MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 21, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	852,916.44
TOTAL TRANSFERS BETWEEN FUNDS	$	333,220.43
TOTAL NURSING HOME UPL EXPENSES	$	327,583.89
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED May 21, 2025	$	1,513,720.76

APPROVED

MAY 21 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 21, 2025

PAYABLES AND PAYROLL			
5/16/2025	Weekly Payables	252,851.05	
5/19/2025	McKesson-340B Prescription Expense	155.36	
5/19/2025	Amerisource Bergen-340B Prescription Expense	300.96	
5/19/2025	Amerisource Bergen-340B Prescription Expense	344.55	
5/19/2025	Payroll Liabilities-Payroll Taxes	123,092.24	
5/19/2025	Payroll	384,992.41	
	Prosperity Electronic Bank Payments		
5/19/2025	90 Degree Benefits - employee insurance claims	3,563.77	
5/19/2025	90 Degree Benefits - employee insurance claims	77,527.60	
5/19/2025	Pay Plus-Patient Claims Processing Fee	1,787.43	
5/19/2025	Credit Card Bank Fee	150.00	
5/19/2025	Credit Card Processing Fee	6,753.25	
5/19/2025	Credit Card Lease Fee	285.82	
5/19/2025	Health Equity -HSA Contributions	1,112.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 852,916.44**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
5/16/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	163,842.44	
5/16/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	160,488.53	
5/16/2025	MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	8,889.46	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 333,220.43**
NURSING HOME UPL EXPENSES			
5/19/2025	Nursing Home UPL-Cantex Transfer	22,192.78	
5/19/2025	Nursing Home UPL-Nexion Transfer	65,388.91	
5/19/2025	Nursing Home UPL-Tuscany Transfer	238,944.02	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
5/19/2025	Tuscany to Lavaca Bay -Lavaca Bay insurance payment deposited into Tuscany in error	1,058.18	
TOTAL NURSING HOME UPL EXPENSES			**$ 327,583.89**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED May 21, 2025			**$ 1,513,720.76**

RECEIVED BY THE
COUNTY AUDITOR ON
MAY 16 2025
CALHOUN COUNTY, TEXAS

05/15/2025 MEMORIAL MEDICAL CENTER
11:52 AP Open Invoice List 0
Due Dates Through: 06/05/2025 ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4791		05/06/202	05/02/202	06/02/202			199.00	0.00	0.00	199.00

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

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5516208742		05/12/202	04/30/202	05/25/202			617.37	0.00	0.00	617.37

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	617.37	0.00	0.00	617.37

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
1KNCVYXKVFLR		04/22/202	05/05/202	06/04/202			61.75	0.00	0.00	61.75
1DVG4NQD7JL7		05/06/202	05/02/202	06/01/202			32.99	0.00	0.00	32.99
1MDLTYM93Y1C		05/13/202	04/29/202	05/29/202			35.97	0.00	0.00	35.97
1RCDKWYJ6XJ3		05/13/202	05/05/202	06/04/202			455.81	0.00	0.00	455.81
1RGKQJJT41FL		05/14/202	04/29/202	05/29/202			147.15	0.00	0.00	147.15

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	733.67	0.00	0.00	733.67

Vendor#	Vendor Name	Class	Pay Code
A2150	ANNOUNCEMENTS PLUS TOO AGAIN	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6794		05/06/202	05/05/202	06/04/202			139.00	0.00	0.00	139.00
	CHECKS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN	139.00	0.00	0.00	139.00

Vendor#	Vendor Name	Class	Pay Code
11544	BAY STORAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20240267		05/13/202	05/01/202	05/13/202			2,820.00	0.00	0.00	2,820.00
	UNIT# 175, 180, 191, 255 June 2025 - November 2025									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11544	BAY STORAGE	2,820.00	0.00	0.00	2,820.00

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
112005150		05/12/202	05/05/202	05/30/202			45.30	0.00	0.00	45.30
112004738		05/12/202	05/05/202	05/30/202			90.13	0.00	0.00	90.13
112010554		05/12/202	05/07/202	06/01/202			5,759.11	0.00	0.00	5,759.11

4576599	05/13/202	05/03/202	05/28/202	1,484.00	0.00	0.00	1,484.00
112005131	05/13/202	05/05/202	05/30/202	212.29	0.00	0.00	212.29
112009398	05/13/202	05/06/202	05/31/202	582.63	0.00	0.00	582.63
112015770	05/13/202	05/09/202	06/03/202	396.22	0.00	0.00	396.22

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
B1220	BECKMAN COULTER INC	8,569.68	0.00	0.00	8,569.68

Vendor# 11072 — Vendor Name: BIO-RAD LABORATORIES, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
908238358		05/14/202	05/09/202	03/05/202			3,201.11	0.00	0.00	3,201.11

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
11072	BIO-RAD LABORATORIES, INC	3,201.11	0.00	0.00	3,201.11

Vendor# B1655 — Vendor Name: BOSTON SCIENTIFIC CORPORATION — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
705737040		05/14/202	03/28/202	04/15/202			602.58	0.00	0.00	602.58

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
B1655	BOSTON SCIENTIFIC CORPORATION	602.58	0.00	0.00	602.58

Vendor# B1800 — Vendor Name: BRIGGS HEALTHCARE — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B485063		05/13/202	04/30/202	05/13/202			327.30	0.00	0.00	327.30

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
B1800	BRIGGS HEALTHCARE	327.30	0.00	0.00	327.30

Vendor# 13024 — Vendor Name: CALHOUN COUNTY TAX — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050625		05/14/202	05/06/202	05/14/202			7.50	0.00	0.00	7.50

Incorrect payee - removed

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
13024	CALHOUN COUNTY TAX	7.50	0.00	0.00	7.50

Vendor# 14260 — Vendor Name: CAREFUSION SOLUTIONS, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
70001738629		05/14/202	04/30/202	06/05/202			130.04	0.00	0.00	130.04

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
14260	CAREFUSION SOLUTIONS, LLC	130.04	0.00	0.00	130.04

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
200029918		05/13/202	04/30/202	05/30/202			244.04	0.00	0.00	244.04

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
10541	CARESFIELD	244.04	0.00	0.00	244.04

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AD51C4T		05/14/202	04/05/202	05/05/202			445.42	0.00	0.00	445.42

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.					445.42	0.00	0.00	445.42

Vendor#	Vendor Name	Class	Pay Code
10212	CLINICAL PATHOLOGY LABS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17656043025		04/30/202	04/30/202	05/13/202			18,006.04	0.00	0.00	18,006.04

April 2025

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS					18,006.04	0.00	0.00	18,006.04

Vendor#	Vendor Name	Class	Pay Code
C1166	COASTAL OFFICE SOLUTONS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OEQT312981		05/07/202	04/29/202	05/09/202			2,500.02	0.00	0.00	2,500.02
OEQT309971		05/13/202	05/05/202	05/15/202			3,687.52	0.00	0.00	3,687.52
OEQT316191		05/13/202	05/08/202	05/18/202			3,745.44	0.00	0.00	3,745.44
OEQT301531		05/14/202	03/31/202	04/10/202			6,422.27	0.00	0.00	6,422.27

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS					16,355.25	0.00	0.00	16,355.25

Vendor#	Vendor Name	Class	Pay Code
11029	COASTAL REFRIGERATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050825		05/14/202	05/08/202	05/14/202			985.00	0.00	0.00	985.00

Coleman Unit on roof above X-ray

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11029	COASTAL REFRIGERATION					985.00	0.00	0.00	985.00

Vendor#	Vendor Name	Class	Pay Code
C1970	CONMED CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4690077		05/14/202	04/16/202	05/14/202			154.40	0.00	0.00	154.40

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION					154.40	0.00	0.00	154.40

Vendor#	Vendor Name	Class	Pay Code
14892	CONTINUED.COM LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV03154		05/12/202	05/09/202	06/01/202			763.00	0.00	0.00	763.00

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14892	CONTINUED.COM LLC					763.00	0.00	0.00	763.00

Vendor#	Vendor Name	Class	Pay Code
C2150	COOK MEDICAL INCORPORATED	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
V27414445		05/13/202	05/06/202	05/13/202			990.40	0.00	0.00	990.40

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C2150	COOK MEDICAL INCORPORATED					990.40	0.00	0.00	990.40

Vendor#	Vendor Name	Class	Pay Code
14080	CORROHEALTH, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2018934		04/30/202	04/30/202	05/30/202			2,483.90	0.00	0.00	2,483.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14080	CORROHEALTH, INC.	2,483.90	0.00	0.00	2,483.90

Vendor# 10368 — Vendor Name: DEWITT POTH & SON — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7933730		05/13/202	05/07/202	06/01/202			101.10	0.00	0.00	101.10
7932651		05/13/202	05/07/202	06/01/202			54.28	0.00	0.00	54.28

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	155.38	0.00	0.00	155.38

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6352297897		05/12/202	05/01/202	05/31/202			231.38	0.00	0.00	231.38

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11091	ECOLAB	231.38	0.00	0.00	231.38

Vendor# F1100 — Vendor Name: FEDERAL EXPRESS CORP. — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
881907202		05/12/202	04/03/202	04/28/202			54.16	0.00	0.00	54.16
882632419		05/12/202	04/10/202	05/05/202			43.94	0.00	0.00	43.94
883294646		05/12/202	04/17/202	05/12/202			20.33	0.00	0.00	20.33
884083394		05/12/202	04/24/202	05/19/202			109.33	0.00	0.00	109.33
884820869		05/12/202	05/01/202	05/26/202			103.61	0.00	0.00	103.61
885502514		05/12/202	05/08/202	06/02/202			79.08	0.00	0.00	79.08

