

MEMORIAL MEDICAL CENTER

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

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

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

APPROVED

MAY 28 2025

CALHOUN COUNTY  
COMMISSIONERS COURT

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

**PAYABLES AND PAYROLL**

5/23/2025 Weekly Payables	253,293.64
5/27/2025 McKesson-340B Prescription Expense	455.79
5/27/2025 Amerisource Bergen-340B Prescription Expense	82.72
5/27/2025 Amerisource Bergen-340B Prescription Expense	783.28

**Prosperity Electronic Bank Payments**

5/27/2025 Pay Plus-Patient Claims Processing Fee	1,800.13
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<b>TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS</b>	<b>\$</b>	<b>256,415.56</b>
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**TRANSFERS BETWEEN FUNDS-MMC**

5/27/2025 Transfer from Nexbank to Operating Account	1,000,000.00
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**TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES**

5/23/2025 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	5,183.22
5/23/2025 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	116,549.57

<b>TOTAL TRANSFERS BETWEEN FUNDS</b>	<b>\$</b>	<b>1,121,732.79</b>
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**NURSING HOME UPL EXPENSES**

5/27/2025 Nursing Home UPL-Cantex Transfer	514,608.10
5/27/2025 Nursing Home UPL-Nexion Transfer	386,600.23
5/27/2025 Nursing Home UPL-Tuscany Transfer	411,907.63
5/27/2025 Nursing Home UPL-Cantex Transfer Estimated Transfer for 6/4/25	500,000.00
5/27/2025 Nursing Home UPL-Nexion Transfer Estimated Transfer for 6/4/25	500,000.00
5/27/2025 Nursing Home UPL-HMG Transfer Estimated Transfer for 6/4/25	50,000.00
5/27/2025 Nursing Home UPL-Tuscany Transfer Estimated Transfer for 6/4/25	600,000.00
5/27/2025 Nursing Home UPL-HSL Transfer Estimated Transfer for 6/4/25	600,000.00

**TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC**

5/27/2025 Tuscany to MMC - QIPP Y7 Reconciliation	89,305.91
5/27/2025 Lavaca Bay to MMC - Wellpoint payment for QIPP Q1 owed to MMC	31,786.42
5/27/2025 Fort Bend to MMC-QIPP Y7 Reconciliation	595.17

**TRANSFER OF FUNDS BETWEEN NURSING HOMES**

5/27/2025 Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	34,000.00
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<b>TOTAL NURSING HOME UPL EXPENSES</b>	<b>\$</b>	<b>3,718,803.46</b>
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**INTER-GOVERNMENT TRANSFERS**

5/27/2025 CHIRP IGT RAPPs Prepaid Expenses	33,149.26
5/27/2025 CHIRP IGT RAPPs Prepaid Expenses	191,086.00

<b>TOTAL INTER-GOVERNMENT TRANSFERS</b>	<b>\$</b>	<b>224,235.26</b>
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<b>GRAND TOTAL DISBURSEMENTS APPROVED May 28, 2025</b>	<b>\$</b>	<b>5,321,187.07</b>
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MAY 23 2025

05/23/2025

10:07

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Due Dates Through: 06/13/2025

ap\_open\_invoice.template

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
	✓ 1G9KTC6G4GMJ		05/21/202	05/12/202	06/11/202			231.96	0.00	0.00	231.96 ✓
	✓ 1N9LQRN14H71		05/21/202	05/12/202	06/11/202			105.24	0.00	0.00	105.24 ✓
	✓ 1KJFPT7Y37P7		05/21/202	05/13/202	06/12/202			357.29	0.00	0.00	357.29 ✓
	✓ 19Q7Q47H34YR		05/21/202	05/13/202	06/12/202			194.14	0.00	0.00	194.14 ✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES						888.63	0.00	0.00	888.63
Vendor#	Vendor Name	Class	Pay Code								
A1360	✓ AMERISOURCEBERGEN DRUG CORP	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 805335303		05/20/202	05/15/202	05/21/202			20.02	0.00	0.00	20.02 ✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP						20.02	0.00	0.00	20.02
Vendor#	Vendor Name	Class	Pay Code								
13024	✓ AZALIA BONUZ										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 051625		05/21/202	05/16/202	05/16/202			7.50	0.00	0.00	7.50 ✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
	13024	AZALIA BONUZ						7.50	0.00	0.00	7.50
Vendor#	Vendor Name	Class	Pay Code								
M2485	✓ BAYER HEALTHCARE	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 6011909770		05/21/202	05/09/202	05/21/202			877.74	0.00	0.00	877.74 ✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE						877.74	0.00	0.00	877.74
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
	✓ 111949199		05/14/202	04/02/202	04/27/202			13,045.90	0.00	0.00	13,045.90 ✓
	✓ 111720530		05/14/202	05/14/202	06/08/202			8,828.45	0.00	0.00	8,828.45 ✓
	✓ 112021861		05/20/202	05/13/202	06/07/202			5,016.58	0.00	0.00	5,016.58 ✓
	✓ 112009742		05/21/202	05/06/202	05/31/202			754.66	0.00	0.00	754.66 ✓
	✓ 7383553		05/21/202	05/09/202	06/03/202			9,282.40	0.00	0.00	9,282.40 ✓
	✓ 112017605		05/21/202	05/21/202	06/10/202			1,504.27	0.00	0.00	1,504.27 ✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC						38,432.26	0.00	0.00	38,432.26
Vendor#	Vendor Name	Class	Pay Code								



## 11072 ✓ BIO-RAD LABORATORIES, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 907491099A		05/14/202	08/02/202	08/02/202			1,247.62	0.00	0.00	1,247.62 ✓
✓ 908060164		05/14/202	03/05/202	05/14/202			617.82	0.00	0.00	617.82 ✓
✓ 908201884		05/14/202	04/24/202	05/08/202			617.03	0.00	0.00	617.03 ✓
✓ 908234741		05/14/202	05/08/202	03/25/202			2,189.11	0.00	0.00	2,189.11 ✓
✓ 908119977		05/21/202	03/25/202	05/21/202			617.42	0.00	0.00	617.42 ✓
✓ 908246120		05/21/202	05/13/202	05/21/202			1,378.87	0.00	0.00	1,378.87 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11072	BIO-RAD LABORATORIES, INC	6,667.87	0.00	0.00	6,667.87

