Pay	Net
55,023.52	0.00	0.00	55,023.52

Report Summary

Grand Totals:

Gross
55,023.52

Discount
0.00

No-Pay
0.00

Net
55,023.52

APPROVED ON

MAY 08 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 208937

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
5/12/2025

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		25,679.59	22,667.42	34,591.01		37,603.18	34,591.01
						Bank Balance	
						Variance	
						Leave in Balance	100.00
Routing Information for Ashford Gardens:						Wellpoint Y7 Interim Allocation	2,912.17

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

				Adjust Balance/Transfer Amt	34,591.01		
Broadmoor		57,896.88	3,280.50	7,572.00			
					62,188.38		8,385.80
					Bank Balance		
					Variance		
					Leave in Balance	100.00	
					Wellpoint Y7 Interim Allocation	53,702.58	

				Adjust Balance/Transfer Amt	8,385.80		
Crescent		69,217.98	32,261.76	2,095.00			
					39,051.22		
					Bank Balance		
					Variance		
					Leave in Balance	100.00	
					Wellpoint Y7 Interim Allocation	36,856.22	

				Adjust Balance/Transfer Amt	2,095.00		
Fort Bend		17,256.48	17,156.48	1,177.94			
					1,277.94		1,177.94
					Bank Balance		
					Variance		
					Leave in Balance	100.00	

				Adjust Balance/Transfer Amt	1,177.94		
Solera at W Houston		125,210.63	21,398.75	22,577.03			
					126,388.91		22,577.03
					Bank Balance		
					Variance		
					Leave in Balance	100.00	

34,591.01 +
8,385.80 +
1,177.94 +
22,577.03 +
66,731.78

ra at West Houston / Fort Bend / Broadmoor:

APPROVED ON
MAY 12 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt	22,577.03		
TOTAL TRANSFERS		66,731.78	

Approved: 
Steve Brock, CFO

5/12/2025

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

5/8/2025 MANAGEANDNET1718 MNS PMNT 00000000000093 41
5/7/2025 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
5/7/2025 1261
5/7/2025 PNC-ECHO HCCCLAIMPMT 746003411 41000125596061
5/7/2025 MANAGEANDNET1718 MNS PMNT 00000000000093 41

Transfer-Out		Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	✓	3,000.00	-	-	-	-	-	3,000.00
15,824.54	✓	-	-	-	-	-	-	-
6,842.88	✓	-	-	-	-	-	-	-
-		30,895.01	-	-	-	-	-	30,895.01
-		696.00	-	-	-	-	-	696.00
22,667.42	✓	34,591.01	-	-	-	-	-	34,591.01

Broadmoor

5/9/2025 AARP Supplementa HCCLAIMPMT 746003411 124384
5/7/2025 301
5/5/2025 MANAGEANDNET1718 MNS PMNT 000000000004293 41

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&Lapse	QJPP TI	
	5,447.00						5,447.00
3,280.50						-	
	2,125.00					-	2,125.00
						-	
						-	
3,280.50	7,572.00	-	-	-	-	-	7,572.00

Crescent

5/7/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III
5/7/2025 391
5/7/2025 Deposit
5/7/2025 AARP Supplementa HCCLAIMPMT 746003411 124384

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2, 3 & 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
29,542.59	-	-	-	-	-	-	-
2,719.17	-	-	-	-	-	-	-
-	1,885.50	-	-	-	-	-	1,885.50
-	209.50	-	-	-	-	-	209.50
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
32,261.76	2,095.00	-	-	-	-	-	2,095.00

Fort Bend

5/8/2025 MANAGEANDNET1718 MNS PMNT 000000000004294 41
5/7/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III
5/7/2025 270
5/7/2025 Deposit

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2, 3 & 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	1,111.89	-	-	-	-	-	1,111.89
14,852.84	-	-	-	-	-	-	-
2,303.64	-	-	-	-	-	-	-
-	66.05	-	-	-	-	-	66.05
-	-	-	-	-	-	-	-
17,156.48	1,177.94	-	-	-	-	-	1,177.94

Solera at West Houston

5/9/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000163
5/8/2025 Deposit
5/8/2025 AARP Supplementa HCCLAIMPMT 746003411 124384
5/7/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III
5/7/2025 1324
5/7/2025 Deposit
5/7/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000114
5/6/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000148

Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
		QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	
-	426.87	-	-	-	-	426.87
-	2,499.04	-	-	-	-	2,499.04
-	419.00	-	-	-	-	419.00
18,050.21	-	-	-	-	-	-
3,348.54	-	-	-	-	-	-
-	1,466.50	-	-	-	-	1,466.50
-	14,311.09	-	-	-	-	14,311.09
-	3,454.53	-	-	-	-	3,454.53
-	-	-	-	-	-	-
21,398.75	22,577.03	-	-	-	-	22,577.03
-	68,012.98	-	-	-	-	68,012.98

TOTALS

Balances Overview

Account Name					
*4357 MEMORIAL MEDICAL - OPERATING	\$1,292,670.88		\$1,248,541.41	\$1,292,670.88	\$1,566,673.86
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$37,603.18 ✓	✓	\$37,603.18	\$37,603.18	\$37,603.18
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$62,188.38 ✓	✓	\$62,188.38	\$62,188.38	\$56,741.38
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$39,051.22 ✓	✓	\$39,051.22	\$39,051.22	\$39,051.22
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$126,388.91 ✓	✓	\$131,836.88	\$126,388.91	\$125,962.04
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$1,277.94 ✓		\$1,277.94	\$1,277.94	\$1,277.94
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$256,853.87 ✓		\$263,536.73	\$256,853.87	\$234,538.47
*4551 CAL CO INDIGENT HEALTHCARE	\$5,493.63		\$5,493.63	\$5,493.63	\$5,493.63
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$17,196.22 ✓		\$17,196.22	\$17,196.22	\$11,485.42
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.56 ✓		\$101.56	\$101.56	\$101.56
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$292,381.85 ✓		\$292,381.85	\$292,381.85	\$289,974.81
*3407 MMC -NH TUSCANY VILLAGE	\$158,461.23 ✓		\$166,966.54	\$158,461.23	\$154,473.41
*2998 MMC -MONEY MARKET FUND	\$66,247.68		\$66,247.68	\$66,247.68	\$66,247.68
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$64.82		\$64.82	\$64.82	\$64.82
Total Balance	\$2,355,981.37		\$2,332,488.04	\$2,355,981.37	\$2,589,689.42


Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
5/12/2025

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		279,746.64	170,845.41	147,952.64		256,853.87	147,952.64
					Bank Balance	256,853.87	
					Variance	-	
					Leave in Balance	100.00	
					Superior Y7 Comp 1 Interim Allocation	108,403.35	
					April Interest	397.88	

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 147,952.64

Approved: 
Steve Brock, CFO

5/12/2025

APPROVED ON
MAY 12 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

5/9/2025 HNB - ECHO HCCLAIMPMT 746003411 440000281121
 5/9/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001807
 5/9/2025 Am Health TX PAYMENT 21531 84307030009770
 5/8/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 5/8/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001529
 5/7/2025 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 5/7/2025 Deposit
 5/7/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 5/7/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001336
 5/7/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 5/5/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 5/5/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 5/5/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 5/5/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001665

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	8,501.60					-	8,501.60
-	1,813.80					-	1,813.80
-	12,000.00					-	12,000.00
-	1,587.76					-	1,587.76
-	6,303.29					-	6,303.29
170,845.41	-					-	-
-	96,500.06					-	96,500.06
-	5,123.53					-	5,123.53
-	3,201.00					-	3,201.00
-	2,405.40					-	2,405.40
-	1,551.00					-	1,551.00
-	1,336.20					-	1,336.20
-	158.00					-	158.00
-	7,471.00					-	7,471.00
170,845.41	147,952.64	-	-	-	-	-	147,952.64