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	410.45	0.00	0.00	410.45

Vendor# 13016 — Vendor Name: FIRST INSURANCE FUNDING — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050925		05/12/202	04/03/202	06/01/202			3,891.02	0.00	0.00	3,891.02

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13016	FIRST INSURANCE FUNDING	3,891.02	0.00	0.00	3,891.02

Vendor# 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
0728666		04/22/202	05/02/202	05/27/202			64.76	0.00	0.00	64.76
0348488		05/13/202	04/16/202	05/11/202			41.88	0.00	0.00	41.88
0627903		05/13/202	04/29/202	05/24/202			545.21	0.00	0.00	545.21
0694900		05/13/202	05/01/202	05/26/202			812.22	0.00	0.00	812.22
0790804		05/13/202	05/06/202	05/31/202			411.71	0.00	0.00	411.71
0790802		05/13/202	05/06/202	05/31/202			344.49	0.00	0.00	344.49

0790805		05/13/202	05/06/202	05/31/202		52.15	0.00	0.00	52.15
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE				2,272.42	0.00	0.00	2,272.42
Vendor#	Vendor Name				Class	Pay Code			
11183	FRONTIER								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042325		05/12/202	04/23/202	05/19/202			0.79	0.00	0.00	0.79
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11183	FRONTIER					0.79	0.00	0.00	0.79
Vendor#	Vendor Name				Class	Pay Code			
11149	GBS ADMINISTRATORS, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
833270580004		04/30/202	04/19/202	05/01/202			4,243.72	0.00	0.00	4,243.72
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11149	GBS ADMINISTRATORS, INC					4,243.72	0.00	0.00	4,243.72
Vendor#	Vendor Name				Class	Pay Code			
11984	GUERBET, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0092567464		05/13/202	05/08/202	05/13/202			350.00	0.00	0.00	350.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11984	GUERBET, LLC					350.00	0.00	0.00	350.00
Vendor#	Vendor Name				Class	Pay Code			
11095	GULF COAST SCIENTIFIC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
77509		05/14/202	09/11/202	04/29/202			354.35	0.00	0.00	354.35
78594		05/14/202	04/28/202	09/11/202			355.13	0.00	0.00	355.13
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11095	GULF COAST SCIENTIFIC					709.48	0.00	0.00	709.48
Vendor#	Vendor Name				Class	Pay Code			
H1269	HENRY SCHEIN INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
40965652		05/13/202	05/06/202	05/13/202			51.26	0.00	0.00	51.26
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	H1269	HENRY SCHEIN INC.					51.26	0.00	0.00	51.26
Vendor#	Vendor Name				Class	Pay Code			
10922	HUNTER PHARMACY SERVICES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6482		04/30/202	04/30/202	05/20/202			15,142.77	0.00	0.00	15,142.77
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES					15,142.77	0.00	0.00	15,142.77
Vendor#	Vendor Name				Class	Pay Code			
14976	INOVALON PROVIDER INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
25M0057285		04/30/202	05/07/202	05/12/202			773.76	0.00	0.00	773.76

Scheduler & OSM Module 5/1 - 5/31/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14976	INOVALON PROVIDER INC.	773.76	0.00	0.00	773.76

Vendor#	Vendor Name				Class	Pay Code				
J1400	JOHNSON & JOHNSON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	942330856		04/15/202	04/23/202	05/31/202			1,442.03	0.00	0.00	1,442.03
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		J1400	JOHNSON & JOHNSON					1,442.03	0.00	0.00	1,442.03
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
	23475180		05/14/202	03/18/202	04/02/202			764.80	0.00	0.00	764.80
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC					764.80	0.00	0.00	764.80
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
	2368711156		05/13/202	04/30/202	05/25/202			13.80	0.00	0.00	13.80
	2368711160		05/13/202	04/30/202	05/25/202			3,180.78	0.00	0.00	3,180.78
	2368711153		05/13/202	04/30/202	05/25/202			54.92	0.00	0.00	54.92
	2368711159		05/13/202	04/30/202	05/25/202			954.67	0.00	0.00	954.67
	2368711154		05/13/202	04/30/202	05/25/202			7.50	0.00	0.00	7.50
	2368711161		05/13/202	04/30/202	05/25/202			11.24	0.00	0.00	11.24
	2368711157		05/13/202	04/30/202	05/25/202			62.00	0.00	0.00	62.00
	2368711158		05/13/202	04/30/202	05/25/202			62.00	0.00	0.00	62.00
	2368711152		05/13/202	04/30/202	05/25/202			325.81	0.00	0.00	325.81
	2368711155		05/13/202	04/30/202	05/25/202			17.66	0.00	0.00	17.66
	2369431123		05/13/202	05/06/202	05/31/202			12.16	0.00	0.00	12.16
	2369679275		05/13/202	05/07/202	06/01/202			42.04	0.00	0.00	42.04
	2369679283		05/13/202	05/07/202	06/01/202			20.68	0.00	0.00	20.68
	2369679286		05/13/202	05/07/202	06/01/202			22.32	0.00	0.00	22.32
	2369679284		05/13/202	05/07/202	06/01/202			3.90	0.00	0.00	3.90
	2369679285		05/13/202	05/07/202	06/01/202			3.35	0.00	0.00	3.35
	2369679282		05/13/202	05/07/202	06/01/202			27.03	0.00	0.00	27.03
	2369679276		05/13/202	05/07/202	06/01/202			331.26	0.00	0.00	331.26
	2369679279		05/13/202	05/07/202	06/01/202			2.89	0.00	0.00	2.89
	2369679280		05/13/202	05/07/202	06/01/202			1,117.70	0.00	0.00	1,117.70

2369679281	05/13/202	05/07/202	06/01/202	6,377.73	0.00	0.00	6,377.73	
2370002935	05/13/202	05/09/202	06/03/202	221.24	0.00	0.00	221.24	
2370287022	05/13/202	05/11/202	06/05/202	288.42	0.00	0.00	288.42	
2370335479	05/13/202	05/12/202	06/01/202	274.36	0.00	0.00	274.36	
2370335477	05/13/202	05/12/202	06/01/202	248.69	0.00	0.00	248.69	
2368711151	05/13/202	05/13/202	06/05/202	32.28	0.00	0.00	32.28	
2366533597	05/14/202	04/16/202	05/11/202	13,810.64	0.00	0.00	13,810.64	
2367727923	05/14/202	04/23/202	05/18/202	204.56	0.00	0.00	204.56	
2367727921	05/14/202	04/23/202	05/18/202	631.56	0.00	0.00	631.56	

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	28,363.19	0.00	0.00	28,363.19

Vendor# M2499 — Vendor Name: MEDTRONIC USA, INC. — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2584460292		05/13/202	05/06/202	05/13/202			370.00	0.00	0.00	370.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2499	MEDTRONIC USA, INC.	370.00	0.00	0.00	370.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7017737623		05/13/202	08/08/202	10/08/202			5,402.96	0.00	0.00	5,402.96

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14852	MERCK & CO., INC.	5,402.96	0.00	0.00	5,402.96

Vendor# 10536 — Vendor Name: MORRIS & DICKSON CO, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3294892		04/28/202	04/17/202	06/01/202	05/05/202	P	234.48	0.00	0.00	234.48
3360056		04/30/202	05/05/202	05/15/202			17.57	0.00	0.00	17.57
3362082		04/30/202	05/06/202	05/16/202			1,124.42	0.00	0.00	1,124.42
3364686		04/30/202	05/06/202	05/16/202			440.01	0.00	0.00	440.01
3364685		04/30/202	05/06/202	05/16/202			113.92	0.00	0.00	113.92
3381164		05/14/202	04/30/202	05/10/202			11.25	0.00	0.00	11.25
3367555		05/14/202	05/07/202	05/17/202			144.63	0.00	0.00	144.63
3369621		05/14/202	05/07/202	05/17/202			96.11	0.00	0.00	96.11
3369622		05/14/202	05/07/202	05/17/202			8,516.67	0.00	0.00	8,516.67

invoice is for 243.48 - removed

3373702	05/14/202 05/08/202 05/18/202	5,936.87	0.00	0.00	5,936.87
3375173	05/14/202 05/08/202 05/18/202	1,163.09	0.00	0.00	1,163.09
3375172	05/14/202 05/08/202 05/18/202	7.83	0.00	0.00	7.83
3380147	05/14/202 05/11/202 05/21/202	41.35	0.00	0.00	41.35
CM17401	05/14/202 05/11/202 05/21/202	-2.54	0.00	0.00	-2.54
3380145	05/14/202 05/11/202 05/21/202	23.40	0.00	0.00	23.40
3367553	05/14/202 05/11/202 05/21/202	52.63	0.00	0.00	52.63
3381162	05/14/202 05/11/202 05/21/202	487.55	0.00	0.00	487.55
3380148	05/14/202 05/11/202 05/21/202	207.48	0.00	0.00	207.48
3380144	05/14/202 05/11/202 05/21/202	81.33	0.00	0.00	81.33
3381165	05/14/202 05/11/202 05/21/202	5.04	0.00	0.00	5.04
3381163	05/14/202 05/11/202 05/21/202	553.60	0.00	0.00	553.60
3380149	05/14/202 05/11/202 05/21/202	316.50	0.00	0.00	316.50
3380146	05/14/202 05/11/202 05/21/202	388.59	0.00	0.00	388.59
3386588	05/14/202 05/12/202 05/22/202	4,755.56	0.00	0.00	4,755.56
3383983	05/14/202 05/12/202 05/22/202	41.35	0.00	0.00	41.35
3386589	05/14/202 05/12/202 05/22/202	709.96	0.00	0.00	709.96
3383982	05/14/202 05/12/202 05/22/202	1,013.25	0.00	0.00	1,013.25
3392040	05/14/202 05/13/202 05/23/202	11,781.80	0.00	0.00	11,781.80
3392039	05/14/202 05/13/202 05/23/202	132.00	0.00	0.00	132.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	38,395.70	0.00	0.00	38,395.70