Vendor#	Vendor Name	Class	Pay Code
12768 ✓	CHEMAQUA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9149591		05/21/202	05/10/202	05/20/202			593.69	0.00	0.00	593.69 ✓

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

Vendor#	Vendor Name	Class	Pay Code
C1730 ✓	CITY OF PORT LAVACA	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 051425		05/21/202	05/14/202	05/21/202			13.94	0.00	0.00	13.94 ✓
✓ 051425A	1014 N. Virginia St.	05/21/202	05/14/202	06/05/202			16.68	0.00	0.00	16.68 ✓
✓ 051425B	815 N. Virginia St.	05/21/202	05/14/202	06/05/202			1,963.16	0.00	0.00	1,963.16 ✓
✓ 051425C	701 N. Virginia St.	05/21/202	05/14/202	06/05/202			80.17	0.00	0.00	80.17 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1730	CITY OF PORT LAVACA	2,073.95	0.00	0.00	2,073.95

Vendor#	Vendor Name	Class	Pay Code
C1166 ✓	COASTAL OFFICE SOLUTIONS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ OEQT317252		05/21/202	05/14/202	05/24/202			46.26	0.00	0.00	46.26 ✓
✓ OE512961		05/21/202	05/15/202	05/25/202			318.51	0.00	0.00	318.51 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1166	COASTAL OFFICE SOLUTIONS	364.77	0.00	0.00	364.77

Vendor#	Vendor Name	Class	Pay Code
11107 ✓	COURTNE THURLKILL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 051925		05/22/202	05/19/202	05/22/202			249.00	0.00	0.00	249.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11107	COURTNE THURLKILL	249.00	0.00	0.00	249.00

Vendor#	Vendor Name	Class	Pay Code
14400 ✓	CULINARY CONCESSIONS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ INV310415		05/20/202	04/30/202	05/20/202			27,780.35	0.00	0.00	27,780.35 ✓



Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14400	CULINARY CONCESSIONS LLC				27,780.35	0.00	0.00	27,780.35
Vendor#	Vendor Name				Class	Pay Code				
10006	✓ CUSTOM ASSEMBLIES, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ INV17619		05/13/202	05/08/202	06/07/202		210.37	0.00	0.00	210.37 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10006	CUSTOM ASSEMBLIES, INC				210.37	0.00	0.00	210.37
Vendor#	Vendor Name				Class	Pay Code				
10368	✓ DEWITT POTH & SON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 7932650		05/13/202	05/07/202	06/01/202		838.99	0.00	0.00	838.99 ✓
	✓ 7922110		05/20/202	04/25/202	05/20/202		572.79	0.00	0.00	572.79 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				1,411.78	0.00	0.00	1,411.78
Vendor#	Vendor Name				Class	Pay Code				
14800	✓ DIRECTV ENTERTAINMENT HOLDINGS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 250512		05/20/202	05/15/202	05/25/202		990.10	0.00	0.00	990.10 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14800	DIRECTV ENTERTAINMENT HOLDINGS				990.10	0.00	0.00	990.10
Vendor#	Vendor Name				Class	Pay Code				
10789	✓ DISCOVERY MEDICAL NETWORK INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 001		05/22/202	05/08/202	05/27/202		20,000.00	0.00	0.00	20,000.00 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10789	DISCOVERY MEDICAL NETWORK INC				20,000.00	0.00	0.00	20,000.00
Vendor#	Vendor Name				Class	Pay Code				
11291	✓ DOWELL PEST CONTROL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 51280		05/20/202	05/13/202	06/07/202		325.00	0.00	0.00	325.00 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11291	DOWELL PEST CONTROL				325.00	0.00	0.00	325.00
Vendor#	Vendor Name				Class	Pay Code				
15824	✓ DR RICHARD ARROYO DIAZ									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 051225		05/12/202	05/12/202	05/22/202		1,232.91	0.00	0.00	1,232.91 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		15824	DR RICHARD ARROYO DIAZ				1,232.91	0.00	0.00	1,232.91
Vendor#	Vendor Name				Class	Pay Code				
15240	✓ ECLINICAL WORKS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 0003233514A		05/23/202	05/01/202	05/31/202		480.65	0.00	0.00	480.65 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		15240	ECLINICAL WORKS LLC				480.65	0.00	0.00	480.65
Vendor#	Vendor Name				Class	Pay Code				
11284	✓ EMERGENCY STAFFING SOLUTIONS									

*Placement Fee Dr. Brown*

*QTC Echo reads*



Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 44268		05/20/202	05/15/202	06/10/202			40,062.50	0.00	0.00	40,062.50 ✓
Mid month Services 1-15th										
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net
11284		EMERGENCY STAFFING SOLUTIONS		40,062.50		0.00		0.00		40,062.50
Vendor#	Vendor Name	Class		Pay Code						
15832 ✓	EVERON									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 158661081		05/21/202	05/05/202	06/04/202			58.43	0.00	0.00	58.43 ✓
Fire monitoring 5/1 - 5/31/25										
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net
15832		EVERON		58.43		0.00		0.00		58.43
Vendor#	Vendor Name	Class		Pay Code						
S0501 ✓	EVOQUA WATER TECHNOLOGIES LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 905462587		05/21/202	07/28/202	08/22/202			1,421.96	0.00	0.00	1,421.96 ✓
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net
S0501		EVOQUA WATER TECHNOLOGIES LLC		1,421.96		0.00		0.00		1,421.96
Vendor#	Vendor Name	Class		Pay Code						
10689 ✓	FASTHEALTH CORPORATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 05A25MMC		05/20/202	05/01/202	05/16/202			545.00	0.00	0.00	545.00 ✓
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net
10689		FASTHEALTH CORPORATION		545.00		0.00		0.00		545.00
Vendor#	Vendor Name	Class		Pay Code						
17276 ✓	FIRST UNITED METHODIST CHURCH									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 060125		05/22/202	06/01/202	05/22/202			1,450.00	0.00	0.00	1,450.00 ✓
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net
17276		FIRST UNITED METHODIST CHURCH		1,450.00		0.00		0.00		1,450.00
Vendor#	Vendor Name	Class		Pay Code						
F1400 ✓	FISHER HEALTHCARE			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 0982111		05/06/202	05/14/202	06/08/202			396.76	0.00	0.00	396.76 ✓
✓ 0410892		05/13/202	04/18/202	05/13/202			337.80	0.00	0.00	337.80 ✓
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net
F1400		FISHER HEALTHCARE		734.56		0.00		0.00		734.56
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
✓ 582208388030		05/20/202	05/19/202	06/01/202			4,719.03	0.00	0.00	4,719.03 ✓
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net
11149		GBS ADMINISTRATORS, INC		4,719.03		0.00		0.00		4,719.03
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
051425C		05/22/202	05/14/202	06/13/202			5.48	0.00	0.00	5.48
Remove - Does not Belong										
051425A		05/22/202	05/14/202	06/13/202			169.86	0.00	0.00	169.86



Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
051425B				2,460.02	0.00	0.00	2,460.02
051425				69.86	0.00	0.00	69.86
052025				2,478.00	0.00	0.00	2,478.00
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE		5,183.22	0.00	0.00	5,183.22
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
10804	HEALTHCARE CODING & CONSULTING			20.00	0.00	0.00	20.00
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
16248		05/20/202	04/30/202	05/30/202			
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING		20.00	0.00	0.00	20.00
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
15208	HOSPITAL CARE CONSULTANTS INC.			158.00	0.00	0.00	158.00
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
6832		05/20/202	03/31/202	04/10/202			
6827		05/20/202	05/15/202	05/25/202			
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	15208	HOSPITAL CARE CONSULTANTS INC.		23,821.00	0.00	0.00	23,821.00
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
11600	LEGAL SHIELD			483.70	0.00	0.00	483.70
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
051525		05/20/202	05/15/202	05/20/202			
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD		483.70	0.00	0.00	483.70
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
10972	M G TRUST			895.00	0.00	0.00	895.00
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
051525		05/20/202	05/19/202	05/20/202			
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	10972	M G TRUST		895.00	0.00	0.00	895.00
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
15200	MANAGED CARE PARTNERS INC.			515.00	0.00	0.00	515.00
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
6727		05/20/202	06/01/202	06/01/202			
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	15200	MANAGED CARE PARTNERS INC.		515.00	0.00	0.00	515.00
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
M1950	MARTIN PRINTING CO	W		52.00	0.00	0.00	52.00
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
80660		05/20/202	04/23/202	05/23/202			
80661		05/20/202	05/06/202	05/06/202			
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO		382.00	0.00	0.00	382.00
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
M2178	MCKESSON MEDICAL SURGICAL INC						

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 23782473		05/21/202	05/16/202	05/31/202			133.84	0.00	0.00	133.84 ✓
✓ 13375029		05/21/202	05/19/202	12/31/202			2.36	0.00	0.00	2.36 ✓
✓ 13410928		05/21/202	05/19/202	01/31/202			2.36	0.00	0.00	2.36 ✓
✓ 13445725		05/21/202	05/21/202	05/21/202			8.75	0.00	0.00	8.75 ✓
✓ 13339490		05/21/202	05/21/202	06/05/202			3.75	0.00	0.00	3.75 ✓
✓ 13513865		05/21/202	05/21/202	06/05/202			4.37	0.00	0.00	4.37 ✓
✓ 13480108		05/21/202	05/21/202	06/05/202			2.36	0.00	0.00	2.36 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2178	MCKESSON MEDICAL SURGICAL INC	157.79	0.00	0.00	157.79

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
✓ 2370392081		05/21/202	05/13/202	06/07/202			34.69	0.00	0.00	34.69 ✓
✓ 2370392080		05/21/202	05/13/202	06/07/202			235.32	0.00	0.00	235.32 ✓
✓ 2370392079		05/21/202	05/13/202	06/07/202			37.96	0.00	0.00	37.96 ✓
✓ 2370392082		05/21/202	05/13/202	06/07/202			593.76	0.00	0.00	593.76 ✓
✓ 2370676830		05/21/202	05/14/202	06/08/202			257.98	0.00	0.00	257.98 ✓
✓ 2370676831		05/21/202	05/14/202	06/08/202			49.20	0.00	0.00	49.20 ✓
✓ 2370676833		05/21/202	05/14/202	06/08/202			7.25	0.00	0.00	7.25 ✓
✓ 2370676832		05/21/202	05/14/202	06/08/202			4.16	0.00	0.00	4.16 ✓
✓ 2370676834		05/21/202	05/14/202	06/08/202			13,348.96	0.00	0.00	13,348.96 ✓
✓ 2370676836		05/21/202	05/14/202	06/08/202			41.36	0.00	0.00	41.36 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2470	MEDLINE INDUSTRIES INC	14,610.64	0.00	0.00	14,610.64

Vendor#	Vendor Name	Class	Pay Code
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10963 MEMORIAL MEDICAL CLINIC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051925		05/20/202	05/19/202	05/20/202			25.00	0.00	0.00	25.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10963	MEMORIAL MEDICAL CLINIC	25.00	0.00	0.00	25.00

Vendor#	Vendor Name	Class	Pay Code
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15224 MUTUAL OF OMAHA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 001892452365		05/20/202	05/01/202	06/01/202			23,337.24	0.00	0.00	23,337.24 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15224	MUTUAL OF OMAHA	23,337.24	0.00	0.00	23,337.24