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,292,670.88	\$1,248,541.41	\$1,292,670.88	\$1,566,673.86
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$37,603.18	\$37,603.18	\$37,603.18	\$37,603.18
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$62,188.38	\$62,188.38	\$62,188.38	\$56,741.38
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$39,051.22	\$39,051.22	\$39,051.22	\$39,051.22
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$126,388.91	\$131,836.88	\$126,388.91	\$125,962.04
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$1,277.94	\$1,277.94	\$1,277.94	\$1,277.94
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$256,853.87	\$263,536.73	\$256,853.87	\$234,538.47
*4551 CAL CO INDIGENT HEALTHCARE	\$5,493.63	\$5,493.63	\$5,493.63	\$5,493.63
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$17,196.22	\$17,196.22	\$17,196.22	\$11,485.42
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.56	\$101.56	\$101.56	\$101.56
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$292,381.85	\$292,381.85	\$292,381.85	\$289,974.81
*3407 MMC -NH TUSCANY VILLAGE	\$158,461.23	\$166,966.54	\$158,461.23	\$154,473.41
*2998 MMC -MONEY MARKET FUND	\$66,247.68	\$66,247.68	\$66,247.68	\$66,247.68
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$64.82	\$64.82	\$64.82	\$64.82
Total Balance	\$2,355,981.37	\$2,332,488.04	\$2,355,981.37	\$2,589,689.42

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
5/12/2025

	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home								
Gulf Pointe Plaza- Private Pay		24,067.34	23,967.34	17,096.22			17,196.22	17,096.22
						Bank Balance	17,196.22	
						Variance	-	
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	17,096.22	
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		101.56	-	-			101.56	-
						Bank Balance	101.56	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	1.56	

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

5/12/2025

APPROVED ON
MAY 12 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

5/9/2025 HNB - ECHO HCCLAIMPMT 746003411 440000281381
 5/7/2025 WIRE OUT HMG Rockport SNF, LP -Commerical
 5/7/2025 HNB - ECHO HCCLAIMPMT 746003411 440000205430
 5/7/2025 HNB - ECHO HCCLAIMPMT 746003411 440000205430
 5/6/2025 HNB - ECHO HCCLAIMPMT 746003411 440000258640

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	5,710.80					-	5,710.80
23,967.34	-					-	-
-	1,747.07					-	1,747.07
-	1,695.95					-	1,695.95
-	7,942.40					-	7,942.40
	-					-	-
23,967.34	17,096.22	-	-	-	-	-	17,096.22

Gulf Pointe Plaza-Medicare/Medicaid

No Activity

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	-					-	-
-	-					-	-
23,967.34	17,096.22	-	-	-	-	-	17,096.22

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,292,670.88	\$1,248,541.41	\$1,292,670.88	\$1,566,673.86
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$37,603.18	\$37,603.18	\$37,603.18	\$37,603.18
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$62,188.38	\$62,188.38	\$62,188.38	\$56,741.38
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$39,051.22	\$39,051.22	\$39,051.22	\$39,051.22
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$126,388.91	\$131,836.88	\$126,388.91	\$125,962.04
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$1,277.94	\$1,277.94	\$1,277.94	\$1,277.94
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$256,853.87	\$263,536.73	\$256,853.87	\$234,538.47
*4551 CAL CO INDIGENT HEALTHCARE	\$5,493.63	\$5,493.63	\$5,493.63	\$5,493.63
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$17,196.22	\$17,196.22	\$17,196.22	\$11,485.42
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.56	\$101.56	\$101.56	\$101.56
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$292,381.85	\$292,381.85	\$292,381.85	\$289,974.81
*3407 MMC -NH TUSCANY VILLAGE	\$158,461.23	\$166,966.54	\$158,461.23	\$154,473.41
*2998 MMC -MONEY MARKET FUND	\$66,247.68	\$66,247.68	\$66,247.68	\$66,247.68
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$64.82	\$64.82	\$64.82	\$64.82
Total Balance	\$2,355,981.37	\$2,332,488.04	\$2,355,981.37	\$2,589,689.42

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 5/12/2025

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		135,172.00	130,056.66	153,345.89	-	-	158,461.23	153,345.89
						Bank Balance Variance	158,461.23	
						Leave In Balance	100.00	
						Q1 Q/PP Recon	5,015.34	

Adjust Balance/Transfer Amt 153,345.89

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 5/12/2025

APPROVED ON
 MAY 12 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village

5/9/2025 HNB - ECHO HCCLAIMPMT 746003411 440000280587
 5/7/2025 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE
 5/7/2025 Deposit
 5/7/2025 Deposit
 5/6/2025 HNB - ECHO HCCLAIMPMT 746003411 440000258640
 5/5/2025 HNB - ECHO HCCLAIMPMT 746003411 440000295704

