MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR --- May 28, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

GRAND TOTAL DISBURSEMENTS APPROVED May 28, 2025	\$ 5,321,187.07
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 224,235.26
TOTAL NURSING HOME UPL EXPENSES	\$ 3,718,803.46
TOTAL TRANSFERS BETWEEN FUNDS	\$ 1,121,732.79
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 256,415.56



MAY 2 8 2025

CALHOUN COUNTY COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER COMMISSIONERS COURT APPROVAL LIST FOR --- May 28, 2025

S/27/2025 CHIRP IGT RAPPS Prepaid Expenses AL INTER-GOVERNMENT TRANSFERS ND TOTAL DISBURSEMENTS APPROVED May 28, 2025	191,086.00	\$ 224,235.26
5/27/2025 CHIRP IGT RAPPS Prepaid Expenses	10.00	
5/27/2025 CHIRP IGT RAPPS Prepaid Expenses	33,149.26	
R-GOVERNMENT TRANSFERS		
AL NURSING HOME UPL EXPENSES		\$ 3,718,803.46
5/27/2025 Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	34,000.00	
ISFER OF FUNDS BETWEEN NURSING HOMES		
5/27/2025 Fort Bend to MMC-QIPP Y7 Reconciliation	595.17	
5/27/2025 Tuscany to MMC - QIPP Y7 Reconiliation 5/27/2025 Lavaca Bay to MMC - Wellpoint payment for QIPP Q1 owed to MMC	89,305.91 31,786.42	
ISFER BETWEEN FUNDS FROM NURSING HOMES TO MMC	- W. W. TO	
	600,000.00	
5/27/2025 Nursing Home UPL-Tuscany Transfer Estimated Transfer for 6/4/25 5/27/2025 Nursing Home UPL-HSL Transfer Estimated Transfer for 6/4/25	600,000.00	
5/27/2025 Nursing Home UPL-HMG Transfer Estimated Transfer for 6/4/25	50,000.00	
5/27/2025 Nursing Home UPL-Nexion Transfer Estimated Transfer for 6/4/25	500,000.00	
5/27/2025 Nursing Home UPL-Tuscany Transfer 5/27/2025 Nursing Home UPL-Cantex Transfer Estimated Transfer for 6/4/25	411,907.63	
5/27/2025 Nursing Home UPL-Nexion Transfer	386,600.23	
5/27/2025 Nursing Home UPL-Cantex Transfer	514,608.10	
SING HOME UPL EXPENSES		
AL TRANSFERS BETWEEN FUNDS		\$ 1,121,732.79
	116,549.57	
5/23/2025 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error		
Operating in error	5,183.22	
5/23/2025 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC		
NSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES		
5/27/2025 Transfer from Nexbank to Operating Account	1,000,000.00	
NSFERS BETWEEN FUNDS-MMC		2.449,054,059
AL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS		\$ 256,415.56
5/27/2025 Pay Plus-Patient Claims Processing Fee	1,800.13	
Prosperity Electronic Bank Payments	10000	
5/27/2025 Amerisource Bergen-340B Prescription Expense	82.72 783.28	
5/27/2025 McKesson-3408 Prescription Expense 5/27/2025 Amerisource Bergen-3408 Prescription Expense	455.79	
5/23/2025 Weekly Payables	253,293.64	

COUNTY AUDITOR ON

MAY 2 3 2025

05/23/2025	10001	М	EMORIAL	MEDICAL CENTER	3				
10:07	CALHOUN	COUNTY, TEXAS		oen Invoice List Through: 06/13/2025	5		ap_open_inv	0 oice.template	
Vendor# /Vendor N	Vame		Class	Pay Code					
14028 AMAZO	N CAPITAL SE	RVICES	-1400	, a, 5505					
Invoice#			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
√ 1G9KTC	6G4GMJ	05/21/202 05/12/20			231,96	0.00	0.00	231.96	1
√ 1N9LQR	N14H71	05/21/202 05/12/20	2 06/11/20	02	105.24	0.00	0.00	105.24	1
√ 1KJFPT:	7Y37P7	05/21/202 05/13/20	2 06/12/20	02	357.29	0.00	0.00	357.29	1
J 19Q7Q4	7H34YR	05/21/202 05/13/20	2 06/12/20	02	194.14	0.00	0.00	194.14	1
Vander 7	otals: Number	Name			0	Disassal		die.	
vendor	14028	Name AMAZON CAPITAL SER	WOES		Gross	Discount	No-Pay	Net	
Vendor# Nendor N		AMAZON CAPITAL SER	Class	Day Carla	888.63	0.00	0.00	888.63	
	7	EN DRUG CORP	W	Pay Code					
Invoice#	Commer		Due Dt	Check Dt Pay	0	Discount	Markey	No.	
8053353		05/20/202 05/15/20			Gross	Discount	No-Pay	Net	
7 0000000	03	03/20/20203/15/20	2 05/2 1/20	12	20.02	0.00	0.00	20.02	1
Vendor T	otals: Number	Name			Gross	Discount	No-Pay	Net	
24.65.	A1360	AMERISOURCEBERGE	N DRUG	CORP	20.02	0.00	0.00	20.02	
Vendor# / Vendor N		, , , , , , , , , , , , , , , , , , , ,	Class	Pay Code	20.02	0.00	0.00	20.02	
13024 V AZALIA			Cidoo	r dy codc					
Invoice#	Commer	nt Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
051625		05/21/202 05/16/20		Section Control of the Control of th	7.50	0.00	0.00	7.50	
A			_ 55/ 10/25	-	1,00	0.00	0.00	7.50	/
Vendor T	otals: Number	Name			Gross	Discount	No-Pay	Net	
	13024	AZALIA BONUZ			7.50	0.00	0.00	7.50	
Vendor# /Vendor N	lame		Class	Pay Code		0.00	0.00	7.00	
M2485 BAYER	HEALTHCARE		M	(-(%)-(-(-(-))					
Invoice#	Commer	nt Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
J 6011909	770	05/21/202 05/09/20	2 05/21/20		877.74	0.00	0.00	877.74	1
									1
Vendor T	otals: Number	Name			Gross	Discount	No-Pay	Net	
	M2485	BAYER HEALTHCARE			877.74	0.00	0.00	877.74	
Vendor# Vendor N	lame		Class	Pay Code					
B1220 BECKMA	AN COULTER I	NC	M						
Invoice#	Commer	nt Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	,
11194919	99	05/14/202 04/02/20	2 04/27/20	2	13,045.90	0.00	0.00	13,045.90	V
1117205	30	05/14/202 05/14/20	2 06/08/20	2	8,828,45	0.00	0.00	8,828.45	/
11202186	31	05/20/202 05/13/20	2 06/07/20	2	5,016.58	0.00	0.00	5,016.58	1
J 11200974	12	05/21/202 05/06/20	2 05/31/20	2	754.66	0.00	0.00	754.66	1
J 7383553		05/21/202 05/09/20	2 06/03/20	2	9,282.40	0.00	0.00	9,282.40	1
11201760	05	05/21/202 05/21/20	2 06/10/20	2	1,504.27	0.00	0.00	1,504.27	/
atherite 2	arcia, Aracia	in a							
Vendor T	otals: Number	Name	Ã.		Gross	Discount	No-Pay	Net	
Vandest Vissas	B1220	BECKMAN COULTER IN	200	4.4	38,432.26	0.00	0.00	38,432.26	
Vendor# Vendor N	ame		Class	Pay Code					

	Invoice#	Comment	Tran Dt In	v Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
1	907491099A			8/02/202 08/02/20		1,247.62	0.00	0.00	1,247.62	1
1	908060164		05/14/20203	3/05/202 05/14/20	2	617.82	0.00	0.00	617.82	1
1	908201884		05/14/20204	1/24/202 05/08/20	2	617.03	0.00	0.00	617.03	1
J	908234741		05/14/20205	5/08/202 03/25/20	2	2,189.11	0.00	0.00	2,189.11	1
1	908119977		05/21/202 03	8/25/202 05/21/20	2	617.42	0.00	0.00	617.42	1
1	908246120		05/21/202 05	6/13/202 05/21/20	2	1,378.87	0.00	0.00	1,378.87	/
	Vendor Totals:	Number 1	Name			Gross	Discount	No-Pay	Net	
	, sugo, Totalo.		BIO-RAD LABOR	ATORIES, INC		6,667.87	0.00	0.00	6,667.87	
endor# 2768 V	Vendor Name CHEMAQUA			Class	Pay Code	21251121		200	2,371,197	
	Invoice#	Comment	Tran Dt In	v Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	9149591		05/21/202 05	6/10/202 05/20/20	2	593.69	0.00	0.00	593.69	1
	Vendor Totals:	Number I	Name			Gross	Discount	No-Pay	Net	
		12768	CHEMAQUA			593.69	0.00	0.00	593.69	
/	Vendor Name CITY OF POR			Class W	Pay Code					
1	Invoice#	Comment	Tran Dt In		Check Dt Pay	Gross	Discount	No-Pay	Net	1
1	051425	101		6/14/202 05/21/20 Gini a 6/14/202 06/05/20		13.94	0.00	0.00	13.94	1
1	051425A	81	5 M.V	114/20206/05/201	St.	16.68	0.00	0.00	16.68	1
1	051425B	v.	05/21/202 05	6/14/202 06/05/20	2	1,963.16	0.00	0.00	1,963.16	1
1	051425C	7	05/21/20205	1/14/202 06/05/201 1/15/11/202	5t.	80.17	0.00	0.00	80.17	1
	Vendor Totals:	Mullipel	value		12.00	Gross	Discount	No-Pay	Net	
2	LOT ALL THE STATE OF	C1730	CITY OF PORT L			2,073.95	0.00	0,00	2,073.95	
	Vendor Name COASTAL OF			Class W	Pay Code					
1	Invoice# OEQT317252	Comment	Tran Dt In		Check Dt Pay	Gross	Discount	No-Pay	Net	/
~	ULU1317232		03/21/20205	/14/202 05/24/20:		46.26	0.00	0.00	46.26	~
1	OE512961		05/21/20205	/15/202 05/25/20	2	318.51	0.00	0.00	318.51	/
	Vendor Totals:	Number 1	Name			Gross	Discount	No-Pay	Net	
		C1166 (COASTAL OFFIC	E SOLUTONS		364.77	0.00	0.00	364.77	
ndor# 107 🌙	Vendor Name COURTNE TH			Class	Pay Code					
)	Invoice#	Comment	Tran Dt In		Check Dt Pay	Gross	Discount	No-Pay	Net	
7	051925			/19/202 05/22/202		249.00	0.00	0.00	249.00	
	Vendor Totals:	Number 1	Name		lerti-fica	Gross	Discount	Cert. No-Pay	Net	
ndor#	Vendor Name	11107	COURTNE THUR		Pay Codo	249.00	0.00	0.00	249.00	
	CULINARY CO			Class	Pay Code					
	Invoice#	Comment	Tran Dt Inv	Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	7
	INV310415			/30/202 05/20/202					27,780.35	