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
✓	8729		05/20/202	05/14/202	05/24/202			74.01	0.00	0.00	74.01 ✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION						74.01	0.00	0.00	74.01
Vendor#	Vendor Name				Class	Pay Code					
12388 ✓	NATIONAL FARM LIFE INSURANCE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	4483848		05/21/202	05/21/202	06/01/202			2,510.54	0.00	0.00	2,510.54 ✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LIFE INSURANCE						2,510.54	0.00	0.00	2,510.54
Vendor#	Vendor Name				Class	Pay Code					
16160 ✓	PHELPS DUNBAR LLP										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	1419873		05/22/202	02/10/202	05/09/202			345.00	0.00	0.00	345.00 ✓
✓	1403949		05/22/202	02/10/202	05/22/202			575.00	0.00	0.00	575.00 ✓
✓	1419874		05/22/202	05/09/202	05/22/202			747.50	0.00	0.00	747.50 ✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	16160	PHELPS DUNBAR LLP						1,667.50	0.00	0.00	1,667.50
Vendor#	Vendor Name				Class	Pay Code					
10896 ✓	QIAGEN INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	999671521		05/13/202	05/08/202	06/07/202			374.91	0.00	0.00	374.91 ✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10896	QIAGEN INC						374.91	0.00	0.00	374.91
Vendor#	Vendor Name				Class	Pay Code					
14060 ✓	RADCOM ASSOCIATES, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	OP004904		04/30/202	05/09/202	06/08/202			900.00	0.00	0.00	900.00 ✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	14060	RADCOM ASSOCIATES, LLC						900.00	0.00	0.00	900.00
Vendor#	Vendor Name				Class	Pay Code					
11080 ✓	RADSOURCE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	PSI005755		04/30/202	05/12/202	06/06/202			1,791.67	0.00	0.00	1,791.67 ✓
	SERVICE AGREEMENT										
✓	PSCM000232		05/07/202	04/01/202	06/01/202			-1,708.33	0.00	0.00	-1,708.33 ✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11080	RADSOURCE						83.34	0.00	0.00	83.34
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
✓	984004064		05/14/202	03/28/202	04/16/202			374.48	0.00	0.00	374.48 ✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.						374.48	0.00	0.00	374.48
Vendor#	Vendor Name				Class	Pay Code					

## 11296 ✓ SOUTH TEXAS BLOOD &amp; TISSUE CEN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 107050281		05/20/202	05/15/202	06/09/202			5,120.00	0.00	0.00	5,120.00 ✓
✓ CM14949		05/20/202	05/15/202	06/09/202			-2,028.00	0.00	0.00	-2,028.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11296	SOUTH TEXAS BLOOD & TISSUE CEN	3,092.00	0.00	0.00	3,092.00

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
✓ 1645886		05/22/202	05/22/202	05/23/202			32.50	0.00	0.00	32.50 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12288	SPBS CLINICAL EQUIPMENT SRVC	32.50	0.00	0.00	32.50

Vendor# Vendor Name Class Pay Code

## S3940 ✓ STERIS CORPORATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 13773575		05/22/202	05/05/202	05/30/202			248.61	0.00	0.00	248.61 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
S3940	STERIS CORPORATION	248.61	0.00	0.00	248.61

Vendor# Vendor Name Class Pay Code

## 17248 ✓ SUMMIT PAIN AND WELLNESS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1188		05/12/202	05/09/202	06/09/202			4,000.00	0.00	0.00	4,000.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
17248	SUMMIT PAIN AND WELLNESS	4,000.00	0.00	0.00	4,000.00

Vendor# Vendor Name Class Pay Code

## T2539 ✓ T-SYSTEM, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2018776		05/20/202	05/10/202	06/09/202			146.00	0.00	0.00	146.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
T2539	T-SYSTEM, INC	146.00	0.00	0.00	146.00

Vendor# Vendor Name Class Pay Code

## 10758 ✓ TEXAS SELECT STAFFING, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 0025402A		05/22/202	05/15/202	05/16/202			5,626.25	0.00	0.00	5,626.25 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10758	TEXAS SELECT STAFFING, LLC	5,626.25	0.00	0.00	5,626.25

Vendor# Vendor Name Class Pay Code

## T3130 ✓ TRI-ANIM HEALTH SERVICES INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 600785038		05/21/202	05/09/202	06/03/202			146.12	0.00	0.00	146.12 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
T3130	TRI-ANIM HEALTH SERVICES INC	146.12	0.00	0.00	146.12

Vendor# Vendor Name Class Pay Code

## 11067 ✓ TRIZETTO PROVIDER SOLUTIONS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 35FK052500		05/21/202	05/01/202	05/26/202			1,715.02	0.00	0.00	1,715.02 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
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	11067	TRIZETTO PROVIDER SOLUTIONS					1,715.02	0.00	0.00	1,715.02
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
	051425B		05/22/202	05/14/202	06/13/202		26,206.11	0.00	0.00	<del>26,206.11</del>
	051425C		05/22/202	05/14/202	06/13/202		3,122.58	0.00	0.00	3,122.58
	051425A		05/22/202	05/14/202	06/13/202		2,095.00	0.00	0.00	2,095.00
	051425		05/22/202	05/14/202	06/13/202		3,770.84	0.00	0.00	3,770.84
	051625		05/22/202	05/16/202	06/13/202		1,858.20	0.00	0.00	1,858.20
	051625A		05/22/202	05/16/202	06/13/202		40,569.32	0.00	0.00	40,569.32
	051925		05/22/202	05/19/202	06/13/202		3,880.08	0.00	0.00	3,880.08
	051925A		05/22/202	05/19/202	06/13/202		5,849.63	0.00	0.00	5,849.63
	052025		05/22/202	05/20/202	06/13/202		2,592.69	0.00	0.00	2,592.69
	052025A		05/22/202	05/20/202	06/13/202		12,498.29	0.00	0.00	12,498.29
	052125A		05/22/202	05/21/202	06/13/202		10,056.83	0.00	0.00	10,056.83
	052125		05/22/202	05/21/202	06/13/202		4,050.00	0.00	0.00	4,050.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE					116,549.57	0.00	0.00	116,549.57
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
	✓ 2921059946		05/20/202	05/12/202	06/06/202		262.08	0.00	0.00	262.08 ✓
	✓ 2921059951		05/20/202	05/12/202	06/06/202		7,954.03	0.00	0.00	7,954.03 ✓
	✓ 2921059963		05/20/202	05/12/202	06/06/202		157.62	0.00	0.00	157.62 ✓
	✓ 2921060329		05/20/202	05/15/202	06/09/202		64.34	0.00	0.00	64.34 ✓
	✓ 2921060351		05/20/202	05/15/202	06/09/202		190.64	0.00	0.00	190.64 ✓
	✓ 2921060356		05/20/202	05/15/202	06/09/202		150.06	0.00	0.00	150.06 ✓
	✓ 2921060339		05/20/202	05/15/202	06/09/202		247.84	0.00	0.00	247.84 ✓
	✓ 2921060320		05/20/202	05/15/202	06/09/202		2,834.37	0.00	0.00	2,834.37 ✓
	✓ 2921060346		05/20/202	05/15/202	06/09/202		181.87	0.00	0.00	181.87 ✓
	✓ 2921060367		05/20/202	05/15/202	06/09/202		131.41	0.00	0.00	131.41 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					12,174.26	0.00	0.00	12,174.26
Vendor#	Vendor Name		Class		Pay Code					

