MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 11, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	1,231,787.45
TOTAL TRANSFERS BETWEEN FUNDS	$	428,500.36
TOTAL NURSING HOME UPL EXPENSES	$	524,905.72
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED June 11, 2025	$	2,185,193.53

APPROVED

JUN 11 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 11, 2025

PAYABLES AND PAYROLL			
6/5/2025	Weekly Payables	388,328.72	
6/9/2025	McKesson-340B Prescription Expense	317.66	
6/9/2025	McKesson-340B Prescription Expense	88.94	
6/9/2025	Amerisource Bergen-340B Prescription Expense	272.88	
6/9/2025	Amerisource Bergen-340B Prescription Expense	79.00	
6/9/2025	Amerisource Bergen-340B Prescription Expense	328.52	
6/9/2025	Amerisource Bergen-340B Prescription Expense	97.00	
6/2/2025	Payroll Liabilities-Payroll Taxes	127,218.34	
6/2/2025	Payroll	392,962.78	
	Prosperity Electronic Bank Payments		
6/9/2025	90 Degree Benefits - employee insurance claims	20,130.00	
6/9/2025	90 Degree Benefits - employee insurance claims	24,658.04	
6/9/2025	90 Degree Benefits - employee insurance claims	17,578.72	
6/9/2025	90 Degree Benefits - employee insurance claims	4,960.21	
6/9/2025	HPHG - June healh insurance premium payment	67,407.28	
6/9/2025	TCDRS May Retirement	180,968.91	
6/9/2025	Expert Pay- Child Support	524.54	
6/9/2025	Pay Plus-Patient Claims Processing Fee	3,628.77	
6/9/2025	Credit Card Bank Fee	182.51	
6/9/2025	Credit Card Interchange Fee	187.44	
6/9/2025	Credit Card Discount Fee	394.46	
6/9/2025	Authnet Gateway	25.20	
6/9/2025	Credit Card Lease Fee	335.53	
6/9/2025	Health Equity -HSA Contributions	1,112.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,231,787.45**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
6/5/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	143,471.63	
6/5/2025	MMC Operating to Gulf Pointe Plaza - Correction of insurance payment deposited into MMC operating in error	322.55	
6/5/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	225,289.63	
6/5/2025	MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	59,416.55	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 428,500.36**
NURSING HOME UPL EXPENSES			
6/9/2025	Nursing Home UPL-Cantex Transfer	44,943.64	
6/9/2025	Nursing Home UPL-Nexion Transfer	23,094.85	
6/9/2025	Nursing Home UPL-HMG Transfer	514.71	
6/9/2025	Nursing Home UPL-Tuscany Transfer	110,200.01	
6/9/2025	Nursing Home UPL-HSL Transfer	346,152.51	
TOTAL NURSING HOME UPL EXPENSES			**$ 524,905.72**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED June 11, 2025			**$ 2,185,193.53**

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 05 2025

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/26/2025

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
17VPQMKXM7PQ		05/21/202	05/15/202	06/14/202			290.48	0.00	0.00	290.48
1XDGKJ74L9QH		05/21/202	05/15/202	06/14/202			531.50	0.00	0.00	531.50
1V476KHY3DW6		06/04/202	05/27/202	06/26/202			499.90	0.00	0.00	499.90
1JR641TDG113		06/04/202	05/27/202	06/26/202			697.37	0.00	0.00	697.37

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	2,019.25	0.00	0.00	2,019.25

Vendor#	Vendor Name	Class	Pay Code
11247	AVENO NETWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
16016		06/03/202	06/01/202	06/16/202			850.00	0.00	0.00	850.00
16039		06/03/202	06/01/202	06/16/202			4,500.00	0.00	0.00	4,500.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11247	AVENO NETWORKS	5,350.00	0.00	0.00	5,350.00

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
83951349		06/04/202	05/01/202	05/26/202			631.20	0.00	0.00	631.20
83949559		06/04/202	05/01/202	05/26/202			117.08	0.00	0.00	117.08
83948823		06/04/202	05/01/202	05/26/202			3,071.40	0.00	0.00	3,071.40
83969456		06/04/202	05/06/202	05/31/202			140.88	0.00	0.00	140.88

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	3,960.56	0.00	0.00	3,960.56

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
112007337		05/21/202	05/21/202	06/15/202			418.54	0.00	0.00	418.54
5502749		06/03/202	05/21/202	06/15/202			1,935.15	0.00	0.00	1,935.15
112007885		06/04/202	05/06/202	05/31/202			22,298.70	0.00	0.00	22,298.70
4578341		06/04/202	05/21/202	06/15/202			1,484.00	0.00	0.00	1,484.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	26,136.39	0.00	0.00	26,136.39

Vendor#	Vendor Name	Class	Pay Code
B1320	BEEKLEY CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MIN0214409		06/04/202	05/27/202	06/04/202			597.00	0.00	0.00	597.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1320	BEEKLEY CORPORATION	597.00	0.00	0.00	597.00

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
908288560		06/03/202	05/29/202	06/03/202			915.83	0.00	0.00	915.83

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	915.83	0.00	0.00	915.83

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
53452689		05/30/202	05/27/202	06/26/202			596.22	0.00	0.00	596.22
53422554		05/30/202	05/27/202	06/26/202			8.28	0.00	0.00	8.28
53452468		05/30/202	05/27/202	06/26/202			19.90	0.00	0.00	19.90
53452472		05/30/202	05/27/202	06/26/202			35,169.57	0.00	0.00	35,169.57
53452475		05/30/202	05/27/202	06/26/202			1,707.33	0.00	0.00	1,707.33

701 N Virginia St.
815 N. Virginia St.
Hosp. St. OBL
Hosp. St.
1016 N Virginia St.

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	37,501.30	0.00	0.00	37,501.30

Vendor#	Vendor Name	Class	Pay Code
14064	CAPITAL ONE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051925		06/04/202	05/19/202	05/19/202			1,248.35	0.00	0.00	1,248.35

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14064	CAPITAL ONE	1,248.35	0.00	0.00	1,248.35

Vendor#	Vendor Name	Class	Pay Code
C1325	CARDINAL HEALTH 414, INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003835440		05/20/202	05/01/202	06/14/202			206.00	0.00	0.00	206.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	206.00	0.00	0.00	206.00

Vendor#	Vendor Name	Class	Pay Code
10541	CARESFIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
544105		06/04/202	05/19/202	06/18/202			77.07	0.00	0.00	77.07
2000301181		06/04/202	05/22/202	06/21/202			440.01	0.00	0.00	440.01

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10541	CARESFIELD	517.08	0.00	0.00	517.08

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AD96H4A		06/04/202	05/07/202	06/06/202			76.59	0.00	0.00	76.59

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	76.59	0.00	0.00	76.59

Vendor#	Vendor Name	Class	Pay Code

13000 CLEARFLY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV714426		06/03/202	06/01/202	06/03/202			1,233.37	0.00	0.00	1,233.37

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13000	CLEARFLY	1,233.37	0.00	0.00	1,233.37

Vendor# C1166 Vendor Name: COASTAL OFFICE SOLUTONS Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OEQT301552		05/01/202	04/04/202	04/14/202			1,471.52	0.00	0.00	1,471.52
OE507331		05/21/202	05/05/202	05/15/202			158.30	0.00	0.00	158.30
CPOEQT3172511		05/22/202	05/14/202	06/04/202			-125.92	0.00	0.00	-125.92
OEQT317881		06/03/202	05/23/202	06/02/202			578.37	0.00	0.00	578.37
OE513951		06/04/202	05/26/202	06/05/202			519.28	0.00	0.00	519.28

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	2,601.55	0.00	0.00	2,601.55

Vendor# 11029 Vendor Name: COASTAL REFRIGERATION Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052225		06/03/202	05/22/202	06/03/202			1,364.50	0.00	0.00	1,364.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11029	COASTAL REFRIGERATION	1,364.50	0.00	0.00	1,364.50

Vendor# 11030 Vendor Name: COMBINED INSURANCE Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060125		05/30/202	05/30/202	06/01/202			501.72	0.00	0.00	501.72

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE	501.72	0.00	0.00	501.72

Vendor# C2157 Vendor Name: COOPER SURGICAL INC Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CINV55000818045		05/22/202	05/06/202	05/22/202			280.12	0.00	0.00	280.12
CINV55000820684		05/22/202	05/07/202	06/06/202			651.06	0.00	0.00	651.06

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2157	COOPER SURGICAL INC	931.18	0.00	0.00	931.18

Vendor# 13032 Vendor Name: DAWN MAREK Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060425		06/04/202	06/04/202	06/04/202			417.66	0.00	0.00	417.66

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13032	DAWN MAREK	417.66	0.00	0.00	417.66

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7947050		06/03/202	05/22/202	06/16/202			163.95	0.00	0.00	163.95

7947051	06/03/202	05/23/202	06/17/202		179.00	0.00	0.00	179.00
7950360	06/03/202	05/26/202	06/20/202		476.88	0.00	0.00	476.88
7950361	06/03/202	05/27/202	06/21/202		10.98	0.00	0.00	10.98
7940500	06/04/202	05/14/202	06/08/202		137.20	0.00	0.00	137.20

Vendor Totals: Number 10368 Name DEWITT POTH & SON — Gross 968.01, Discount 0.00, No-Pay 0.00, Net 968.01

Vendor# 15916 Vendor Name: DOOR CONTROL SERVICES — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SMINV403779		06/03/202	05/21/202	06/20/202			295.75	0.00	0.00	295.75

Vendor Totals: Number 15916 Name DOOR CONTROL SERVICES — Gross 295.75, Discount 0.00, No-Pay 0.00, Net 295.75

Vendor# 11291 Vendor Name: DOWELL PEST CONTROL — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
51636		05/22/202	05/20/202	06/19/202			125.00	0.00	0.00	125.00
51850		06/03/202	05/22/202	05/22/202			75.00	0.00	0.00	75.00
52113		06/03/202	05/28/202	05/28/202			160.00	0.00	0.00	160.00
52112		06/03/202	05/28/202	05/28/202			105.00	0.00	0.00	105.00
52140		06/03/202	05/29/202	05/29/202			505.00	0.00	0.00	505.00
52139		06/03/202	05/29/202	05/29/202			260.00	0.00	0.00	260.00

Vendor Totals: Number 11291 Name DOWELL PEST CONTROL — Gross 1,230.00, Discount 0.00, No-Pay 0.00, Net 1,230.00

Vendor# 14832 Vendor Name: DR JOHN CLINTON — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060425		05/30/202	06/04/202	06/04/202			4,500.00	0.00	0.00	4,500.00

5/1/25, 5/3 - 5/4/25, 5/19 - 5/22/25, & 5/23 - 5/26/25

Vendor Totals: Number 14832 Name DR JOHN CLINTON — Gross 4,500.00, Discount 0.00, No-Pay 0.00, Net 4,500.00

Vendor# 14924 Vendor Name: DR. TIMU KWI — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060425		05/30/202	06/04/202	06/04/202			5,300.00	0.00	0.00	5,300.00

5/2/25, 5/12 - 5/15/25, 5/16 - 5/18/25, 5/27/25, 5/28 - 5/29/25, & 5/30 - 5/3

Vendor Totals: Number 14924 Name DR. TIMU KWI — Gross 5,300.00, Discount 0.00, No-Pay 0.00, Net 5,300.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
44300		05/22/202	05/31/202	06/19/202			40,062.50	0.00	0.00	40,062.50

leth.com

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

Vendor# Vendor Name — Class — Pay Code

10003 FILTER TECHNOLOGY CO, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
125078		06/04/202	05/20/202	06/04/202			3,276.23	0.00	0.00	3,276.23

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLOGY CO, INC	3,276.23	0.00	0.00	3,276.23

