

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 18, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 911,240.50
TOTAL TRANSFERS BETWEEN FUNDS	\$ 1,267,722.40
TOTAL NURSING HOME UPL EXPENSES	\$ 830,243.74
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED June 18, 2025	\$ 3,009,206.64

APPROVED

JUN 18 2025

CALHOUN COUNTY  
COMMISSIONERS COURT

**MEMORIAL MEDICAL CENTER**  
**COMMISSIONERS COURT APPROVAL LIST FOR ---June 18, 2025**

**PAYABLES AND PAYROLL**

6/12/2025 Weekly Payables	396,608.62
6/11/2025 Citibank Credit Card-see attached (Erin)	2,663.28
6/16/2025 McKesson-340B Prescription Expense	7.15
6/16/2025 Amerisource Bergen-340B Prescription Expense	77.34
6/16/2025 Amerisource Bergen-340B Prescription Expense	248.32
6/16/2025 Payroll Liabilities-Payroll Taxes	121,333.39
6/16/2025 Payroll	379,744.32
<b>Prosperity Electronic Bank Payments</b>	
6/16/2025 Sales Tax - May 2025	2,000.00
6/16/2025 Pay Plus-Patient Claims Processing Fee	1,756.54
6/16/2025 Credit Card Processing Fee	5,535.64
6/16/2025 Enhanced Analysis - Lockbox Fee	153.90
6/16/2025 Health Equity -HSA Contributions	1,112.00

<b>TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS</b>	<b>\$ 911,240.50</b>
---	----------------------

**TRANSFERS BETWEEN FUNDS-MMC**

6/16/2025 Transfer from Nexbank to Operating Account	500,000.00
--	------------

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

6/16/2025 MMC Operating to Ashford-QIPP Y7 Reconciliation	166,842.66
6/16/2025 MMC Operating to Solera-QIPP Y7 Reconciliation	60,580.36
6/16/2025 MMC Operating to Broadmoor-QIPP Y7 Reconciliation	102,861.28
6/16/2025 MMC Operating to The Crescent-QIPP Y7 Reconciliation	76,405.81
6/16/2025 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error & QIPP Y7 Reconciliation	144,124.78
6/16/2025 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	79,200.21
6/16/2025 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error & QIPP Y7 Reconciliation	137,707.30

<b>TOTAL TRANSFERS BETWEEN FUNDS</b>	<b>\$ 1,267,722.40</b>
--------------------------------------	------------------------

**NURSING HOME UPL EXPENSES**

6/16/2025 Nursing Home UPL-Cantex Transfer	4,038.79
6/16/2025 Nursing Home UPL-Nexion Transfer	199,442.41
6/16/2025 Nursing Home UPL-HMG Transfer	1,790.98
6/16/2025 Nursing Home UPL-Tuscany Transfer	318,970.19
6/16/2025 Nursing Home UPL-HSL Transfer	204,663.05

**QIPP CHECKS TO MMC**

6/16/2025 Tuscany - QIPP Y8 Q2 Reconciliation	101,338.32
---	------------

<b>TOTAL NURSING HOME UPL EXPENSES</b>	<b>\$ 830,243.74</b>
--	----------------------

<b>TOTAL INTER-GOVERNMENT TRANSFERS</b>	<b>\$ -</b>
---	-------------

<b>GRAND TOTAL DISBURSEMENTS APPROVED June 18, 2025</b>	<b>\$ 3,009,206.64</b>
---	------------------------



JUN 12 2025

MEMORIAL MEDICAL CENTER

06/12/2025

10:28

CALHOUN COUNTY, TEXAS

## AP Open Invoice List

Due Dates Through: 07/03/2025

```
0
ap_open_invoice.template
```

Vendor# / Vendor Name

Class	Pay Code
-------	----------

10950 ✓ ACUTE CARE INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV2346		06/11/202	06/20/202	06/20/202			1,400.00	0.00	0.00	1,400.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00

Vendor# , Vendor Name

Class	Pay Code
-------	----------

A1680 ✓ AIRGAS USA, LLC - CENTRAL DIV

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9161486400		06/11/202	05/28/202	06/22/202			3,432.49	0.00	0.00	3,432.49

5516922755	06/11/202 05/31/202 06/25/202	297.56	0.00	0.00	297.56
------------	-------------------------------	--------	------	------	--------

5516922416	06/11/202 05/31/202 06/25/202	1,080.96	0.00	0.00	1,080.96
------------	-------------------------------	----------	------	------	----------

9161632069	06/11/202 05/31/202 06/25/202	2,683.63	0.00	0.00	2,683.63
------------	-------------------------------	----------	------	------	----------

5516922187	06/11/202 05/31/202 06/25/202	629.39	0.00	0.00	629.39
------------	-------------------------------	--------	------	------	--------

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	8,124.03	0.00	0.00	8,124.03