Vendor#	Vendor Name	Class	Pay Code
15224	MUTUAL OF OMAHA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
001878827733		04/30/202	04/30/202	05/01/202			22,923.21	0.00	0.00	22,923.21

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15224	MUTUAL OF OMAHA	22,923.21	0.00	0.00	22,923.21

Vendor#	Vendor Name	Class	Pay Code
13548	NACOGDOCHES TRANSCRIPTION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8681		05/14/202	03/31/202	04/10/202			76.18	0.00	0.00	76.18
8698		05/14/202	04/15/202	04/25/202			73.93	0.00	0.00	73.93

8709	05/14/202	04/28/202	05/08/202	58.24	0.00	0.00	58.24	

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	208.35	0.00	0.00	208.35

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
8844210		04/30/202	04/30/202	05/12/202			24,074.00	0.00	0.00	24,074.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12096	NEOGENOMICS LABORATORIES	24,074.00	0.00	0.00	24,074.00

Vendor# 10868 Vendor Name: NOVA BIOMEDICAL — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91492138		05/06/202	05/01/202	05/06/202			1,974.38	0.00	0.00	1,974.38

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL	1,974.38	0.00	0.00	1,974.38

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3692		05/07/202	05/05/202	06/04/202			11,144.00	0.00	0.00	11,144.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ODEFEY WITTE WALL & VILLAFRANC	11,144.00	0.00	0.00	11,144.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2019199		05/13/202	05/01/202	05/31/202			3,084.00	0.00	0.00	3,084.00

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
05725974		04/22/202	04/03/202	05/03/202			554.32	0.00	0.00	554.32

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC	554.32	0.00	0.00	554.32

Vendor# 12708 Vendor Name: POC ELECTRIC, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4344		04/30/202	05/08/202	06/01/202			238.06	0.00	0.00	238.06
4345		05/13/202	05/09/202	06/01/202			1,818.28	0.00	0.00	1,818.28

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LLC	2,056.34	0.00	0.00	2,056.34

Vendor# 11932 Vendor Name: PRESS GANEY ASSOCIATES, INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN000702401		04/30/202	04/30/202	05/30/202			701.83	0.00	0.00	701.83
IN000703751		04/30/202	04/30/202	05/30/202			2,952.47	0.00	0.00	2,952.47

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	11932	PRESS GANEY ASSOCIATES, INC.					3,654.30	0.00	0.00	3,654.30
Vendor#	Vendor Name				Class	Pay Code				
12480	PRO ENERGY PARTNERS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	25040600		05/12/202	04/30/202	05/15/202			3,896.84	0.00	0.00	3,896.84
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12480	PRO ENERGY PARTNERS LLC					3,896.84	0.00	0.00	3,896.84
Vendor#	Vendor Name				Class	Pay Code				
10688	SAN ANTONIO ENA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	050725		05/13/202	05/07/202	05/13/202			365.00	0.00	0.00	365.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10688	SAN ANTONIO ENA					365.00	0.00	0.00	365.00
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
	043025		05/14/202	04/30/202	05/15/202			936.75	0.00	0.00	936.75
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS					936.75	0.00	0.00	936.75
Vendor#	Vendor Name				Class	Pay Code				
17852	SINGLETON ASSOCIATES PA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	246043025001		04/30/202	05/07/202	05/13/202			13,225.86	0.00	0.00	13,225.86
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17852	SINGLETON ASSOCIATES PA					13,225.86	0.00	0.00	13,225.86
Vendor#	Vendor Name				Class	Pay Code				
S2362	SMITH & NEPHEW, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	984121997		05/06/202	05/02/202	05/06/202			1,732.40	0.00	0.00	1,732.40
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW, INC.					1,732.40	0.00	0.00	1,732.40
Vendor#	Vendor Name				Class	Pay Code				
S2345	SOUTHEAST TEXAS HEALTH SYS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	27009		05/14/202	04/01/202	05/01/202			6,250.00	0.00	0.00	6,250.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2345	SOUTHEAST TEXAS HEALTH SYS					6,250.00	0.00	0.00	6,250.00
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
	1640440		05/13/202	05/08/202	05/13/202			845.43	0.00	0.00	845.43
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12288	SPBS CLINICAL EQUIPMENT SRVC					845.43	0.00	0.00	845.43
Vendor#	Vendor Name				Class	Pay Code				
11075	SUMMIT MEDICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	669019		05/13/202	05/06/202	05/13/202			205.00	0.00	0.00	205.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

Trauma Nursing Core Course

April 2025

April, May, & June 2025

	11075	SUMMIT MEDICAL					205.00	0.00	0.00	205.00
Vendor#	Vendor Name				Class	Pay Code				
17856	TEXAS ASSOCIATION OF RURAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	051325		05/13/202	05/13/202	05/13/202			525.00	0.00	0.00	525.00
	TORCH Membership 2025										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17856	TEXAS ASSOCIATION OF RURAL					525.00	0.00	0.00	525.00
Vendor#	Vendor Name				Class	Pay Code				
12984	TEXAS ORGANIZATION OF RURAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2235120		05/13/202	01/28/202	01/01/202			3,085.00	0.00	0.00	3,085.00
	TORCH Hosp. Mem. Level 2 1/1 - 12/31/25										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12984	TEXAS ORGANIZATION OF RURAL					3,085.00	0.00	0.00	3,085.00
Vendor#	Vendor Name				Class	Pay Code				
T3130	TRI-ANIM HEALTH SERVICES INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	600776367		05/13/202	05/02/202	05/27/202			~~456.74~~	0.00	0.00	~~456.74~~ 421.93
	Tax was included - removed										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		T3130	TRI-ANIM HEALTH SERVICES INC					~~456.74~~	0.00	0.00	~~456.74~~
Vendor#	Vendor Name				Class	Pay Code				
13616	TRIOSE, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	TRI17528		05/12/202	04/09/202	04/24/202			311.24	0.00	0.00	311.24
	TRI219084		05/12/202	04/25/202	05/10/202			130.74	0.00	0.00	130.74
	TRI229466		05/12/202	04/30/202	05/15/202			151.80	0.00	0.00	151.80
	TRI230203		05/12/202	05/06/202	05/21/202			246.27	0.00	0.00	246.27
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13616	TRIOSE, INC					840.05	0.00	0.00	840.05
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
	050925B		05/15/202	05/09/202				~~13,250.58~~	0.00	0.00	~~13,250.58~~
	Does not Belong - removed										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13004	TUSCANY VILLAGE					~~13,250.58~~	0.00	0.00	~~13,250.58~~
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
	2921059346		05/12/202	05/05/202	05/30/202			262.08	0.00	0.00	262.08
	2921059365		05/12/202	05/05/202	05/30/202			157.62	0.00	0.00	157.62
	2921059354		05/12/202	05/05/202	05/30/202			3,228.04	0.00	0.00	3,228.04
	2921059701		05/12/202	05/08/202	06/02/202			237.22	0.00	0.00	237.22
	2921059677		05/12/202	05/08/202	06/02/202			64.34	0.00	0.00	64.34
	2921059683		05/12/202	05/08/202	06/02/202			241.71	0.00	0.00	241.71

2921059668		05/12/202	05/08/202	06/02/202	2,876.25	0.00	0.00	2,876.25
2921059693		05/12/202	05/08/202	06/02/202	190.79	0.00	0.00	190.79
2921059690		05/12/202	05/08/202	06/02/202	181.87	0.00	0.00	181.87
2921059697		05/12/202	05/08/202	06/02/202	166.78	0.00	0.00	166.78
2921059706		05/12/202	05/08/202	06/02/202	140.42	0.00	0.00	140.42

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	7,747.12	0.00	0.00	7,747.12

Vendor# 17316 — Vendor Name: VALERIE SMITH — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
205488		05/13/202	05/13/202	05/13/202			15.00	0.00	0.00	15.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17316	VALERIE SMITH	15.00	0.00	0.00	15.00

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
51017J		05/13/202	05/09/202	05/13/202			2,751.00	0.00	0.00	2,751.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V1056	VICTORIA AIR CONDITIONING LTD	2,751.00	0.00	0.00	2,751.00

Vendor# 17832 — Vendor Name: VOCA LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
38841A		04/30/202	05/02/202	06/01/202			2,628.00	0.00	0.00	2,628.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17832	VOCA LLC	2,628.00	0.00	0.00	2,628.00

Vendor# 14612 — Vendor Name: WAGEWORKS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0425TR116685		04/30/202	04/23/202	05/01/202			131.25	0.00	0.00	131.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14612	WAGEWORKS	131.25	0.00	0.00	131.25