17832 ✓ VOCA LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 38957		05/20/202	05/09/202	06/08/202			2,736.00	0.00	0.00	2,736.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
17832	VOCA LLC	2,736.00	0.00	0.00	2,736.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9111853378		05/21/202	05/15/202	06/09/202			1,571.66	0.00	0.00	1,571.66 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
I1110	WERFEN USA LLC	1,571.66	0.00	0.00	1,571.66

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	375,051.43	0.00	0.00	375,051.43 ✓

APPROVED ON

MAY 23 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Chk# 209026-209078

375,051.43	+
5,183.22	-
116,549.57	-
25.00	-
253,293.64	◇

Pg 4/5 removed NH total  
Pg 9 ..  
Pg 6 removed Prev. Paid



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

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
05/28/25 THRU 05/28/25

PAGE 1  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	209026	05/28/25	888.63	AMAZON CAPITAL SERVICES
A/P	209027	05/28/25	20.02	AMERISOURCEBERGEN DRUG CORP
A/P	209028	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	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	364.77	COASTAL OFFICE SOLUTIONS
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	DIRECTV ENTERTAINMENT HOLDINGS
A/P	209040	05/28/25	20,000.00	DISCOVERY MEDICAL NETWORK INC
A/P	209041	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	FIRST UNITED METHODIST CHURCH
A/P	209049	05/28/25	734.56	FISHER HEALTHCARE
A/P	209050	05/28/25	4,719.03	GBS ADMINISTRATORS, INC
A/P	209051	05/28/25	20.00	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
A/P	209059	05/28/25	14,610.64	MEDLINE INDUSTRIES INC
A/P	209060	05/28/25	23,337.24	MUTUAL OF OMAHA
A/P	209061	05/28/25	74.01	NACOGDOCHES TRANSCRIPTION
A/P	209062	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	209068	05/28/25	3,092.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	209069	05/28/25	32.50	SPBS CLINICAL EQUIPMENT SRVC
A/P	209070	05/28/25	248.61	STERIS CORPORATION
A/P	209071	05/28/25	4,000.00	SUMMIT PAIN AND WELLNESS
A/P	209072	05/28/25	146.00	T-SYSTEM, INC
A/P	209073	05/28/25	5,626.25	TEXAS SELECT STAFFING, LLC
A/P	209074	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

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
05/28/25 THRU 05/28/25

PAGE 2  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	209076	05/28/25	12,174.26	UNIFIRST HOLDINGS INC
A/P	209077	05/28/25	2,736.00	VOCA LLC
A/P	209078	05/28/25	1,571.66	WERFEN USA LLC
A/P	209079	05/28/25	5,183.22	GOLDENCREEK HEALTHCARE
A/P	209080	05/28/25	116,549.57	TUSCANY VILLAGE
TOTALS:			375,026.43	

APPROVED ON

MAY 28 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Payables

253,293.64 +

5,183.22 +

116,549.57 +

375,026.43 ◊

Nh  
Xfer



**McKESSON**

**STATEMENT**

As of: 05/23/2025

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115  
Customer INV SupplD:  
Territory:

Customer: 632536  
Date: 05/24/2025

As of: 05/23/2025 Page: 002  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536 PLEASE CHECK ANY  
Date: 05/24/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
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PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 465.09 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97  
08/07/2017

If Paid By 05/27/2025,  
Pay This Amount:

455.79 USD

If Paid After 05/27/2025,  
Pay this Amount:

465.09 USD

Due If Paid On Time:  
USD

455.79

Disc lost if paid late:

9.30

Due If Paid Late:  
USD

465.09

2 \* 90 +  
8 \* 41 +  
444 \* 48 +  
455 \* 79 =

APPROVED ON

MAY 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

**McKESSON****STATEMENT**

As of: 05/23/2025

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 820405  
Date: 05/24/2025

As of: 05/23/2025 Page: 001  
Mail to: 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	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
05/22/2025	05/27/2025	7569791451	B2505-055-201472	115Invoice	0.02	1.02		1.00	✓	7569791451	
05/23/2025	05/27/2025	7570050626	B2505-055-201596	115Invoice	0.04	1.94		1.90	✓	7570050626	

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: 2.96 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 155.36  
05/19/2025

If Paid By 05/27/2025,  
Pay This Amount:

2.90 USD

If Paid After 05/27/2025,  
Pay this Amount:

2.96 USD

Due If Paid On Time:

USD 2.90

Disc lost if paid late:

0.06

Due If Paid Late:

USD 2.96

APPROVED ON

MAY 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

<>  
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**MCKESSON**

**STATEMENT**

As of: 05/23/2025

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 835437  
Date: 05/24/2025

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835437 PLEASE CHECK ANY  
Date: 05/24/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
05/21/2025	05/27/2025	7569712899	4110648	115Invoice	0.17	8.58		8.41	✓	7569712899	

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: 8.58 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 155.36  
05/19/2025

If Paid By 05/27/2025,  
Pay This Amount:

8.41 USD

If Paid After 05/27/2025,  
Pay this Amount:

8.58 USD

Due If Paid On Time:  
USD

8.41

Disc lost if paid late:

0.17

Due If Paid Late:  
USD

8.58

APPROVED ON

MAY 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

**McKESSON**

**STATEMENT**

As of: 05/23/2025

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 256342  
Date: 05/24/2025

As of: 05/23/2025 Page: 001  
Mail to: 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 Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
05/20/2025	05/27/2025	7569511005	236732789	115Invoice	9.07	453.55		444.48	✓	7569511005	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 453.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 113.06  
04/28/2025

If Paid By 05/27/2025,  
Pay This Amount:

444.48 USD

If Paid After 05/27/2025,  
Pay this Amount:

453.55 USD

Due If Paid On Time:

USD 444.48

Disc lost if paid late:

9.07

Due If Paid Late:

USD 453.55

APPROVED ON

MAY 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333







## STATEMENT

Statement Number: 69804799  
Date: 05-23-2025

1 of 1

Served By:

AMERISOURCEBERGEN DRUG CORP  
501 PATRIOT PARKWAY  
ROANOKE TX 76262-6336DEA: RA0316958  
866-451-9655

Customer:

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

Remit To:

AMERISOURCEBERGEN  
PO Box 978740  
DALLAS TX 75397-8740

## Customer Number

100566356 / 100566356

## Terms

Sat - Fri Due in 7 days

## Summary

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

## Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
05-19-2025	05-30-2025	3215347823	7009688461	Invoice	352.40		0.00	✓ 352.40
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		0.00	✓ 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 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

## Reminders

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

✓ msn



**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — May 19, 2025 - May 25, 2025**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
5/23/2025	PAY PLUS ACHTrans 69344664 101000693778858 P	- 3rd Party Payor Fee
5/23/2025	HEALTHQUITY INC HealthEqui 1356888 91000017	- EmpDeduct/Employer Contribut
5/23/2025	EXPERTPAY EXPERTPAY 746003411 91000011922614	- Child Support Payment
5/23/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
5/23/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll
5/22/2025	PAY PLUS ACHTrans 69159166 101000692506420 P	- 3rd Party Payor Fee
5/22/2025	HPHG LLC MEMOR PREM MemMedCtr PtLav 11312265	- Health Insurance Premium Payment
5/21/2025	PAY PLUS ACHTrans 68904644 101000691166221 P	- 3rd Party Payor Fee
5/20/2025	WEBFILE TAX PYMT DD 902/79139968 21000029505	- Sales Tax
5/20/2025	PAY PLUS ACHTrans 68786958 101000699902246 P	- 3rd Party Payor Fee
5/20/2025	MCKESSON DRUG AUTO ACH ACH06526384 910000124	- 340B Drug Program Expense
5/20/2025	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments
5/19/2025	PAY PLUS ACHTrans 68555865 101000698504560 P	- 3rd Party Payor Fee

<u>Amount</u>	<u>CPSI "Handwritten"</u>	<u>Check" #</u>
363.03		901611
1,112.00	*	901612
524.54	**	901613
645.51	*	901614
381,674.93	*	901615
214.71		901616
67,460.08	***	901617
326.90		901618
2,462.87	**	901619
161.26		901620
155.36	*	901621
3,699.58	**	901622
734.23		901623

**459,535.00**

✓ Michelle Cumberland

Michelle Cumberland, Controller  
Memorial Medical Center

May 27, 2025

\* Approved on 5.21.25 cc  
\*\* Approved on 5.14.25 cc  
\*\*\* Approved on 5.07.25 cc

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>
5/30/2026	- STATE COMTRLR TEXNET	CHIRP IGT, RAPPs IGT - Prepaid Expenses
6/6/2025	- STATE COMTRLR TEXNET	CHIRP IGT, RAPPs IGT - Prepaid Expenses

<u>Amount</u>
33,149.26
191,086.00

**224,235.26**

✓ Michelle Cumberland

Michelle Cumberland, Controller  
Memorial Medical Center

May 27, 2025

**APPROVED ON**

**MAY 27 2025**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

363.03 +  
214.71 +  
326.90 +  
161.26 +  
734.23 +  
1,800.13 +  
33,149.26 +  
191,086.00 +  
224,235.26 +  
1,59,535.00 +  
1,112.00 -  
524.54 -  
645.51 -  
381,674.93 -  
67,460.08 -  
2,462.87 -  
155.36 -  
3,699.58 -  
1,800.13 +  
1,800.13 -  
0.00 +

**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





### 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

Memorial Medical Center  
Transfer Request

Amount: 1,000,000.00

Date: 5/27/2025

From Account: Nexbank Money Market [REDACTED]

APPROVED ON

To Account: Operating [REDACTED]

MAY 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY TEXAS

Explanation:

TRANSFER FUNDS FROM NEXBANK MONEY MARKET TO PROSPERITY OPERATING

Requested by: Caitlin Clevenger

Date: 5/27/2025

Authorized by: *Michele Culland*

Date: \_\_\_\_\_



MAY 23 2025

MEMORIAL MEDICAL CENTER

05/22/2025

18:47

AP Open Invoice List

0

CALHOUN COUNTY, TEXAS

Due Dates Through: 06/13/2025

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 ✓ GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 051425C		05/22/202	05/14/202	06/13/202			5.48	0.00	0.00	5.48 ✓
✓ 051425A	INS. pmt dep into mmc ope in error	05/22/202	05/14/202	06/13/202			169.86	0.00	0.00	169.86 ✓
✓ 051425B		05/22/202	05/14/202	06/13/202			2,460.02	0.00	0.00	2,460.02 ✓
✓ 051425		05/22/202	05/14/202	06/13/202			69.86	0.00	0.00	69.86 ✓
✓ 052025		05/22/202	05/20/202	06/13/202			2,478.00	0.00	0.00	2,478.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11836 GOLDENCREEK HEALTHCARE							5,183.22	0.00	0.00	5,183.22

## Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,183.22	0.00	0.00	5,183.22

APPROVED ON

MAY 23 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 209079

MAY 23 2025

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

Vendor# Vendor Name

13004 ✓ TUSCANY VILLAGE

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 051425		05/22/202	05/14/202	06/13/202			3,770.84	0.00	0.00	3,770.84 ✓
✓ 051425A		05/22/202	05/14/202	06/13/202			2,095.00	0.00	0.00	2,095.00 ✓
✓ 051425B		05/22/202	05/14/202	06/13/202			26,206.11	0.00	0.00	26,206.11 ✓
✓ 051425C		05/22/202	05/14/202	06/13/202			3,122.58	0.00	0.00	3,122.58 ✓
✓ 051625		05/22/202	05/16/202	06/13/202			1,858.20	0.00	0.00	1,858.20 ✓
✓ 051625A		05/22/202	05/16/202	06/13/202			40,569.32	0.00	0.00	40,569.32 ✓
✓ 051925		05/22/202	05/19/202	06/13/202			3,880.08	0.00	0.00	3,880.08 ✓
✓ 051925A		05/22/202	05/19/202	06/13/202			5,849.63	0.00	0.00	5,849.63 ✓
✓ 052025		05/22/202	05/20/202	06/13/202			2,592.69	0.00	0.00	2,592.69 ✓
✓ 052025A		05/22/202	05/20/202	06/13/202			12,498.29	0.00	0.00	12,498.29 ✓
✓ 052125		05/22/202	05/21/202	06/13/202			4,050.00	0.00	0.00	4,050.00 ✓
✓ 052125A		05/22/202	05/21/202	06/13/202			10,056.83	0.00	0.00	10,056.83 ✓