Vendor#	Vendor Name
1	ABC COMPANY
2	DEF COMPANY
3	GHI COMPANY
4	JKL COMPANY
5	MNO COMPANY
6	PQR COMPANY
7	STU COMPANY
8	VWX COMPANY
9	YZA COMPANY
10	BCD COMPANY
11	EFG COMPANY
12	HIJ COMPANY
13	KLM COMPANY
14	NOP COMPANY
15	QRS COMPANY
16	TUV COMPANY
17	WXY COMPANY
18	ZAB COMPANY
19	BCD COMPANY
20	EFG COMPANY
21	HIJ COMPANY
22	KLM COMPANY
23	NOP COMPANY
24	QRS COMPANY
25	TUV COMPANY
26	WXY COMPANY
27	ZAB COMPANY
28	BCD COMPANY
29	EFG COMPANY
30	HIJ COMPANY
31	KLM COMPANY
32	NOP COMPANY
33	QRS COMPANY
34	TUV COMPANY
35	WXY COMPANY
36	ZAB COMPANY
37	BCD COMPANY
38	EFG COMPANY
39	HIJ COMPANY
40	KLM COMPANY
41	NOP COMPANY
42	QRS COMPANY
43	TUV COMPANY
44	WXY COMPANY
45	ZAB COMPANY
46	BCD COMPANY
47	EFG COMPANY
48	HIJ COMPANY
49	KLM COMPANY
50	NOP COMPANY
51	QRS COMPANY
52	TUV COMPANY
53	WXY COMPANY
54	ZAB COMPANY
55	BCD COMPANY
56	EFG COMPANY
57	HIJ COMPANY
58	KLM COMPANY
59	NOP COMPANY
60	QRS COMPANY
61	TUV COMPANY
62	WXY COMPANY
63	ZAB COMPANY
64	BCD COMPANY
65	EFG COMPANY
66	HIJ COMPANY
67	KLM COMPANY
68	NOP COMPANY
69	QRS COMPANY
70	TUV COMPANY
71	WXY COMPANY
72	ZAB COMPANY
73	BCD COMPANY
74	EFG COMPANY
75	HIJ COMPANY
76	KLM COMPANY
77	NOP COMPANY
78	QRS COMPANY
79	TUV COMPANY
80	WXY COMPANY
81	ZAB COMPANY
82	BCD COMPANY
83	EFG COMPANY
84	HIJ COMPANY
85	KLM COMPANY
86	NOP COMPANY
87	QRS COMPANY
88	TUV COMPANY
89	WXY COMPANY
90	ZAB COMPANY
91	BCD COMPANY
92	EFG COMPANY
93	HIJ COMPANY
94	KLM COMPANY
95	NOP COMPANY
96	QRS COMPANY
97	TUV COMPANY
98	WXY COMPANY
99	ZAB COMPANY
100	BCD COMPANY

Class	Pay Code
1000	1000
1001	1001
1002	1002
1003	1003
1004	1004
1005	1005
1006	1006
1007	1007
1008	1008
1009	1009
1010	1010
1011	1011
1012	1012
1013	1013
1014	1014
1015	1015
1016	1016
1017	1017
1018	1018
1019	1019
1020	1020
1021	1021
1022	1022
1023	1023
1024	1024
1025	1025
1026	1026
1027	1027
1028	1028
1029	1029
1030	1030
1031	1031
1032	1032
1033	1033
1034	1034
1035	1035
1036	1036
1037	1037
1038	1038
1039	1039
1040	1040
1041	1041
1042	1042
1043	1043
1044	1044
1045	1045
1046	1046
1047	1047
1048	1048
1049	1049
1050	1050
1051	1051
1052	1052
1053	1053
1054	1054
1055	1055
1056	1056
1057	1057
1058	1058
1059	1059
1060	1060
1061	1061
1062	1062
1063	1063
1064	1064
1065	1065
1066	1066
1067	1067
1068	1068
1069	1069
1070	1070
1071	1071
1072	1072
1073	1073
1074	1074
1075	1075
1076	1076
1077	1077
1078	1078
1079	1079
1080	1080
1081	1081
1082	1082
1083	1083
1084	1084
1085	1085
1086	1086
1087	1087
1088	1088
1089	1089
1090	1090
1091	1091
1092	1092
1093	1093
1094	1094
1095	1095
1096	1096
1097	1097
1098	1098
1099	1099

14028 ✓ AMAZON CAPITAL SERVICES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1VH4LR163X9V		06/03/202	06/02/202	07/02/202			272.97	0.00	0.00	272.97

1JM441RW9GPK	06/04/202 05/28/202 06/27/202	344.61	0.00	0.00	344.61
--------------	-------------------------------	--------	------	------	--------

11YVQ9FQF3JG	06/11/202 05/30/202 06/29/202	471.72	0.00	0.00	471.72
--------------	-------------------------------	--------	------	------	--------

117WG3DH6F4C	06/11/202 06/02/202 07/02/202	97.45	0.00	0.00	97.45
--------------	-------------------------------	-------	------	------	-------

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	1,186.75	0.00	0.00	1,186.75