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
9111839233		04/22/202	05/04/202	05/29/202			1,146.69	0.00	0.00	1,146.69

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,146.69	0.00	0.00	1,146.69

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	290,452.42	0.00	0.00	290,452.42

APPROVED ON

MAY 16 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 208954 - 209020

290,452.42	+	
7.50	-	Pg 2. incorrect Payee removed
234.48	-	Pg 6. invoice is for more - removed
24,074.00	-	Pg 8. invoice billed to Detar - removed
456.74	-	
421.93	+	>Pg 10. Tax was Inc'd - removed Taxes
13,250.58	-	Pg 10. Tuscany Village removed
252,851.05	◊	

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	208954	05/21/25	199.00	3WON, LLC
A/P	208955	05/21/25	617.37	AIRGAS USA, LLC - CENTRAL DIV
A/P	208956	05/21/25	733.67	AMAZON CAPITAL SERVICES
A/P	208957	05/21/25	139.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	208958	05/21/25	2,820.00	BAY STORAGE
A/P	208959	05/21/25	8,569.68	BECKMAN COULTER INC
A/P	208960	05/21/25	3,201.11	BIO-RAD LABORATORIES, INC
A/P	208961	05/21/25	602.58	BOSTON SCIENTIFIC CORPORATION
A/P	208962	05/21/25	327.30	BRIGGS HEALTHCARE
A/P	208963	05/21/25	130.04	CAREFUSION SOLUTIONS, LLC
A/P	208964	05/21/25	244.04	CARESFIELD
A/P	208965	05/21/25	445.42	CDW GOVERNMENT, INC.
A/P	208966	05/21/25	18,006.04	CLINICAL PATHOLOGY LABS
A/P	208967	05/21/25	16,355.25	COASTAL OFFICE SOLUTONS
A/P	208968	05/21/25	985.00	COASTAL REFRIGERATION
A/P	208969	05/21/25	154.40	CONMED CORPORATION
A/P	208970	05/21/25	763.00	CONTINUED.COM LLC
A/P	208971	05/21/25	990.40	COOK MEDICAL INCORPORATED
A/P	208972	05/21/25	2,483.90	CORROHEALTH, INC.
A/P	208973	05/21/25	155.38	DEWITT POTH & SON
A/P	208974	05/21/25	231.38	ECOLAB
A/P	208975	05/21/25	410.45	FEDERAL EXPRESS CORP.
A/P	208976	05/21/25	3,891.02	FIRST INSURANCE FUNDING
A/P	208977	05/21/25	2,272.42	FISHER HEALTHCARE
A/P	208978	05/21/25	.79	FRONTIER
A/P	208979	05/21/25	4,243.72	GBS ADMINISTRATORS, INC
A/P	208980	05/21/25	350.00	GUERBET, LLC
A/P	208981	05/21/25	709.48	GULF COAST SCIENTIFIC
A/P	208982	05/21/25	51.26	HENRY SCHEIN INC.
A/P	208983	05/21/25	15,142.77	HUNTER PHARMACY SERVICES
A/P	208984	05/21/25	773.76	INOVALON PROVIDER INC.
A/P	208985	05/21/25	1,442.03	JOHNSON & JOHNSON
A/P	208986	05/21/25	764.80	MCKESSON MEDICAL SURGICAL INC
A/P	208987	05/21/25	.00	VOIDED
A/P	208988	05/21/25	.00	VOIDED
A/P	208989	05/21/25	.00	VOIDED
A/P	208990	05/21/25	28,363.19	MEDLINE INDUSTRIES INC
A/P	208991	05/21/25	370.00	MEDTRONIC USA, INC.
A/P	208992	05/21/25	5,402.96	MERCK & CO., INC.
A/P	208993	05/21/25	.00	VOIDED
A/P	208994	05/21/25	38,161.22	MORRIS & DICKSON CO, LLC
A/P	208995	05/21/25	22,923.21	MUTUAL OF OMAHA
A/P	208996	05/21/25	208.35	NACOGDOCHES TRANSCRIPTION
A/P	208997	05/21/25	1,974.38	NOVA BIOMEDICAL
A/P	208998	05/21/25	11,144.00	ODEFEY WITTE WALL & VILLAFRANC
A/P	208999	05/21/25	3,084.00	PARAREV
A/P	209000	05/21/25	554.32	PARTSSOURCE, LLC
A/P	209001	05/21/25	2,056.34	POC ELECTRIC, LLC
A/P	209002	05/21/25	3,654.30	PRESS GANEY ASSOCIATES, INC.
A/P	209003	05/21/25	3,896.84	PRO ENERGY PARTNERS LLC

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	209004	05/21/25	365.00	SAN ANTONIO ENA
A/P	209005	05/21/25	936.75	SHERWIN WILLIAMS
A/P	209006	05/21/25	13,225.86	SINGLETON ASSOCIATES PA
A/P	209007	05/21/25	1,732.40	SMITH & NEPHEW, INC.
A/P	209008	05/21/25	6,250.00	SOUTHEAST TEXAS HEALTH SYS
A/P	209009	05/21/25	845.43	SPBS CLINICAL EQUIPMENT SRVC
A/P	209010	05/21/25	205.00	SUMMIT MEDICAL
A/P	209011	05/21/25	525.00	TEXAS ASSOCIATION OF RURAL
A/P	209012	05/21/25	3,085.00	TEXAS ORGANIZATION OF RURAL
A/P	209013	05/21/25	421.93	TRI-ANIM HEALTH SERVICES INC
A/P	209014	05/21/25	840.05	TRIOSE, INC
A/P	209015	05/21/25	7,747.12	UNIFIRST HOLDINGS INC
A/P	209016	05/21/25	15.00	VALERIE SMITH
A/P	209017	05/21/25	2,751.00	VICTORIA AIR CONDITIONING LTD
A/P	209018	05/21/25	2,628.00	VOCA LLC
A/P	209019	05/21/25	131.25	WAGEWORKS
A/P	209020	05/21/25	1,146.69	WERFEN USA LLC
A/P	209021	05/21/25	163,842.44	GOLDENCREEK HEALTHCARE
A/P	209022	05/21/25	8,889.46	LAVACA BAY NURSING AND REHAB
A/P	209023	05/21/25	160,488.53	TUSCANY VILLAGE
TOTALS:			586,071.48	

APPROVED ON

MAY 21 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables
252,851.05 +
163,842.44 +
160,488.53 +
8,889.46 +
586,071.48 ◇

NH
Kers

McKESSON

Company 8000

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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

√

As of: 05/16/2025 Page: 002

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 05/17/2025

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

As of: 05/16/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 05/17/2025 **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: 158.54 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 05/20/2025, Pay This Amount: 155.36 USD

If Paid After 05/20/2025, Pay this Amount: 158.54 USD

Due If Paid On Time: USD 155.36

Disc lost if paid late: 3.18

Due If Paid Late: USD 158.54

MSJ

154.43 +
0.31 +
0.31 +
0.31 +
155.36 ◊

APPROVED ON
MAY 19 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: 05/16/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 05/17/2025

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

As of: 05/16/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 05/17/2025 **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											
05/16/2025	05/20/2025	7568755576	B2505-055-200706	115Invoice	3.15	157.58		154.43	✓	7568755576	

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: 157.58 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 197.91
05/05/2025

If Paid By 05/20/2025,
Pay This Amount: 154.43 USD

If Paid After 05/20/2025,
Pay this Amount: 157.58 USD

Due If Paid On Time:
USD 154.43

Disc lost if paid late:
3.15

Due If Paid Late:
USD 157.58

APPROVED ON

MAY 19 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 05/16/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835430
Date: 05/17/2025

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

As of: 05/16/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835430 **PLEASE CHECK ANY**
Date: 05/17/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835430 CVS PHCY 10356/MEM MC PHS											
05/14/2025	05/20/2025	7568294142	4094583	115Invoice	0.01	0.32		0.31		7568294142	

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

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

Subtotals: 0.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 138.94
04/21/2025

If Paid By 05/20/2025,
Pay This Amount: 0.31 USD

If Paid After 05/20/2025,
Pay this Amount: 0.32 USD

Due If Paid On Time:
USD 0.31

Disc lost if paid late:
0.01

Due If Paid Late:
USD 0.32

APPROVED ON
MAY 19 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company 8000

STATEMENT

CVS PHCY 7416/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

√

As of: 05/16/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 05/17/2025

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

As of: 05/16/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 05/17/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
05/14/2025	05/20/2025	7568422288	4093279	115Invoice	0.01	0.32		0.31	√	7568422288	

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

TOTAL: Customer Number 835437 CVS PHCY 7416/MEM MC PHS

Subtotals: 0.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 197.91
05/05/2025

If Paid By 05/20/2025, Pay This Amount: 0.31 USD

If Paid After 05/20/2025, Pay this Amount: 0.32 USD

Due If Paid On Time: USD 0.31

Disc lost if paid late: 0.01

Due If Paid Late: USD 0.32

APPROVED ON

MAY 19 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company. 8000

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 05/16/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835438
Date: 05/17/2025

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

As of: 05/16/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 05/17/2025 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 835438 CVS PHCY 7475/MEM MC PHS											
05/14/2025	05/20/2025	7568430407	4094556	115Invoice	0.01	0.32		0.31	✓	7568430407	

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

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS

Subtotals: 0.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,537.65
04/14/2025