Vendor# 14336 Vendor Name: FIRETRON, INC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
287112		06/03/202	04/28/202	05/28/202			250.00	0.00	0.00	250.00
289711		06/03/202	05/27/202	06/26/202			500.00	0.00	0.00	500.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14336	FIRETRON, INC	750.00	0.00	0.00	750.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0982113		05/06/202	05/14/202	06/08/202			1,135.14	0.00	0.00	1,135.14
1015280		05/06/202	05/15/202	06/09/202			11,634.04	0.00	0.00	11,634.04
0824291		05/21/202	05/07/202	06/01/202			564.03	0.00	0.00	564.03
1045600		05/21/202	05/16/202	06/10/202			159.22	0.00	0.00	159.22
1301208		06/03/202	05/29/202	06/23/202			174.44	0.00	0.00	174.44
0790803		06/04/202	05/06/202	05/31/202			783.80	0.00	0.00	783.80
1108659		06/04/202	05/20/202	06/14/202			117.96	0.00	0.00	117.96
1141873		06/04/202	05/21/202	06/15/202			397.00	0.00	0.00	397.00
1173527		06/04/202	05/22/202	06/16/202			2,299.73	0.00	0.00	2,299.73
1234293		06/04/202	05/27/202	06/21/202			186.44	0.00	0.00	186.44
1234294		06/04/202	05/27/202	06/21/202			10,738.88	0.00	0.00	10,738.88

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	28,190.68	0.00	0.00	28,190.68

Vendor# 10599 Vendor Name: FORVIS — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2550828		05/01/202	05/27/202	06/21/202			17,850.00	0.00	0.00	17,850.00
2552482		05/01/202	05/28/202	06/22/202			10,500.00	0.00	0.00	10,500.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10599	FORVIS	28,350.00	0.00	0.00	28,350.00

Vendor# 17244 Vendor Name: FREED INC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7EB963010002		06/04/202	06/04/202	06/04/202			2,494.80	0.00	0.00	2,494.80

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	17244	FREED INC					2,494.80	0.00	0.00	2,494.80
Vendor#	Vendor Name				Class	Pay Code				
11183	FRONTIER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	052325		05/01/202	05/23/202	06/03/202		26.90	0.00	0.00	26.90
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11183	FRONTIER					26.90	0.00	0.00	26.90
Vendor#	Vendor Name				Class	Pay Code				
14156	FUJI FILM									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	91645417		05/01/202	05/25/202	06/03/202		7,908.33	0.00	0.00	7,908.33
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14156	FUJI FILM					7,908.33	0.00	0.00	7,908.33
Vendor#	Vendor Name				Class	Pay Code				
12636	FUSION CONNECT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1029390326		05/01/202	05/16/202	06/15/202		863.42	0.00	0.00	863.42
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12636	FUSION CONNECT					863.42	0.00	0.00	863.42
Vendor#	Vendor Name				Class	Pay Code				
12948	GREAT AMERICA FINANCIAL SVCS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	39334808		06/04/202	05/30/202	06/24/202		10,009.29	0.00	0.00	10,009.29
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS					10,009.29	0.00	0.00	10,009.29
Vendor#	Vendor Name				Class	Pay Code				
15972	GROUNDSWELL HEALTH LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	GSH2024184		05/01/202	04/01/202	05/01/202		3,780.00	0.00	0.00	3,780.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15972	GROUNDSWELL HEALTH LLC					3,780.00	0.00	0.00	3,780.00
Vendor#	Vendor Name				Class	Pay Code				
15348	HEALTH EQUITY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	34FON46		06/04/202	04/04/202	06/04/202		310.95	0.00	0.00	310.95
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15348	HEALTH EQUITY					310.95	0.00	0.00	310.95
Vendor#	Vendor Name				Class	Pay Code				
12380	HEALTH SOLUTIONS DIETETICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	050125		05/01/202	05/01/202	06/03/202		4,250.00	0.00	0.00	4,250.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS					4,250.00	0.00	0.00	4,250.00
Vendor#	Vendor Name				Class	Pay Code				
H0031	HEB CREDIT RECEIVABLES DEPT308									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	042825		06/04/202	04/28/202	05/25/202		547.45	0.00	0.00	547.45

April 2025

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308	547.45	0.00	0.00	547.45

Vendor#	Vendor Name	Class	Pay Code
14916	HEWLETT-PACKARD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100001125500		05/01/202	06/01/202	06/03/202			573.53	0.00	0.00	573.53

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6838		05/22/202	05/31/202	06/19/202			23,663.00	0.00	0.00	23,663.00

with com

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060425		05/30/202	06/04/202	06/04/202			2,700.00	0.00	0.00	2,700.00

5/5-5/8/25 & 5/9-5/11/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1372	JOHN B WRIGHT LLC	2,700.00	0.00	0.00	2,700.00

Vendor#	Vendor Name	Class	Pay Code
L1001	LANDAUER INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101316672		05/01/202	05/15/202	06/14/202			884.18	0.00	0.00	884.18

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L1001	LANDAUER INC	884.18	0.00	0.00	884.18

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060325		06/03/202	06/03/202	06/03/202			895.00	0.00	0.00	895.00

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

Vendor#	Vendor Name	Class	Pay Code
M2178	MCKESSON MEDICAL SURGICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
23765384		05/06/202	05/14/202	05/29/202			151.02	0.00	0.00	151.02
23785676		05/06/202	05/19/202	06/03/202			68.65	0.00	0.00	68.65
23735797		05/13/202	05/07/202	06/15/202			62.80	0.00	0.00	62.80
23801074		06/04/202	05/21/202	06/05/202			137.76	0.00	0.00	137.76
23818266		06/04/202	05/27/202	06/11/202			2,290.52	0.00	0.00	2,290.52
23825407		06/04/202	05/28/202	06/12/202			478.31	0.00	0.00	478.31

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	3,189.06	0.00	0.00	3,189.06

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2105759		05/01/202	06/03/202	06/03/202			1,562.00	0.00	0.00	1,562.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11612	MEDICAL AIR SERVICES ASSOC.	1,562.00	0.00	0.00	1,562.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2369679277		05/13/202	05/07/202	06/01/202			163.51	0.00	0.00	163.51
2369679278		05/13/202	05/07/202	06/01/202			778.39	0.00	0.00	778.39
2367727929		05/14/202	04/23/202	05/18/202			1,317.96	0.00	0.00	1,317.96
2370392078		05/21/202	05/13/202	06/07/202			5.03	0.00	0.00	5.03
2370676835		05/21/202	05/14/202	06/08/202			3,298.40	0.00	0.00	3,298.40
2371977085		06/04/202	05/22/202	06/16/202			164.83	0.00	0.00	164.83
2371823741		06/04/202	05/22/202	06/16/202			37.69	0.00	0.00	37.69
2372140198		06/04/202	05/23/202	06/17/202			-60.05	0.00	0.00	-60.05
2372358233		06/04/202	05/24/202	06/18/202			4,376.14	0.00	0.00	4,376.14
2372358232		06/04/202	05/24/202	06/18/202			7,023.90	0.00	0.00	7,023.90
2372358229		06/04/202	05/24/202	06/18/202			194.10	0.00	0.00	194.10
2372231437		06/04/202	05/24/202	06/18/202			33.91	0.00	0.00	33.91
2372358230		06/04/202	05/24/202	06/18/202			454.14	0.00	0.00	454.14
2372358231		06/04/202	05/24/202	06/18/202			60.05	0.00	0.00	60.05
2372583922		06/04/202	05/28/202	06/22/202			299.72	0.00	0.00	299.72
2372583925		06/04/202	05/28/202	06/22/202			236.62	0.00	0.00	236.62
2372583926		06/04/202	05/28/202	06/22/202			109.84	0.00	0.00	109.84
2372583929		06/04/202	05/28/202	06/22/202			36.78	0.00	0.00	36.78
2372583923		06/04/202	05/28/202	06/22/202			313.56	0.00	0.00	313.56
2372583927		06/04/202	05/28/202	06/22/202			36.06	0.00	0.00	36.06

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	18,880.58	0.00	0.00	18,880.58

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061925		06/03/202	05/15/202	06/03/202			130.00	0.00	0.00	130.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	10963	MEMORIAL MEDICAL CLINIC					130.00	0.00	0.00	130.00
Vendor#	Vendor Name				Class	Pay Code				
M2621	MMC AUXILIARY GIFT SHOP				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	053025		06/03/202	05/30/202	06/03/202			339.14	0.00	0.00	339.14
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP					339.14	0.00	0.00	339.14
Vendor#	Vendor Name				Class	Pay Code					
10536	MORRIS & DICKSON CO, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	3397335		06/03/202	05/14/202	05/24/202			5,777.33	0.00	0.00	5,777.33
	3394092		06/03/202	05/14/202	05/24/202			15,663.98	0.00	0.00	15,663.98
	3397333		06/03/202	05/14/202	05/24/202			676.47	0.00	0.00	676.47
	3395563		06/03/202	05/14/202	05/24/202			34.77	0.00	0.00	34.77
	3394687		06/03/202	05/14/202	05/24/202			517.90	0.00	0.00	517.90
	3394684		06/03/202	05/14/202	05/24/202			22.10	0.00	0.00	22.10
	3397334		06/03/202	05/14/202	05/24/202			95.25	0.00	0.00	95.25
	3394685		06/03/202	05/14/202	05/24/202			42.51	0.00	0.00	42.51
	7391		06/03/202	05/14/202	05/24/202			-161.01	0.00	0.00	-161.01
	3394686		06/03/202	05/14/202	05/24/202			244.87	0.00	0.00	244.87
	3399800		06/03/202	05/15/202	05/25/202			16.35	0.00	0.00	16.35
	3403038		06/03/202	05/15/202	05/25/202			2,053.93	0.00	0.00	2,053.93
	3403037		06/03/202	05/15/202	05/25/202			168.88	0.00	0.00	168.88
	3409331		06/03/202	05/18/202	05/28/202			347.96	0.00	0.00	347.96
	3409330		06/03/202	05/18/202	05/28/202			55.49	0.00	0.00	55.49
	3413949		06/03/202	05/19/202	05/29/202			414.95	0.00	0.00	414.95
	3410852		06/03/202	05/19/202	05/29/202			33.78	0.00	0.00	33.78
	CM19219		06/03/202	05/19/202	05/29/202			-11,219.91	0.00	0.00	-11,219.91
	3413948		06/03/202	05/19/202	05/29/202			21.82	0.00	0.00	21.82
	3410853		06/03/202	05/19/202	05/29/202			498.35	0.00	0.00	498.35
	3418989		06/03/202	05/20/202	05/30/202			834.89	0.00	0.00	834.89
	3418988		06/03/202	05/20/202	05/30/202			2,419.03	0.00	0.00	2,419.03
	3416193		06/03/202	05/20/202	05/30/202			139.13	0.00	0.00	139.13