Vendor#	Vendor Name
1	ABC COMPANY
2	DEF COMPANY
3	GHI COMPANY
4	JKL COMPANY
5	MNO COMPANY
6	PQR COMPANY
7	STU COMPANY
8	VWX COMPANY
9	YZA COMPANY
10	BCD COMPANY
11	EFG COMPANY
12	HIJ COMPANY
13	KLM COMPANY
14	NOP COMPANY
15	QRS COMPANY
16	TUV COMPANY
17	WXY COMPANY
18	ZAB COMPANY
19	BCD COMPANY
20	EFG COMPANY
21	HIJ COMPANY
22	KLM COMPANY
23	NOP COMPANY
24	QRS COMPANY
25	TUV COMPANY
26	WXY COMPANY
27	ZAB COMPANY
28	BCD COMPANY
29	EFG COMPANY
30	HIJ COMPANY
31	KLM COMPANY
32	NOP COMPANY
33	QRS COMPANY
34	TUV COMPANY
35	WXY COMPANY
36	ZAB COMPANY
37	BCD COMPANY
38	EFG COMPANY
39	HIJ COMPANY
40	KLM COMPANY
41	NOP COMPANY
42	QRS COMPANY
43	TUV COMPANY
44	WXY COMPANY
45	ZAB COMPANY
46	BCD COMPANY
47	EFG COMPANY
48	HIJ COMPANY
49	KLM COMPANY
50	NOP COMPANY
51	QRS COMPANY
52	TUV COMPANY
53	WXY COMPANY
54	ZAB COMPANY
55	BCD COMPANY
56	EFG COMPANY
57	HIJ COMPANY
58	KLM COMPANY
59	NOP COMPANY
60	QRS COMPANY
61	TUV COMPANY
62	WXY COMPANY
63	ZAB COMPANY
64	BCD COMPANY
65	EFG COMPANY
66	HIJ COMPANY
67	KLM COMPANY
68	NOP COMPANY
69	QRS COMPANY
70	TUV COMPANY
71	WXY COMPANY
72	ZAB COMPANY
73	BCD COMPANY
74	EFG COMPANY
75	HIJ COMPANY
76	KLM COMPANY
77	NOP COMPANY
78	QRS COMPANY
79	TUV COMPANY
80	WXY COMPANY
81	ZAB COMPANY
82	BCD COMPANY
83	EFG COMPANY
84	HIJ COMPANY
85	KLM COMPANY
86	NOP COMPANY
87	QRS COMPANY
88	TUV COMPANY
89	WXY COMPANY
90	ZAB COMPANY
91	BCD COMPANY
92	EFG COMPANY
93	HIJ COMPANY
94	KLM COMPANY
95	NOP COMPANY
96	QRS COMPANY
97	TUV COMPANY
98	WXY COMPANY
99	ZAB COMPANY
100	BCD COMPANY

Class	Pay Code
-------	----------

15456 J AMERITEX ELEVATOR SERVICES INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20252093		06/11/202	06/01/202	06/11/202			750.00	0.00	0.00	750.00

20252145	06/11/202	06/02/202	06/11/202	500.00	0.00	0.00	500.00
----------	-----------	-----------	-----------	--------	------	------	--------

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15456	AMERITEX ELEVATOR SERVICES INC	1,250.00	0.00	0.00	1,250.00

Vendor#	Vendor Name
1	...
2	...
3	...
4	...
5	...
6	...
7	...
8	...
9	...
10	...
11	...
12	...
13	...
14	...
15	...
16	...
17	...
18	...
19	...
20	...
21	...
22	...
23	...
24	...
25	...
26	...
27	...
28	...
29	...
30	...
31	...
32	...
33	...
34	...
35	...
36	...
37	...
38	...
39	...
40	...
41	...
42	...
43	...
44	...
45	...
46	...
47	...
48	...
49	...
50	...
51	...
52	...
53	...
54	...
55	...
56	...
57	...
58	...
59	...
60	...
61	...
62	...
63	...
64	...
65	...
66	...
67	...
68	...
69	...
70	...
71	...
72	...
73	...
74	...
75	...
76	...
77	...
78	...
79	...
80	...
81	...
82	...
83	...
84	...
85	...
86	...
87	...
88	...
89	...
90	...
91	...
92	...
93	...
94	...
95	...
96	...
97	...
98	...
99	...
100	...

Class	Pay Code
1000	1000
1001	1001
1002	1002
1003	1003
1004	1004
1005	1005
1006	1006
1007	1007
1008	1008
1009	1009
1010	1010
1011	1011
1012	1012
1013	1013
1014	1014
1015	1015
1016	1016
1017	1017
1018	1018
1019	1019
1020	1020
1021	1021
1022	1022
1023	1023
1024	1024
1025	1025
1026	1026
1027	1027
1028	1028
1029	1029
1030	1030
1031	1031
1032	1032
1033	1033
1034	1034
1035	1035
1036	1036
1037	1037
1038	1038
1039	1039
1040	1040
1041	1041
1042	1042
1043	1043
1044	1044
1045	1045
1046	1046
1047	1047
1048	1048
1049	1049
1050	1050
1051	1051
1052	1052
1053	1053
1054	1054
1055	1055
1056	1056
1057	1057
1058	1058
1059	1059
1060	1060
1061	1061
1062	1062
1063	1063
1064	1064
1065	1065
1066	1066
1067	1067
1068	1068
1069	1069
1070	1070
1071	1071
1072	1072
1073	1073
1074	1074
1075	1075
1076	1076
1077	1077
1078	1078
1079	1079
1080	1080
1081	1081
1082	1082
1083	1083
1084	1084
1085	1085
1086	1086
1087	1087
1088	1088
1089	1089
1090	1090
1091	1091
1092	1092
1093	1093
1094	1094
1095	1095
1096	1096
1097	1097
1098	1098
1099	1099

A2150 ✓ ANNOUNCEMENTS PLUS TOO AGAIN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6822		06/11/202	05/14/202	06/13/202			40.00	0.00	0.00	40.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A2150	ANNOUNCEMENTS PLUS TOO AGAIN	40.00	0.00	0.00	40.00