	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
									F		
		14400	CULINARY CO	ONCESSI	IONS LLC		27,780.35	0.00	0.00	27,780.35	
Vendor#	Vendor Name				Class	Pay Code					
10006	CUSTOM ASS	SEMBLIES	S, INC								
,	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
J	INV17619		05/13/20	2 05/08/20	02 06/07/20	2	210.37	0.00	0.00	210,37	1
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		10006	CUSTOM ASS	SEMBLIES	S, INC		210.37	0.00	0.00	210.37	
Vendor#	Vendor Name				Class	Pay Code					
10368 🗸	DEWITT POT	H & SON									
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	7932650		05/13/20	2 05/07/20	02 06/01/20	2	838.99	0.00	0.00	838.99	/
1	7922110		05/20/20	2 04/25/20	02 05/20/20	2	572.79	0.00	0.00	572.79	1
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		10368	DEWITT POT	H & SON			1,411.78	0.00	0.00	1,411.78	
Vendor#	Vendor Name				Class	Pay Code					
14800 🗸	DIRECTV EN	TERTAIN	MENT HOLDING	as							
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	250512		05/20/20	2 05/15/20	02 05/25/20	2	990.10	0.00	0.00	990.10	A.
										~	/
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		14800	DIRECTV ENT	TERTAIN	MENT HOL	DINGS	990.10	0.00	0.00	990.10	
Vendor#	Vendor Name				Class	Pay Code					
10789	DISCOVERY	MEDICAL	NETWORK INC	2							
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
/	001		05/22/20:	2 05/08/20	02 05/27/20	2	20,000.00	0.00	0.00	20,000.00	
	P	acer	nont T	=0.0	Dr.	Brown					1
	Vendor Totals:		Name			-,	Gross	Discount	No-Pay	Net	
		10789	DISCOVERY I	MEDICAL	NETWORK	KINC	20,000.00	0.00	0.00	20,000.00	
Section 1	Vendor Name				Class	Pay Code					
11291	DOWELL PES	T CONTR	ROL								
/	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
7	51280		05/20/202	2 05/13/20	02 06/07/20:	2	325.00	0.00	0.00	325,00	1
										-	1
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		11291	DOWELL PES	T CONTE	ROL		325.00	0.00	0.00	325.00	
1	Vendor Name				Class	Pay Code					
15824	DR RICHARD	ARROYO									
	Invoice#	Commen			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	051225	-			02 05/22/20		1,232.91	0.00	0.00	1,232.91	1
			QTC ±	cho	read	LS					V
	Vendor Totals:		Name				Gross	Discount	No-Pay	Net	
William Co.	chora although a line	15824	DR RICHARD	ARROYC		7 (5)	1,232.91	0.00	0.00	1,232.91	
	Vendor Name	G Edward			Class	Pay Code					
15240 🗸	ECLINICAL W			170.61							
1	Invoice#	Commen			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	0003233514A		05/23/202	2 05/01/20	02 05/31/202	2	480.65	0,00	0.00	480.65	1
	V1	Mississis									1
	Vendor Totals:		Name	onus :		100	Gross	Discount	No-Pay	Net	
Vacation	Vand-uk)	15240	ECLINICAL W	OHKS LL			480.65	0.00	0.00	480.65	
1	Vendor Name	OTA EEU	C COLUMNS		Class	Pay Code					
11284 🜙	EMERGENCY	STAFFIN	G SOLUTIONS								

,	Invoice#	Comment	Tran Dt Inv	Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	44268	23.5		15/202 06/10/2		40,062.50	0.00	0.00	40,062.50	1
			month	Sen	ices 1-	15th				
	Vendor Totals:					Gross	Discount	No-Pay	Net	
=2,-2302	ativativa nov	11284	EMERGENCY STA	FFING SOLUT		40,062.50	0.00	0.00	40,062.50	
1	Vendor Name EVERON			Class	Pay Code					
	Invoice#	Comment	Tran Dt Inv	Dt Due Dt	Check Dt Pav	Gross	Discount	No-Pay	Net	
1	158661081	Comment		05/202 06/04/2	TATOMICS CO. NO. O. S.	58.43	0.00	0.00	58.43	
V	100001001	Tim.			-		0.00	0.00	30,40	1
	Vendor Totals:	Number	Name Name	ings	5/1-5/	Gross	Discount	No-Pay	Net	~
	Tallyne, Calmia	15832	EVERON	0		58.43	0.00	0.00	58.43	
Vendor#	Vendor Name			Class	Pay Code		2.22	0.55	00.10	
S0501 J	EVOQUA WAT	TER TECH	INOLOGIES LLC							
	Invoice#	Comment		Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	905462587		05/21/202 07/2	28/202 08/22/20	02	1,421.96	0.00	0.00	1,421.96	,
										1
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		S0501	EVOQUA WATER	TECHNOLOGI	IES LLC	1,421.96	0.00	0.00	1,421.96	
Vendor#	Vendor Name			Class	Pay Code					
10689 🗸	FASTHEALTH	CORPOR	IATION							
	Invoice#	Comment	Tran Dt Inv	Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	05A25MMC		05/20/202 05/0	01/202 05/16/20	02	545.00	0.00	0.00	545.00	1
										*
	Vendor Totals:		Name			Gross	Discount	No-Pay	Net	
our total	13/1-0 -12	10689	FASTHEALTH COF	A CANAGONA	3 2 3	545.00	0.00	0.00	545.00	
/	Vendor Name		MOSTES.	Class	Pay Code					
	FIRST UNITED			bi bi bi	Object Dr. Des	0.000	Britain I	Ma Bass	*150	
	Invoice#	Comment				Gross	Discount	No-Pay	Net	
7	060125		05/22/202 06/0	01/202 05/22/20	02	1,450.00	0.00	0.00	1,450.00	1
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	~
	vendor rotals.	17276	FIRST UNITED ME	THODIST CHI	UPCH	1,450.00	0.00	0.00	1,450.00	
Vendor#	Vendor Name	17270	TINGT CIVITED WE	Class	Pay Code	1,430.00	0.00	0.00	1,450.00	
	FISHER HEAL	THCARE		M	1 dy Codo					
	Invoice#	Comment	Tran Dt Inv	A A CONTRACT	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	0982111			4/202 06/08/20		396,76	0.00	0.00	396.76	1
7										
1	0410892		05/13/202 04/1	8/202 05/13/20	02	337,80	0.00	0.00	337,80	1
4										
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		F1400	FISHER HEALTHC	ARE		734,56	0.00	0.00	734.56	
/	Vendor Name			Class	Pay Code					
11149 🗸	GBS ADMINIS	TRATORS								
	Invoice#	Comment			Check Dt Pay	Gross	Discount	No-Pay	Net	
1	582208388030		05/20/202 05/1	9/202 06/01/20	02	4,719.03	0.00	0.00	4,719.03	1
		A Section	Gr. bes			Wood	2500000	324604	W	~
	Vendor Totals:			.1.10.002		Gross	Discount	No-Pay	Net	
Mandaell	Vander Name	11149	GBS ADMINISTRA		Dec Oad	4,719.03	0.00	0.00	4,719.03	
	Vendor Name GOLDENCRE	EK MEVIT	HCARE	Class	Pay Code					
	Invoice#	Comment		Dt Duo Dt	Charle Dt. Bay	Crean	Diagovat	No Days	Net	
	051425C	Comment		Ot Due Dt 4/202 06/13/20		Gross 5.48	Discount 0.00	No-Pay 0.00	Net	
	2311200	V	emove -				0.00	0.00	0.40	
	051425A	1		4/202 06/13/20		169.86	0.00	0.00	169.86	
	- 1176-7417				- T	1	5.00	0.00	/	
			· ·			10.				