3417965	06/03/202 05/20/202 05/30/202	101.33	0.00	0.00	101.33	
3419335	06/03/202 05/20/202 05/30/202	250.27	0.00	0.00	250.27	
3419334	06/03/202 05/20/202 05/30/202	494.17	0.00	0.00	494.17	
3424781	06/03/202 05/21/202 05/31/202	952.97	0.00	0.00	952.97	
3421477	06/03/202 05/21/202 05/31/202	294.28	0.00	0.00	294.28	
3424780	06/03/202 05/21/202 05/31/202	1,247.54	0.00	0.00	1,247.54	
3426420	06/03/202 05/22/202 06/01/202	6.26	0.00	0.00	6.26	
3429750	06/03/202 05/22/202 06/01/202	66.80	0.00	0.00	66.80	
3429751	06/03/202 05/22/202 06/01/202	1,036.75	0.00	0.00	1,036.75	
3435407	06/03/202 05/26/202 06/05/202	1,266.28	0.00	0.00	1,266.28	
3434383	06/03/202 05/26/202 06/05/202	488.40	0.00	0.00	488.40	
3435408	06/03/202 05/26/202 06/05/202	45.26	0.00	0.00	45.26	
3435409	06/03/202 05/26/202 06/05/202	829.89	0.00	0.00	829.89	
3434382	06/03/202 05/26/202 06/05/202	777.17	0.00	0.00	777.17	
3435410	06/03/202 05/26/202 06/05/202	85.75	0.00	0.00	85.75	
SC8180	06/03/202 05/27/202 06/06/202	208.29	0.00	0.00	208.29	
SC8181	06/03/202 05/27/202 06/06/202	333.54	0.00	0.00	333.54	
3444429	06/03/202 05/28/202 06/07/202	1,598.75	0.00	0.00	1,598.75	
3447467	06/03/202 05/28/202 06/07/202	1,085.28	0.00	0.00	1,085.28	
3447468	06/03/202 05/28/202 06/07/202	217.77	0.00	0.00	217.77	
3444430	06/03/202 05/28/202 06/07/202	1,680.89	0.00	0.00	1,680.89	
3446695	06/03/202 05/28/202 06/07/202	1,338.76	0.00	0.00	1,338.76	
CM20869	06/03/202 05/28/202 06/07/202	-48.34	0.00	0.00	-48.34	
3447469	06/03/202 05/28/202 06/07/202	406.47	0.00	0.00	406.47	
3452536	06/03/202 05/29/202 06/08/202	185.33	0.00	0.00	185.33	
3449739	06/03/202 05/29/202 06/08/202	1,124.42	0.00	0.00	1,124.42	
CM21195	06/03/202 05/29/202 06/08/202	-27.13	0.00	0.00	-27.13	
3458433	06/03/202 06/01/202 06/11/202	463.08	0.00	0.00	463.08	

3458434		06/03/202	06/01/202	06/11/202		295.01	0.00	0.00	295.01
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC				35,504.06	0.00	0.00	35,504.06
Vendor#	Vendor Name			Class	Pay Code				
M2659	MXR IMAGING, INC			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
8801255629		06/04/202	05/14/202	06/13/202		97.13	0.00	0.00	97.13
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC				97.13	0.00	0.00	97.13
Vendor#	Vendor Name			Class	Pay Code				
13624	NEXION HEALTH AT NAVASOTA INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
050125		05/01/202	06/03/202	06/03/202		1,000.00	0.00	0.00	1,000.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	13624	NEXION HEALTH AT NAVASOTA INC				1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name			Class	Pay Code				
O1416	ORTHO CLINICAL DIAGNOSTICS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1854049729		06/04/202	05/19/202	06/18/202		846.74	0.00	0.00	846.74
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS				846.74	0.00	0.00	846.74
Vendor#	Vendor Name			Class	Pay Code				
10736	PARAGARD DIRECT								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
DMI10715007		06/03/202	05/19/202	06/03/202		597.68	0.00	0.00	597.68
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	10736	PARAGARD DIRECT				597.68	0.00	0.00	597.68
Vendor#	Vendor Name			Class	Pay Code				
10152	PARTSSOURCE, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
05771819		06/04/202	05/06/202	06/05/202		133.26	0.00	0.00	133.26
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC				133.26	0.00	0.00	133.26
Vendor#	Vendor Name			Class	Pay Code				
S0905	PERFORMANCE HEALTH			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
IN98781678		06/04/202	05/19/202	06/13/202		42.61	0.00	0.00	42.61
IN98794282		06/04/202	05/22/202	06/16/202		42.61	0.00	0.00	42.61
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	S0905	PERFORMANCE HEALTH				85.22	0.00	0.00	85.22
Vendor#	Vendor Name			Class	Pay Code				
12708	POC ELECTRIC, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
4323A		06/03/202	04/16/202	05/01/202		2.00	0.00	0.00	2.00
4353		06/03/202	05/23/202	06/01/202		1,472.39	0.00	0.00	1,472.39

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LLC					1,474.39	0.00	0.00	1,474.39
Vendor#	Vendor Name				Class	Pay Code				
15196	PROVATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INVPVM61957		06/03/202	05/02/202	06/03/202		1,961.14	0.00	0.00	1,961.14
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15196	PROVATION					1,961.14	0.00	0.00	1,961.14
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
	999684805		06/04/202	05/20/202	06/19/202		1,299.91	0.00	0.00	1,299.91
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10896	QIAGEN INC					1,299.91	0.00	0.00	1,299.91
Vendor#	Vendor Name				Class	Pay Code				
11251	RAPID PRINTING LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	28784		06/03/202	04/15/202	04/30/202		30.00	0.00	0.00	30.00

Removed - needs to be made out to mmc

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC					30.00	0.00	0.00	30.00
Vendor#	Vendor Name				Class	Pay Code				
11024	REED, CLAYMON, MEEKER & HARGET									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	34256		05/22/202	05/20/202	06/19/202		420.00	0.00	0.00	420.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11024	REED, CLAYMON, MEEKER & HARGET					420.00	0.00	0.00	420.00
Vendor#	Vendor Name				Class	Pay Code				
10554	REPUBLIC SERVICES #847									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	0847001393590		05/12/202	04/30/202	06/20/202		-577.47	0.00	0.00	-577.47
	001396799		06/04/202	05/26/202	06/04/202		2,445.39	0.00	0.00	2,445.39
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10554	REPUBLIC SERVICES #847					1,867.92	0.00	0.00	1,867.92
Vendor#	Vendor Name				Class	Pay Code				
S0900	SAMS CLUB DIRECT				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	052025		06/04/202	05/20/202	05/20/202		107.75	0.00	0.00	107.75
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S0900	SAMS CLUB DIRECT					107.75	0.00	0.00	107.75
Vendor#	Vendor Name				Class	Pay Code				
10688	SAN ANTONIO ENA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	053025		06/03/202	05/30/202	06/03/202		365.00	0.00	0.00	365.00

Trauma Nursing Core Course - Kylie Taylor

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10688	SAN ANTONIO ENA					365.00	0.00	0.00	365.00
Vendor#	Vendor Name				Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net

116727832	05/01/202	05/16/202	06/10/202	2,617.41	0.00	0.00	2,617.41	

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC	2,617.41	0.00	0.00	2,617.41

Vendor# 17852 Vendor Name: SINGLETON ASSOCIATES PA — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5152		06/03/202	12/05/202	06/03/202			392.76	0.00	0.00	392.76
59610		06/03/202	05/21/202	06/03/202			10.91	0.00	0.00	10.91
5158		06/03/202	05/21/202	06/03/202			408.96	0.00	0.00	408.96
5157		06/03/202	05/21/202	06/03/202			98.19	0.00	0.00	98.19
5156		06/03/202	05/21/202	06/03/202			339.99	0.00	0.00	339.99

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17852	SINGLETON ASSOCIATES PA	1,250.81	0.00	0.00	1,250.81

Vendor# 12472 Vendor Name: SOMETHING MORE MEDIA, INC. — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2244		05/01/202	05/23/202	06/07/202			2,525.00	0.00	0.00	2,525.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12472	SOMETHING MORE MEDIA, INC.	2,525.00	0.00	0.00	2,525.00

Vendor# 11296 Vendor Name: SOUTH TEXAS BLOOD & TISSUE CEN — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
I07050647		06/03/202	05/31/202	06/25/202			5,995.00	0.00	0.00	5,995.00
CM15033		06/03/202	05/31/202	06/25/202			-2,230.00	0.00	0.00	-2,230.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	3,765.00	0.00	0.00	3,765.00

Vendor# C1010 Vendor Name: SPARKLIGHT — Class: W — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051625		06/03/202	05/15/202	05/16/202			134.16	0.00	0.00	134.16

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT	134.16	0.00	0.00	134.16

Vendor# 15236 Vendor Name: SPECIALTY PROFESSIONAL — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1250000613		05/01/202	05/16/202	06/03/202			3,491.25	0.00	0.00	3,491.25
1250000641		05/01/202	05/23/202	06/03/202			3,443.75	0.00	0.00	3,443.75
1250000554		05/30/202	05/02/202	06/03/202			3,443.75	0.00	0.00	3,443.75
1250000590		05/30/202	05/09/202	06/03/202			3,420.00	0.00	0.00	3,420.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15236	SPECIALTY PROFESSIONAL	13,798.75	0.00	0.00	13,798.75

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

10094 ST DAVIDS HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCPL202504		05/01/202	06/02/202	06/03/202			375.00	0.00	0.00	375.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTHCARE	375.00	0.00	0.00	375.00

Vendor# S3960 Vendor Name: STERICYCLE, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8010850708		06/03/202	05/18/202	06/17/202			3,210.57	0.00	0.00	3,210.57

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	3,210.57	0.00	0.00	3,210.57

Vendor# S3940 Vendor Name: STERIS CORPORATION — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
13829475		06/04/202	05/20/202	06/14/202			666.91	0.00	0.00	666.91

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION	666.91	0.00	0.00	666.91

Vendor# 17248 Vendor Name: SUMMIT PAIN AND WELLNESS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1200		05/30/202	05/23/202	06/22/202			2,640.00	0.00	0.00	2,640.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17248	SUMMIT PAIN AND WELLNESS	2,640.00	0.00	0.00	2,640.00

Vendor# 10758 Vendor Name: TEXAS SELECT STAFFING, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0025387		05/01/202	04/01/202	04/02/202			6,557.50	0.00	0.00	6,557.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10758	TEXAS SELECT STAFFING, LLC	6,557.50	0.00	0.00	6,557.50

Vendor# S1801 Vendor Name: TRACI SHEFCIK — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052825		06/03/202	05/28/202	06/03/202			310.00	0.00	0.00	310.00

Recert. w/ RPPNP & World Education hours

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S1801	TRACI SHEFCIK	310.00	0.00	0.00	310.00

Vendor# 13144 Vendor Name: TRI WHOLESALE CO. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042525		06/04/202	04/25/202	04/25/202			107.98	0.00	0.00	107.98

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13144	TRI WHOLESALE CO.	107.98	0.00	0.00	107.98

Vendor# C2510 Vendor Name: TRUBRIDGE — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1030171		06/04/202	05/15/202	06/09/202			848.39	0.00	0.00	848.39

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE	848.39	0.00	0.00	848.39

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
2921060562		06/03/202	05/19/202	06/18/202			157.34	0.00	0.00	157.34
2921060802		06/03/202	05/22/202	06/16/202			72.28	0.00	0.00	72.28
2921060824		06/03/202	05/22/202	06/16/202			181.87	0.00	0.00	181.87
2921061033		06/03/202	05/26/202	06/25/202			163.47	0.00	0.00	163.47
2921061358		06/03/202	05/29/202	06/23/202			79.78	0.00	0.00	79.78

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	654.74	0.00	0.00	654.74

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
217525		06/03/202	05/23/202	06/03/202			1,387.25	0.00	0.00	1,387.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V1056	VICTORIA AIR CONDITIONING LTD	1,387.25	0.00	0.00	1,387.25

Vendor# 17832 Vendor Name VOCA LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
39133		05/30/202	05/16/202	06/15/202			2,920.00	0.00	0.00	2,920.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17832	VOCA LLC	2,920.00	0.00	0.00	2,920.00

Vendor# I1110 Vendor Name WERFEN USA LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9111848546		05/21/202	05/12/202	06/15/202			4,814.92	0.00	0.00	4,814.92
9310047213		06/04/202	06/23/202	07/18/202			2,000.00	0.00	0.00	2,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	6,814.92	0.00	0.00	6,814.92