Vendor#	Vendor Name
---------	-------------

Class	Pay Code
1000	1000
1001	1001
1002	1002
1003	1003
1004	1004
1005	1005
1006	1006
1007	1007
1008	1008
1009	1009
1010	1010
1011	1011
1012	1012
1013	1013
1014	1014
1015	1015
1016	1016
1017	1017
1018	1018
1019	1019
1020	1020
1021	1021
1022	1022
1023	1023
1024	1024
1025	1025
1026	1026
1027	1027
1028	1028
1029	1029
1030	1030
1031	1031
1032	1032
1033	1033
1034	1034
1035	1035
1036	1036
1037	1037
1038	1038
1039	1039
1040	1040
1041	1041
1042	1042
1043	1043
1044	1044
1045	1045
1046	1046
1047	1047
1048	1048
1049	1049
1050	1050
1051	1051
1052	1052
1053	1053
1054	1054
1055	1055
1056	1056
1057	1057
1058	1058
1059	1059
1060	1060
1061	1061
1062	1062
1063	1063
1064	1064
1065	1065
1066	1066
1067	1067
1068	1068
1069	1069
1070	1070
1071	1071
1072	1072
1073	1073
1074	1074
1075	1075
1076	1076
1077	1077
1078	1078
1079	1079
1080	1080
1081	1081
1082	1082
1083	1083
1084	1084
1085	1085
1086	1086
1087	1087
1088	1088
1089	1089
1090	1090
1091	1091
1092	1092
1093	1093
1094	1094
1095	1095
1096	1096
1097	1097
1098	1098
1099	1099

12800	✓	AUTHORITYRX, LLC										
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓	7000096070		06/11/202	05/08/202	05/09/202			6,296.39	0.00	0.00	6,296.39 ✓
		Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
		12800	AUTHORITYRX, LLC						6,296.39	0.00	0.00	6,296.39
Vendor#	✓	Vendor Name					Class	Pay Code				
M2485	✓	BAYER HEALTHCARE					M					
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓	6011930720		06/11/202	05/27/202	05/26/202			877.74	0.00	0.00	877.74 ✓
		Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
		M2485	BAYER HEALTHCARE						877.74	0.00	0.00	877.74
Vendor#	✓	Vendor Name					Class	Pay Code				
B1220	✓	BECKMAN COULTER INC					M					
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓	112053597		06/11/202	06/02/202	06/27/202			2,938.43	0.00	0.00	2,938.43 ✓
		Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC						2,938.43	0.00	0.00	2,938.43
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
	✓	MIN0217945		06/11/202	06/06/202	06/06/202			112.00	0.00	0.00	112.00 ✓
		Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
		B1320	BEEKLEY CORPORATION						112.00	0.00	0.00	112.00
Vendor#	✓	Vendor Name					Class	Pay Code				
13972	✓	BEYER MECHANICAL LTD										
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓	242		06/11/202	04/24/202	05/24/202			2,401.83	0.00	0.00	2,401.83 ✓
		Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
		13972	BEYER MECHANICAL LTD						2,401.83	0.00	0.00	2,401.83
Vendor#	✓	Vendor Name					Class	Pay Code				
14753	✓	BIOMERIEUX, INC										
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓	1213527208		06/11/202	06/06/202	06/11/202			4,611.19	0.00	0.00	4,611.19 ✓
		Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
		14753	BIOMERIEUX, INC						4,611.19	0.00	0.00	4,611.19
Vendor#	✓	Vendor Name					Class	Pay Code				
B1650	✓	BOSART LOCK & KEY INC					M					
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓	053125		06/11/202	05/31/202	06/30/202			10.00	0.00	0.00	10.00 ✓
		Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
		B1650	BOSART LOCK & KEY INC						10.00	0.00	0.00	10.00
Vendor#	✓	Vendor Name					Class	Pay Code				
15248	✓	BRIGHTLY SOFTWARE INC.										
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓	INV276549		06/01/202	06/02/202	07/02/202			6,073.98	0.00	0.00	6,073.98 ✓
		Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
		15248	BRIGHTLY SOFTWARE INC.						6,073.98	0.00	0.00	6,073.98
Vendor#		Vendor Name					Class	Pay Code				



## 11041 CALHOUN CO INDIGENT ACCT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061125		06/11/202	06/11/202	06/12/202			10.00	0.00	0.00	10.00

*Removed - Duplicate of Below*

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11041	CALHOUN CO INDIGENT ACCT	10.00	0.00	0.00	10.00

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
✓ 053125		06/11/202	06/11/202	06/11/202			105.32	0.00	0.00	105.32 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1048	CALHOUN COUNTY	105.32	0.00	0.00	105.32

Vendor#	Vendor Name	Class	Pay Code
11295	CALHOUN COUNTY INDIGENT ACCOUN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 061025		05/31/202	06/10/202	06/11/202			10.00	0.00	0.00	10.00 ✓

✓ 061125		06/11/202	06/11/202	06/12/202			10.00	0.00	0.00	10.00 ✓
----------	--	-----------	-----------	-----------	--	--	-------	------	------	---------

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11295	CALHOUN COUNTY INDIGENT ACCOUN	20.00	0.00	0.00	20.00

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
✓ 8003846546		06/03/202	06/03/202	06/28/202			177.56	0.00	0.00	177.56 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1325	CARDINAL HEALTH 414, INC.	177.56	0.00	0.00	177.56

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 10025122664		06/11/202	05/08/202	06/11/202			2.00	0.00	0.00	2.00 ✓

✓ 10025122656		06/11/202	05/08/202	06/11/202			1,788.00	0.00	0.00	1,788.00 ✓
---------------	--	-----------	-----------	-----------	--	--	----------	------	------	------------