	051425B		05/22/202 05/	14/202 06/13/2	02	2,460.02	0.00	0.00	2,460.02	_
	051425		05/22/202 05/	14/202 06/13/2	02	_69.86	0.00	0.00	69.86	
	052025	•	05/22/202 05/	20/202 06/13/2	02	2,478.00	0.00	0.00	2,478.00	
	Vanday Tatal	Anicob co	Arausia.		77.5	9000	Assessed to			
	Vendor Totals		Name			Gross	Discount	No-Pay	Net	
			GOLDENCREEK H	HEALTHCARE		5,183.22	0.00	0.00	5,183.22	
	Vendor Name			Class	Pay Code					
10804 -	HEALTHCAF	IE CODING	& CONSULTING							
	Invoice#	Comment	Tran Dt Inv	Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	16248		05/20/202 04/3	30/202 05/30/20	02	20.00	0.00	0.00	20.00	1
	Vendor Totals	s Number	Name			Grana	Discount	No Dev	Net	
	vendo, rotais			DING & CONG	U TIMO	Gross	Discount	No-Pay	Net	
In male will	/\/\		HEALTHCARE CO			20,00	0.00	0.00	20.00	
	/Vendor Name			Class	Pay Code					
5208	HOSPITAL C	ARE CONS	ULTANTS INC.							
14	Invoice#	Comment	Tran Dt Inv	Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	-
1	6832		05/20/202 03/3	31/202 04/10/20	02	158.00	0.00	0.00	158.00	1
1	0007		05/00/000 05				2.27	5.54		1
7	6827		05/20/202 05/	15/202 05/25/20	02	23,663.00	0.00	0.00	23,663.00	7
	Vendor Totals	: Number	Name			Gross	Discount	No-Pay	Net	
		15208	HOSPITAL CARE	CONSULTANT	S INC.	23,821.00	0.00	0.00	23,821.00	
/endor#	Vendor Name			Class	Pay Code	Grishing a				
1000 4		The same but	37-57-1	e e e	8					
1	Invoice#	Comment			Check Dt Pay	Gross	Discount	No-Pay	Net	
J	051525		05/20/202 05/	15/202 05/20/20	02	483.70	0.00	0.00	483.70	
	W	S. Walter	No.							•
	Vendor Totals		Name			Gross	Discount	No-Pay	Net	
			LEGAL SHIELD			483.70	0.00	0.00	483.70	
rendor# 0972 ✓	Vendor Name M G TRUST	p.		Class	Pay Code					
	Invoice#									
	Trick and a second	Comment	Tran Dt Inv	Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Not	
1	051525	Comment	Tran Dt Inv		Check Dt Pay	Gross	Discount	No-Pay	Net	i
1	051525	Comment		Dt Due Dt 19/202 05/20/20		Gross 895.00	Discount 0,00	No-Pay 0.00	Net 895.00	1
1			05/20/202 05/1			895.00	0.00	0.00	895.00	1
1	051525 Vendor Totals	: Number	05/20/202 05/1 Name			895.00 Gross	0.00 Discount	0.00 No-Pay	895.00 Net	1
	Vendor Totals	:: Number 10972	05/20/202 05/1	9/202 05/20/20	02	895.00	0.00	0.00	895.00	1
1	Vendor Totals	:: Number 10972	05/20/202 05/1 Name M G TRUST			895.00 Gross	0.00 Discount	0.00 No-Pay	895.00 Net	1
1	Vendor Totals Vendor Name MANAGED C	:: Number 10972	05/20/202 05/1 Name M G TRUST NERS INC.	19/202 05/20/20 Class	Pay Code	895.00 Gross 895.00	0.00 Discount 0.00	0.00 No-Pay 0.00	895.00 Net 895.00	1
1	Vendor Totals Vendor Name MANAGED C Invoice#	:: Number 10972	05/20/202 05/1 Name M G TRUST NERS INC. Tran Dt Inv	19/202 05/20/20 Class Dt Due Dt	Pay Code Check Dt Pay	895.00 Gross	0.00 Discount 0.00 Discount	0.00 No-Pay 0.00 No-Pay	895.00 Net 895.00	J
1	Vendor Totals Vendor Name MANAGED C	:: Number 10972	05/20/202 05/1 Name M G TRUST NERS INC. Tran Dt Inv	19/202 05/20/20 Class	Pay Code Check Dt Pay	895.00 Gross 895.00	0.00 Discount 0.00	0.00 No-Pay 0.00	895.00 Net 895.00	
1	Vendor Totals Vendor Name MANAGED C Invoice# 6727	:: Number 10972 ARE PARTN Comment	05/20/202 05/1 Name M G TRUST NERS INC. Tran Dt Inv	Class Dt Due Dt	Pay Code Check Dt Pay	895.00 Gross 895.00 Gross	0.00 Discount 0.00 Discount	0.00 No-Pay 0.00 No-Pay	895.00 Net 895.00	1
1	Vendor Totals Vendor Name MANAGED C Invoice#	:: Number 10972 ARE PARTN Comment	05/20/202 05/1 Name M G TRUST NERS INC. Tran Dt Inv	19/202 05/20/20 Class Dt Due Dt	Pay Code Check Dt Pay	895.00 Gross 895.00 Gross	0.00 Discount 0.00 Discount	0.00 No-Pay 0.00 No-Pay	895.00 Net 895.00	1
1	Vendor Totals Vendor Name MANAGED C Invoice# 6727	:: Number 10972 ARE PARTN Comment :: Number	05/20/202 05/1 Name M G TRUST NERS INC. Tran Dt Inv 1 05/20/202 06/0	Class Dt Due Dt 01/202 06/01/20	Pay Code Check Dt Pay	Gross 895.00 Gross 515.00	0.00 Discount 0.00 Discount 0.00	0.00 No-Pay 0.00 No-Pay 0.00	Net 895.00 Net 515.00	1
5200 🗸	Vendor Totals Vendor Name MANAGED C Invoice# 6727	:: Number 10972 ARE PARTN Comment :: Number 15200 1	05/20/202 05/1 Name M G TRUST NERS INC. Tran Dt Inv 1 05/20/202 06/0	Class Dt Due Dt 01/202 06/01/20	Pay Code Check Dt Pay 02 C.	Gross 895.00 Gross 515.00	0.00 Discount 0.00 Discount 0.00 Discount	0.00 No-Pay 0.00 No-Pay 0.00	Net 895.00 Net 515.00	1
5200 J	Vendor Totals Vendor Name MANAGED C Invoice# 6727 Vendor Totals Vendor Name	:: Number 10972 ARE PARTN Comment :: Number 1	05/20/202 05/1 Name M G TRUST NERS INC. Tran Dt Inv 1 05/20/202 06/0	Class Dt Due Dt 01/202 06/01/20 PARTNERS INC Class	Pay Code Check Dt Pay	Gross 895.00 Gross 515.00	0.00 Discount 0.00 Discount 0.00 Discount	0.00 No-Pay 0.00 No-Pay 0.00	Net 895.00 Net 515.00	1
5200 J	Vendor Totals Vendor Name MANAGED C Invoice# 6727 Vendor Totals Vendor Name MARTIN PRIN	:: Number 10972 SARE PARTN Comment 15200 I	Name M G TRUST NERS INC. Tran Dt Inv 1 05/20/202 06/0 Name MANAGED CARE F	Class Dt Due Dt 01/202 06/01/20 PARTNERS INC Class W	Pay Code Check Dt Pay 02 C. Pay Code	Gross 895.00 Gross 515.00 Gross 515.00	0.00 Discount 0.00 Discount 0.00 Discount 0.00	0.00 No-Pay 0.00 No-Pay 0.00 No-Pay	Net 895.00 Net 515.00 Net 515.00	
5200 J endor#J	Vendor Totals Vendor Name MANAGED C Invoice# 6727 Vendor Totals Vendor Name MARTIN PRIN	:: Number 10972 ARE PARTN Comment :: Number 1	05/20/202 05/1 Name M G TRUST NERS INC. Tran Dt Inv I 05/20/202 06/0 Name MANAGED CARE F	Class Dt Due Dt 01/202 06/01/20 PARTNERS INC Class W Dt Due Dt	Pay Code Check Dt Pay D2 C. Pay Code Check Dt Pay	Gross 515.00 Gross 515.00	0.00 Discount 0.00 Discount 0.00 Discount 0.00	No-Pay 0.00 No-Pay 0.00 No-Pay 0.00	Net 895.00 Net 515.00 Net 515.00	
5200 \(\int \)	Vendor Totals Vendor Name MANAGED C Invoice# 6727 Vendor Totals Vendor Name MARTIN PRIN Invoice# 80660	:: Number 10972 SARE PARTN Comment 15200 I	05/20/202 05/1 Name M G TRUST NERS INC. Tran Dt Inv I 05/20/202 06/0 Name MANAGED CARE F	Class Dt Due Dt 01/202 06/01/20 PARTNERS INC Class W	Pay Code Check Dt Pay D2 C. Pay Code Check Dt Pay	Gross 895.00 Gross 515.00 Gross 515.00	0.00 Discount 0.00 Discount 0.00 Discount 0.00	0.00 No-Pay 0.00 No-Pay 0.00 No-Pay	Net 895.00 Net 515.00 Net 515.00	
5200 \(\int \) 'endor# \(\frac{1}{1950} \)	Vendor Totals Vendor Name MANAGED C Invoice# 6727 Vendor Totals Vendor Name MARTIN PRIN	:: Number 10972 SARE PARTN Comment 15200 I	05/20/202 05/1 Name M G TRUST NERS INC. Tran Dt Inv I 05/20/202 06/0 Name MANAGED CARE F	Class Dt Due Dt 01/202 06/01/20 PARTNERS INC Class W Dt Due Dt 23/202 05/23/20	Pay Code Check Dt Pay C. Pay Code Check Dt Pay	Gross 515.00 Gross 515.00	0.00 Discount 0.00 Discount 0.00 Discount 0.00	No-Pay 0.00 No-Pay 0.00 No-Pay 0.00	Net 895.00 Net 515.00 Net 515.00	
/endor# //1950	Vendor Totals Vendor Name MANAGED C Invoice# 6727 Vendor Totals Vendor Name MARTIN PRIN Invoice# 80660	EXARE PARTN Comment Since Number 1 15200 I	Name M G TRUST NERS INC. Tran Dt Inv I 05/20/202 06/0 Name MANAGED CARE F Tran Dt Inv I 05/20/202 04/2	Class Dt Due Dt 01/202 06/01/20 PARTNERS INC Class W Dt Due Dt 23/202 05/23/20	Pay Code Check Dt Pay C. Pay Code Check Dt Pay	Gross 515.00 Gross 515.00 Gross 52.00	0.00 Discount 0.00 Discount 0.00 Discount 0.00 Discount 0.00	0.00 No-Pay 0.00 No-Pay 0.00 No-Pay 0.00 0.00	Net 895.00 Net 515.00 Net 515.00 Net 52.00	
/endor# //1950	Vendor Totals Vendor Name MANAGED C Invoice# 6727 Vendor Totals Vendor Name MARTIN PRIN Invoice# 80660	ARE PARTN Comment Some of the comment of the comme	Name M G TRUST NERS INC. Tran Dt Inv I 05/20/202 06/0 Name MANAGED CARE F Tran Dt Inv I 05/20/202 04/2 05/20/202 05/0 Name	Class Dt Due Dt 01/202 06/01/20 PARTNERS INC Class W Dt Due Dt 23/202 05/23/20	Pay Code Check Dt Pay C. Pay Code Check Dt Pay	Gross 515.00 Gross 515.00 Gross 52.00 Gross 52.00	Discount 0.00 Discount 0.00 Discount 0.00 Discount 0.00 Discount 0.00 Discount	No-Pay 0.00 No-Pay 0.00 No-Pay 0.00 No-Pay 0.00 No-Pay 0.00	Net 895.00 Net 515.00 Net 515.00 Net 52.00	
Vendor# M1950	Vendor Totals Vendor Name MANAGED C Invoice# 6727 Vendor Totals Vendor Name MARTIN PRIM Invoice# 80660 80661 Vendor Totals	: Number 10972 ARE PARTN Comment 15200 NTING CO Comment 15200 NTING CO Comment Number M1950 Number M1950 Number M1950 Number M1950 Number M1950 Number M1950 Number Number M1950 Number Number	Name M G TRUST NERS INC. Tran Dt Inv I 05/20/202 06/0 Name MANAGED CARE F Tran Dt Inv I 05/20/202 04/2	Class Dt Due Dt 01/202 06/01/20 PARTNERS INC Class W Dt Due Dt 23/202 05/23/20 66/202 05/06/20	Pay Code Check Dt Pay C. Pay Code Check Dt Pay 22	Gross 515.00 Gross 515.00 Gross 52.00	0.00 Discount 0.00 Discount 0.00 Discount 0.00 Discount 0.00	0.00 No-Pay 0.00 No-Pay 0.00 No-Pay 0.00 0.00	Net 895.00 Net 515.00 Net 515.00 Net 52.00	
Vendor# M1950	Vendor Totals Vendor Name MANAGED C Invoice# 6727 Vendor Totals Vendor Name MARTIN PRIN Invoice# 80660 80661 Vendor Totals Vendor Totals	ENUMBER 10972 FARE PARTN Comment ENUMBER 1 15200 NTING CO Comment ENUMBER 1 15200 NTING CO Comment	Name M G TRUST NERS INC. Tran Dt Inv I 05/20/202 06/0 Name MANAGED CARE F Tran Dt Inv I 05/20/202 04/2 05/20/202 05/0 Name	Class Dt Due Dt 01/202 06/01/20 PARTNERS INC Class W Dt Due Dt 23/202 05/23/20	Pay Code Check Dt Pay C. Pay Code Check Dt Pay	Gross 515.00 Gross 515.00 Gross 52.00 Gross 52.00	Discount 0.00 Discount 0.00 Discount 0.00 Discount 0.00 Discount 0.00 Discount	No-Pay 0.00 No-Pay 0.00 No-Pay 0.00 No-Pay 0.00 No-Pay 0.00	Net 895.00 Net 515.00 Net 515.00 Net 52.00	

1	Invoice# 23782473	Commer		Inv Dt Du 2 05/16/202 05	ue Dt /31/202	Check Dt Pay	Gross 133.84	Discount 0.00	No-Pay 0.00	Net 133.84	
1	13375029		05/21/20:	2 05/19/202 12	/31/202		2.36	0.00	0.00	2,36	
1							2,00	0.00	0.00	2.00	
1	13410928		05/21/20	2 05/19/202 01	/31/202	2	2,36	0.00	0.00	2.36	1
1	13445725		05/21/202	2 05/21/202 05	/21/202	2	8.75	0.00	0.00	8.75	/
1	13339490		05/21/202	2 05/21/202 06	/05/202	2	3.75	0.00	0.00	3.75	V
1	13513865		05/21/202	2 05/21/202 06	/05/202	2	4.37	0.00	0.00	4.37	/
1	13480108		05/21/202	2 05/21/202 06	/05/202	2	2.36	0.00	0,00	2.36	1
	Vendor Totals	: Number	Name				Gross	Discount	No-Pay	Net	
		M2178	MCKESSON N	MEDICAL SUF	GICAL	INC	157.79	0.00	0.00	157.79	
endor#/ 2470	Vendor Name MEDLINE INC			Cla	ass M	Pay Code					
	Invoice#	Commer	nt Tran Dt	Inv Dt Du	e Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	2370392081		05/21/202	2 05/13/202 06/	/07/202	2	34.69	0.00	0.00	34.69	
1	2370392080		05/21/202	2 05/13/202 06/	/07/202	2	235.32	0.00	0.00	235.32	1
1	2370392079		05/21/202	2 05/13/202 06/	/07/202	2	37.96	0.00	0.00	37.96	~
1	2370392082		05/21/202	2 05/13/202 06/	/07/202	2	593.76	0.00	0.00	593.76	1
1	2370676830		05/21/202	2 05/14/202 06/	/08/202	D.	257,98	0.00	0.00	257.98	V
1	2370676831		05/21/202	2 05/14/202 06/	/08/202	L	49.20	0.00	0.00	49.20	1
1	2370676833		05/21/202	2 05/14/202 06/	/08/202	2	7.25	0.00	0.00	7.25	1
1	2370676832		05/21/202	2 05/14/202 06/	/08/202		4.16	0,00	0.00	4.16	1
1	2370676834		05/21/202	2 05/14/202 06/	/08/202	6	13,348.96	0.00	0.00	13,348.96	1
1	2370676836		05/21/202	2 05/14/202 06/	08/202	Š.	41.36	0.00	0.00	41.36	1
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	A A A A CONTRACTOR	M2470	MEDLINE IND	USTRIES INC			14,610.64	0.00	0.00	14,610.64	
ndor#	Vendor Name			Cla		Pay Code		0.00	0.00	1-7,010.04	
	MEMORIAL M	EDICAL O	CLINIC	010		-7000					
	Invoice#	Commen		Inv Dt Du	e Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	051925	2000		05/19/202 05/			25.00	0.00	0.00	25.00	
	Vendor Totals:	Pre	siously			remai		Discount	No-Pay	Net	
		10963	MEMORIAL MI	EDICAL CLINI	C		25.00	0.00	0.00	25.00	
	Vendor Name MUTUAL OF (Cla		Pay Code	-5/35		5.00	20,00	
ŵ.	Invoice#	Commen	t Tran Dt	Inv Dt Du	e Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	001892452365		05/20/202	05/01/202 06/			23,337.24	0.00	0.00	23,337.24	1
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		15224	MUTUAL OF C	MAHA			23,337.24	0.00	0.00	23,337,24	