Vendor# 10556 Vendor Name WOUND CARE SPECIALISTS Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS00007319		05/22/202	05/19/202	06/17/202			10,475.00	0.00	0.00	10,475.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	10,475.00	0.00	0.00	10,475.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	388,358.72	0.00	0.00	388,358.72

APPROVED ON

JUN 05 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 209089 - 209173

388,358.72 +
30.00 -
388,328.72 ◇

Pg12 removed - bill to incorrect

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	209089	06/11/25	2,019.25	AMAZON CAPITAL SERVICES
A/P	209090	06/11/25	5,350.00	AVENO NETWORKS
A/P	209091	06/11/25	3,960.56	BAXTER HEALTHCARE
A/P	209092	06/11/25	26,136.39	BECKMAN COULTER INC
A/P	209093	06/11/25	597.00	BEEKLEY CORPORATION
A/P	209094	06/11/25	915.83	BIO-RAD LABORATORIES, INC
A/P	209095	06/11/25	37,501.30	CALHOUN COUNTY
A/P	209096	06/11/25	1,248.35	CAPITAL ONE
A/P	209097	06/11/25	206.00	CARDINAL HEALTH 414, INC.
A/P	209098	06/11/25	517.08	CARESFIELD
A/P	209099	06/11/25	76.59	CDW GOVERNMENT, INC.
A/P	209100	06/11/25	1,233.37	CLEARFLY
A/P	209101	06/11/25	2,601.55	COASTAL OFFICE SOLUTONS
A/P	209102	06/11/25	1,364.50	COASTAL REFRIGERATION
A/P	209103	06/11/25	501.72	COMBINED INSURANCE
A/P	209104	06/11/25	931.18	COOPER SURGICAL INC
A/P	209105	06/11/25	417.66	DAWN MAREK
A/P	209106	06/11/25	968.01	DEWITT POTH & SON
A/P	209107	06/11/25	295.75	DOOR CONTROL SERVICES
A/P	209108	06/11/25	1,230.00	DOWELL PEST CONTROL
A/P	209109	06/11/25	4,500.00	DR JOHN CLINTON
A/P	209110	06/11/25	5,300.00	DR. TIMU KWI
A/P	209111	06/11/25	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	209112	06/11/25	3,276.23	FILTER TECHNOLOGY CO, INC
A/P	209113	06/11/25	750.00	FIRETRON, INC
A/P	209114	06/11/25	.00	VOIDED
A/P	209115	06/11/25	28,190.68	FISHER HEALTHCARE
A/P	209116	06/11/25	28,350.00	FORVIS
A/P	209117	06/11/25	2,494.80	FREED INC
A/P	209118	06/11/25	26.90	FRONTIER
A/P	209119	06/11/25	7,908.33	FUJI FILM
A/P	209120	06/11/25	863.42	FUSION CONNECT
A/P	209121	06/11/25	10,009.29	GREAT AMERICA FINANCIAL SVCS
A/P	209122	06/11/25	3,780.00	GROUNDSWELL HEALTH LLC
A/P	209123	06/11/25	310.95	HEALTH EQUITY
A/P	209124	06/11/25	4,250.00	HEALTH SOLUTIONS DIETETICS
A/P	209125	06/11/25	547.45	HEB CREDIT RECEIVABLES DEPT308
A/P	209126	06/11/25	573.53	HEWLETT-PACKARD
A/P	209127	06/11/25	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	209128	06/11/25	2,700.00	JOHN B WRIGHT LLC
A/P	209129	06/11/25	884.18	LANDAUER INC
A/P	209130	06/11/25	895.00	M G TRUST
A/P	209131	06/11/25	3,189.06	MCKESSON MEDICAL SURGICAL INC
A/P	209132	06/11/25	1,562.00	MEDICAL AIR SERVICES ASSOC.
A/P	209133	06/11/25	.00	VOIDED
A/P	209134	06/11/25	.00	VOIDED
A/P	209135	06/11/25	18,880.58	MEDLINE INDUSTRIES INC
A/P	209136	06/11/25	130.00	MEMORIAL MEDICAL CLINIC
A/P	209137	06/11/25	339.14	MMC AUXILIARY GIFT SHOP
A/P	209138	06/11/25	.00	VOIDED

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	209139	06/11/25	.00	VOIDED
A/P	209140	06/11/25	.00	VOIDED
A/P	209141	06/11/25	35,504.06	MORRIS & DICKSON CO, LLC
A/P	209142	06/11/25	97.13	MXR IMAGING, INC
A/P	209143	06/11/25	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	209144	06/11/25	846.74	ORTHO CLINICAL DIAGNOSTICS
A/P	209145	06/11/25	597.68	PARAGARD DIRECT
A/P	209146	06/11/25	133.26	PARTSSOURCE, LLC
A/P	209147	06/11/25	85.22	PERFORMANCE HEALTH
A/P	209148	06/11/25	1,474.39	POC ELECTRIC, LLC
A/P	209149	06/11/25	1,961.14	PROVATION
A/P	209150	06/11/25	1,299.91	QIAGEN INC
A/P	209151	06/11/25	420.00	REED, CLAYMON, MEEKER & HARGET
A/P	209152	06/11/25	1,867.92	REPUBLIC SERVICES #847
A/P	209153	06/11/25	107.75	SAMS CLUB DIRECT
A/P	209154	06/11/25	365.00	SAN ANTONIO ENA
A/P	209155	06/11/25	2,617.41	SIEMENS MEDICAL SOLUTIONS INC
A/P	209156	06/11/25	1,250.81	SINGLETON ASSOCIATES PA
A/P	209157	06/11/25	2,525.00	SOMETHING MORE MEDIA, INC.
A/P	209158	06/11/25	3,765.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	209159	06/11/25	134.16	SPARKLIGHT
A/P	209160	06/11/25	13,798.75	SPECIALTY PROFESSIONAL
A/P	209161	06/11/25	375.00	ST DAVIDS HEALTHCARE
A/P	209162	06/11/25	3,210.57	STERICYCLE, INC
A/P	209163	06/11/25	666.91	STERIS CORPORATION
A/P	209164	06/11/25	2,640.00	SUMMIT PAIN AND WELLNESS
A/P	209165	06/11/25	6,557.50	TEXAS SELECT STAFFING, LLC
A/P	209166	06/11/25	310.00	TRACI SHEFCIK
A/P	209167	06/11/25	107.98	TRI WHOLESALE CO.
A/P	209168	06/11/25	848.39	TRUBRIDGE
A/P	209169	06/11/25	654.74	UNIFIRST HOLDINGS INC
A/P	209170	06/11/25	1,387.25	VICTORIA AIR CONDITIONING LTD
A/P	209171	06/11/25	2,920.00	VOCA LLC
A/P	209172	06/11/25	6,814.92	WERFEN USA LLC
A/P	209173	06/11/25	10,475.00	WOUND CARE SPECIALISTS
A/P	209174	06/11/25	143,471.63	GOLDENCREEK HEALTHCARE
A/P	209175	06/11/25	322.55	GULF POINTE PLAZA
A/P	209176	06/11/25	59,416.55	LAVACA BAY NURSING AND REHAB
A/P	209177	06/11/25	.00	VOIDED
A/P	209178	06/11/25	225,289.63	TUSCANY VILLAGE
TOTALS:			816,829.08	

APPROVED ON

JUN 11 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables

388,328.72 +
143,471.63 +
322.55 +
225,289.63 +
59,416.55 +
816,829.08 ◊

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 05/30/2025

Page: 002

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 05/31/2025

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

As of: 05/30/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 05/31/2025 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 324.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 06/03/2025, Pay This Amount: 317.66 USD

If Paid After 06/03/2025, Pay this Amount: 324.15 USD

Due If Paid On Time: USD 317.66

Disc lost if paid late: 6.49

Due If Paid Late: USD 324.15

6.89 +
42.42 +
268.35 +
317.66 ◊

APPROVED ON
JUN 09 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 05/30/2025

Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 05/31/2025

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

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

As of: 05/30/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 05/31/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
05/28/2025	06/03/2025	7570910459	4127402	115Invoice	0.14	7.03		6.89	✓	7570910459	

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: 7.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 455.79
05/26/2025

If Paid By 06/03/2025, Pay This Amount: 6.89 USD

If Paid After 06/03/2025, Pay this Amount: 7.03 USD

Due If Paid On Time:
USD 6.89

Disc lost if paid late: 0.14

Due If Paid Late:
USD 7.03

APPROVED ON

JUN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

CVS PHCY 8923/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 05/30/2025

Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 05/31/2025

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

As of: 05/30/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 05/31/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
05/28/2025	06/03/2025	7570839438	4129018	115Invoice	0.87	43.29		42.42	✓	7570839438	

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 43.29 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 28.45
05/12/2025

If Paid By 06/03/2025,
Pay This Amount: 42.42 USD

If Paid After 06/03/2025,
Pay this Amount: 43.29 USD

Due If Paid On Time:
USD 42.42

Disc lost if paid late:
0.87

Due If Paid Late:
USD 43.29

APPROVED ON

JUN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 05/30/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 05/31/2025

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 05/30/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 05/31/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
05/26/2025	06/03/2025	7570373522	237430915	115Invoice	5.48	273.83		268.35	✓	7570373522	☐

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: 273.83 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 455.79
05/26/2025

If Paid By 06/03/2025,
Pay This Amount: 268.35 USD

If Paid After 06/03/2025,
Pay this Amount: 273.83 USD

Due If Paid On Time:
USD 268.35
Disc lost if paid late: 5.48
Due If Paid Late:
USD 273.83

APPROVED ON
JUN 09 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/06/2025

Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 06/06/2025

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

As of: 06/06/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 06/06/2025 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 90.75 USD

Future Due:	0.00
Past Due:	0.00
Last Payment 08/07/2017	2,451.97

If Paid By 06/10/2025, Pay This Amount: 88.94 USD

If Paid After 06/10/2025, Pay this Amount: 90.75 USD

Due If Paid On Time: USD 88.94

Disc lost if paid late: 1.81

Due If Paid Late: USD 90.75

12 • 15 +
70 • 19 +
5 • 13 +
1 • 47 +
88 • 94 ◇

APPROVED ON
JUN 09 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 06/06/2025

Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 06/06/2025

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

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

As of: 06/06/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 06/06/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
06/05/2025	06/10/2025	7572285585	B2506-055-203328	115Invoice	0.25	12.40		12.15		7572285585	
06/06/2025	06/10/2025	7572528301	B2506-055-203470	115Invoice	1.43	71.62		70.19		7572528301	

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: 84.02 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 455.79
05/26/2025

If Paid By 06/10/2025, Pay This Amount: 82.34 USD

If Paid After 06/10/2025, Pay this Amount: 84.02 USD

Due If Paid On Time: USD 82.34

Disc lost if paid late: 1.68

Due If Paid Late: USD 84.02

APPROVED ON

JUN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 06/06/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 06/06/2025

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

As of: 06/06/2025 Page: 001
Mail to: Comp: 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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 06/06/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
06/04/2025	06/10/2025	7572197977	4144683	115Invoice	0.10	5.23		5.13	✓	7572197977	

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: 5.23 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 317.66
06/02/2025

If Paid By 06/10/2025,
Pay This Amount: 5.13 USD

If Paid After 06/10/2025,
Pay this Amount: 5.23 USD

Due If Paid On Time:
USD 5.13

Disc lost if paid late:
0.10

Due If Paid Late:
USD 5.23

APPROVED ON

JUN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 06/06/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835434
Date: 06/06/2025

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

As of: 06/06/2025 Page: 001
Mail to: Comp: 8000

CVS PHCY 8923/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 06/06/2025 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
06/04/2025	06/10/2025	7572099366	4145972	115Invoice	0.03	1.50		1.47		7572099366	

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 1.50 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 317.66
06/02/2025