If Paid By 05/20/2025,
Pay This Amount: 0.31 USD

If Paid After 05/20/2025,
Pay this Amount: 0.32 USD

Due If Paid On Time:
USD 0.31

Disc lost if paid late:
0.01

Due If Paid Late:
USD 0.32

APPROVED ON

MAY 19 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 69777210
Date: 05-16-2025

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:	300.96
Past Due:	0.00
Total Due:	300.96
Account Balance:	300.96

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
05-12-2025	05-23-2025	3214666681	7009634427	Invoice	2.44		0.00	2.44
05-12-2025	05-23-2025	3214712423	7009639311	Invoice	265.48		0.00	265.48
05-12-2025	05-23-2025	3214723109	7009644394	Invoice	1.48		0.00	1.48
05-13-2025	05-23-2025	3214858194	7009653277	Invoice	21.58		0.00	21.58
05-14-2025	05-23-2025	3214990687	7009662772	Invoice	3.83		0.00	3.83
05-16-2025	05-23-2025	3215249395	7009679610	Invoice	6.15		0.00	6.15

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
300.96	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
MAY 19 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
05-23-2025	300.96
Total Due:	300.96

AmerisourceBergen

STATEMENT

Statement Number: 69760673
Date: 05-16-2025

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:	344.55
Past Due:	0.00
Total Due:	344.55
Account Balance:	344.55

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
05-12-2025	05-23-2025	3214688634	7009623643	Invoice	16.89		0.00	16.89
05-12-2025	05-23-2025	3214688635	7009630968	Invoice	208.27		0.00	208.27
05-12-2025	05-23-2025	3214688636	7009640208	Invoice	2.61		0.00	2.61
05-12-2025	05-23-2025	3214688637	7009638484	Invoice	5.90		0.00	5.90
05-14-2025	05-23-2025	3214955410	7009655387	Invoice	14.94		0.00	14.94
05-15-2025	05-23-2025	3215083332	7009661466	Invoice	45.81		0.00	45.81
05-16-2025	05-23-2025	3215214933	7009669863	Invoice	46.54		0.00	46.54
05-16-2025	05-23-2025	3215214934	7009669863	Invoice	3.59		0.00	3.59

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
344.55	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
05-16-2025	(2,795.00)

APPROVED ON
MAY 19 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
05-23-2025	344.55
Total Due:	344.55

Processing Number 0000000010363[illegible] Payment Type Customer Statement 20250517052212

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

	#### ###	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"			
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	24	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★	06	
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 123,092.24	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 64,277.58	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 15,032.76	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 43,781.90	#
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

			VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN		5/2/2025					
PAY PERIOD: END		5/15/2025					
PAY DATE:		5/23/2025					
GROSS PAY:	$	555,343.22			$ -		$ 555,343.22
DEDUCTIONS:							
A/R	$	229.63					$ 229.63
ADVANC							$ -
BOOTS							$ -
MUTUAL CRITICAL ILLNESS							$ -
MUTUAL ACCIDENT							$ -
IRS TAX							$ -
MUTUAL SHORT TERM DIS							$ -
MUTUAL VISION	$	838.63					$ 838.63
CAFÉ-D	$	1,264.97					$ 1,264.97
CAFÉ-H	$	29,518.74					$ 29,518.74
	$	-					$ -
	$	-					$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	524.54					$ 524.54
CLINIC	$	(120.00)					$ (120.00)
COMBIN	$	250.86					$ 250.86
CREDUN	$	-					$ -
DENTAL	$	-					$ -
DEP-LF							$ -
MUTUAL TERM LIFE	$	1,149.06					$ 1,149.06
MUTUAL HOSP INDEM	$	550.50					$ 550.50
FED TAX	$	43,781.90					$ 43,781.90
FICA-M	$	7,516.38					$ 7,516.38
FICA-O	$	32,138.79					$ 32,138.79
FICA-M ADDITIONAL							$ -
FIRST C							$ -
FLEX S	$	4,459.04					$ 4,459.04
FLX-FE	$	-					$ -
GIFT S	$	321.02					$ 321.02
MUTUAL CRITICAL ILLNESS	$	900.76					$ 900.76
MUTUAL ACCIDENT	$	643.00					$ 643.00
MUTUAL SHORT TERM DIS	$	1,815.17					$ 1,815.17
LEGAL	$	1,022.90					$ 1,022.90
OTHER	$	3,998.05					$ 3,998.05
NATIONAL FARM LIFE	$	1,181.63					$ 1,181.63
MED SURCHARGE							$ -
Blank							$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	895.00					$ 895.00
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	37,470.24					$ 37,470.24
UW/HOS	$	-					$ -
TOTAL DEDUCTIONS:	$	170,350.81	$ -	$ -	$ -	$ -	$ 170,350.81
			"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
NET PAY:	$	384,992.41	$ -	$ -	$ -	$ -	$ 384,992.41
			"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
TOTAL CAFÉ 125 PLAN:	$	36,976.38	Less Exempt:				
TAXABLE PAY:	$	518,366.84	$ 518,366.84				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,516.32		
FICA - MED (EE)	1.45%	$ 7,516.32	$ 7,516.38	$ (0.06)
FICA - SOC SEC (ER)	6.20%	$ 32,138.74		
FICA - SOC SEC (EE)	6.20%	$ 32,138.74	$ 32,138.79	$ (0.05)
FED WITHHOLDING		$ 43,781.90	$ 43,781.90	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 123,092.02	$ 123,092.24	
FICA - MEDICARE	2.90%	$ 15,032.64	$15,032.76	
FICA - SOCIAL SECURITY	12.40%	$ 64,277.48	$64,277.58	PREPARED BY:
FED WITHHOLDING		$ 43,781.90	$43,781.90	PREPARED DATE:
TOTAL TAX:		$ 123,092.02	$123,092.24	$ (0.22)

Andrie Flores

5/19/2025

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WB	HO	CB	Gross
1	REGULAR PAY-S1	10071.75	N		N	N		242315.59
1	REGULAR PAY-S1	2013.50	N		N	N	N	102778.25
1	REGULAR PAY-S1	309.00	Y		N	N		11330.07
2	REGULAR PAY-S2	2390.25	N		N	N		67006.58
2	REGULAR PAY-S2	111.50	Y		N	N		4686.22
3	REGULAR PAY-S3	1463.25	N		N	N		50737.74
3	REGULAR PAY-S3	119.00	Y		N	N		6012.97
4	CALL BACK PAY	6.00	N	1	N	N	Y	255.75
4	CALL BACK PAY	4.00	N	2	N	N	Y	208.87
4	CALL BACK PAY	6.00	N	3	N	N	Y	302.55
C	CALL PAY	2428.50	N	1	N	N		4857.00
D	DOUBLE TIME	56.75	N	1	N	N		3880.90
D	DOUBLE TIME	42.25	N	2	N	N		3453.96
D	DOUBLE TIME	25.50	N	3	N	N		2290.57
D	DOUBLE TIME	7.00	Y	3	N	N		976.50
E	EXTRA WAGES		N		N	N	N	13580.28
E	EXTRA WAGES		N	1	N	N	N	2324.85
F	FUNERAL LEAVE	56.00	N	1	N	N		868.32
I	INSERVICE	24.00	N	1	N	N		1206.24
K	EXTENDED-ILLNESS-BANK	122.00	N	1	N	N		4583.38
P	PAID-TIME-OFF	38.29	N		N	N	N	1007.94
P	PAID-TIME-OFF	1000.00	N	1	N	N		30114.69
X	CALL PAY 2	138.00	N	1	N	N		276.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00

Deductions Summary

Code	Amount					
A/R	169.63	A/R2	60.00	A/R3		
ADVANC		AWARDS		BCBSVI		
BOOTS		CAFE H		CAFE-1		
CAFE-2		CAFE-3		CAFE-4		
CAFE-5		CAFE-C		CAFE-D	1264.97	
CAFE-F		CAFE-H	29518.74	CAFE-I		
CAFE-L		CAFE-P		CANCER		
CHILD	524.54	CLINIC	-120.00	COMBIN	250.86	
CREDUN		DD ADV		DENTAL		
DEP-LF		DIS-LF		EAT		
EATCSH		FEDTAX	43781.90	FICA-M	7516.38	
FICA-O	32138.79	FIRSTC		FLEX S	3947.64	
FLX FE		FORT D		FUTA		
GIFT S	321.02	GRANT		GRP-IN		
GTL		HOSP-I		HSA	512.00	
ID TPT		IRSTAX		LEAF		
LEGAL	241.90	MASA	781.00	MEALS	3697.79	
METVIS		MISC		MISC/		
MMCSHR		MOOACC	643.00	MOOILL	900.76	
MOOIND	550.50	MOOLIF	1149.06	MOOSTD	1815.17	
MOOVIS	838.63	NATFML	1181.63	OTHER		
PHI		PHI***		PR FIN		
RELAY		REPAY		SAMS		
SCRUBS		SIGNON		ST-TX		
STONDF	895.00	STONE		STONE2		
STUDEN		SUNACC		SUNILL		
SUNIND		SUNLIF		SUNSTD		
SUNVIS		SURCHG		TSA-1		
TSA-2		TSA-C		TSA-P		
TSA-R	37470.24	TUTION		UNIFOR	300.26	
UW/HOS						

Grand Totals: 20528.54 ------- (Gross: 555343.22 Deductions: 170350.81 Net: 384992.41

Checks Count:- FT 200 PT 14 Other 40 Female 226 Male 27 Credit OverAmt 14 ZeroNet Term Total: 253