13548 J	Vendor Name NACOGDOC		SCRIPTION		Class	Pay Code					
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	8729		05/20/20	02 05/14/2	202 05/24/20	02	74.01	0.00	0.00	74.01	~
	Vendor Totals	: Number	Name				Gross	Discount	No-Pay	Net	
		13548	NACOGDOC	HES TRA	NSCRIPTION	ON	74.01	0.00	0.00	74.01	
Vendor#	Vendor Name				Class	Pay Code					
12388	NATIONAL F	ARM LIFE	INSURANCE								
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	4483848		05/21/20	02 05/21/2	02 06/01/20	02	2,510.54	0.00	0,00	2,510.54	,
	Vendor Totals	: Number	Name				Gross	Discount	No-Pay	Net	
	(-0,-)	12388	NATIONAL F	ARMITE	INCUIDAN	CE	2,510.54	0.00	0.00	2,510.54	
Vendor#	, Vendor Name		MATIONALI	AT IIVI CIT I	Class	Pay Code	2,510.54	0.00	0.00	2,510,54	
16160 1	PHELPS DU				Olass	r ay code					
775.04	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	1419873	and the same of th			02 05/09/20		345.00	0.00	0.00	345.00	
4				- V- V-	15 25 44 64		0,0,00	5.00	5.00	5.70.00	,
1	1403949		05/22/20	02/10/2	02 05/22/20)2	575.00	0.00	0.00	575.00	1
1	1419874		05/22/20	02 05/09/2	02 05/22/20	12	747,50	0.00	0.00	747.50	V
7	S SALL OF P.					3	11,100	5,00	0.00		
	Vendor Totals	: Number	Name				Gross	Discount	No-Pay	Net	
		16160	PHELPS DU	NBAR LLE			1,667.50	0.00	0.00	1,667.50	
Vendor#	Vendor Name				Class	Pay Code					
10896 🗸	QIAGEN INC										
4.	Invoice#	Commen			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	999671521		05/13/20	02 05/08/2	02 06/07/20	12	374.91	0.00	0.00	374.91	1
	Vendor Totals	· Number	Name				Gross	Discount	No-Pay	Net	
	TOTAL TOTAL	10896	QIAGEN INC				374.91	0.00	0.00	Net 374,91	
Vendor#	Vendor Name		G. 10211110		Class	Pay Code	574.51	0.00	0.00	3/4,31	
	RADCOM AS		S. LLC		Olado	i dy Code					
	Invoice#	Comment		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	OP004904				02 06/08/20	The state of the s	900.00	0.00	0.00	900.00	
							1767136	127.22	10.00		1
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		14060	RADCOM AS	SOCIATE	S, LLC		900.00	0.00	0.00	900.00	
1	Vendor Name				Class	Pay Code					
11080	RADSOURCE										
1	Invoice#	Comment	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
7	PSI005755	200010			02 06/06/20	2	1,791.67	0.00	0.00	1,791.67	1
i	DCCMAAAAA		AGREEMENT		00.00/0:/0=		W 222 22	4.44	214	2.35	
1	PSCM000232		05/07/20	2 04/01/2	02 06/01/20	Z	-1,708,33	0.00	0.00	-1,708.33	V
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		11080	RADSOURCE	₫			83.34	0.00	0.00	83.34	
	Vendor Name				Class	Pay Code					
	SMITH & NEP			Inv Di	Due Di	Charle Dt D	02216	District	VC-B	. 11-5	
52362	984004064	Comment				Check Dt Pay	Gross	Discount	No-Pay	Net	
/	304004004		05/14/20	2 03/28/2	02 04/16/20	2	374.48	0,00	0.00	374.48	1
1							.52.5e.2	West Committee		-	V
1		Number	Name				Groce	Diconunt	No Day	AI-+	
52362	Vendor Totals:		Name SMITH & NEF	HEW IN	C.		Gross 374,48	Discount 0.00	No-Pay 0.00	Net 374,48	

	Invoice#	Commer	& TISSUE CEN nt Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
-1	107050281	Commo	05/20/202 05/15/		and the state of t	5,120.00	0.00	0.00	5,120.00	
			00/20/20/10/	202 00/00/20	<i>52</i>	0,120.00	0.00	0.00	5,120.00	V
1	CM14949		05/20/202 05/15/	202 06/09/20	02	-2,028.00	0.00	0.00	-2,028.00	,
	Vendor Totals	: Number	Name			Gross	Discount	No-Pay	Net	
		11296	SOUTH TEXAS BLOC	D & TISSU	E CEN	3,092.00	0.00	0.00	3,092.00	
Vendor#	Vendor Name			Class	Pay Code					
12288 🗸	SPBS CLINIC	AL EQUIP	MENT SRVC							
	Invoice#	Commen	t Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	1645886		05/22/202 05/22/2	202 05/23/20	02	32.50	0.00	0.00	32.50	
1										~
	Vendor Totals	: Number	Name			Gross	Discount	No-Pay	Net	
		12288	SPBS CLINICAL EQU	IPMENT SF	RVC	32.50	0.00	0.00	32.50	
Vendor#	Vendor Name			Class	Pay Code					
S3940 J	STERIS COR	PORATIO	N	М						
	Invoice#	Commen		Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	13773575		05/22/202 05/05/		The state of the state of the state of	248.61	0.00	0.00	248,61	
-							7.77	42.5	7.717	V
	Vendor Totals	: Number	Name			Gross	Discount	No-Pay	Net	
	A COURT OF THE STATE OF	S3940	STERIS CORPORATI	ON		248.61	0.00	0.00	248.61	
Vendor#	Vendor Name			Class	Pay Code	7.555		200		
17248	SUMMIT PAI		LLNESS	2.5,00						
44-34	Invoice#	Commen		Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	1188		05/12/202 05/09/2			4,000.00	0.00	0.00	4,000.00	
	10.00		30/12/20/20/			1,000.00	0.00	0.00	4,000.00	1
	Vendor Totals	: Number	Name			Gross	Discount	No-Pay	Net	
		17248	SUMMIT PAIN AND W	ELLNESS		4,000.00	0.00	0.00	4,000.00	
Vendor#	/Vendor Name		22.20.000.000.000.000.000	Class	Pay Code	315,547,54	10100	0.00	1,000,00	
T2539 🗸	T-SYSTEM, II			W	r uy ocuo					
	Invoice#	Commen	t Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	2018776		05/20/202 05/10/2		7.7 - 7.7 - 7.3	146.00	0.00	0.00	146.00	
						110.00	0.00	0.00	140.00	-
	Vendor Totals	: Number	Name			Gross	Discount	No-Pay	Net	
		T2539	T-SYSTEM, INC			146.00	0.00	0.00	146.00	
Vendor#	Vendor Name		the tell line	Class	Pay Code	140.00	0.00	0.00	140.00	
10758	TEXAS SELE		ING. LLC	01400	i dy dode					
- G-10 V	Invoice#	Commen		Due D!	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	0025402A		05/22/202 05/15/2			5,626.25	0.00	0.00	5,626.25	
~	- m m				-	0,020,20	0.00	0,00	0,020.20	~
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
	1 3 - 5 T -			FING LLC		5,626.25	0.00	0.00	5,626.25	
Vendor#	Vendor Name	1-1-00	. E	Class	Pay Code	0,020,20	0.00	0.00	0,020.20	
	TRI-ANIM HE	ALTH SEE	RVICES INC	M	Lay Soute					
7.00	Invoice#	Commen		Due Dt	Check Dt Pay	Gross	Discount	No Devi	X124	
1	600785038	Committee	05/21/202 05/09/2		The second secon	146.12	Discount 0.00	No-Pay 0,00	Net	
	340.00000		JUL 1/202 00/09/2	.VE ((0) (0) Z(140.12	0.00	0,00	146.12	J
	Vendor Totals	Number	Name			Green	Dicagnet	No Desi	NI-	
	, chach totals	T3130	TRI-ANIM HEALTH SE	BVICES IN	ic.	Gross 146.12	Discount	No-Pay	Net	
Vendor#	Vendor Name	10100	THE THE PERSON OF THE PERSON O	Class	Pay Code	140.12	0.00	0.00	146.12	
	TRIZETTO PE	SOVIDED	SOLUTIONS	Olass	ray Code					
11001 7	Invoice#			D D.	Chool Di De		Di-	N	- Cin-	
	35FK052500	Commen			Check Dt Pay	Gross	Discount	No-Pay	Net	
1	99LV095200		05/21/202 05/01/2	02 05/26/20	12	1,715.02	0.00	0.00	1,715.02	1
1										
7	Vendor Totals:	Number	Nama			Gross	Discount	No-Pay	Net	

		11067	TRIZETTO PI	ROVIDER	SOLUTION	NS	1,715.02	0.00	0.00	1,715.02
ndor#	Vendor Name				Class	Pay Code				
004	TUSCANY VIL	LAGE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	051425B				02 06/13/20		26,206.11	0.00	0.00	26,206.11
		1	remou	1000			Belong			×0.17.02.13
	051425C				2 06/13/20		3,122.58	0.00	0.00	3,122.58
	0014200		00/22/20	2 00/14/20	22 00/10/20	,,,	0,722.00	0.00	0.00	9,22.00
	051425A			205/14/20	02 06/13/20	va	2,095.00	0.00	0.00	2,095.00
	031423A		03/22/20	12 03/14/20	12 00/13/20	J2	2,095,00	0.00	0.00	2,000.00
	054405		05/00/00	0.05/4.1/00	000040/00		0.77001	0.00	0.00	0.770-04
	051425			12 05/14/20	02 06/13/20)2	3,770.84	0.00	0.00	3,770.84
	051005		05/00/00	0.054.000	00000000	20	4.000.00	0.00	0.00	1 05000
	051625			12 05/16/20	02 06/13/20	J2	1,858.20	0.00	0.00	1,858.20
			C	CHARLING HARD					373	
	051625A			02 05/16/20	02 06/13/20	02	40,569,32	0.00	0.00	40,569.32
			L							
	051925		05/22/20	02 05/19/20	02 06/13/20	02	3,880.08	0.00	0.00	3,880.08
		t	X				3.9			
	051925A			02 05/19/20	02 06/13/20	02	5,849.63	0.00	0.00	5,849.63
		•								
	052025		05/22/20	02/05/20/20	02 06/13/20	02	2,592,69	0.00	0.00	2,592.69
		C	,							
	052025A		05/22/20	02 05/20/20	02 06/13/20	02	12,498.29	0.00	0.00	12,498:29
		×	L				1. 1			
	052125A		05/22/20	2 05/21/20	02 06/13/20	02	10,056.83	0.00	0.00	10,056.83
							11			
	052125			02 05/21/20	02 06/13/20	02	4,050.00	0,00	0.00	4,050.00
		i					11			
	Vendor Totals:		Name				Gross	Discount	No-Pay	Net
			TUSCANY VI	LLAGE			116,549.57	0.00	0.00	116,549.57
ndor#	Vendor Name	VEG SA			Class	Pay Code	/	3.50	1955,75	/
1064 ~		LDINGS IN	IC		1.34.24	w.5.6/9/5/25				
4 (20	Invoice#			Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	2921059946				02 06/06/20		262.08	0.00	0.00	262.08
V	322.000010		JOI LUI EN		2 2 3 3 3 6 6 6	E-)	202,00		-,,,,	25004
1	2921059951		05/20/20	12 05/12/20	02 06/06/20	2	7,954.03	0.00	0.00	7,954.03
1	292 100930 1		USIZUIZU	JE USI 1212(JE 00100120	J.L.	7,354.05	0.00	0.00	7,004.00
1	2921059963		05/20/20	205/12/20	02 06/06/20	2	157.62	0.00	0.00	157.62
1	292 1009300		03120120	12 031 12120	JE 00/00/20	<i>y</i> <u>L</u>	107.02	0,00	0.00	107.02
1	909100000		AE/AA/A	19 OF H = 100	na ne too lo	ng.	04.04	0.00	0.00	64.34
1	2921060329		05/20/20	12 05/15/20	02 06/09/20	Je	64.34	0.00	0.00	04.34
1	0001000051		AF/AA/A	00 OF# 5/6	00.00.00.00	26	100.01	0.00	0.00	190.64
1	2921060351		05/20/20	JZ 05/15/20	02 06/09/20	J2	190.64	0,00	0.00	190.64
1	Last, estern		d manage.					ي الماريخ.	.502	Audia L
1	2921060356		05/20/20	02 05/15/20	02 06/09/20	02	150.06	0.00	0.00	150.06
										100.00
1	2921060339		05/20/20	02 05/15/20	02 06/09/20	02	247.84	0.00	0.00	247,84
1	2921060320		05/20/20	02 05/15/20	02 06/09/20	02	2,834.37	0.00	0.00	2,834,37
1	2921060346		05/20/20	02 05/15/20	02 06/09/20	02	181.87	0.00	0.00	181.87
13										
1	2921060367		05/20/20	02 05/15/20	02 06/09/20	02	131,41	0.00	0.00	131.41
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HO	DIDINGS	INC		12,174.26	0.00	0.00	12,174.26
		- LUGT								
endor#	Vendor Name	C.00T	econoce in		Class	Pay Code				