If Paid By 06/10/2025,
Pay This Amount: 1.47 USD

If Paid After 06/10/2025,
Pay this Amount: 1.50 USD

Due If Paid On Time:
USD 1.47

Disc lost if paid late:
0.03

Due If Paid Late:
USD 1.50

APPROVED ON

JUN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 69831664
Date: 05-30-2025

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

DEA: RA0316958
866-451-9655

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

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

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	272.88
Past Due:	0.00
Total Due:	272.88
Account Balance:	272.88

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
05-28-2025	06-06-2025	3216267649	7009765522	Invoice	15.18		0.00	15.18
05-29-2025	06-06-2025	3216398396	7009773041	Invoice	254.16		0.00	254.16
05-30-2025	06-06-2025	3216530989	7009780556	Invoice	3.54		0.00	3.54

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
272.88	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
06-06-2025	272.88
Total Due:	272.88

APPROVED ON
JUN 09 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Processing Number 0000000315623134 Document Type Customer Statement 20250530105233

AmerisourceBergen

STATEMENT

Statement Number: 69815176
Date: 05-30-2025

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	79.00
Past Due:	0.00
Total Due:	79.00
Account Balance:	79.00

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
05-27-2025	06-06-2025	3216060246	7009732181	Invoice	22.48		0.00	22.48
05-27-2025	06-06-2025	3216060247	7009740721	Invoice	26.70		0.00	26.70
05-27-2025	06-06-2025	3216060248	7009749293	Invoice	11.24		0.00	11.24
05-27-2025	06-06-2025	3216060249	7009732202	Invoice	1.40		0.00	1.40
05-29-2025	06-06-2025	3216357276	7009766945	Invoice	10.40		0.00	10.40
05-30-2025	06-06-2025	3216495255	7009773006	Invoice	6.78		0.00	6.78

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
79.00	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
05-30-2025	(866.00)

APPROVED ON
JUN 09 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
06-06-2025	79.00
Total Due:	79.00

AmerisourceBergen

STATEMENT

Statement Number: 69906249
Date: 06-06-2025

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

DEA: RA0316958
866-451-9655

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

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

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	328.52
Past Due:	0.00
Total Due:	328.52
Account Balance:	328.52

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-02-2025	06-13-2025	3216628994	7009789486	Invoice	32.25		0.00	32.25
06-02-2025	06-13-2025	3216688052	7009802796	Invoice	3.53		0.00	3.53
06-03-2025	06-13-2025	3216827690	7009808897	Invoice	6.50		0.00	6.50
06-04-2025	06-13-2025	3216960165	7009817480	Invoice	276.09		0.00	276.09
06-05-2025	06-13-2025	3217093015	7009824240	Invoice	7.30		0.00	7.30
06-06-2025	06-13-2025	3217222908	7009832904	Invoice	2.85		0.00	2.85

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
328.52	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
JUN 09 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
06-13-2025	328.52
Total Due:	328.52

Processing Number 0000006853654744 Document Type Customer Statement 20250607115147

AmerisourceBergen

STATEMENT

Statement Number: 69889688
Date: 06-06-2025

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	97.00
Past Due:	0.00
Total Due:	97.00
Account Balance:	97.00

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-02-2025	06-13-2025	3216649388	7009779932	Invoice	13.44		0.00	13.44
06-02-2025	06-13-2025	3216649389	7009790236	Invoice	6.80		0.00	6.80
06-02-2025	06-13-2025	3216650560	7009796861	Invoice	1.61		0.00	1.61
06-03-2025	06-13-2025	3216786288	7009802534	Invoice	2.73		0.00	2.73
06-04-2025	06-13-2025	3216918372	7009808939	Invoice	46.47		0.00	46.47
06-05-2025	06-13-2025	3217049698	7009817439	Invoice	25.95		0.00	25.95

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
97.00	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
JUN 09 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
06-13-2025	97.00
Total Due:	97.00

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

		#### ###	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"			
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	24	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★	06	
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 127,218.34	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 65,823.08	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 15,394.02	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 46,001.24	#
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

			VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN		5/16/2025					
PAY PERIOD: END		5/29/2025					
PAY DATE:		6/6/2025					
GROSS PAY:	$	567,188.99			$ -		$ 567,188.99
DEDUCTIONS:							
A/R	$	345.00					$ 345.00
ADVANC							$ -
BOOTS							$ -
MUTUAL CRITICAL ILLNESS							$ -
MUTUAL ACCIDENT							$ -
IRS TAX							$ -
MUTUAL SHORT TERM DIS							$ -
MUTUAL VISION	$	830.79					$ 830.79
CAFÉ-D	$	1,253.78					$ 1,253.78
CAFÉ-H	$	29,057.54					$ 29,057.54
	$	-					$ -
	$	-					$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	524.54					$ 524.54
CLINIC	$	130.00					$ 130.00
COMBIN	$	250.86					$ 250.86
CREDUN	$	-					$ -
DENTAL	$	-					$ -
DEP-LF							$ -
MUTUAL TERM LIFE	$	1,152.07					$ 1,152.07
MUTUAL HOSP INDEM	$	550.50					$ 550.50
FED TAX	$	46,001.24					$ 46,001.24
FICA-M	$	7,697.01					$ 7,697.01
FICA-O	$	32,911.54					$ 32,911.54
FICA-M ADDITIONAL							$ -
FIRST C							$ -
FLEX S	$	4,321.54					$ 4,321.54
FLX-FE	$	-					$ -
GIFT S	$	229.59					$ 229.59
MUTUAL CRITICAL ILLNESS	$	914.26					$ 914.26
MUTUAL ACCIDENT	$	643.00					$ 643.00
MUTUAL SHORT TERM DIS	$	1,869.89					$ 1,869.89
LEGAL	$	1,025.92					$ 1,025.92
OTHER	$	4,021.62					$ 4,021.62
NATIONAL FARM LIFE	$	1,181.63					$ 1,181.63
MED SURCHARGE							$ -
Blank							$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	895.00					$ 895.00
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	38,418.89					$ 38,418.89
UW/HOS	$	-					$ -
TOTAL DEDUCTIONS:	$	174,226.21	$ -	$ -	$ -	$ -	$ 174,226.21
		SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$	392,962.78	$ -	$ -	$ -	$ -	$ 392,962.78
		SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$	36,358.65	Less Exempt:				
TAXABLE PAY:	$	530,830.34	$ 530,830.34				Exempt Amt:

			CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$	7,697.04		
FICA - MED (EE)	1.45%	$	7,697.04	$ 7,697.01	$ 0.03
FICA - SOC SEC (ER)	6.20%	$	32,911.48		
FICA - SOC SEC (EE)	6.20%	$	32,911.48	$ 32,911.54	$ (0.06)
FED WITHHOLDING		$	46,001.24	$ 46,001.24	
TAX DEPOSIT:		$	127,218.28	$ 127,218.34	
FICA - MEDICARE	2.90%	$	15,394.08	$15,394.02	
FICA - SOCIAL SECURITY	12.40%	$	65,822.96	$65,823.08	
FED WITHHOLDING		$	46,001.24	$46,001.24	
TOTAL TAX:		$	127,218.28	$127,218.34	$ (0.06)

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL: $ -

PREPARED BY: Andrie Flores

PREPARED DATE: 6/2/2025

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9114.50	N		N	N		220392.69
1	REGULAR PAY-S1	1795.75	N		N	N	N	91887.01
1	REGULAR PAY-S1	264.50	N		N	Y		9805.84
1	REGULAR PAY-S1	185.75	Y		N	N		5284.66
2	REGULAR PAY-S2	2245.50	N		N	N		62337.59
2	REGULAR PAY-S2	174.25	N		N	Y		7451.41
2	REGULAR PAY-S2	155.00	Y		N	N		4068.16
3	REGULAR PAY-S3	1345.25	N		N	N		45711.11
3	REGULAR PAY-S3	118.25	N		N	Y		6265.67
3	REGULAR PAY-S3	90.75	Y		N	N		3991.34
4	CALL BACK PAY	14.00	N	1	N	N	Y	637.64
4	CALL BACK PAY	6.00	N	2	N	N	Y	278.43
4	CALL BACK PAY	2.00	N	3	N	N	Y	94.81
C	CALL PAY	2454.50	N	1	N	N		4909.00
D	DOUBLE TIME	20.25	N	1	N	N		1544.20
D	DOUBLE TIME	23.25	N	2	N	N		1941.41
D	DOUBLE TIME	4.00	N	2	N	Y		502.64
D	DOUBLE TIME	32.00	N	3	N	N		2795.04
D	DOUBLE TIME	8.00	N	3	N	Y		1029.28
D	DOUBLE TIME	3.00	Y	1	N	N		348.65
D	DOUBLE TIME	10.50	Y	2	N	N		1395.72
D	DOUBLE TIME	17.25	Y	3	N	N		2414.17
E	EXTRA WAGES		N		N	N	N	3750.00
E	EXTRA WAGES		N	1	N	N	N	2971.25
F	FUNERAL LEAVE	8.00	N		N	N	N	112.00
F	FUNERAL LEAVE	28.00	N	1	N	N		638.32
I	INSERVICE	2.00	N	1	N	N		65.32
K	EXTENDED-ILLNESS-BANK	198.00	N	1	N	N		7721.85
P	PAID-TIME-OFF	293.52	N		N	N	N	17538.07
P	PAID-TIME-OFF	1910.00	N	1	N	N		55053.62
X	CALL PAY 2	158.00	N	1	N	N		316.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	80.00	N	1	N	N		1852.09
t	PHONE & DATA		N		N	N	N	1795.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	295.00	A/R2	50.00	A/R3	
ADVANC		AWARDS		BCBSVI	
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	1253.78
CAFE-F		CAFE-H	29057.54	CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD	524.54	CLINIC	130.00	COMBIN	250.86
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH		FEDTAX	46001.24	FICA-M	7697.01
FICA-O	32911.54	FIRSTC		FLEX S	3809.54
FLX PE		FORT D		FUTA	
GIFT S	229.59	GRANT		GRP-IN	
GTL		HOSP-I		HSA	512.00
ID TFT		IRSTAX		LEAF	
LEGAL	230.92	MASA	795.00	MEALS	3601.62
METVIS		MISC		MISC/	
MMCSHR		MOOACC	643.00	MOOILL	914.26
MOOIND	550.50	MOOLIF	1152.07	MOOSTD	1869.89
MOOVIS	830.79	NATFML	1181.63	OTHER	
PHI		PHI***		PR PIN	
RELAY		REPAY		SAMS	
SCRUBS		SIGNON		ST-TX	
STONDF	895.00	STONE		STONE2	
STUDEN		SUNACC		SUNILL	
SUNIND		SUNLIF		SUNSTD	
SUNVIS		SURCHG		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	38418.89	TUTION		UNIFOR	420.00
UW/HOS					

Grand Totals: 20857.77 ------- { Gross: 567188.99 Deductions: 174226.21 Net: 392962.78

Checks Count:- FT 205 PT 10 Other 41 Female 228 Male 27 Credit OverAmt 17 ZeroNet Term Total: 255

Eric Clevenger
6/2/25

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
5120	76360	3	21	1	2025	134000533	0	5/21/2025	$20,130.00	1	LIBERTY DIALYSIS VICTORIA	P	465	0	[redacted]		HDI	F	4/1/2025	4/30/2025	262438451
									$20,130.00												