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14260	CAREFUSION SOLUTIONS, LLC	1,790.00	0.00	0.00	1,790.00

Vendor#	Vendor Name	Class	Pay Code
10541	CARESFIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2000301182		06/04/202	05/28/202	06/27/202			47.60	0.00	0.00	47.60 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10541	CARESFIELD	47.60	0.00	0.00	47.60

Vendor#	Vendor Name	Class	Pay Code
14236	CARRIER CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 90454098		05/01/202	05/29/202	06/28/202			12,830.00	0.00	0.00	12,830.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14236	CARRIER CORPORATION	12,830.00	0.00	0.00	12,830.00

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
✓ AE3JR7G		06/11/202	05/23/202	06/22/202			86.51	0.00	0.00	86.51 ✓

✓ AE3IS8R	06/11/202 05/23/202 06/22/202	292.74	0.00	0.00	292.74 ✓
-----------	-------------------------------	--------	------	------	----------

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	379.25	0.00	0.00	379.25

Vendor#	Vendor Name	Class	Pay Code
---------	-------------	-------	----------

13264 ✓ CERVEY, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 35623		06/11/202	06/05/202	06/30/202			1,650.00	0.00	0.00	1,650.00 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13264	CERVEY, LLC	1,650.00	0.00	0.00	1,650.00

Vendor#	Vendor Name	Class	Pay Code
---------	-------------	-------	----------

C1600 ✓ CITIZENS MEDICAL CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 202432		05/31/202	05/27/202	06/11/202			61,370.13	0.00	0.00	61,370.13 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER	61,370.13	0.00	0.00	61,370.13

Vendor#	Vendor Name	Class	Pay Code
---------	-------------	-------	----------

15188 ✓ CLARITY ENROLLMENT SOLUTIONS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2268		06/11/202	06/01/202	07/01/202			325.50	0.00	0.00	325.50 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15188	CLARITY ENROLLMENT SOLUTIONS	325.50	0.00	0.00	325.50

Vendor#	Vendor Name	Class	Pay Code
---------	-------------	-------	----------

C1166 ✓ COASTAL OFFICE SOLUTONS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ OEQT317321		06/11/202	05/13/202	05/23/202			480.00	0.00	0.00	480.00 ✓

✓ OEQT317901		06/11/202	05/30/202	06/09/202			95.54	0.00	0.00	95.54 ✓
--------------	--	-----------	-----------	-----------	--	--	-------	------	------	---------

✓ OEQT320751		06/11/202	06/06/202	06/16/202			125.61	0.00	0.00	125.61 ✓
--------------	--	-----------	-----------	-----------	--	--	--------	------	------	----------

✓ OEQT317902		06/11/202	06/06/202	06/16/202			66.64	0.00	0.00	66.64 ✓
--------------	--	-----------	-----------	-----------	--	--	-------	------	------	---------

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	767.79	0.00	0.00	767.79

Vendor#	Vendor Name	Class	Pay Code
---------	-------------	-------	----------

12044 ✓ CULLIGAN ULTRAPURE INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 053125		06/11/202	05/31/202	06/22/202			561.75	0.00	0.00	561.75 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12044	CULLIGAN ULTRAPURE INC.	561.75	0.00	0.00	561.75

Vendor#	Vendor Name	Class	Pay Code
---------	-------------	-------	----------

11368 ✓ CYRACOM LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2025041526		05/30/202	05/31/202	06/30/202			237.00	0.00	0.00	237.00 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	237.00	0.00	0.00	237.00

Vendor#	Vendor Name	Class	Pay Code
---------	-------------	-------	----------

11011 ✓ DIAMOND HEALTHCARE CORP

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
----------	---------	---------	--------	--------	----------	-----	-------	----------	--------	-----