Transfer-Out

Transfer-In

MMC PORTION

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

NH PORTION

-	3,987.82	-	-	-	-	-	3,987.82
130,056.66	-	-	-	-	-	-	-
-	123,544.71	-	-	-	-	-	123,544.71
-	4,603.50	-	-	-	-	-	4,603.50
-	11,776.40	-	-	-	-	-	11,776.40
-	9,433.46	-	-	-	-	-	9,433.46
-	-	-	-	-	-	-	-
130,056.66	153,345.89	-	-	-	-	-	153,345.89

Balances Overview


Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,292,670.88	\$1,248,541.41	\$1,292,670.88	\$1,566,673.86
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$37,603.18	\$37,603.18	\$37,603.18	\$37,603.18
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$62,188.38	\$62,188.38	\$62,188.38	\$56,741.38
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$39,051.22	\$39,051.22	\$39,051.22	\$39,051.22
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$126,388.91	\$131,836.88	\$126,388.91	\$125,962.04
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$1,277.94	\$1,277.94	\$1,277.94	\$1,277.94
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$256,853.87	\$263,536.73	\$256,853.87	\$234,538.47
*4551 CAL CO INDIGENT HEALTHCARE	\$5,493.63	\$5,493.63	\$5,493.63	\$5,493.63
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$17,196.22	\$17,196.22	\$17,196.22	\$11,485.42
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.56	\$101.56	\$101.56	\$101.56
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$292,381.85	\$292,381.85	\$292,381.85	\$289,974.81
*3407 MMC -NH TUSCANY VILLAGE	\$158,461.23	\$166,966.54	\$158,461.23	\$154,473.41
*2998 MMC -MONEY MARKET FUND	\$66,247.68	\$66,247.68	\$66,247.68	\$66,247.68
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$64.82	\$64.82	\$64.82	\$64.82
Total Balance	\$2,355,981.37	\$2,332,488.04	\$2,355,981.37	\$2,589,689.42

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
5/12/2025

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		121,642.30	65.81	170,805.36			292,381.85	No Transfer
						Bank Balance	292,381.85	
						Variance	-	
						Leave in Balance	100.00	
						Superior Y7 Comp 1 Interim Allocation	142,236.95	
						April Interest	469.35	

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 149,575.55

Approved: 
Michelle Cumberland, Controller

5/12/2025

APPROVED ON
MAY 12 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab

5/9/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000163
 5/9/2025 HUMANA INS CO HCCLAIMPMT 74710644 8100005191
 5/9/2025 HOSPICE OF SOUTH Payments NF 113122550026826
 5/8/2025 Deposit
 5/7/2025 HARLAND CLARKE CHK ORDERS 2DMZ337402212R5 91
 5/7/2025 Deposit
 5/7/2025 NDC SWEEP FAC 02330 56009680009421 SWEEP FR
 5/7/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000114
 5/6/2025 Deposit
 5/6/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000148
 5/5/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000117

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	1,061.49	-	-	-	-	-	1,061.49
-	128.24	-	-	-	-	-	128.24
-	1,217.31	-	-	-	-	-	1,217.31
-	21,977.98	-	-	-	-	-	21,977.98
65.81	-	-	-	-	-	-	-
-	2,582.84	-	-	-	-	-	2,582.84
-	25,346.93	-	-	-	-	-	25,346.93
-	2,885.76	-	-	-	-	-	2,885.76
-	22,785.41	-	-	-	-	-	22,785.41
-	92,393.70	-	-	-	-	-	92,393.70
-	425.70	-	-	-	-	-	425.70
-	-	-	-	-	-	-	-
65.81	170,805.36	-	-	-	-	-	170,805.36

Balances Overview

Account Name

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*4411 MEMORIAL MEDICAL / NH CRESCENT	\$39,051.22	\$39,051.22	\$39,051.22	\$39,051.22
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Total Balance	\$2,355,981.37	\$2,332,488.04	\$2,355,981.37	\$2,589,689.42