M&L

APPROVED ON

JUN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
5121	76351	1	1	0	2025	142000007	0	5/27/2025	$22,899.97	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	[redacted]		PCS	F	5/5/2025	5/18/2025	464334244
5122	76351	2	71	0	2025	120001174	0	5/27/2025	$381.78	1	COMMUNITY PATHOLOGY ASSOCIATES	P	532	0	[redacted]		WLAB	F	4/23/2025	4/23/2025	760421006
5123	76351	3	76	1	2025	120001184	0	5/27/2025	$15.58	1	CLINICAL PATHOLOGY LABS, INC	P	172	0	[redacted]		AB	F	4/18/2025	4/18/2025	742554159
5124	76351	3	72	0	2025	56000642	0	5/27/2025	$170.38	1	US ANESTHESIA PARTNERS OF TEXAS PA	P	405	0	[redacted]		AOQ	F	1/31/2025	1/31/2025	760482007
5125	76351	3	69	1	2025	90000803	0	5/27/2025	$572.67	1	COMMUNITY PATHOLOGY ASSOCIATES	P	185	0	[redacted]		LAB	F	3/21/2025	3/21/2025	760421006
5126	76360	3	27	0	2025	120001224	0	5/27/2025	$20.37	1	CLINICAL PATHOLOGY LABS, INC	P	172	0	[redacted]		AB	F	4/21/2025	4/21/2025	742554159
5127	76360	3	21	1	2025	120001169	0	5/27/2025	$100.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	4/25/2025	4/25/2025	742605670
5128	76360	3	32	0	2025	91001880	0	5/27/2025	$248.20	1	USAP-TEXAS	P	405	0	[redacted]		AOQ	F	10/31/2024	10/31/2024	760482007
5129	76360	3	32	0	2025	120000159	0	5/27/2025	$248.20	1	USAP-TEXAS	P	405	0	[redacted]		AOQ	F	10/31/2024	10/31/2024	760482007
									$24,658.04												

M 82

APPROVED ON

JUN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
5106	76351	3	76	1	2025	118000834	0	5/19/2025	$229.00	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0	[redacted]		AB	F	4/18/2025	4/18/2025	741831291
5107	76351	3	79	0	2025	119002132	0	5/19/2025	$230.55	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	177	0	[redacted]		OV	F	4/24/2025	4/24/2025	300520570
5108	76360	2	35	0	2025	118000848	0	5/19/2025	$375.07	1	PULMONARY CRITICAL AND SLEEP	P	457	0	[redacted]		OVS	F	4/23/2025	4/23/2025	201000287
5109	76360	3	128	0	2025	119001173	0	5/19/2025	$6,281.61	1	MD ANDERSON CANCER CENTER	P	186	0	[redacted]		HLAB	F	4/22/2025	4/22/2025	746001118
5110	76360	3	128	1	2025	87000876	0	5/19/2025	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]		AB	F	3/12/2025	3/12/2025	741680498
5111	76360	3	59	1	2025	119002129	0	5/19/2025	$115.38	1	FAMILY CARE CENTER	P	360	0	[redacted]		POV	F	4/21/2025	4/21/2025	810970561
5112	76360	3	66	0	2025	85000842	0	5/19/2025	$144.98	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]		CAT	F	1/29/2025	1/29/2025	741680498
5113	76360	3	30	1	2025	119002167	0	5/19/2025	$175.05	1	ORTHOLONESTAR PLLC	P	457	0	[redacted]		OVS	F	4/17/2025	4/17/2025	842136648
5114	76360	3	3	0	2025	91001355	0	5/19/2025	$223.31	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	3/14/2025	3/14/2025	815248556
5115	76360	3	27	0	2025	118000860	0	5/19/2025	$271.16	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0	[redacted]		AB	F	4/21/2025	4/21/2025	741831291
5116	76360	3	128	0	2025	119002121	0	5/19/2025	$419.90	1	PHYSICIANS REFERRAL SERVICE	P	324	0	[redacted]		CAT	F	4/22/2025	4/22/2025	760273984
5117	76360	3	128	0	2025	119002128	0	5/19/2025	$1,122.85	1	PHYSICIANS REFERRAL SERVICE	P	324	0	[redacted]		CAT	F	4/22/2025	4/22/2025	760273984
5119	76370	3	44	0	2025	118000788	0	5/19/2025	$7,906.34	1	AMIRALI S POPATIA MD	P	457	0	[redacted]		OVS	F	3/31/2025	3/31/2025	760599320
									$17,578.72												

APPROVED ON

JUN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
5130	76351	1	2	0	2025	104000857	0	6/2/2025	$220.55	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0	[redacted]		OVS	F	11/25/2024	11/25/2024	300520570
5131	76351	2	58	3	2025	101001458	0	6/2/2025	$12.21	1	CONCORD RADIOLOGY PLLC	P	189	0	[redacted]		ERD	F	4/7/2025	4/7/2025	824944510
5132	76351	2	58	3	2025	111005117	0	6/2/2025	$187.17	1	CONCORD MEDICAL GROUP OF TEXAS	P	189	0	[redacted]		ERD	F	2/7/2025	2/7/2025	465400615
5133	76351	2	58	3	2025	114000867	0	6/2/2025	$271.13	1	CONCORD MEDICAL GROUP OF TEXAS PLL	P	189	0	[redacted]		ERD	F	4/7/2025	4/7/2025	465400615
5135	76351	3	4	0	2025	94001184	0	6/2/2025	$9.89	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	3/17/2025	3/17/2025	741680498
5136	76351	3	42	1	2025	94001202	0	6/2/2025	$10.31	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	3/19/2025	3/19/2025	741680498
5137	76351	3	64	0	2025	94001217	0	6/2/2025	$13.79	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	3/17/2025	3/17/2025	741680498
5138	76351	3	10	0	2025	122000962	0	6/2/2025	$64.10	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0	[redacted]		AB	F	4/28/2025	4/28/2025	742605670
5139	76351	3	10	0	2025	125000808	0	6/2/2025	$128.18	1	HOUSTON CARDIOVASCULAR ASSOC INC	P	457	0	[redacted]		OVS	F	9/4/2024	9/4/2024	741941710
5140	76351	3	21	1	2025	94001155	0	6/2/2025	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	2/27/2025	2/27/2025	815248556
5141	76351	3	73	2	2025	122001019	0	6/2/2025	$163.47	1	SCOTT & WHITE CLINIC	P	177	0	[redacted]		OV	F	4/22/2025	4/22/2025	742958277
5142	76351	999	37	0	2025	114000387	0	6/2/2025	$49.94	1	LLC VICTORIA NEPHROLOGY ASSO	P	457	0	[redacted]		OVS	F	4/14/2025	4/14/2025	453050693
5143	76360	2	114	0	2025	122001014	0	6/2/2025	$2,739.00	1	VICTORIA EYE CENTER	P	431	0	[redacted]		SFS	F	4/24/2025	4/24/2025	742208337
5144	76360	3	37	1	2025	125000838	0	6/2/2025	$19.48	1	VICTORIA PEDIATRICS AND ADOLES	P	177	0	[redacted]		OV	F	10/2/2024	10/2/2024	742171901
5145	76360	3	45	0	2025	94001150	0	6/2/2025	$19.79	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	3/10/2025	3/10/2025	741680498
5146	76360	3	66	0	2025	121001514	0	6/2/2025	$33.52	1	COASTAL SKIN CARE & WELLNESS CENTER	P	457	0	[redacted]		OVS	F	4/24/2025	4/24/2025	742068224
5147	76360	3	124	0	2025	94001162	0	6/2/2025	$49.16	1	SINGLETON ASSOCIATES PA	P	603	0	[redacted]		US	F	3/19/2025	3/19/2025	741680498
5148	76360	3	74	0	2025	122001025	0	6/2/2025	$49.94	1	AYO ADU, MD PLLC	P	457	0	[redacted]		OVS	F	4/29/2025	4/29/2025	273335355
5149	76360	3	3	0	2025	94001188	0	6/2/2025	$62.95	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	3/14/2025	3/14/2025	741680498
5150	76360	3	37	1	2025	122000933	0	6/2/2025	$63.11	1	MELISSA MILLER RN RNPC	P	177	0	[redacted]		OV	F	4/22/2025	4/22/2025	742620408
5151	76360	3	32	6	2025	122001002	0	6/2/2025	$133.37	1	CHILDRENS PHYSICIAN SERVICES OF SOUTH	P	457	0	[redacted]		OVS	F	2/13/2025	2/13/2025	742620408
5152	76360	3	7	0	2025	94001192	0	6/2/2025	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	2/28/2025	2/28/2025	815248556
5153	76360	3	123	0	2025	125000826	0	6/2/2025	$351.95	1	CHILDRENS PHYSICIAN SERVICES	P	180	0	[redacted]		XRDR	F	4/24/2025	4/24/2025	742620408
									$4,960.21												

MRL

APPROVED ON

JUN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 6/1/2025

MEMORIAL MEDICAL CENTER (Mst Grp: 76350)
815 N VIRGINIA STREET
PORT LAVACA, TX 77979

Master Group Totals

						Total Due
SPEC AGG	169	$56,715.36	Adjustments	1	($237.60)	$56,477.76
ADMIN FEES	169	$7,013.50	Adjustments	1	($41.50)	$6,972.00
PPO UR	169	$3,276.91	Adjustments	1	($19.39)	$3,257.52
CHIC MGMT FEE		$700.00				$700.00

Balance Forward:		$67,460.08
Payments:	-	$67,460.08
Adjustments:	+	$0.00
Beginning Balance:		$0.00
Current Amount Due:	+	$67,705.77
Current Adjustments:	+	($298.49)
Total Amount Due:		**$67,407.28**

MSL

Description	Medical
EE	98
ES	18
EF	11
EC	42
Mst Total	169

APPROVED ON
JUN 09 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Make Check Payable To: Attn: Revenue Department
90 Degree Benefits
PO Box 13246
Birmingham, AL 35202

Please pay premium as billed. Changes received after billing has processed will be reflected on the next months bill.
Premium payment is due by the 10th of the month.

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — May 26, 2025 - June 8, 2025

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
6/6/2025	STATE COMPTRLR TEXNET 08726101/50605 2100002	CHIRP IGT, RAPPS IGT - Prepaid Expenses	191,086.00	901624
6/6/2025	PAY PLUS ACHTrans 71423308 101000698400491 P	- 3rd Party Payor Fee	121.55	901625
6/6/2025	HEALTHEQUITY INC HealthEqui 1356888 91000016	- EmpDeduct/Employer Contribut	1,112.00	901626
6/6/2025	EXPERTPAY EXPERTPAY 746003411 91000012435628	-Child Support Payment	524.54	901627
6/6/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	351.88	901628
6/6/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	389,448.11	901629
6/5/2025	PAY PLUS ACHTrans 71241388 101000697172677 P	- 3rd Party Payor Fee	60.53	901630
6/5/2025	FDMS FDMS PYMT 052-1601830-000 4100012961039	- Credit Card Machine Lease Fee	32.45	901631
6/5/2025	FDMS FDMS PYMT 052-2000500-000 4100012962321	- Credit Card Machine Lease Fee	75.67	901632
6/5/2025	FDMS FDMS PYMT 052-2182557-000 4100012963230	- Credit Card Machine Lease Fee	181.77	901633
6/5/2025	FDMS FDMS PYMT 052-2182545-000 4100012963230	- Credit Card Machine Lease Fee	45.64	901634
6/4/2025	PAY PLUS ACHTrans 71052776 101000695462744 P	- 3rd Party Payor Fee	194.79	901635
6/3/2025	PAY PLUS ACHTrans 70760571 101000693293453 P	- 3rd Party Payor Fee	753.22	901636
6/3/2025	MERCHANT BANKCD FEE 971160910883 91000011093	- Credit Card Processing Fee	9.95	901637
6/3/2025	MERCHANT BANKCD FEE 971160913887 91000011093	- Credit Card Processing Fee	172.56	901638
6/3/2025	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	374.51	901639
6/3/2025	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95	901640
6/3/2025	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	187.44	901641
6/3/2025	MCKESSON DRUG AUTO ACH ACH06546360 910000155	- 340B Drug Program Expense	317.66	901642
6/3/2025	AUTHNET GATEWAY BILLING 142136742 1040000180	- 3rd Party Payor Fee	25.20	901643
6/2/2025	PAY PLUS ACHTrans 70369496 101000691583198 P	- 3rd Party Payor Fee	1,210.09	901644
5/30/2025	STATE COMPTRLR TEXNET 08726105/50529 2100002	CHIRP IGT, RAPPS IGT - Prepaid Expenses	33,149.26	901645
5/30/2025	PAY PLUS ACHTrans 70203313 101000690028929 P	- 3rd Party Payor Fee	28.49	901646
5/30/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	866.00	901647
5/29/2025	PAY PLUS ACHTrans 69998783 101000697996273 P	- 3rd Party Payor Fee	33.01	901648
5/28/2025	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	- CitiBank Corporate Card Payment	78.00	901649
5/28/2025	PAY PLUS ACHTrans 69718043 101000696743372 P	- 3rd Party Payor Fee	1,180.25	901650
5/27/2025	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	- CitiBank Corporate Card Payment	806.50	901651
5/27/2025	PAY PLUS ACHTrans 69568270 101000695190665 P	- 3rd Party Payor Fee	46.84	901652
5/27/2025	MCKESSON DRUG AUTO ACH ACH06540164 910000108	- 340B Drug Program Expense	455.79	901653
5/27/2025	HPHG LLC port lava MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	77,527.60	901654
5/27/2025	HPHG LLC port lavac MemMedCtr PtLav 11312265	- Health Insurance Claim Payments	3,563.77	901655
5/27/2025	IRS USATAXPYMT 270554764562377 6103601003451	- Payroll Taxes	123,092.24	901656
			827,133.26	