✓	IN20056606	06/11/202 06/01/202 06/26/202	31,237.87	0.00	0.00	31,237.87	✓
<div> <div>Vendor Totals: Number Name</div> <div>11011 DIAMOND HEALTHCARE CORP</div> <div>Gross Discount No-Pay Net</div> <div>31,237.87 0.00 0.00 31,237.87</div> </div>							
Vendor#	Vendor Name	Class	Pay Code				
10789	✓ DISCOVERY MEDICAL NETWORK INC						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross Discount No-Pay Net
✓	MMC053125		05/31/202	05/31/202	06/01/202		112,541.30 0.00 0.00 112,541.30
<div> <div>Vendor Totals: Number Name</div> <div>10789 DISCOVERY MEDICAL NETWORK INC</div> <div>Gross Discount No-Pay Net</div> <div>112,541.30 0.00 0.00 112,541.30</div> </div>							
Vendor#	Vendor Name	Class	Pay Code				
15916	✓ DOOR CONTROL SERVICES						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross Discount No-Pay Net
✓	SMINV404474		06/03/202	05/29/202	06/28/202		325.50 0.00 0.00 325.50
<div> <div>Vendor Totals: Number Name</div> <div>15916 DOOR CONTROL SERVICES</div> <div>Gross Discount No-Pay Net</div> <div>325.50 0.00 0.00 325.50</div> </div>							
Vendor#	Vendor Name	Class	Pay Code				
11291	✓ DOWELL PEST CONTROL						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross Discount No-Pay Net
✓	52881		06/11/202	06/09/202	07/01/202		85.00 0.00 0.00 85.00
<div> <div>Vendor Totals: Number Name</div> <div>11291 DOWELL PEST CONTROL</div> <div>Gross Discount No-Pay Net</div> <div>85.00 0.00 0.00 85.00</div> </div>							
Vendor#	Vendor Name	Class	Pay Code				
10558	✓ EMPLOYEE ACTIVITIES TEAM						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross Discount No-Pay Net
✓	061025A		06/11/202	06/10/202	06/11/202		770.17 0.00 0.00 770.17
✓	061025		06/11/202	06/10/202	06/11/202		930.00 0.00 0.00 930.00
<div> <div>Vendor Totals: Number Name</div> <div>10558 EMPLOYEE ACTIVITIES TEAM</div> <div>Gross Discount No-Pay Net</div> <div>1,700.17 0.00 0.00 1,700.17</div> </div>							
Vendor#	Vendor Name	Class	Pay Code				
11944	✓ EQUIFAX WORKFORCE SOLUTIONS						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross Discount No-Pay Net
✓	2065956790		05/31/202	05/31/202	06/30/202		10.99 0.00 0.00 10.99
<div> <div>Vendor Totals: Number Name</div> <div>11944 EQUIFAX WORKFORCE SOLUTIONS</div> <div>Gross Discount No-Pay Net</div> <div>10.99 0.00 0.00 10.99</div> </div>							
Vendor#	Vendor Name	Class	Pay Code				
14336	✓ FIRETRON, INC						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross Discount No-Pay Net
✓	290315		06/11/202	06/03/202	07/03/202		580.00 0.00 0.00 580.00
<div> <div>Vendor Totals: Number Name</div> <div>14336 FIRETRON, INC</div> <div>Gross Discount No-Pay Net</div> <div>580.00 0.00 0.00 580.00</div> </div>							
Vendor#	Vendor Name	Class	Pay Code				
F1400	✓ FISHER HEALTHCARE	M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross Discount No-Pay Net
✓	1362403		06/11/202	06/02/202	06/27/202		686.67 0.00 0.00 686.67
✓	1394408		06/11/202	06/03/202	06/28/202		314.74 0.00 0.00 314.74
✓	1394407		06/11/202	06/03/202	06/28/202		783.80 0.00 0.00 783.80

May 2025 Bev Health

Reim. for Scrub Sale

Reim. for Shirt Sale

✓ 1394409	06/11/202 06/03/202 06/28/202	2,259.86	0.00	0.00	2,259.86 ✓
✓ 1427486	06/11/202 06/04/202 06/29/202	530.89	0.00	0.00	530.89 ✓
✓ 1461412	06/11/202 06/05/202 06/30/202	83.56	0.00	0.00	83.56 ✓
✓ 1461411	06/11/202 06/05/202 06/30/202	172.44	0.00	0.00	172.44 ✓
✓ 1491841	06/11/202 06/06/202 07/01/202	465.87	0.00	0.00	465.87 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
F1400	FISHER HEALTHCARE	5,297.83	0.00	0.00	5,297.83

Vendor#	Vendor Name					Class	Pay Code				
10922	✓ HUNTER PHARMACY SERVICES										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 6522		06/11/202	05/31/202	06/20/202			15,211.67	0.00	0.00	15,211.67

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10922	HUNTER PHARMACY SERVICES	15,211.67	0.00	0.00	15,211.67

Vendor#	Vendor Name	Class	Pay Code							
14976	✓ INOVALON PROVIDER INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 25M0043951		06/11/202	04/07/202	06/11/202			773.76	0.00	0.00	773.76
		April 2025								
✓ 25M0071199		06/11/202	06/05/202	06/11/202			773.76	0.00	0.00	773.76

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14976	INOVALON PROVIDER INC.	1,547.52	0.00	0.00	1,547.52

Vendor#	Vendor Name	Class	Pay Code							
11200	✓ IRON MOUNTAIN									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ KLLC034		05/31/202	05/31/202	06/30/202			2,868.52	0.00	0.00	2,868.52

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11200	IRON MOUNTAIN	2,868.52	0.00	0.00	2,868.52

Vendor#	Vendor Name				Class	Pay Code					
12516	✓ JEANNIE ORTA										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 060525		06/11/202	06/05/202	06/11/202			390.00	0.00	0.00	390.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12516	JEANNIE ORTA	390.00	0.00	0.00	390.00

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
	23858666		06/11/202	06/03/202	06/18/202			68.22	0.00	0.00	68.22

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2178	MCKESSON MEDICAL SURGICAL INC	3,995.99	0.00	0.00	3,995.99

✓	23867327	06/11/202	06/05/202	06/20/202	3,888.88	0.00	0.00	3,888.88	✓
	Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net	

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2178	MCKESSON MEDICAL SURGICAL INC	3,995.99	0.00	0.00	3,995.99

Vendor#	Vendor Name	Class	Pay Code						
M2470	✓ MEDLINE INDUSTRIES INC								



Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2373269645		06/11/202	06/03/202	06/28/202			603.78	0.00	0.00	603.78 ✓
✓ 2373764688		06/11/202	06/05/202	06/30/202			73.56	0.00	0.00	73.56 ✓
✓ 2373764689		06/11/202	06/05/202	06/30/202			24.52	0.00	0.00	24.52 ✓
✓ 2372963125		06/11/202	06/11/202	07/01/202			-285.37	0.00	0.00	-285.37 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	416.49	0.00	0.00	416.49