Vendor Totals: Number Name

13004 TUSCANY VILLAGE

Gross	Discount	No-Pay	Net
116,549.57	0.00	0.00	116,549.57

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
116,549.57	0.00	0.00	116,549.57

APPROVED ON

MAY 23 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 209080



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

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
<b>Ashford Gardens</b>		6,763.11	-	11,728.00		18,491.11	18,391.11
						Bank Balance	18,491.11
						Variance	-
						Leave in Balance	100.00

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co  
JP Morgan Chase Bank

						Adjust Balance/Transfer Amt	18,391.11	
<b>Broadmoor</b>		62,987.50	9,184.92	4,932.00		-	58,734.58	58,634.58
						Bank Balance	58,734.58	
						Variance	-	
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	58,634.58	
<b>Crescent</b>		39,051.22	-	6,751.64		45,802.86	45,802.86	11,702.86
						Bank Balance	45,802.86	
						Variance	-	
						Leave in Balance	100.00	
						claims owed to Tuscan	20,500.00	
						claims owed to Tuscan	9,000.00	
						claims owed to Tuscan	4,500.00	

						Adjust Balance/Transfer Amt	11,702.86	
<b>Fort Bend</b>		1,988.11	1,888.11	37,261.95		37,361.95	37,361.95	36,666.78
						Bank Balance	37,361.95	
						Variance	-	
						Leave in Balance	100.00	
						Q/PP Y7 funds owed to MMC	595.17	

						Adjust Balance/Transfer Amt	36,666.78	
<b>Solera at W Houston</b>		114,931.63	11,119.75	285,500.89		389,312.77	389,312.77	389,212.77
						Bank Balance	389,312.77	
						Variance	-	
						Leave in Balance	100.00	

18,391.11 +  
58,634.58 +  
11,702.86 +  
36,666.78 +  
389,212.77 +  
514,608.10 +

Solera at West Houston / Fort Bend / Broadmoor:

Adjust Balance/Transfer Amt 389,212.77

APPROVED ON  
MAY 27 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS

514,608.10

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.

[illegible]



## Balances Overview

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
<b>Total Balance</b>	<b>\$3,744,412.26</b>	<b>\$3,842,314.84</b>	<b>\$3,744,412.26</b>	<b>\$4,174,932.47</b>


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

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		174,290.14	72,930.91	285,738.88		387,098.11	386,600.23
					Bank Balance Variance	387,098.11	
					Leave in Balance	100.00	
					April Interest	397.88	

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

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

Adjust Balance/Transfer Amt 386,600.23

Approved:   
 Michelle Cumberland, Controller

5/27/2025

APPROVED ON  
 MAY 27 2025  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS



**Golden Creek**

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 746003411 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

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	163,842.44					-	163,842.44
-	2,092.00					-	2,092.00
-	2,427.00					-	2,427.00
-	30,179.60					-	30,179.60
-	2,424.03					-	2,424.03
65,388.91	-					-	-
-	512.16					-	512.16
-	5,115.00					-	5,115.00
-	77,643.20					-	77,643.20
-	477.35					-	477.35
7,542.00	-					-	-
-	1,026.10					-	1,026.10
-	-					-	-
-	-					-	-
-	-					-	-
72,930.91	285,738.88	-	-	-	-	-	285,738.88

## Balances Overview

## 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
<b>Total Balance</b>	<b>\$3,744,412.26</b>	<b>\$3,842,314.84</b>	<b>\$3,744,412.26</b>	<b>\$4,174,932.47</b>



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

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Private Pay		100.00					100.00	
						Bank Balance	100.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	-	
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	
TOTAL TRANSFERS							-	

Routing Information for Gulf Pointe Plaza:

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

Approved:   
Michelle Cumberland, Controller 5/27/2025

APPROVED ON  
MAY 27 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS





## Balances Overview

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
<b>Total Balance</b>	<b>\$3,744,412.26</b>	<b>\$3,842,314.84</b>	<b>\$3,744,412.26</b>	<b>\$4,174,932.47</b>

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

Nursing Home	Account Number	Previous	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Amount to Be	
		Beginning Balance					Today's Beginning Balance	Transferred to Nursing Home
Tuscany Village		240,102.20	238,944.02	501,213.54	-	-	502,371.71	411,907.63
						Bank Balance Variance	502,371.72	
						Leave in Balance	100.00	
						MEDRICARE recoup funds owed to Lavaca Bay	1,058.18	
						Y7 QJPP Owed to MMC	89,305.91	
						Adjust Balance/Transfer Amt	411,907.63	

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 5/27/2025

APPROVED ON  
MAY 27 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



Tuscany Village

		MMC PORTION					
		QIPP/Comp 1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
<u>Transfer-Out</u>	<u>Transfer-In</u>						
-	160,488.53					-	160,488.53
-	3,048.21					-	3,048.21
-	16,527.30					-	16,527.30
-	6,914.86					-	6,914.86
238,944.02 ✓	-					-	-
-	1,000.00					-	1,000.00
-	23,443.99					-	23,443.99
-	22,556.69					-	22,556.69
-	6,140.24					-	6,140.24
-	211,337.39					-	211,337.39
-	49,756.33					-	49,756.33
238,944.02 ✓	501,213.54 ✓	-	-	-	-	-	501,213.54

## Balances Overview

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
<b>Total Balance</b>	<b>\$3,744,412.26</b>	<b>\$3,842,314.84</b>	<b>\$3,744,412.26</b>	<b>\$4,174,932.47</b>