2000					0.00	0.0	•	3/3,001	.40	
		375.051.43			0.00	0.0	0	375 OF	12	
otals:		Gross		1	Discount	No-P	'ay	Net		
				Repo	ort Summary					
	11110	WERFEN USA	A LLC			1,571.66	0.00	0.00	1,571.66	
Vendor Totals:		The same				Gross	Discount	No-Pay	Net	
9111853378		05/21/20	2 05/15/20	02 06/09/20	2	1,571.66	0.00	0.00	1,571.66	1
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
WERFEN US	A LLC									
, Vendor Name				Class	Pav Code					
	17832	VOCA LLC				2,736.00	0.00	0.00	2,736.00	
Vendor Totals	: Number	Name				Gross	Discount	No-Pay	Net	•
38957		05/20/20	2 05/09/20	02 06/08/20	02	2,736.00	0.00	0.00	2,736.00	1
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
VOCA LLC										
	Invoice# 38957 Vendor Totals Vendor Name WERFEN US. Invoice# 9111853378 Vendor Totals	Invoice# Comment 38957 Vendor Totals: Number 17832 Vendor Name WERFEN USA LLC Invoice# Comment 9111853378 Vendor Totals: Number 11110	Invoice# Comment Tran Dt 38957 05/20/20 Vendor Totals: Number Name 17832 VOCA LLC Vendor Name WERFEN USA LLC Invoice# Comment Tran Dt 9111853378 05/21/20 Vendor Totals: Number Name I1110 WERFEN USA otals: Gross 375,051.43	Invoice# Comment Tran Dt Inv Dt 38957 05/20/202 05/09/20 Vendor Totals: Number Name 17832 VOCA LLC Vendor Name WERFEN USA LLC Invoice# Comment Tran Dt Inv Dt 9111853378 05/21/202 05/15/20 Vendor Totals: Number Name I1110 WERFEN USA LLC otals: Gross 375,051.43	Invoice# Comment Tran Dt Inv Dt Due Dt	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 38957 05/20/202 05/09/202 06/08/202	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 38957 05/20/202 05/09/202 06/08/202 2,736.00	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay 38957 05/20/202 05/09/202 06/08/202 2,736.00 0.00 0.00 0.00	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net

APPROVED ON

MAY 23 2025

CARHOUN COUNTY TERAS
CHE# 209026-209078

375,051.43 + 5.183.22 -116.549.57 -25.00 -253.293.64 0

Pg 4 removed NH total ...

Pg 9 ...

Pg 10 removed Prev. Paid BANK--CHECK-----CODE NUMBER DATE AMOUNT PAYEE

	********	********		******************************
		05/28/25		AMAZON CAPITAL SERVICES
A/P	209027	05/28/25	20.02	AMERISOURCEBERGEN DRUG CORP
		05/28/25	7.50	AZALIA BONUZ
A/P	209029	05/28/25	877.74	BAYER HEALTHCARE
A/P	209030	05/28/25	38,432.26	BECKMAN COULTER INC
A/P	209031	05/28/25	6,667.87	BECKMAN COULTER INC BIO-RAD LABORATORIES, INC
A/P	209032	05/28/25	593.69	CHEMAQUA
A/P	209033	05/28/25	2,073.95	CITY OF PORT LAVACA
A/P	209034	05/28/25		
A/P	209035	05/28/25	249.00	COURTNE THURLKILL
A/P	209036	05/28/25	27,780.35	CULINARY CONCESSIONS LLC
A/P	209037	05/28/25	210.37	CUSTOM ASSEMBLIES, INC
A/P	209038	05/28/25	1,411.78	DEWITT POTH & SON
A/P	209039	05/28/25	990.10	
A/P	209040	05/28/25	20,000.00	DISCOVERY MEDICAL NETWORK INC
		05/28/25	325.00	DOWELL PEST CONTROL
A/P	209042	05/28/25	1,232.91	DR RICHARD ARROYO DIAZ
A/P	209043	05/28/25	480.65	ECLINICAL WORKS LLC
A/P	209044	05/28/25	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	209045	05/28/25	58.43	EVERON
A/P	209046	05/28/25	1,421.96	EVOQUA WATER TECHNOLOGIES LLC
A/P	209047	05/28/25	545.00	FASTHEALTH CORPORATION
A/P	209048	05/28/25	1,450.00	FASTHEALTH CORPORATION FIRST UNITED METHODIST CHURCH
A/P	209049	05/28/25	134.56	FISHER HEALTHCARE
A/P	209050	05/28/25	4,719.03	GBS ADMINISTRATORS, INC
A/P	209051	05/28/25		HEALTHCARE CODING & CONSULTING
A/P	209052	05/28/25	23,821.00	HOSPITAL CARE CONSULTANTS INC.
A/P	209053	05/28/25	483,70	LEGAL SHIELD
A/P	209054	05/28/25	895.00	M G TRUST
A/P	209055	05/28/25	515.00	MANAGED CARE PARTNERS INC.
A/P	209056	05/28/25	382.00	MARTIN PRINTING CO
A/P	209057	05/28/25	157.79	MCKESSON MEDICAL SURGICAL INC
A/P	209058	05/28/25	.00	VOIDED
		05/28/25	14,610.64	MEDLINE INDUSTRIES INC
		05/28/25	23,337.24	MUTUAL OF OMAHA
		05/28/25		NACOGDOCHES TRANSCRIPTION
A/P		05/28/25	2,510.54	NATIONAL FARM LIFE INSURANCE
A/P	209063	05/28/25	1,667.50	PHELPS DUNBAR LLP
A/P	209064	05/28/25	374.91	QIAGEN INC
A/P	209065	05/28/25	900.00	RADCOM ASSOCIATES, LLC
A/P	209066	05/28/25	83.34	RADSOURCE
A/P	209067	05/28/25	374.48	SMITH & NEPHEW, INC.
A/P		05/28/25	3,092.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P		05/28/25	32.50	SPBS CLINICAL EQUIPMENT SRVC
A/P		05/28/25	248.61	STERIS CORPORATION
A/P		05/28/25	4,000.00	SUMMIT PAIN AND WELLNESS
A/P		05/28/25	146.00	T-SYSTEM, INC
A/P	209073	05/28/25	5,626.25	TEXAS SELECT STAFFING, LLC
A/P		05/28/25	146.12	TRI-ANIM HEALTH SERVICES INC
A/P	209075	05/28/25	1,715.02	TRIZETTO PROVIDER SOLUTIONS

RUN DATE:05/27/25 TIME:13:36

TOTALS:

MEMORIAL MEDICAL CENTER

CHECK REGISTER 05/28/25 THRU 05/28/25 PAGE 2 GLCKREG

375,026.43

A/P 209080 05/28/25 116,549.57 TUSCANY VILLAGE

APPROVED ON

MAY 2 8 2025

CALHOUN COUNTY TEXAS

Payables 253,293.64 +

Wh 2 5,183,22 +

116,549,57 +

375 . 026 . 43 ◊

MEMORIAL MEDICAL CENTER

815 N VIRGINIA STREET

PORT LAVACA TX 77979

Company: 8000

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT

Statement for information only

As of: 05/23/2025

Customer: 632536

Date: 05/24/2025

DC: 8115

Territory:

Page: 002

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

As of: 05/23/2025 Customer INV SuppID:

Mail to:

Page: 002 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT

Statement for information only

632536 PLEASE CHECK ANY

Cust: Date: 05/24/2025 ITEMS NOT PAID (~)

Billing Due Date Date	Receivable Number	Account 632536 Order Reference	Description	Cash Discount	Amount (gross)	P	Amount (net)	P	Receivable Number
--------------------------	-------------------	--------------------------------------	-------------	------------------	----------------	---	--------------	---	----------------------

TOTAL: National Acc	t 632536 MEMORIAL MEDIC	AL CENTER					
		Subtotals:	465.09	USD			
Future Due:	0.00	220020000000000000000000000000000000000				Due If Paid On Time:	79 N
	0.00	If Paid By 05/27/2025,		4125-00		USD 455	79
Past Due:	0.00	Pay This Amount:		455.79	USD	Disc lost if paid late:	-
	4,200					9.30	
Last Payment	2,451.97	If Paid After 05/27/2025,				Due If Paid Late:	
08/07/2017		Pay this Amount:		465.09	USD	USD 465	09

8 - 41 + 444.48 + 455 . 79 0 APPROVED ON

MAY 2 7 2025

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: 05/23/2025

Customer INV SuppID:

DC: 8115

Territory: 7001

Customer: 820405

Date: 05/24/2025

Page: 001

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

As of: 05/23/2025 Mail to: Page: 001 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

Cust: 820405 PLEASE CHECK ANY

								Date: 05/24/2025	ITEMS NOT PAID (
Billing Date	Due Date	Receivable Number	nal Account 632536 Order Reference	Description	Cash Discount		Amount P (gross) F	Amount P (net) F	Receivable Number
Customer Nu	mber 820405 HEB	PHCY WHSE/MEM	MED PHS					1	
05/22/2025 05/23/2025 PF column leg	05/27/2025 05/27/2025 gend: P = Past	7569791451 7570050626 Due Item, F = I	B2505-055-201472 B2505-055-201596 Future Due Item, blank =	115Invoice 115Invoice Current Due Item	0.02 0.04		1.02 1.94	1.00	7569791451 7570050626
TOTAL: C	ustomer Number 82	0405 HEB PHCY V	VHSE/MEM MED PHS			-			1
			Subtotals:		2.96 USD				
Future Due:		0.00	If Paid By 05/27	/2025				Due If Paid O	
Past Due:		0.00	Pay This Amoun			2.90	USD	USD Disc lost if pa	2.90 id late:
Last Payment		155.36	If Paid After 05/	27/2025.				Due If Deld La	0.06
05/19/2025			Pay this Amount	The property of the second of		2.96	USD	Due If Paid La USD	ite:

APPROVED ON

MAY 2 7 2025

CALHOUN COUNTY, TEXAS

CVS PHCY 7416/MEM MC PHS

MEMORIAL MEDICAL CENTER

PORT LAVACA TX 77979

Cumpany. 8000

VICKY KALISEK

815 N VIRGINIA ST

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT

Statement for information only

As of: 05/23/2025

Customer INV SuppID:

DC: 8115

Territory: 7001

Customer: 835437

Date: 05/24/2025

Page: 001

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

As of: 05/23/2025 Mail to:

Page: 001 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT

Statement for information only

835437 Date: 05/24/2025

PLEASE CHECK ANY Cust: ITEMS NOT PAID (V)

Billing Date	Due Date	Receivable Number	count 632536 Order Reference	Description	Cash Discount		Amount P (gross) F	Amount P (net) F	Receivable Number
Customer Num	ber 835437 CVS	PHCY 7416/MEM MC	PHS	190				,	
05/21/2025	05/27/2025	7569712899	4110648	115Invoice	0.17		8.58	8.41 🗸	7569712899
PF column leg	end: P = Past	Due Item, F = Future	Due Item, blank =	Current Due Item					
TOTAL: Cu	stomer Number 83	5437 CVS PHCY 7416/	MEM MC PHS		6.4 70.0				
			Subtotals:		8.58 USD				
Future Due:		0.00						Due If Paid C	On Time:
			If Paid By 05/27	/2025,				USD	8.41
Past Due:		0.00	Pay This Amoun	t:		8.41	USD	Disc lost if p	
								4.62.25.4	0.17
ast Payment		155.36	If Paid After 05/	27/2025,				Due If Paid L	
05/19/2025			Pay this Amount			8.58	USD	USD	8.58

APPROVED ON

MAY 2 7 2025

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

As of: 05/23/2025

Customer INV SuppID:

DC: 8115

Territory: 7001

Customer: 256342

Date: 05/24/2025

Page: 001

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

As of: 05/23/2025 Mail to:

Page: 001 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

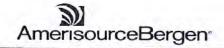
Cust: 256342

PLEASE CHECK ANY Date: 05/24/2025 ITEMS NOT PAID (~)

Billing Date	Due Date	Receivable National Ac Number	count 632536 Order Reference	Description	Cash Discount	Amount P (gross) F	Amount P Receivab (net) F Number	ole
Customer Nun	nber 256342 WA	LMART 1098/MEM MED	PHS				,	
05/20/2025	05/27/2025	7569511005	236732789	115Invoice	9.07	453.55	444.48 🗸 756951	1005
PF column leg	end: P = Past	Due Item, F = Future	Due Item, blank =	Current Due Item				
TOTAL: Cu	stomer Number 25	6342 WALMART 1098/	MEM MED PHS					
			Subtotals:		453,55 USD			
Future Due:		0.00					Due If Paid On Time:	
			If Paid By 05/27	/2025,			USD	444.48
Past Due:		0.00	Pay This Amoun	t:	444.48	USD	Disc lost if paid late:	
								9.07
ast Payment		113.06	If Paid After 05/				Due If Paid Late:	
14/28/2025			Pay this Amount		453.55	USD	USD	453.55

APPROVED ON

MAY 2 7 2025



STATEMENT

Statement Number: 69788285

Date: 05-23-2025

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

DEA: RA0289276 866-451-9655

Serviced By:

Customer:

WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509 Customer Number 100135284 / 037028186

Sat - Fri Due in 7 days

Terms

Remit To:

AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223
 Summary
 0.00

 Not Yet Due:
 0.00

 Current:
 82.72

 Past Due:
 0.00

 Total Due:
 82.72

 Account Balance:
 82.72

Account A	ctivity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	В	alance
05-19-2025	05-30-2025	3215358716	7009680577	Invoice	20.58		0.00	J,	20.58
05-19-2025	05-30-2025	3215358717	7009687502	Invoice	19.98		0.00	1,	19.98
05-19-2025	05-30-2025	3215358718	7009687502	Invoice	1.10		0.00	1	1.10
05-19-2025	05-30-2025	3215358719	7009687297	Invoice	6.38		0.00		6.38
05-19-2025	05-30-2025	3215359860	7009695795	Invoice	11.80		0.00	1	11.80
05-22-2025	05-30-2025	3215762576	7009707187	Invoice	10.25		0.00	1	10.25
05-22-2025	05-30-2025	3215762577	7009717333	Invoice	12.63		0.00	1	12.63

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
82.72	0.00	0.00	0.00	0.00	0.00	0.0

Thank You for Your Payment	
Date	Amount
05-23-2025	(645.51)

APPROVED ON

MAY 2 7 2025

 Reminders

 Due Date
 Amount

 05-30-2025
 82.72

 Total Due:
 82.72

CALHOUN COUNTY TEXAS

Med

Tennes to the control of the control



STATEMENT

Statement Number: 69804799

Date: 05-23-2025

AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336

Processing Number 0000006820767vs2

DEA: RA0316958 866-451-9655

Customer:

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

Customer Number 100566356 / 100566356 Terms Sat - Fri Due in 7 days

Remit To:

AMERISOURCEBERGEN PO Box 978740 DALLAS TX 75397-8740

Summary Not Yet Due: 0.00 Current: 783.28 Past Due: 0.00 Total Due: 783.28 Account Balance: 783.28

0.00

Account Activity Due Reference Document Purchase Order Document Original Last Receipt **Amount Received** Balance Date Date Number Number Type Amount 05-19-2025 05-30-2025 3215347823 7009688461 Invoice 352.40 352.40 0.00 05-21-2025 05-30-2025 3215672393 7009707199 Invoice 20.77 0.00 20.77 05-21-2025 05-30-2025 3215672395 7009715058 Invoice 393.37 0.00 393.37 05-22-2025 05-30-2025 3215804230 7009724576 Invoice 8.40 0.00 8.40 05-23-2025 05-30-2025 3215933319 7009732069 Invoice 8.34

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
783.28	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON

MAY 2 7 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders **Due Date** Amount 05-30-2025 783.28 Total Due: 783.28

1 mer

8.34

MEMORIAL MEDICAL CENTER PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 19, 2025 - May 25, 2025

		CPSI "H	andwritten
Date Bank Description	MMC Notes	Amount Ch	eck" #
5/23/2025 PAY PLUS ACHTrans 69344664 101000693778858 P	- 3rd Party Payor Fee	363.03	901611
5/23/2025 HEALTHEQUITY INC HealthEqui 1356888 91000017	- EmpDeduct/Employer Contribut	1,112.00 🛨	901612
5/23/2025 EXPERTPAY EXPERTPAY 746003411 91000011922614	-Child Support Payment	524.54	901613
5/23/2025 AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	645.51 💥	901614
5/23/2025 MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	381,674.93	901615
5/22/2025 PAY PLUS ACHTrans 69159166 101000692506420 P	- 3rd Party Payor Fee	214.71	901616
5/22/2025 HPHG LLC MEMOR PREM MemMedCtr PtLav 11312265	- Health Insurance Premium Payment	67,460.08 🗙 💢	901617
5/21/2025 PAY PLUS ACHTrans 68904644 101000691166221 P	- 3rd Party Payor Fee	326.90	901618
5/20/2025 WEBFILE TAX PYMT DD 902/79139968 21000029505	- Sales Tax	2,462.87 *	901619
5/20/2025 PAY PLUS ACHTrans 68786958 101000699902246 P	- 3rd Party Payor Fee	161.26	901620
5/20/2025 MCKESSON DRUG AUTO ACH ACH06526384 910000124	- 340B Drug Program Expense	155.36 💥	901621
5/20/2025 HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	3,699.58 💥 💥	901622
5/19/2025 PAY PLUS ACHTrans 68555865 101000698504560 P	- 3rd Party Payor Fee	734.23	901623
Michelle Cumberland, Controller Memorial Medical Center P ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT ESTIM	May 27, 2025 ** Approved on 5.21.25 CC ROSPERITY BANK ***********************************	plu	363.03 + M 214.71 + S 326.90 + 161.26 + 734.23 +
<u>Date</u> <u>Description</u>	MMC Notes	Amount	1.800.13
5/30/2026 - STATE COMTRLR TEXNET	CHIRP IGT, RAPPS IGT - Prepaid Expenses	33,149.26	11000
6/6/2025 - STATE COMTRLR TEXNET	CHIRP IGT, RAPPS IGT - Prepaid Expenses	191,086.00	
STOP ESTATE COMMENTERINE	Chine 101, NAFF3 101 - Flepalu Expenses	191,086.00	
		224,235.26	
Michelle Curbland	May 27, 2025	1.50	535.00 +
Michelle Cumberland, Controller		0.00	
Memorial Medical Center		t =	112-00 -

Memorial Medical Center

APPROVED ON

MAY 2 7 2025

CALHOUN COUNTY TEXAS

524 - 54 -645.51 -3811171195 -67 K60-UB -2.462.87 -155.36 -3+690-58 -

> 1 . 800 . 13 0 1-800-15 -

> > 0.00 0

Transaction Summary

Transaction Complete Trace #.

Texas Health and Human Services Commission Memorial Medical Center Operating County 746003411

Payment Total	\$33,149.26	
Bank Routing and Account Number		
Settlement Date	5/30/2025	
RAPPS Amount	\$33,149.26	
Entered By	Caitlin Clevenger	

Page No: 1 of 1 Run Date: 5/22/2025 Run Time: 09:20:45

Transaction Summary

Transaction Complete Trace #

Texas Health and Human Services Commission Memorial Medical Center Operating County 746003411

Payment Total	\$191,086.00	
Bank Routing and Account Number		
Settlement Date	6/6/2025	
CHIRP Amount	\$191,086.00	
Entered By	Caitlin Clevenger	

Page No: 1 of 1 Run Date: 5/22/2025 Run Time: 09:17:21

	Memor	ial Medical Center	
	Tra	nsfer Request	
Amount:	1,000,000.00	Date: 5/27/2025	
From Account:	Nexbank Money Market	APPROVED ON	
To Account:	Operating	MAY 2 7 2025	
		CALHOUN COUNTY AUDITOR	
Explanation:			
-	TRANSFER FUNDS FROM NEXBANK MONEY MARKET TO	D PROSPERITY OPERATING	
Requested by:	Caltlin Clevenger	Date: <u>5/27/2025</u>	
Authorized by:	Mulle Culland	Date:	

RECEIVED BY THE COUNTY AUDITOR ON

05/22/202 18:47	25	MAY 2	3 707	1		MEDICAL CEN	TER			0	
10.47	G	ALHOUN CO	DUNTY, TEXAS		Due Dates 1	Through: 06/13/2	2025		ap_open_invo	oice.template	
Vendor#	Vendor Name	9			Class	Pay Code					
11836	GOLDENCR	EEK HEALT	HCARE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Di	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	051425C		05/22/20	2 05/14/2	202 06/13/20)2	5.48	0.00	0.00	5.48	1
1	051425A	INS.	pmt d 05/22/20	2 05/14/2	into 202 06/13/20	mmc	ORG 10 169.86	error 0.00	0.00	169.86	1
1	051425B	٠,	05/22/20	2 05/14/2	202 06/13/20	2	2.460.02	0.00	0.00	2,460.02	V
1	051425	<u>.</u>	05/22/20	2 05/14/2	02 06/13/20	2	69.86	0.00	0.00	69.86	1
1	052025		05/22/20	2 05/20/2	02 06/13/20	2	2,478.00	0.00	0.00	2,478.00	1
	Vendor Totals	s: Number	Name				Gross	Discount	No-Pay	Net	
		11836	GOLDENCRE	EK HEAI	LTHCARE		5,183.22	0.00	0.00	5,183.22	
					Repo	ort Summary					
Grand To	tals:		Gross		- [Discount	No-	Pay	Net		
			5,183.22			0.00	0.	00	5,183	22	

APPROVED ON

MAY 23 2025

CALLY COUNTY TEXAS

COUNTY AUDITOR ON

MAY 2 3 7025

05/22/2025 18:47

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/13/2025

0 ap_open_invoice.template

					uc Dales I	1110ugh. 00/13/20	20			
Vendor#	Vendor Name				Class	Pay Code				
13004	TUSCANY VILLA	AGE								
1	Invoice# C	comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	051425		05/22/202	05/14/20	02 06/13/20	2	3,770.84	0.00	0.00	3,770.84
1	051425A		05/22/202	2 05/14/20	02 06/13/20	2	2,095.00	0.00	0.00	2,095.00 🗸
1	051425B		05/22/202	05/14/20	02 06/13/20	2	26,206.11	0.00	0.00	26,206.11 🗸
J	051425C		05/22/202	05/14/20	02 06/13/20	2	3,122.58	0.00	0.00	3,122.58 🗸
1	051625		05/22/202	05/16/20	02 06/13/20	2	1,858.20	0.00	0.00	1,858.20 🗸
1	051625A		05/22/202	05/16/20	02 06/13/20	2	40,569.32	0.00	0.00	40,569.32 🗸
J	051925		05/22/202	05/19/20	02 06/13/20	2	3,880.08	0.00	0.00	3,880.08 🗸
1	051925A		05/22/202	05/19/20	02 06/13/20	2	5,849.63	0.00	0.00	5,849.63 🗸
1	052025		05/22/202	05/20/20	02 06/13/20	2	2,592.69	0.00	0.00	2,592.69 🗸
1	052025A		05/22/202	05/20/20	02 06/13/20	2	12,498.29	0.00	0.00	12,498.29 🗸
J	052125		05/22/202	05/21/20	2 06/13/20	2	4,050.00	0.00	0.00	4,050.00 🗸
J	052125A		05/22/202	05/21/20	2 06/13/20	2	10,056.83	0.00	0.00	10,056.83 🗸
	Vendor Totals: N	umber N	ame				Gross	Discount	No-Pay	Net
	13	3004 T	USCANY VILI	LAGE			116,549.57	0.00	0.00	116,549.57
					Repo	rt Summary				
Grand Tot	ala.		0,,,,,		-	V. S. and State of St	***			2.7