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
✓ 1176		06/11/202	05/29/202	06/08/202			-8.50	0.00	0.00	-8.50 ✓
✓ CM21754		06/11/202	06/02/202	06/12/202			-42.87	0.00	0.00	-42.87 ✓
✓ 3463433		06/11/202	06/02/202	06/12/202			288.24	0.00	0.00	288.24 ✓
✓ 3463434		06/11/202	06/02/202	06/12/202			766.08	0.00	0.00	766.08 ✓
✓ 3469924		06/11/202	06/03/202	06/13/202			327.01	0.00	0.00	327.01 ✓
✓ 3469925		06/11/202	06/03/202	06/13/202			620.90	0.00	0.00	620.90 ✓
✓ 3471779		06/11/202	06/04/202	06/14/202			328.28	0.00	0.00	328.28 ✓
✓ 3471781		06/11/202	06/04/202	06/14/202			188.18	0.00	0.00	188.18 ✓
✓ 3472753		06/11/202	06/04/202	06/14/202			43.35	0.00	0.00	43.35 ✓
✓ 3472754		06/11/202	06/04/202	06/14/202			120.49	0.00	0.00	120.49 ✓
✓ 3471780		06/11/202	06/04/202	06/14/202			24.60	0.00	0.00	24.60 ✓
✓ 3480186		06/11/202	06/05/202	06/15/202			2.81	0.00	0.00	2.81 ✓
✓ 3478461		06/11/202	06/05/202	06/15/202			77.01	0.00	0.00	77.01 ✓
✓ 3476818		06/11/202	06/05/202	06/15/202			242.50	0.00	0.00	242.50 ✓
✓ 3480187		06/11/202	06/05/202	06/15/202			204.27	0.00	0.00	204.27 ✓
✓ CM23140		06/11/202	06/06/202	06/16/202			-482.50	0.00	0.00	-482.50 ✓
✓ CM23139		06/11/202	06/06/202	06/16/202			-36.48	0.00	0.00	-36.48 ✓
✓ 3486595		06/11/202	06/08/202	06/18/202			9.17	0.00	0.00	9.17 ✓
✓ 3485594		06/11/202	06/08/202	06/18/202			106.15	0.00	0.00	106.15 ✓
✓ 3486596		06/11/202	06/08/202	06/18/202			642.99	0.00	0.00	642.99 ✓
✓ 3485595		06/11/202	06/08/202	06/18/202			845.01	0.00	0.00	845.01 ✓

✓	3466266		06/11/202	06/09/202	06/19/202		35.22	0.00	0.00	35.22	✓
✓	3489748		06/11/202	06/09/202	06/19/202		656.96	0.00	0.00	656.96	✓
✓	3488021		06/11/202	06/09/202	06/19/202		182.34	0.00	0.00	182.34	✓
✓	3488020		06/11/202	06/09/202	06/19/202		131.67	0.00	0.00	131.67	✓
✓	3489747		06/11/202	06/09/202	06/19/202		811.34	0.00	0.00	811.34	✓
✓	3496211		06/11/202	06/10/202	06/20/202		117.07	0.00	0.00	117.07	✓
✓	3493082		06/11/202	06/10/202	06/20/202		48.01	0.00	0.00	48.01	✓
✓	3496212		06/11/202	06/10/202	06/20/202		137.75	0.00	0.00	137.75	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	10536	MORRIS & DICKSON CO, LLC					6,387.05	0.00	0.00	6,387.05	
Vendor#	Vendor Name		Class		Pay Code						
13548	✓ NACOGDOCHES TRANSCRIPTION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	8740		05/31/202	05/27/202	06/06/202		81.76	0.00	0.00	81.76	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	13548	NACOGDOCHES TRANSCRIPTION					81.76	0.00	0.00	81.76	
Vendor#	Vendor Name		Class		Pay Code						
G0425	✓ ODEFY WITTE WALL & VILLAFRANC		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	4060A		06/12/202	06/10/202	06/20/202		1,865.50	0.00	0.00	1,865.50	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	G0425	ODEFY WITTE WALL & VILLAFRANC					1,865.50	0.00	0.00	1,865.50	
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	
✓	1854066203		06/11/202	06/02/202	07/02/202		230.25	0.00	0.00	230.25	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	O1416	ORTHO CLINICAL DIAGNOSTICS					230.25	0.00	0.00	230.25	
Vendor#	Vendor Name		Class		Pay Code						
11155	✓ PARAREV										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	2020245		05/31/202	06/01/202	07/01/202		3,084.00	0.00	0.00	3,084.00	✓
✓	2020246		06/01/202	06/01/202	07/01/202		950.00	0.00	0.00	950.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	11155	PARAREV					4,034.00	0.00	0.00	4,034.00	
Vendor#	Vendor Name		Class		Pay Code						
14764	✓ PL-CPR, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	370		06/11/202	03/24/202	06/11/202		750.00	0.00	0.00	750.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	14764	PL-CPR, LLC					750.00	0.00	0.00	750.00	
Vendor#	Vendor Name		Class		Pay Code						



11932 ✓ PRESS GANEY ASSOCIATES, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ IN000706408		06/11/202	05/31/202	06/30/202			2,952.47	0.00	0.00	2,952.47 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11932	PRESS GANEY ASSOCIATES, INC.	2,952.47	0.00	0.00	2,952.47