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

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		474,248.04	-	290,867.40			765,115.44	No Transfer
						Bank Balance	765,115.44	
						Variance	-	
						Leave in Balance	100.00	
						April Interest	469.35	
						Wellpoint Payment Q1 owed to MMC	31,786.42	

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

Adjust Balance/Transfer Amt 732,759.67  
Approved: msc  
Michelle Cumberland, Controller 5/27/2025

APPROVED ON  
MAY 27 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

**Levaca Bay Nursing and Rehab**

5/23/2025 Deposit  
 5/23/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000157  
 5/23/2025 HOSPICE OF SOUTH Payments NF 113122650034484  
 5/22/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000114  
 5/21/2025 Deposit  
 5/21/2025 HNB - ECHO HCCLAIMPMT 746003411 440000244031  
 5/21/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000119  
 5/21/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2  
 5/21/2025 CENTENE CORP HCCLAIMPMT 53101126728047  
 5/20/2025 WELLPOINT CO AP E-PAYMENT EES2994472 1110000  
 5/20/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000181  
 5/20/2025 HUMANA INS CO HCCLAIMPMT 75521536 8300005431  
 5/20/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2  
 5/20/2025 CENTENE CORP HCCLAIMPMT 53101121256796  
 5/19/2025 NDC SWEEP FAC 02330 56009680007741 SWEEP FR  
 5/19/2025 HUMANA INS CO HCCLAIMPMT 75390623 8300005866

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	8,889.46	-	-	-	-	-	8,889.46
-	3,597.44	-	-	-	-	-	3,597.44
-	1,217.31	-	-	-	-	-	1,217.31
-	11,214.97	-	-	-	-	-	11,214.97
-	26,473.94	-	-	-	-	-	26,473.94
-	835.69	-	-	-	-	-	835.69
-	5,973.33	-	-	-	-	-	5,973.33
-	1,140.96	-	-	-	-	-	1,140.96
-	796.44	-	-	-	-	-	796.44
-	90,818.34	-	-	-	-	-	90,818.34
-	59,720.58	-	-	-	-	-	59,720.58
-	1,380.23	-	-	-	-	-	1,380.23
-	18,410.54	-	-	-	-	-	18,410.54
-	39,857.97	-	-	-	-	-	39,857.97
-	792.74	-	-	-	-	-	792.74
-	19,747.46	-	-	-	-	-	19,747.46
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	290,867.40	-	-	-	-	-	290,867.40

## Balances Overview

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
<b>Total Balance</b>	<b>\$3,744,412.26</b>	<b>\$3,842,314.84</b>	<b>\$3,744,412.26</b>	<b>\$4,174,932.47</b>



## 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 5/28/25. 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 Bay

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P  
A  
Y  
E  
E

MEMORIAL MEDICAL CENTER

Date Requested: 5/27/2025

APPROVED ON

MAY 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Chk#001151

## FOR ACCT USE ONLY

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

AMOUNT: \$ 31,786.42

G/L NUMBER: 10255040

EXPLANATION: WELLPOINT PAYMENT FOR QIPP Q1 OWED TO MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *mse*

Fort Bend

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P  
A  
Y  
E  
E

MEMORIAL MEDICAL CENTER

Date Requested: 5/20/2025

APPROVED ON

MAY 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK#000271

FOR ACCT USE ONLY

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

AMOUNT: \$ 595.17

G/L NUMBER: 10255040

EXPLANATION: QIPP Y 7 RECONCILIATION

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: msc



Tuscany

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P MEMORIAL MEDICAL CENTER Date Requested: 5/20/2025

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED ON

MAY 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK#001188

## FOR ACCT USE ONLY

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

AMOUNT: \$ 89,305.91 G/L NUMBER: 10255040

EXPLANATION: QIPP Y 7 RECONCILIATION

REQUESTED BY: Caitlin Clevenger AUTHORIZED BY: MSL

Crescent

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P

TUSCANY VILLAGE

Date Requested:

5/27/2025

A

Y

E

E

APPROVED ON

MAY 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK#000393

## FOR ACCT USE ONLY

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

AMOUNT:

\$

34,000.00

G/L NUMBER:

10255040

EXPLANATION:

CLAIM PAYMENTS OWED TO TUSCANY FROM THE CRESCENT

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY:

✓  
msc



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

001188

Date 5-28-25 88-2265/1131**PAY**TO THE  
ORDER OFMMC Operating\$ 89,305.  $\frac{91}{100}$ Eighty nine thousand, three hundred five dollars &  $\frac{91}{100}$  DOLLARS**PROSPERITY  
BANK®**

FOR

Q1 pp yr recon\_\_\_\_\_  
county auditor\_\_\_\_\_  
county treasurer  
Security features are  
included. Details on back.

MP

**MEMORIAL MEDICAL CENTER**NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000393

Date 5-28-25 88-2265/1131**PAY**TO THE  
ORDER OFTuscan Village\$ 34,000.  $\frac{00}{100}$ Thirty four thousand dollars &  $\frac{00}{100}$  DOLLARS**PROSPERITY  
BANK®**

FOR

Claim payments\_\_\_\_\_  
county auditor\_\_\_\_\_  
county treasurer  
Security features are  
included. Details on back.

MP

**MEMORIAL MEDICAL CENTER**LAVACA BAY NURSING & REHAB  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001151

Date 5-28-25 88-2265/1131**PAY**TO THE  
ORDER OFMMC Operating\$ 31,786.  $\frac{42}{100}$ Thirty-one thousand, seven hundred eighty-six dollars &  $\frac{42}{100}$  DOLLARS**PROSPERITY  
BANK®**

FOR

wellpoint yg 81\_\_\_\_\_  
county auditor\_\_\_\_\_  
county treasurer  
Security features are  
included. Details on back.

MP



**MEMORIAL MEDICAL CENTER**

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

000271

Date 5-28-25

88-2265/1131

**PAY**

TO THE  
ORDER OF

MMC Operating

\$ 595  $\frac{17}{100}$

Five hundred ninety-five dollars &  $\frac{17}{100}$

**DOLLARS**



**PROSPERITY  
BANK**

County auditor

FOR

47 QIPP Reven



**County Treasurer**  
Security features and  
included. Details on back.

RUN DATE:05/28/25  
TIME:11:07

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