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
5037	76370	3	44	0	2025	107001884	0	5/2/2025	$3,563.77	1	CITIZENS MEDICAL CENTER	P	448	0	[redacted]		HRT	F	1/16/2025	1/30/2025	741698143
									$3,563.77												

ms2

APPROVED ON

MAY 19 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CUSCD	CUSTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
5057	76351	1	1	0	2025	127001538	0	5/12/2025	$24,915.20	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	[redacted]		PCS	F	4/21/2025	5/4/2025	464334244
5058	76351	2	33	0	2025	125001575	0	5/12/2025	$620.00	1	VIP CARE SERVICES LLC	P	604	0	[redacted]		CASE	F	4/1/2025	4/17/2025	271837628
5059	76351	3	72	0	2025	128000553	0	5/12/2025	$43,173.60	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	459	0	[redacted]		HCT	F	4/11/2025	4/11/2025	760545192
5060	76351	3	69	1	2025	113001692	0	5/12/2025	$3.15	1	PORT LAVACA CLINIC ASSOCIATES	P	184	0	[redacted]		LBDR	F	4/17/2025	4/17/2025	742605670
5061	76351	3	72	0	2025	79001185	0	5/12/2025	$11.19	1	HOUSTON RADIOLOGY ASSOCIATED	P	181	0	[redacted]		XRAY	F	1/31/2025	1/31/2025	741688740
5062	76351	3	69	1	2025	80001039	0	5/12/2025	$12.07	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	3/5/2025	3/5/2025	741680498
5063	76351	3	74	0	2025	80000977	0	5/12/2025	$13.37	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	3/6/2025	3/6/2025	741680498
5064	76351	3	23	0	2025	73001153	0	5/12/2025	$16.73	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	2/17/2025	2/17/2025	741680498
5065	76351	3	22	0	2025	80000980	0	5/12/2025	$24.54	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	3/6/2025	3/6/2025	741680498
5066	76351	3	4	0	2025	115001611	0	5/12/2025	$25.87	1	HANNAH S SMITH MD	P	457	0	[redacted]		OVS	F	4/7/2025	4/7/2025	471158090
5067	76351	3	9	2	2025	83000801	0	5/12/2025	$45.00	1	DRISCOLL CHP	P	177	0	[redacted]		OV	F	1/10/2025	1/10/2025	742838488
5068	76351	3	65	0	2025	115001588	0	5/12/2025	$45.00	1	JACKSON COUNTY MEDICAL CLINIC OF EDNA	P	177	0	[redacted]		OV	F	4/16/2025	4/16/2025	741738475
5070	76351	3	16	0	2025	111002666	0	5/12/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	4/15/2025	4/15/2025	742605670
5071	76351	3	69	1	2025	113001642	0	5/12/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	4/17/2025	4/17/2025	742605670
5072	76351	3	22	3	2025	111002722	0	5/12/2025	$107.88	1	STEPHEN M. DENTLER, DO, PA	P	172	0	[redacted]		AB	F	4/15/2025	4/15/2025	742872709
5073	76351	3	59	1	2025	83000759	0	5/12/2025	$118.70	1	DRISCOLL CHP	P	172	0	[redacted]		AB	F	6/19/2024	6/19/2024	742838488
5074	76351	3	22	0	2025	113001670	0	5/12/2025	$137.37	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	752	0	[redacted]		TELS	F	4/17/2025	4/17/2025	300520570
5075	76351	3	29	0	2025	97000943	0	5/12/2025	$186.50	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0	[redacted]		OVS	F	10/8/2024	10/8/2024	300520570
5076	76351	3	72	0	2025	120000289	0	5/12/2025	$231.50	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	177	0	[redacted]		OV	F	4/11/2025	4/11/2025	300520570
5077	76351	3	34	0	2025	111002752	0	5/12/2025	$305.66	1	ADVANCED VISION CARE OF VICTORIA	P	457	0	[redacted]		OVS	F	4/11/2025	4/11/2025	262923239
5078	76351	3	9	0	2025	113001634	0	5/12/2025	$405.21	1	COMMUNITY PATHOLOGY ASSOCIATES	P	185	0	[redacted]		LAB	F	4/14/2025	4/14/2025	760421006
5080	76360	1	17	1	2025	111000558	0	5/12/2025	$220.22	1	VICTORIA HOSPITALIST ASSOCIATES, LLC	P	188	0	[redacted]		HV	F	2/13/2025	2/13/2025	208429568
5081	76360	1	17	1	2025	91001230	0	5/12/2025	$223.31	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	2/13/2025	2/13/2025	815248556
5082	76360	2	111	1	2025	83001475	0	5/12/2025	$11.19	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	3/8/2025	3/8/2025	741680498
5083	76360	2	62	0	2025	80001059	0	5/12/2025	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]		AB	F	3/5/2025	3/5/2025	741680498
5084	76360	2	114	0	2025	111002668	0	5/12/2025	$110.04	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	4/10/2025	4/10/2025	742208337
5085	76360	2	72	0	2025	125001577	0	5/12/2025	$426.25	1	VIP CARE SERVICES LLC	P	604	0	[redacted]		CASE	F	4/11/2025	4/25/2025	271837628
5086	76360	3	81	0	2025	113001746	0	5/12/2025	$1.86	1	VICTORIA FOOT AND ANKLE CENTER, PLLC	P	457	0	[redacted]		OVS	F	1/3/2025	1/3/2025	863759949
5087	76360	3	51	1	2025	76000861	0	5/12/2025	$13.79	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	2/27/2025	2/27/2025	741680498
5088	76360	3	132	0	2025	114000869	0	5/12/2025	$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	4/21/2025	4/21/2025	742605670
5089	76360	3	129	0	2025	111002618	0	5/12/2025	$38.75	1	CLINICAL PATHOLOGY LABS, INC	P	172	0	[redacted]		AB	F	4/8/2025	4/8/2025	742554159
5090	76360	3	124	0	2025	111002784	0	5/12/2025	$55.89	1	SCOTT P. STEIN, D.O., P.A.	P	457	0	[redacted]		OVS	F	4/16/2025	4/16/2025	742861393
5091	76360	3	131	0	2025	115000643	0	5/12/2025	$61.34	1	MHK FAMILY PRACTICE PLLC	P	177	0	[redacted]		OV	F	4/9/2025	4/9/2025	994807850
5092	76360	3	113	0	2025	111002615	0	5/12/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	360	0	[redacted]		POV	F	4/16/2025	4/16/2025	742605670
5093	76360	3	10	0	2025	114000858	0	5/12/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	4/21/2025	4/21/2025	742605670
5094	76360	3	23	0	2025	114000890	0	5/12/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	4/15/2025	4/15/2025	742605670
5095	76360	3	50	0	2025	83001449	0	5/12/2025	$65.91	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]		CAT	F	3/7/2025	3/7/2025	741680498
5096	76360	3	125	0	2025	73001057	0	5/12/2025	$102.58	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]		CAT	F	2/28/2025	2/28/2025	741680498
5097	76360	3	129	0	2025	111002630	0	5/12/2025	$138.99	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0	[redacted]		AB	F	4/8/2025	4/8/2025	741831291
5098	76360	3	67	0	2025	91001229	0	5/12/2025	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	1/30/2025	1/30/2025	815248556
5099	76360	3	128	0	2025	115001589	0	5/12/2025	$205.55	1	PHYSICIANS REFERRAL SERVICE	P	177	0	[redacted]		OV	F	4/22/2025	4/22/2025	760273984
5100	76360	3	3	0	2025	78001026	0	5/12/2025	$223.31	1	OLEANDER EMERGENCY MEDICINE ASSOCIATES	P	189	0	[redacted]		ERD	F	4/25/2024	4/25/2024	454288136
5101	76360	3	50	0	2025	125001576	0	5/12/2025	$232.50	1	VIP CARE SERVICES LLC	P	604	0	[redacted]		CASE	F	4/15/2025	4/15/2025	271837628
5102	76360	3	21	1	2025	125001572	0	5/12/2025	$271.25	1	VIP CARE SERVICES LLC	P	604	0	[redacted]		CASE	F	4/10/2025	4/10/2025	271837628
5103	76360	3	32	0	2025	125001573	0	5/12/2025	$271.25	1	VIP CARE SERVICES LLC	P	604	0	[redacted]		CASE	F	4/18/2025	4/18/2025	271837628
5104	76360	3	120	3	2025	112000428	0	5/12/2025	$3,731.51	1	OUR LADY OF LOURDES REGIONAL MEDICAL	P	406	0	[redacted]		ER	F	4/12/2025	4/12/2025	720423635
5105	76370	3	44	0	2025	77000943	0	5/12/2025	$127.90	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	2/24/2025	2/24/2025	741680498
									$77,527.60												

APPROVED ON

MAY 19 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 12, 2025 - May 18, 2025