827,133.26 +
191,086.00 −
1,112.00 −
351.88 −
389,448.11 −
317.66 −
33,149.26 −
866.00 −
78.00 −
806.50 −
455.79 −
77,527.60 −
3,563.77 −
123,092.24 −
5,278.45 ◇
5,278.45 −
0.00 ◇

121.55 +
60.53 +
paul 194.79 +
753.22 +
plus 1,210.09 +
28.49 +
33.01 +
1,180.25 +
46.84 +
3,628.77 ◇
Child Supp
524.54 +
524.54
Lease Fee
32.45 +
75.67 +
181.77 +
45.64 +
335.53 ◇
Bank Fee
9.95 +
172.56 +
182.51 ◇
D.S. Fee
374.51 +
19.95 +
394.46 ◇
Inter.
187.44 +
187.44 ◇
Auth. net
25.20 +
25.20 ◇

/ Michelle Cumberland June 9, 2025
Michelle Cumberland, CFO
Memorial Medical Center

*Approved on 5.28.25cc
** Approved on 5.14.25cc
*** Approved on 5.21.25cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
6/15/2025	TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	180,968.91
			180,968.91

/ Michelle Cumberland June 9, 2025
Michelle Cumberland, CFO
Memorial Medical Center

APPROVED ON
JUN 09 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

3,628.77 +
524.54 +
335.53 +
182.51 +
394.46 +
187.44 +
25.20 +
5,278.45 ◇

Total

Date/Time	06-03-2025 / 03:20 PM
Submitted By	cclevenger256
Pay Date	05-31-2025
Employee Deposits	$74,080.97
Employer Contributions	$106,887.94
Group Term Life Premiums	$0.00
Total	$180,968.91
Comments	
Payroll File	May 2025.xlsx

MSL

CLOSE PRINT

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

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 05 2025

06/05/2025
10:58

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/27/2025

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052725B		05/30/202	05/27/202	06/27/202			63,096.93	0.00	0.00	63,096.93
052725C		05/30/202	05/27/202	06/27/202			15,105.34	0.00	0.00	15,105.34
052725		05/30/202	05/27/202	06/27/202			3,456.00	0.00	0.00	3,456.00
052725A		05/30/202	05/27/202	06/27/202			49,963.72	0.00	0.00	49,963.72
052825		05/30/202	05/28/202	06/27/202			1,466.50	0.00	0.00	1,466.50
052825B		05/30/202	05/28/202	06/27/202			76.40	0.00	0.00	76.40
052825A		05/30/202	05/28/202	06/27/202			2,150.85	0.00	0.00	2,150.85
052925A		05/30/202	05/29/202	06/27/202			1,644.90	0.00	0.00	1,644.90
052925B		05/30/202	05/29/202	06/27/202			1,723.68	0.00	0.00	1,723.68
052925		05/30/202	05/29/202	06/27/202			949.48	0.00	0.00	949.48
053025		05/30/202	05/30/202	06/27/202			2,775.00	0.00	0.00	2,775.00
060225		06/02/202	06/02/202	06/27/202			1,062.83	0.00	0.00	1,062.83

ins pmt dep. into mmc bat in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	143,471.63	0.00	0.00	143,471.63

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	143,471.63	0.00	0.00	143,471.63

APPROVED ON

JUN 05 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#209174

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 05 2025

CALHOUN COUNTY, TEXAS

06/05/2025 MEMORIAL MEDICAL CENTER 0
10:59 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 06/27/2025

Vendor#	Vendor Name	Class	Pay Code
12696	GULF POINTE PLAZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
053025		05/30/202	05/30/202	06/27/202			322.55	0.00	0.00	322.55

INS. PMT. dep. into MMC OPT in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	322.55	0.00	0.00	322.55

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	322.55	0.00	0.00	322.55

APPROVED ON

JUN 05 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#209175

RECEIVED BY THE COUNTY AUDITOR ON

JUN 05 2025

CALHOUN COUNTY, TEXAS

06/05/2025
11:00

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/27/2025

0
ap_open_invoice.template

Vendor# Vendor Name — Class — Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051525B	ins. pmt. Clup into name DOL in error	05/15/202	05/15/202	06/27/202			12,557.53	0.00	0.00	12,557.53
051525A		05/15/202	05/15/202	06/27/202			2,880.00	0.00	0.00	2,880.00
051525		05/15/202	05/15/202	06/27/202			21,105.35	0.00	0.00	21,105.35
052225		05/15/202	05/22/202	06/27/202			9,499.53	0.00	0.00	9,499.53
052325		05/15/202	05/23/202	06/27/202			2,299.72	0.00	0.00	2,299.72
052725		05/27/202	05/27/202	06/27/202			6,975.59	0.00	0.00	6,975.59
052725B		05/27/202	05/27/202	06/27/202			14,400.00	0.00	0.00	14,400.00
052725A		05/27/202	05/27/202	06/27/202			15,206.67	0.00	0.00	15,206.67
052725C		05/27/202	05/27/202	06/27/202			353.59	0.00	0.00	353.59
052925		05/27/202	05/29/202	06/27/202			12,120.00	0.00	0.00	12,120.00
052926A		05/29/202	05/29/202	06/27/202			653.37	0.00	0.00	653.37
052925B		05/29/202	05/29/202	06/27/202			11,332.56	0.00	0.00	11,332.56
053025		05/29/202	05/30/202	06/27/202			3,535.00	0.00	0.00	3,535.00
053025B		05/29/202	05/30/202	06/27/202			2,592.29	0.00	0.00	2,592.29
053025A		05/29/202	05/30/202	06/27/202			31,080.25	0.00	0.00	31,080.25
053025D		05/29/202	05/30/202	06/27/202			14,633.23	0.00	0.00	14,633.23
053025C		05/29/202	05/30/202	06/27/202			494.97	0.00	0.00	494.97
060225		06/02/202	06/02/202	06/27/202			37,536.79	0.00	0.00	37,536.79
060325A		06/02/202	06/03/202	06/27/202			8,085.00	0.00	0.00	8,085.00
060325		06/02/202	06/03/202	06/27/202			5,828.19	0.00	0.00	5,828.19
060225A		06/02/202	06/25/202	06/27/202			12,120.00	0.00	0.00	12,120.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	225,289.63	0.00	0.00	225,289.63

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	225,289.63	0.00	0.00	225,289.63

APPROVED ON

JUN 05 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 209178

RECEIVED BY THE COUNTY AUDITOR ON

JUN 05 2025

CALHOUN COUNTY, TEXAS

06/05/2025 MEMORIAL MEDICAL CENTER 0

10:59 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 06/27/2025

Vendor#	Vendor Name	Class	Pay Code
12792	LAVACA BAY NURSING AND REHAB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052325		05/23/202	05/23/202	06/27/202			3,370.66	0.00	0.00	3,370.66
052725		05/27/202	05/27/202	06/27/202			2,579.98	0.00	0.00	2,579.98
052825A		05/27/202	05/28/202	06/27/202			2,364.57	0.00	0.00	2,364.57
052825		05/27/202	05/28/202	06/27/202			1,756.44	0.00	0.00	1,756.44
052925A		05/27/202	05/29/202	06/27/202			41,997.52	0.00	0.00	41,997.52
052925		05/27/202	05/29/202	06/27/202			1,345.73	0.00	0.00	1,345.73
060225		06/02/202	06/02/202	06/27/202			3,646.93	0.00	0.00	3,646.93
060225A		06/02/202	06/02/202	06/27/202			628.50	0.00	0.00	628.50
060325		06/02/202	06/03/202	06/27/202			1,726.22	0.00	0.00	1,726.22

ins. pmt. dep. into mmc opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	59,416.55	0.00	0.00	59,416.55

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	59,416.55	0.00	0.00	59,416.55

APPROVED ON

JUN 05 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 209176

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/9/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		1,192.47	1,092.47	19,510.00			19,610.00	**19,510.00**
						Bank Balance	19,610.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**19,510.00**	
Broadmoor		166.26	-	3,638.00		-	3,804.26	-
						Bank Balance	3,804.26	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**3,704.26**	
Crescent		34,158.19	34,000.00	276.34			434.53	-
						Bank Balance	434.53	
						Variance	(0.00)	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**334.53**	
Fort Bend		2,404.22	2,304.22	-			100.00	-
						Bank Balance	100.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	-	
Solera at W Houston		32,442.72	32,342.72	25,433.64			25,533.64	**25,433.64**
						Bank Balance	25,533.64	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**25,433.64**	

19,510.00 + *West Houston / Fort Bend / Broadmoor:*
25,433.64 +
44,943.64 ◇

TOTAL TRANSFERS	**44,943.64**

Approved:
Michelle Cumberland, CFO **6/9/2025**

APPROVED ON
JUN 09 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

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

Ashford Gardens	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/6/2025 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	330.00					-	330.00
6/5/2025 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	2,996.00					-	2,996.00
6/4/2025 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	1,092.47	-					-	-
6/2/2025 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	16,184.00					-	16,184.00
							-	-
	1,092.47	19,510.00	-	-	-	-	-	19,510.00

Broadmoor	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/6/2025 MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	3,638.00					-	3,638.00
							-	-
							-	-
							-	-
							-	-
							-	-
	-	3,638.00	-	-	-	-	-	3,638.00

Crescent	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/3/2025 HNB - ECHO HCCLAIMPMT 746003411 440000240613	-	276.34					-	276.34
6/2/2025 393	34,000.00	-					-	-
							-	-
							-	-
							-	-
							-	-
							-	-
	34,000.00	276.34	-	-	-	-	-	276.34

Fort Bend	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/4/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	1,709.05	-					-	-
6/2/2025 271	595.17	-					-	-
							-	-
							-	-
							-	-
							-	-
	2,304.22	-	-	-	-	-	-	-