Grand Totals:

Gross 116,549.57 Discount 0.00

No-Pay 0.00 Net 116,549.57

APPROVED ON

MAY 23 2025

CARHOUN COUNTY TEXAS

Memorial Medical Center Nursing Home UPL Weekly Cantex Transfer **Prosperity Accounts**

5/27/2025 Today's Previous Beginning Nursing Home Number Balance Transfer-Out Transfer-in Deposits Balance Home 18,391.11 Ashford Gardens 6,763 11 11,728.00 18,491.11 Bank Balance 18,491.11 Variance Leave in Balance 100.00 Routing Information for Ashford Gardens: Ashford Health Care Center Ltd Co IP Morgan Chase Bank Adjust Balance/Transfer Amt 18,391.11 58,734.58 58,634.58 Broadmoor 62,987.50 9,184.92 4,932.00 Bank Balance 58,734.58 Variance Leave in Balance 100.00 Adjust Balance/Transfer Amt 58,634.58 11,702.86

20,500.00 claims owed to Tuscany claims owed to Tuscany 9,000.00 claims owed to Tuscany 4,500.00 Adjust Balance/Transfer Amt 11,702.86 Fort Bend 1,988.11 37,361.95 36,666.78

37,361.95 Bank Balance Variance Leave in Balance 100.00 QIPP Y7 funds owed to MMC 595.17

6,751.64

Adjust Balance/Transfer Amt 36,666.78 Solera at W Houston 389,312.77 389,212.77 114,931.63 11,119.75 285.500.89 Bank Balance 389,312.77

Variance APPROVED ON 18,391.11 + Leave in Balance 100.00 58 634 6 58 + MAY 2 7 2025

11:702 • 86 + Nera at West Houston / Fort Bend / Broadmoor: CALHOUN COUNTY, TEXAS 36 . 666 . 78 +

389:212:77 + Adjust Balance/Transfer Amt 389,212.77 514 · 608 · 10 ◊

TOTAL TRANSFERS 514,608.10 144 Approved: Michelle Cumberland, Controller 5/27/2025

45,802.86

45,802.86

100.00

Bank Balance

Leave in Balance

Variance

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.

Balances Overview

Account	Name
---------	------

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,467,488.74	\$1,518,906.92	\$1,467,488.74	\$2,269,602.97
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$18,491.11 🗸 🌙	\$18,491.11	\$18,491,11	\$6,763.11
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$58,734.58 🗸 🌙	\$58,734.58	\$58,734.58	\$56,762.58
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$45,802.86 🗸 🏒	\$45,802.86	\$45,802.86	\$45,802.86
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$389,312.77 🗸 🗸	\$421,447.79	\$389,312.77	\$372,502.14
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$37,361.95 🗸 🌙	\$37,361.95	\$37,361.95	\$37,361.95
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$387,098.11 🗸	\$388,081.11	\$387,098.11	\$223,255.67
*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	\$765,115.44 🗸	\$768,937.31	\$765,115.44	\$751,411.23
*3407 MMC -NH TUSCANY VILLAGE	\$502,371.72 🏑	\$511,916.23	\$502,371.72	\$338,834.98
*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	\$3,744,412.26	\$3,842,314.84	\$3,744,412.26	\$4,174,932.47

Memorial Medical Center Nursing Home UPL Weekly Nexion Transfer Prosperity Accounts 5/27/2025

Previous Account Beginning Pending Today's Beginning Amount to Be Transferred to Nursing Nursing Home Number Balance Transfer-Out Transfer-In Balance Home Golden Creek 174,290.14 72,930.91 285,738.88 387,098.11 386,600.23 Bank Balance 387,098.11 Variance Leave in Balance 100.00 **April Interest** 397.88 Routing Information for 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.

1 will

Adjust Balance/Transfer Amt

Approved:
Michelle Cumberland, Controller
5/27/2025

386,600.23

APPROVED ON MAY 2 7 2025

CALHOUN COUNTY, TEXAS

5/23/2025	Deposit
5/22/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43
5/22/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001339
5/22/2025	NOVITAS SOLUTION HCCLAIMPMT 676097 420000114
5/22/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
5/21/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
5/21/2025	HNB - ECHO HCCLAIMPMT 745003411 440000244031
5/21/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001170
5/21/2025	NOVITAS SOLUTION HCCLAIMPMT 676097 420000119
5/20/2025	HNB - ECHO HCCLAIMPMT 746003411 440000204620
5/19/2025	GOLDENCREEKHEALT ELEC DEBIT 1220356 91000012
5/19/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43

			MMC PORTION				
		QIPP/Comp4					
NH PORTION	QIPP TI	&Lapse	QIPP/Comp3	QIPP/Comp 2	QIPP/Comp1	Transfer-In	Transfer-Out
163,842.4						163,842.44	76
2,092 0						2,092.00	
2,427.0						2,427.00	781
30,179.6						30,179.60	
2,424.0						2,424.03	. /
							65,388.91
512.1						512.16	
5,115.0						5,115.00	-4
77,643.2						77,643.20	
477.3						477.35	
						-	7,542.00
1,026.1						1,026.10	
					,		
					1		1
285,738.88						285,738.88	72,930.91

Balances Overview

Account Na.	me
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\$1,467,488.74	\$1,518,906.92	\$1,467,488.74	\$2,269,602.97
\$18,491.11	\$18,491.11	\$18,491.11	\$6,763.11
\$58,734.58	\$58,734.58	\$58,734.58	\$56,762.58
\$45,802.86	\$45,802.86	\$45,802.86	\$45,802.86
\$389,312.77	\$421,447.79	\$389,312.77	\$372,502.14
\$37,361.95	\$37,361.95	\$37,361.95	\$37,361.95
\$387,098.11	\$388,081.11	\$387,098.11	\$223,255.67
\$5,493.63	\$5,493.63	\$5,493.63	\$5,493.63
\$100.00	\$100.00	\$100.00	\$100.00
\$101.56	\$101.56	\$101.56	\$101.56
\$765,115.44	\$768,937.31	\$765,115.44	\$751,411.23
\$502,371.72	\$511,916.23	\$502,371.72	\$338,834.98
\$66,247.68	\$66,247.68	\$66,247.68	\$66,247.68
\$692.11	\$692.11	\$692.11	\$692.11
\$3,744,412.26	\$3,842,314.84	\$3,744,412.26	\$4,174,932.47
	\$18,491.11 \$58,734.58 \$45,802.86 \$389,312.77 \$37,361.95 \$387,098.11 \$5,493.63 \$100.00 \$101.56 \$765,115.44 \$502,371.72 \$66,247.68 \$692.11	\$18,491.11 \$18,491.11 \$58,734.58 \$58,734.58 \$45,802.86 \$45,802.86 \$389,312.77 \$421,447.79 \$37,361.95 \$37,361.95 \$387,098.11 √ \$388,081.11 \$5,493.63 \$5,493.63 \$100.00 \$100.00 \$101.56 \$101.56 \$765,115.44 \$768,937.31 \$502,371.72 \$511,916.23 \$66,247.68 \$66,247.68 \$692.11 \$692.11	\$18,491.11 \$18,491.11 \$18,491.11 \$58,734.58 \$58,734.58 \$58,734.58 \$45,802.86 \$45,802.86 \$45,802.86 \$389,312.77 \$421,447.79 \$389,312.77 \$37,361.95 \$37,361.95 \$37,361.95 \$387,098.11 \$388,081.11 \$387,098.11 \$5,493.63 \$5,493.63 \$5,493.63 \$100.00 \$100.00 \$100.00 \$101.56 \$101.56 \$101.56 \$765,115.44 \$768,937.31 \$765,115.44 \$502,371.72 \$511,916.23 \$502,371.72 \$66,247.68 \$66,247.68 \$66,247.68 \$692.11 \$692.11

Memorial Medical Center Nursing Home UPL Weekly HMG Transfer Prosperity Accounts 5/27/2025 Amount to Be Transferred to Account Beginning Pending Deposits Today's Beginning Balance 100.00 100.00 **Nursing Home** Bank Balance Variance Leave in Balance 100.00 Adjust Balance/Transfer Amt Amount to Be Pending Deposits Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicald Transfer-In Cks Cleared Today's Beginning Balance 101.56 101.56 **Nursing Home** Bank Balance Leave in Balance 100.00 Adjust Balance/Transfer Amt 1.56 Routing Information for Gulf Pointe Plaza: TOTAL TRANSFERS MSZ

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

Approved:
Michelle Cumberland, Controller

5/27/2025

APPROVED ON MAY 2 7 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

	The Market and The				MMC PORTION			
ulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTIO
no activity		+					-	
	1							
							-	
			•	-	-	•	-	•
	•	•			MMC PORTION		-	
			- QIPP/Comp1	QIPP/Comp	MMC PORTION	QIPP/Comp4	QIPP TI	NH PORTIO
<mark>if Pointe Plaza-Medicare/Medicaid</mark> No Activity	•			QIPP/Comp	MMC PORTION	QIPP/Comp4		NH PORTIO
ulf Pointe Plaza-Medicare/Medicaid	•			QIPP/Comp	MMC PORTION	QIPP/Comp4		NH PC
	Transfer-Out	<u>Transfer-In</u>		QIPP/Comp	MMC PORTION	QIPP/Comp4		NH PORTIC

Balances Overview

Account Name	A
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ridocalit ivalitie					
*4357 MEMORIAL MEDICAL - OPERATING	\$1,467,488.74		\$1,518,906.92	\$1,467,488.74	\$2,269,602.97
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$18,491.11		\$18,491.11	\$18,491.11	\$6,763.11
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$58,734.58		\$58,734.58	\$58,734.58	\$56,762.58
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$45,802,86		\$45,802.86	\$45,802.86	\$45,802.86
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$389,312.77		\$421,447.79	\$389,312.77	\$372,502.14
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$37,361.95		\$37,361.95	\$37,361.95	\$37,361.95
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$387,098.11	2.0	\$388,081.11	\$387,098.11	\$223,255.67
*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	7	\$100.00	\$100.00	\$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101,56	1	\$101.56	\$101.56	\$101.56
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$765,115.44		\$768,937.31	\$765,115.44	\$751,411.23
*3407 MMC -NH TUSCANY VILLAGE	\$502,371.72		\$511,916.23	\$502,371.72	\$338,834.98
*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	-11-114	\$692.11	\$692.11	\$692.11
Total Balance	\$3,744,412.26		\$3,842,314.84	\$3,744,412.26	\$4,174,932.47

Memorial Medical Center Nursing Home UPL Weekly Tuscany Transfer Prosperity Accounts 5/27/2025

Previous Amount to Be Transferred to Beginning Balance 240,102.20 Pending Nursing Home Tuscany Village Transfer-Out 238,944.02 Transfer-In 501,213.54 Cks Cleared Deposits Today's Beginning Balance Nursing Home 502,371.72 411,907.63 502,371.72 Bank Balance 100.00 1,058.18 Leave in Balance MEDRICARE recoup funds owed to Lavaca Bay Y7 QIPP Owed to MMC 89,305.91 Adjust Balance/Transfer Amt 411,907.63 nen

Approved:
Michelle Cumberland, Controller

5/27/2025

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.