Date	Bank Description	MMC Notes	Amount	CPSI
5/16/2025	STATE COMPTRLR TEXNET 08683016/50515 2100002	HARP IGT	9,063.24 *	
5/16/2025	PAY PLUS ACHTrans 68256373 101000697080154 P	- 3rd Party Payor Fee	303.13	
5/16/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2,795.00 *	
5/15/2025	Enhanced Analysis Ch	-Bank Fees	150.00	
5/15/2025	PAY PLUS ACHTrans 68035942 101000695780353 P	- 3rd Party Payor Fee	110.38	
5/15/2025	TEXAS COUNTY DRS RECEIVABLE 0419 21000020269	- Retirement Funding	185,984.67 *	
5/15/2025	FDMS FDMS PYMT 052-1743548-000 4100012028285	- Credit Card Machine Lease Fee	80.06	
5/15/2025	FDMS FDMS PYMT 052-1743547-000 4100012027376	- Credit Card Machine Lease Fee	40.03	
5/15/2025	FDMS FDMS PYMT 052-2100911-000 4100012028895	- Credit Card Machine Lease Fee	45.64	
5/15/2025	FDMS FDMS PYMT 052-1737276-000 4100012027032	- Credit Card Machine Lease Fee	120.09	
5/14/2025	PAY PLUS ACHTrans 67833161 101000694248459 P	- 3rd Party Payor Fee	61.55	
5/13/2025	PAY PLUS ACHTrans 67777037 101000692801882 P	- 3rd Party Payor Fee	54.11	
5/13/2025	MCKESSON DRUG AUTO ACH ACH06520151 910000113	- 340B Drug Program Expense	28.45 **	
5/12/2025	PAY PLUS ACHTrans 67532868 101000691484412 P	- 3rd Party Payor Fee	1,258.26	
5/12/2025	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	38,711.38 *	
5/12/2025	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	225.72	
5/12/2025	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	1,392.99	
5/12/2025	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	239.08	
5/12/2025	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	87.10	
5/12/2025	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	1,024.61	
5/12/2025	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	3,783.75	
5/12/2025	IRS USATAXPYMT 270553271960357 6103601003094	- Payroll Taxes	118,296.85 *	
			363,856.09	

✓ MSL

May 19, 2025

Michelle Cumberland, Controller
Memorial Medical Center

* Approved on 5.7.25cc
** Approved on 5.14.25cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
		363,856.09 +	
		9,063.24 -	
		2,795.00 -	
		185,984.67 -	
		28.45 -	
		38,711.38 -	
		118,296.85 -	
		8,976.50 ◊	
		8,976.50 -	
		0.00 ◊	
			0.00

May 19, 2025

Michelle Cumberland, Controller
Memorial Medical Center

APPROVED ON
MAY 19 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Pay Plus
303.13
110.38
61.55
54.11
1,258.26
1,787.43

Bank Fees
150.00
150.00

LeaseFee
80.06
40.03
45.64
120.09
285.82

Proc. Fee
225.72
1,392.99
239.08
87.10
1,024.61
3,783.75
6,753.25

1,787.43
150.00
285.82
6,753.25
8,976.50

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

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 16 2025

05/15/2025
10:47

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/06/2025

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
050825	Ins. Pmt. due into mmc opt in error	05/15/202	05/07/202	06/06/202			53,540.90	0.00	0.00	53,540.90
050725		05/15/202	05/07/202	06/06/202			6,414.45	0.00	0.00	6,414.45
050925		05/15/202	05/09/202	06/06/202			7,091.87	0.00	0.00	7,091.87
051225		05/15/202	05/12/202	06/06/202			50,286.03	0.00	0.00	50,286.03
051325		05/15/202	05/13/202	06/06/202			10,125.00	0.00	0.00	10,125.00
051325D		05/15/202	05/13/202	06/06/202			1,618.07	0.00	0.00	1,618.07
051325A		05/15/202	05/13/202	06/06/202			4,156.00	0.00	0.00	4,156.00
051325C		05/15/202	05/13/202	06/06/202			7,073.70	0.00	0.00	7,073.70
051325B		05/15/202	05/13/202	06/06/202			23,536.42	0.00	0.00	23,536.42

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	163,842.44	0.00	0.00	163,842.44

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	163,842.44	0.00	0.00	163,842.44

APPROVED ON

MAY 16 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 209021

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 16 2025

CALHOUN COUNTY, TEXAS

05/15/2025
10:47

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/06/2025

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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
050725A	ins. pmt. dep. into mmc dpt in error	05/15/202	05/07/202	06/06/202			5,563.64	0.00	0.00	5,563.64
050725		05/15/202	05/07/202	06/06/202			228.77	0.00	0.00	228.77
050825A		05/15/202	05/08/202	06/06/202			604.84	0.00	0.00	604.84
050825		05/15/202	05/08/202	06/06/202			3,352.00	0.00	0.00	3,352.00
050925B		05/15/202	05/09/202				13,250.58	0.00	0.00	13,250.58
050925F		05/15/202	05/09/202	06/06/202			47,683.86	0.00	0.00	47,683.86
050925D		05/15/202	05/09/202	06/06/202			4,040.00	0.00	0.00	4,040.00
050925A		05/15/202	05/09/202	06/06/202			15,385.76	0.00	0.00	15,385.76
050925C		05/15/202	05/09/202	06/06/202			475.85	0.00	0.00	475.85
050925		05/15/202	05/09/202	06/06/202			9,997.52	0.00	0.00	9,997.52
050925E		05/15/202	05/09/202	06/06/202			25,067.49	0.00	0.00	25,067.49
051225		05/15/202	05/12/202	06/06/202			3,771.00	0.00	0.00	3,771.00
051225A		05/15/202	05/12/202	06/06/202			12,725.26	0.00	0.00	12,725.26
051325		05/15/202	05/13/202	06/06/202			18,341.96	0.00	0.00	18,341.96

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	160,488.53	0.00	0.00	160,488.53

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	160,488.53	0.00	0.00	160,488.53

APPROVED ON
MAY 16 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204023

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 16 2025

CALHOUN COUNTY, TEXAS

05/15/2025
10:48

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/06/2025

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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
051225		05/15/202	05/12/202	06/06/202			2,095.00	0.00	0.00	2,095.00
051325	ins. pmt. dep into mmc opt in error	05/15/202	05/13/202	06/06/202			6,794.46	0.00	0.00	6,794.46

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	8,889.46	0.00	0.00	8,889.46

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,889.46	0.00	0.00	8,889.46

APPROVED ON

MAY 16 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 209022

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
5/19/2025

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		37,603.18	34,649.59	3,809.52			6,763.11	-
						Bank Balance	6,763.11	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint Y7 Interim Allocation	2,912.17	
						Adjust Balance/Transfer Amt	**3,750.94**	
Broadmoor		62,188.38	8,385.80	9,184.92		-	62,987.50	**9,184.92**
						Bank Balance	62,987.50	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint Y7 Interim Allocation	53,702.58	
						Adjust Balance/Transfer Amt	**9,184.92**	
Crescent		39,051.22	-	-			39,051.22	-
						Bank Balance	39,051.22	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint Y7 Interim Allocation	36,856.22	
						Adjust Balance/Transfer Amt	**2,095.00**	
Fort Bend		1,277.94	1,177.94	1,888.11			1,988.11	**1,888.11**
						Bank Balance	1,988.11	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**1,888.11**	
Solera at W Houston		126,388.91	22,652.25	11,194.97			114,931.63	**11,119.75**
						Bank Balance	114,931.63	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint Y7 Interim Allocation	57,793.29	
						Molin Comp 1 Y7 recon	45,918.59	
						Adjust Balance/Transfer Amt	11,119.75	

9,184.92 +
1,888.11 + *Fort Bend / Broadmoor:*
11,119.75 +
22,192.78 ◊

APPROVED ON
MAY 19 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS	**22,192.78**

Approved: MSC
Michelle Cumberland, Controller **5/19/2025**

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

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
5/16/2025 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	3,809.52					-	3,809.52
5/15/2025 Enhanced Analysis Ch	58.58	-					-	-
5/14/2025 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	34,591.01	-					-	-
							-	-
							-	-
	34,649.59	3,809.52	-	-	-	-	-	3,809.52

Broadmoor	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
5/15/2025 Deposit	-	9,184.92					-	9,184.92
5/14/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	8,385.80	-					-	-
							-	-
							-	-
							-	-
	8,385.80	9,184.92	-	-	-	-	-	9,184.92

Crescent	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
No Activity							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
	-	-	-	-	-	-	-	-

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
5/14/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	1,177.94	-					-	-
5/14/2025 MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	1,888.11					-	1,888.11
							-	-
							-	-
							-	-
	1,177.94	1,888.11	-	-	-	-	-	1,888.11

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
5/15/2025 Enhanced Analysis Ch	75.22	-					-	-
5/15/2025 Deposit	-	5,447.00					-	5,447.00
5/15/2025 MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	300.00					-	300.00
5/14/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	22,577.03	-					-	-
5/12/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000188	-	5,447.97					-	5,447.97
							-	-
							-	-
							-	-
	22,652.25	11,194.97	-	-	-	-	-	11,194.97
TOTALS		26,077.52	-	-	-	-	-	26,077.52

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,288,594.76	$2,337,112.31	$2,288,594.76	$2,183,509.52
*4381 MEMORIAL MEDICAL / NH ASHFORD	$6,763.11 ✓	✓ $6,763.11	$6,763.11	$2,953.59
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$62,987.50 ✓	✓ $62,987.50	$62,987.50	$62,987.50
*4411 MEMORIAL MEDICAL / NH CRESCENT	$39,051.22 ✓	✓ $39,051.22	$39,051.22	$39,051.22
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$114,931.63 ✓	✓ $114,931.63	$114,931.63	$114,931.63
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,988.11 ✓	✓ $1,988.11	$1,988.11	$1,988.11
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$174,290.14	$167,774.24	$174,290.14	$174,039.11
*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	$100.00	$100.00	$100.00	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.56	$101.56	$101.56	$101.56
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$474,248.04	$493,995.50	$474,248.04	$473,030.73
*3407 MMC -NH TUSCANY VILLAGE	$240,102.20	$289,858.53	$240,102.20	$240,102.20
*2998 MMC -MONEY MARKET FUND	$66,247.68	$66,247.68	$66,247.68	$66,247.68
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$692.11	$692.11	$692.11	$692.11
Total Balance	**$3,475,591.69**	**$3,587,097.13**	**$3,475,591.69**	**$3,365,228.59**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
5/19/2025