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/6/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000137	-	18,696.14					-	18,696.14
6/5/2025 AARP Supplementa HCCLAIMPMT 746003411 124384	-	5,237.50					-	5,237.50
6/4/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	32,342.72	-					-	-
6/3/2025 HUMANA CHA DISB HCCLAIMPMT 76673120 42000018	-	1,500.00					-	1,500.00
							-	-
							-	-
							-	-
							-	-
	32,342.72	25,433.64	-	-	-	-	-	25,433.64

TOTALS								
		48,857.98	-	-	-	-	-	48,857.98

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,973,008.92	$1,955,773.55	$1,973,008.92	$2,506,790.83
*4381 MEMORIAL MEDICAL / NH ASHFORD	$19,610.00 ✓	$19,610.00	$19,610.00	$19,280.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$3,804.26 ✓	$3,804.26	$3,804.26	$166.26
*4411 MEMORIAL MEDICAL / NH CRESCENT	$434.53 ✓	$434.53	$434.53	$434.53
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$25,533.64 ✓	$25,533.64	$25,533.64	$6,837.50
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.00 ✓	$100.00	$100.00	$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$23,881.08 ✓	$53,943.90	$23,881.08	$21,454.08
*4551 CAL CO INDIGENT HEALTHCARE	$9,684.72	$9,684.72	$9,684.72	$9,684.72
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$614.71 ✓	$1,042.61	$614.71	$593.25
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.69 ✓	$101.69	$101.69	$101.69
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$346,721.86 ✓	$346,721.86	$346,721.86	$345,648.60
*3407 MMC -NH TUSCANY VILLAGE	$111,358.19 ✓	$111,358.19	$111,358.19	$111,358.19
*2998 MMC -MONEY MARKET FUND	$66,348.96	$66,348.96	$66,348.96	$66,348.96
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$821.60	$821.60	$821.60	$821.60
Total Balance	**$2,582,024.16**	**$2,595,279.51**	**$2,582,024.16**	**$3,089,620.21**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/9/2025

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		9,968.45	9,182.22	23,094.85		-	23,881.08	23,094.85
						Bank Balance	23,881.08	
						Variance	-	
						Leave in Balance	100.00	
						April Interest	397.88	
						May Interest	288.35	
						Adjust Balance/Transfer Amt	23,094.85	

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

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

Approved: MCC
Michelle Cumberland, CFO 6/9/2025

APPROVED ON
JUN 09 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
6/6/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001771	-	2,427.00					-	2,427.00
6/5/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	2,237.00					-	2,237.00
6/4/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	9,182.22	-					-	-
6/4/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	73.37					-	73.37
6/3/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	1,709.00					-	1,709.00
6/3/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001888	-	4,950.00					-	4,950.00
6/3/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001888	-	4,950.00					-	4,950.00
6/3/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001888	-	3,813.57					-	3,813.57
6/2/2025	LUMINOS HOLDCO L Golden Cre 113114890666455	-	2,934.91					-	2,934.91
								-	-
								-	-
								-	-
								-	-
								-	-
		9,182.22	**23,094.85**	**-**	**-**	**-**	**-**	**-**	**23,094.85**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,973,008.92	$1,955,773.55	$1,973,008.92	$2,506,790.83
*4381 MEMORIAL MEDICAL / NH ASHFORD	$19,610.00	$19,610.00	$19,610.00	$19,280.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$3,804.26	$3,804.26	$3,804.26	$166.26
*4411 MEMORIAL MEDICAL / NH CRESCENT	$434.53	$434.53	$434.53	$434.53
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$25,533.64	$25,533.64	$25,533.64	$6,837.50
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.00	$100.00	$100.00	$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$23,881.08	$53,943.90	$23,881.08	$21,454.08
*4551 CAL CO INDIGENT HEALTHCARE	$9,684.72	$9,684.72	$9,684.72	$9,684.72
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$614.71	$1,042.61	$614.71	$593.25
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.69	$101.69	$101.69	$101.69
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$346,721.86	$346,721.86	$346,721.86	$345,648.60
*3407 MMC -NH TUSCANY VILLAGE	$111,358.19	$111,358.19	$111,358.19	$111,358.19
*2998 MMC -MONEY MARKET FUND	$66,348.96	$66,348.96	$66,348.96	$66,348.96
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$821.60	$821.60	$821.60	$821.60
Total Balance	**$2,582,024.16**	**$2,595,279.51**	**$2,582,024.16**	**$3,089,620.21**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
6/9/2025

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		110.81	-	503.90			-	614.71	514.71
							Bank Balance	614.71	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	514.71	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		101.69	-	-		-	-	101.69	-
							Bank Balance	101.69	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	1.69	
						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, CFO 6/9/2025

APPROVED ON
JUN 09 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/6/2025 HNB - ECHO HCCLAIMPMT 746003411 440000277105	-	21.46					-	21.46
6/5/2025 HNB - ECHO HCCLAIMPMT 746003411 440000233825	-	209.50					-	209.50
6/2/2025 HNB - ECHO HCCLAIMPMT 746003411 440000276290	-	144.38					-	144.38
6/2/2025 HNB - ECHO HCCLAIMPMT 746003411 440000276290	-	128.56					-	128.56
							-	-
							-	-
							-	-
	-	503.90	-	-	-	-	-	503.90

Gulf Pointe Plaza-Medicare/Medicaid

no activity

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
							-	-
							-	-
	-	-	-	-	-	-	-	-
	-	503.90	-	-	-	-	-	503.90

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,973,008.92	$1,955,773.55	$1,973,008.92	$2,506,790.83
*4381 MEMORIAL MEDICAL / NH ASHFORD	$19,610.00	$19,610.00	$19,610.00	$19,280.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$3,804.26	$3,804.26	$3,804.26	$166.26
*4411 MEMORIAL MEDICAL / NH CRESCENT	$434.53	$434.53	$434.53	$434.53
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$25,533.64	$25,533.64	$25,533.64	$6,837.50
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.00	$100.00	$100.00	$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$23,881.08	$53,943.90	$23,881.08	$21,454.08
*4551 CAL CO INDIGENT HEALTHCARE	$9,684.72	$9,684.72	$9,684.72	$9,684.72
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$614.71	$1,042.61	$614.71	$593.25
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.69	$101.69	$101.69	$101.69
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$346,721.86	$346,721.86	$346,721.86	$345,648.60
*3407 MMC -NH TUSCANY VILLAGE	$111,358.19	$111,358.19	$111,358.19	$111,358.19
*2998 MMC -MONEY MARKET FUND	$66,348.96	$66,348.96	$66,348.96	$66,348.96
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$821.60	$821.60	$821.60	$821.60
Total Balance	**$2,582,024.16**	**$2,595,279.51**	**$2,582,024.16**	**$3,089,620.21**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
6/9/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		267,789.80	267,689.80	111,258.19	-	-	-	111,358.19	110,200.01
							Bank Balance	111,358.19	
							Variance	-	
							Leave in Balance	100.00	
							MEDRICARE recoup funds owed to Lavaca Bay	1,058.18	
							Adjust Balance/Transfer Amt		110,200.01

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: MLC
Michelle Cumberland, CFO 6/9/2025

APPROVED ON
JUN 09 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp 1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
6/4/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	178,383.89	-					-	-
6/4/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000193	-	4,347.12					-	4,347.12
6/3/2025	Deposit	-	14,317.19					-	14,317.19
6/3/2025	HNB - ECHO HCCLAIMPMT 746003411 440000239307	-	10,838.78					-	10,838.78
6/2/2025	1188	89,305.91	-					-	-
6/2/2025	Deposit	-	34,000.00					-	34,000.00
6/2/2025	HNB - ECHO HCCLAIMPMT 746003411 440000276290	-	47,755.10					-	47,755.10
								-	-
								-	-
								-	-
								-	-
								-	-
								-	-
								-	-
		267,689.80	111,258.19	-	-	-	-	-	111,258.19

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,973,008.92	$1,955,773.55	$1,973,008.92	$2,506,790.83
*4381 MEMORIAL MEDICAL / NH ASHFORD	$19,610.00	$19,610.00	$19,610.00	$19,280.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$3,804.26	$3,804.26	$3,804.26	$166.26
*4411 MEMORIAL MEDICAL / NH CRESCENT	$434.53	$434.53	$434.53	$434.53
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$25,533.64	$25,533.64	$25,533.64	$6,837.50
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.00	$100.00	$100.00	$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$23,881.08	$53,943.90	$23,881.08	$21,454.08
*4551 CAL CO INDIGENT HEALTHCARE	$9,684.72	$9,684.72	$9,684.72	$9,684.72
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$614.71	$1,042.61	$614.71	$593.25
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.69	$101.69	$101.69	$101.69
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$346,721.86	$346,721.86	$346,721.86	$345,648.60
*3407 MMC -NH TUSCANY VILLAGE	$111,358.19	$111,358.19	$111,358.19	$111,358.19
*2998 MMC -MONEY MARKET FUND	$66,348.96	$66,348.96	$66,348.96	$66,348.96
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$821.60	$821.60	$821.60	$821.60
Total Balance	**$2,582,024.16**	**$2,595,279.51**	**$2,582,024.16**	**$3,089,620.21**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
6/9/2025

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		891,320.00	631,786.42	87,188.28			-	346,721.86	346,152.51
							Bank Balance	346,721.86	
							Variance	-	
							Leave in Balance	100.00	
							April Interest	469.35	
							Adjust Balance/Transfer Amt	346,152.51	

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 6/9/2025

APPROVED ON
JUN 09 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/6/2025	HOSPICE OF SOUTH Payments NF 113122650021052	-	860.97					-	860.97
6/6/2025	CENTENE CORP HCCLAIMPMT 53101129310943	-	212.29					-	212.29
6/5/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000188	-	11,748.85					-	11,748.85
6/5/2025	BCBS TEXAS HCCLAIMPMT C25154E60885890 710001	-	419.00					-	419.00
6/4/2025	WIRE OUT REG Leased OpCo LLC	600,000.00	-					-	-
6/4/2025	NDC SWEEP FAC 02330 56009680015321 SWEEP FR	-	22,594.88					-	22,594.88
6/4/2025	Deposit	-	65.81					-	65.81
6/3/2025	Deposit	-	34,370.38					-	34,370.38
6/3/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	7,421.82					-	7,421.82
6/2/2025	Check	31,786.42	-					-	-
6/2/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000132	-	7,175.32					-	7,175.32
6/2/2025	HUMANA INS CO HCCLAIMPMT 76400175 8300005326	-	2,318.96					-	2,318.96
								-	-
								-	-
								-	-
								-	-
								-	-
		631,786.42	**87,188.28**	-	-	-	-	-	**87,188.28**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,973,008.92	$1,955,773.55	$1,973,008.92	$2,506,790.83
*4381 MEMORIAL MEDICAL / NH ASHFORD	$19,610.00	$19,610.00	$19,610.00	$19,280.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$3,804.26	$3,804.26	$3,804.26	$166.26
*4411 MEMORIAL MEDICAL / NH CRESCENT	$434.53	$434.53	$434.53	$434.53
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$25,533.64	$25,533.64	$25,533.64	$6,837.50
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.00	$100.00	$100.00	$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$23,881.08	$53,943.90	$23,881.08	$21,454.08
*4551 CAL CO INDIGENT HEALTHCARE	$9,684.72	$9,684.72	$9,684.72	$9,684.72
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$614.71	$1,042.61	$614.71	$593.25
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$101.69	$101.69	$101.69	$101.69
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$346,721.86	$346,721.86	$346,721.86	$345,648.60
*3407 MMC -NH TUSCANY VILLAGE	$111,358.19	$111,358.19	$111,358.19	$111,358.19
*2998 MMC -MONEY MARKET FUND	$66,348.96	$66,348.96	$66,348.96	$66,348.96
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$821.60	$821.60	$821.60	$821.60
Total Balance	**$2,582,024.16**	**$2,595,279.51**	**$2,582,024.16**	**$3,089,620.21**