APPROVED ONMAY **2 7** 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Tuscany Village 5/23/2025 Deposit 5/23/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000157 5/22/2025 HNB - ECHO HCCLAIMPMT 746003411 440000283396 5/22/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000114 5/21/2025 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE 5/21/2025 Deposit 5/21/2025 HNB - ECHO HCCLAIMPMT 746003411 440000244869 5/21/2025 HNB - ECHO HCCLAIMPMT 746003411 440000243949

5/20/2025 HNB - ECHO HCCLAIMPMT 746003411 44000204764 5/20/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000181 5/19/2025 HNB - ECHO HCCLAIMPMT 746003411 440000244070

Trans	sfer-Out	Transfer-In	QIPP/Comp 1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
		160,488.53					-	160,488.53
	-	3,048.21						3,048.21
		16,527.30						16,527.30
	- 1	6,914.86						6,914.86
23	8,944.02							
		1,000.00						1,000.00
	-	23,443.99						23,443.99
	1.40	22,556.69						22,556.69
		6,140.24						6,140.24
		211,337.39						211,337.39
		49,756.33						49,756.33
			/					
238	3,944.02	501,213.54	•					501,213.54

MMC PORTION

Balances Overview

Acc	ount	Name
-----	------	------

11.20.22.22.20.1.22.22.2					
*4357 MEMORIAL MEDICAL - OPERATING	\$1,467,488.74		\$1,518,906.92	\$1,467,488.74	\$2,269,602.97
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$18,491.11		\$18,491.11	\$18,491.11	\$6,763.11
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$58,734.58		\$58,734.58	\$58,734.58	\$56,762.58
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$45,802.86		\$45,802.86	\$45,802.86	\$45,802.86
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$389,312.77		\$421,447.79	\$389,312.77	\$372,502.14
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$37,361.95		\$37,361.95	\$37,361.95	\$37,361.95
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$387,098.11		\$388,081.11	\$387,098.11	\$223,255.67
*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	\$765,115.44		\$768,937.31	\$765,115.44	\$751,411.23
*3407 MMC -NH TUSCANY VILLAGE	\$502,371.72	1	\$511,916.23	\$502,371.72	\$338,834.98
*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	\$3,744,412.26		\$3,842,314.84	\$3,744,412.26	\$4,174,932.47

Memorial Medical Center Nursing Home UPL Weekly HSLTransfer Prosperity Accounts 5/27/2025

Pending Medicare unt to Be Transferred to Transfer-In 290,867.40 Today's Beginning Balance 765,115.44 765,115.44 Cks Cleared Nursing Home 474,248.04 No Transfer Bank Balance Variance Leave in Balance 100.00 April Interest Wellpoint Payment Q1 owed to MMC 469.35 31,786.42 Adjust Balance/Transfer Amt 732,759.67 mer 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: VV VC
Michelle Cumberland, Controller 5/27/2025

APPROVED ON

MAY 2 7 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

					MMC PORTIO	ON .		
avaca Bay Nursing and Rehab	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
5/23/2025 Deposit		8,889.46						8,889.46
5/23/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000157	4	3,597.44						3,597.44
5/23/2025 HOSPICE OF SOUTH Payments NF 113122650034484		1,217.31						1,217,31
5/22/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000114		11,214.97						11,214,97
5/21/2025 Deposit		26,473.94						26,473.94
5/21/2025 HNB - ECHO HCCLAIMPMT 746003411 440000244031		835.69						835.69
5/21/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000119		5,973.33						5,973.33
5/21/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2		1,140.96						1.140.96
5/21/2025 CENTENE CORP HCCLAIMPMT 53101126728047		796.44						796.44
5/20/2025 WELLPOINT CO AP E-PAYMENT EE52994472 1110000		90,818.34						90,818.34
5/20/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000181		59,720.58						59,720.58
5/20/2025 HUMANA INS CO HCCLAIMPMT 75521536 8300005431		1,380.23						1,380.23
5/20/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2		18,410.54						18,410.54
5/20/2025 CENTENE CORP HCCLAIMPMT 53101121256796		39,857.97						39,857.97
5/19/2025 NDC SWEEP FAC 02330 56009680007741 SWEEP FR		792.74						792.74
5/19/2025 HUMANA INS CO HCCLAIMPMT 75390623 8300005866	-1	19,747.46						19,747.46
	/							
	1		1					
	_		1		-			
		290,867.40					-	290,867.40

Account Na	ame
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\$1,467,488.74		\$1,518,906.92	\$1,467,488.74	\$2,269,602.97
\$18,491.11		\$18,491.11	\$18,491.11	\$6,763.11
\$58,734.58		\$58,734.58	\$58,734.58	\$56,762.58
\$45,802.86		\$45,802.86	\$45,802.86	\$45,802.86
\$389,312.77		\$421,447.79	\$389,312.77	\$372,502.14
\$37,361.95		\$37,361.95	\$37,361.95	\$37,361.95
\$387,098.11		\$388,081.11	\$387,098.11	\$223,255.67
\$5,493.63		\$5,493.63	\$5,493.63	\$5,493.63
\$100.00		\$100.00	\$100.00	\$100.00
\$101.56		\$101.56	\$101.56	\$101.56
\$765,115.44	1	\$768,937.31	\$765,115.44	\$751,411.23
\$502,371.72	,	\$511,916.23	\$502,371.72	\$338,834.98
\$66,247.68		\$66,247.68	\$66,247.68	\$66,247.68
\$692.11		\$692.11	\$692.11	\$692.11
\$3,744,412.26		\$3,842,314.84	\$3,744,412.26	\$4,174,932.47
	\$18,491.11 \$58,734.58 \$45,802.86 \$389,312.77 \$37,361.95 \$387,098.11 \$5,493.63 \$100.00 \$101.56 \$765,115.44 \$502,371.72 \$66,247.68 \$692.11	\$18,491.11 \$58,734.58 \$45,802.86 \$389,312.77 \$37,361.95 \$387,098.11 \$5,493.63 \$100.00 \$101.56 \$765,115.44 \$502,371.72 \$66,247.68 \$692.11	\$18,491.11 \$18,491.11 \$58,734.58 \$58,734.58 \$45,802.86 \$45,802.86 \$389,312.77 \$421,447.79 \$37,361.95 \$37,361.95 \$387,098.11 \$388,081.11 \$5,493.63 \$5,493.63 \$100.00 \$100.00 \$101.56 \$101.56 \$765,115.44 √ \$768,937.31 \$502,371.72 \$511,916.23 \$66,247.68 \$66,247.68 \$692.11 \$692.11	\$18,491.11 \$18,491.11 \$18,491.11 \$58,734.58 \$58,734.58 \$58,734.58 \$45,802.86 \$45,802.86 \$45,802.86 \$389,312.77 \$421,447.79 \$389,312.77 \$37,361.95 \$37,361.95 \$37,361.95 \$387,098.11 \$388,081.11 \$387,098.11 \$5,493.63 \$5,493.63 \$5,493.63 \$100.00 \$100.00 \$100.00 \$101.56 \$101.56 \$101.56 \$765,115.44 √ \$768,937.31 \$765,115.44 \$502,371.72 \$511,916.23 \$502,371.72 \$66,247.68 \$66,247.68 \$66,247.68 \$692.11 \$692.11

Gracie Orta

From: cclevenger@mmcportlavaca.com (Caitlin Clevenger)

<cclevenger@mmcportlavaca.com>

Sent: Tuesday, May 27, 2025 11:01 AM

To: 'Erica Perez'; Gracie Orta; 'rhonda kokena'; 'Melissa McKissack';

candice.villarreal@calhouncotx.org

Cc: Michelle Cumberland

Subject: NH Transfer Estimates for 6/4/25

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning,

Please see list of Nursing Home Transfer Estimates below for Court on $5 \frac{28}{25}$. We will send updated transfer amounts, not to exceed estimate amounts, on 6/2/25. Thank you

Ashford Gardens- \$100,000.00 The Broadmoor- \$100,000.00 The Crescent- \$100,000.00 Fort Bend- \$100,000.00 Solera- \$100,000.00 Golden Creek- \$500,000 HMG- \$50,000 Lavaca Bay- \$600,000 Tuscany- \$600,000

Please let me know if you have any questions or concerns. Thanks.

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message and any attachments.

Caitlin Clevenger

Senior Accountant Memorial Medical Center 815 N Virginia. St Port Lavaca, TX 77979 Ph: 361.552.0272

Lavaca Buy

Υ					
E	1-	APPROVED MAY 2 7 CALHOUN COUNTY A Chication	2025 UDITOR TY TEXAS	FOR ACCT USE ON Imprest Cash A/P Check Mail Check to Vendor Return Check to Dept	VLY
AMOUNT:	\$	31,786.42	G/L NUM	BER:	10255040
EXPLANATION:	WELLPOINT PAYMEN	IT FOR QIPP Q1 OW	ЕД ТО ММС		

Fort Bend

A	RIAL MEDICAL CENTER		Date Request	ted:	5/20/2025
E		APPROVED MAY 2 7 21 CALHOUN COUNTY AV CALHOUN COUNTY CONCHE DO	D25 DITOR Y. TEXAS	FOR ACCT L Imprest Cash A/P Check Mail Check to Ve	ndor
AMOUNT:	\$	595.17	G/L NU	JMBER:	10255040
EXPLANATION:	QIPP Y 7 RECONCILIA	ATION			
				/	
REQUESTED BY:	Caitlin Clevenger		AUTHORIZ	ZED BY: MSV	

Tuscanu

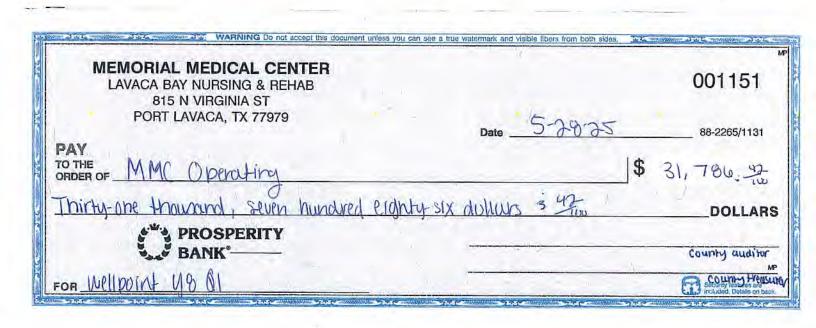
Α	RIAL MEDICAL CEN	MER	Date Requeste	ed:	5/20/202
EE		MAY 2	7 2025 YUNTY TEXAS YUNTY TEXAS	FOR ACCT Imprest Cash A/P Check Mail Check to V Return Check to	endor
AMOUNT:	\$	89,305.91	G/L NUM	MBER:	1025504
EXPLANATION:	QIPP Y 7 RECO	NCILIATION			
				1	
REQUESTED BY:	Caitlin Clevens	er	AUTHORIZE	DBY: MSZ	

Crescent

A TUSCAN	NY VILLAGE		Date Requested:		5/27/2025
E		APPROVED ON MAY 2 7 2025 BY COUNTY AUDITY CALHOUN COUNTY TO		FOR ACCT USE Imprest Cash A/P Check Mail Check to Vendo Return Check to Depr	r
AMOUNT:	\$	34,000.00	G/L NUMBI	ER:	10255040
EXPLANATION:	CLAIM PAYMENT	TS OWED TO TUSCANY FRO	OM THE CRESCENT		
REQUESTED BY:	Caitlin Clevenger		AUTHORIZED E	J BY: MSZ	

MEMORIAL MEDICAL CENTER TUSCANY VILLAGE 815 N VIRGINIA ST	10	001188
PAY	Date 5-28.25	88-2265/1131
TO THE ORDER OF MMC Operating		\$ 89,305.91
Eighty nine thousand, three hundred fir	ve dollars 3 %00	DOLLARS
PROSPERITY BANK®——		county auditor
FOR BIPP UT YELON	Definition of the second of th	Security feducates are included, Possals on track.

MEMORIAL MEDICAL CENTER NH CRESCENT 815 N VIRGINIA ST	000393
PORT LAVACA, TX 77979	Date 5.29.35 88-2265/1131
TO THE TUSCONIA VILLON	\$ 34,000.90
Thirty four thousand dollars 3 -	lu DOLLAR
PROSPERITY BANK*——	County auditi
FOR Claim payments	County Pitte



MEMORIAL MEDICAL CENTER NH FORT BEND 815 N VIRGINIA ST PORT LAVACA, TX 77979	J				000271
		Date	5.28.25	5	88-2265/1131
PAY		5,715.5			
ORDER OF MMC Operating				\$	595.70
Five hundred ninety-five dollars ?	1700				DOLLAR
PROSPERITY					
BANK*——		1	1		county auditor
FOR 47 QIPP RELON				************	Security leatures are included. Details on be

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TIME:11:07

RUN DATE:05/28/25 MEMORIAL MEDICAL CENTER

CHECK REGISTER 05/28/25 THRU 05/28/25 PAGE 1 GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF * 000271 05/28/25 595.17 MMC OPERATING NHC * 000393 05/28/25 34,000.00 TUSCANY VILLAGE BSL * 001151 05/28/25 31,786.42 MMC OPERATING TUS * 001188 05/28/25 89,305.91 MMC OPERATING