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		256,853.87	147,952.64	65,388.91		-	174,290.14	65,388.91
						Bank Balance	174,290.14	
						Variance	-	
						Leave in Balance	100.00	
						Superior Y7 Comp 1 Interim Allocation	108,403.35	
						April Interest	397.88	
						Adjust Balance/Transfer Amt	65,388.91	

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

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

Approved: MSC
Michelle Cumberland, Controller 5/19/2025

APPROVED ON
MAY 19 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
5/16/2025	AETNA ASO1 HCCLAIMPMT 1588075964 51000013115	-	251.03					-	251.03
5/15/2025	Deposit	-	23,005.41					-	23,005.41
5/14/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	147,952.64	-					-	-
5/14/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	8,215.00					-	8,215.00
5/14/2025	HNB - ECHO HCCLAIMPMT 746003411 440000214429	-	529.25					-	529.25
5/14/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001143	-	11,997.00					-	11,997.00
5/14/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	5,993.00					-	5,993.00
5/14/2025	AETNA ASOI HCCLAIMPMT 1588075964 51000010039	-	3,250.00					-	3,250.00
5/13/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001232	-	4,417.86					-	4,417.86
5/13/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	1,047.50					-	1,047.50
5/12/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	100.00					-	100.00
5/12/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	1,467.86					-	1,467.86
5/12/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001113	-	5,115.00					-	5,115.00
								-	-
								-	-
		147,952.64	65,388.91	-	-	-	-	-	65,388.91

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,288,594.76	$2,337,112.31	$2,288,594.76	$2,183,509.52
*4381 MEMORIAL MEDICAL / NH ASHFORD	$6,763.11	$6,763.11	$6,763.11	$2,953.59
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$62,987.50	$62,987.50	$62,987.50	$62,987.50
*4411 MEMORIAL MEDICAL / NH CRESCENT	$39,051.22	$39,051.22	$39,051.22	$39,051.22
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$114,931.63	$114,931.63	$114,931.63	$114,931.63
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,988.11	$1,988.11	$1,988.11	$1,988.11
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$174,290.14 ✓	$167,774.24	$174,290.14	$174,039.11
*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	$100.00	$100.00	$100.00	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.56	$101.56	$101.56	$101.56
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$474,248.04	$493,995.50	$474,248.04	$473,030.73
*3407 MMC -NH TUSCANY VILLAGE	$240,102.20	$289,858.53	$240,102.20	$240,102.20
*2998 MMC -MONEY MARKET FUND	$66,247.68	$66,247.68	$66,247.68	$66,247.68
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$692.11	$692.11	$692.11	$692.11
Total Balance	**$3,475,591.69**	**$3,587,097.13**	**$3,475,591.69**	**$3,365,228.59**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
5/19/2025

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		17,196.22	17,096.22	-			-	100.00	-
							Bank Balance	100.00	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	-	

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:
Michelle Cumberland, Controller — 5/19/2025

APPROVED ON
MAY 19 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
5/14/2025 WIRE OUT HMG Rockport SNF, LP -Commerical	17,096.22	-					-	-
							-	-
							-	-
							-	-
							-	-
							-	-
	17,096.22	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid

No Activity

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

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,288,594.76	$2,337,112.31	$2,288,594.76	$2,183,509.52
*4381 MEMORIAL MEDICAL / NH ASHFORD	$6,763.11	$6,763.11	$6,763.11	$2,953.59
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$62,987.50	$62,987.50	$62,987.50	$62,987.50
*4411 MEMORIAL MEDICAL / NH CRESCENT	$39,051.22	$39,051.22	$39,051.22	$39,051.22
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$114,931.63	$114,931.63	$114,931.63	$114,931.63
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,988.11	$1,988.11	$1,988.11	$1,988.11
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$174,290.14	$167,774.24	$174,290.14	$174,039.11
*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	$100.00	$100.00	$100.00	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.56	$101.56	$101.56	$101.56
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$474,248.04	$493,995.50	$474,248.04	$473,030.73
*3407 MMC -NH TUSCANY VILLAGE	$240,102.20	$289,858.53	$240,102.20	$240,102.20
*2998 MMC -MONEY MARKET FUND	$66,247.68	$66,247.68	$66,247.68	$66,247.68
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$692.11	$692.11	$692.11	$692.11
Total Balance	**$3,475,591.69**	**$3,587,097.13**	**$3,475,591.69**	**$3,365,228.59**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
5/19/2025

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		158,461.23	158,361.23	240,002.20	-	-	-	240,102.20	238,944.02
							Bank Balance	240,102.20	
							Variance	-	
							Leave in Balance	100.00	
							MEDRICARE recoup funds owed to Lavaca Bay	1,058.18	
							Adjust Balance/Transfer Amt	238,944.02	

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 5/19/2025

APPROVED ON
MAY 19 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
5/15/2025	Deposit	-	76,524.16					-	76,524.16
5/15/2025	HNB - ECHO HCCLAIMPMT 746003411 440000258102	-	89,924.79					-	89,924.79
5/14/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	153,345.89	-					-	-
5/14/2025	HNB - ECHO HCCLAIMPMT 746003411 440000215868	-	25,268.94					-	25,268.94
5/13/2025	Deposit	-	33,860.00					-	33,860.00
5/12/2025	Check	5,015.34	-					-	-
5/12/2025	Deposit	-	5,919.00					-	5,919.00
5/12/2025	HNB - ECHO HCCLAIMPMT 746003411 440000220649	-	8,505.31					-	8,505.31
								-	-
								-	-
		158,361.23	**240,002.20**	-	-	-	-	-	**240,002.20**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,288,594.76	$2,337,112.31	$2,288,594.76	$2,183,509.52
*4381 MEMORIAL MEDICAL / NH ASHFORD	$6,763.11	$6,763.11	$6,763.11	$2,953.59
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$62,987.50	$62,987.50	$62,987.50	$62,987.50
*4411 MEMORIAL MEDICAL / NH CRESCENT	$39,051.22	$39,051.22	$39,051.22	$39,051.22
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$114,931.63	$114,931.63	$114,931.63	$114,931.63
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,988.11	$1,988.11	$1,988.11	$1,988.11
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$174,290.14	$167,774.24	$174,290.14	$174,039.11
*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	$100.00	$100.00	$100.00	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.56	$101.56	$101.56	$101.56
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$474,248.04	$493,995.50	$474,248.04	$473,030.73
*3407 MMC -NH TUSCANY VILLAGE	$240,102.20 ✓	$289,858.53	$240,102.20	$240,102.20
*2998 MMC -MONEY MARKET FUND	$66,247.68	$66,247.68	$66,247.68	$66,247.68
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$692.11	$692.11	$692.11	$692.11
Total Balance	**$3,475,591.69**	**$3,587,097.13**	**$3,475,591.69**	**$3,365,228.59**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
5/19/2025

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		292,381.85	-	181,866.19			-	474,248.04	No Transfer
							Bank Balance	474,248.04	
							Variance	-	
							Leave in Balance	100.00	
						Superior	Y7 Comp 1 Interim Allocation	142,236.95	
							April Interest	469.35	
							Adjust Balance/Transfer Amt	331,441.74	

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 5/19/2025

APPROVED ON
MAY 19 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
5/16/2025	HOSPICE OF SOUTH Payments NF 113122650013567	-	1,217.31					-	1,217.31
5/15/2025	Deposit	-	55,023.52					-	55,023.52
5/15/2025	HNB - ECHO HCCLAIMPMT 746003411 440000258437	-	1,200.04					-	1,200.04
5/13/2025	Deposit	-	38,465.54					-	38,465.54
5/13/2025	HUMANA INS CO HCCLAIMPMT 74912080 8300005061	-	569.44					-	569.44
5/13/2025	CENTENE CORP HCCLAIMPMT 53101123992288	-	85,390.34					-	85,390.34
								-	-
								-	-
								-	-
								-	-
								-	-
								-	-
		-	181,866.19	-	-	-	-	-	181,866.19

Balances Overview

Account Name				
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Total Balance	**$3,475,591.69**	**$3,587,097.13**	**$3,475,591.69**	**$3,365,228.59**

Tuscany

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Lavaca Bay

Date Requested: 5/19/2025

APPROVED ON
MAY 19 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 001187

FOR ACCT USE ONLY

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

AMOUNT: $ 1,058.18

G/L NUMBER: 21400007

EXPLANATION: Difference of over and underpayment on claims to Tuscany Village from Lavaca Bay

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ MSR

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

MP

MEMORIAL MEDICAL CENTER
TUSCANY VILLAGE
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001187

Date 5-22-25

88-2265/1131

PAY
TO THE
ORDER OF Lavaca Bay

$ 1,058.18/100

One thousand, fifty-eight dollars 3 18/100 DOLLARS

PROSPERITY BANK®

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR Claims/Recoups

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
TUS	001187	05/22/25	1,058.18	LAVACA BAY
TOTALS:			1,058.18	