Vendor# Vendor Name Class Pay Code

12480 ✓ PRO ENERGY PARTNERS LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 25050600		06/11/202	05/31/202	06/15/202			2,831.94	0.00	0.00	2,831.94 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12480	PRO ENERGY PARTNERS LLC	2,831.94	0.00	0.00	2,831.94

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
✓ 29869A		06/12/202	06/09/202	06/09/202			30.00	0.00	0.00	30.00 ✓

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

11240 ✓ REMI CORPORATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1077920		06/01/202	06/06/202	06/30/202			16,170.61	0.00	0.00	16,170.61 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11240	REMI CORPORATION	16,170.61	0.00	0.00	16,170.61

Vendor# Vendor Name Class Pay Code

11764 ✓ ROBERT RODRIQUEZ

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 060225		06/11/202	06/02/202	06/11/202			10.43	0.00	0.00	10.43 ✓

✓ 061025		06/11/202	06/10/202	06/10/202			39.95	0.00	0.00	39.95 ✓
----------	--	-----------	-----------	-----------	--	--	-------	------	------	---------

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11764	ROBERT RODRIQUEZ	50.38	0.00	0.00	50.38

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
✓ 116730209		06/11/202	05/24/202	06/18/202			3,507.72	0.00	0.00	3,507.72 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
S2001	SIEMENS MEDICAL SOLUTIONS INC	3,507.72	0.00	0.00	3,507.72

Vendor# Vendor Name Class Pay Code

10699 ✓ SIGN AD, LTD.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 313652		06/11/202	06/01/202	06/11/202			425.00	0.00	0.00	425.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10699	SIGN AD, LTD.	425.00	0.00	0.00	425.00

Vendor# Vendor Name Class Pay Code

17852 ✓ SINGLETON ASSOCIATES PA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 246053125001		06/11/202	05/31/202	06/04/202			7,497.00	0.00	0.00	7,497.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
	May 2025				

	17852	SINGLETON ASSOCIATES PA					7,497.00	0.00	0.00	7,497.00
Vendor#	Vendor Name		Class		Pay Code					
C1010	✓ SPARKLIGHT		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 060125		06/11/202	05/31/202	06/01/202		3,865.74	0.00	0.00	3,865.74 ✓
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	C1010 SPARKLIGHT						3,865.74	0.00	0.00	3,865.74
Vendor#	Vendor Name		Class		Pay Code					
12288	✓ SPBS CLINICAL EQUIPMENT SRVC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ INV050000625		06/11/202	06/01/202	06/02/202		9,836.92	0.00	0.00	9,836.92 ✓
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	12288 SPBS CLINICAL EQUIPMENT SRVC						9,836.92	0.00	0.00	9,836.92
Vendor#	Vendor Name		Class		Pay Code					
S2694	✓ STANFORD VACUUM SERVICE		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 665903		06/11/202	06/06/202	06/11/202		625.00	0.00	0.00	625.00 ✓
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	S2694 STANFORD VACUUM SERVICE						625.00	0.00	0.00	625.00
Vendor#	Vendor Name		Class		Pay Code					
10845	✓ STAPLES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 6033435856		06/11/202	05/31/202	06/11/202		128.50	0.00	0.00	128.50 ✓
	✓ 6033435857		06/11/202	06/11/202	06/11/202		135.19	0.00	0.00	135.19 ✓
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	10845 STAPLES						263.69	0.00	0.00	263.69
Vendor#	Vendor Name		Class		Pay Code					
14212	✓ SURGICAL DIRECT SOUTH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 9358		05/31/202	05/27/202	06/26/202		4,200.00	0.00	0.00	4,200.00 ✓
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	14212 SURGICAL DIRECT SOUTH						4,200.00	0.00	0.00	4,200.00
Vendor#	Vendor Name		Class		Pay Code					
15460	✓ SWIFT UNIFORMS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 061025		06/11/202	06/10/202	06/10/202		5,425.31	0.00	0.00	5,425.31 ✓
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	15460 SWIFT UNIFORMS						5,425.31	0.00	0.00	5,425.31
Vendor#	Vendor Name		Class		Pay Code					
14524	✓ SYSMEX AMERICA, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 95930480		06/11/202	05/24/202	06/11/202		527.44	0.00	0.00	527.44 ✓
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	14524 SYSMEX AMERICA, INC.						527.44	0.00	0.00	527.44
Vendor#	Vendor Name		Class		Pay Code					
T2539	✓ T-SYSTEM, INC		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 2019602		06/11/202	05/31/202	06/30/202		6,130.42	0.00	0.00	6,130.42



Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		T2539	T-SYSTEM, INC				6,130.42	0.00	0.00	6,130.42	✓
Vendor#	Vendor Name		Class		Pay Code						
T1880	✓ TEXAS DEPARTMENT OF LICENSING		A/P								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 10109059A		05/13/202	05/07/202	07/01/202			50.00	0.00	0.00	50.00
											✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		T1880	TEXAS DEPARTMENT OF LICENSING				50.00	0.00	0.00	50.00	
Vendor#	Vendor Name		Class		Pay Code						
T2204	✓ TEXAS MUTUAL INSURANCE CO		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 1007012000		05/31/202	06/09/202	06/29/202			5,040.00	0.00	0.00	5,040.00
											✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		T2204	TEXAS MUTUAL INSURANCE CO				5,040.00	0.00	0.00	5,040.00	
Vendor#	Vendor Name		Class		Pay Code						
10758	✓ TEXAS SELECT STAFFING, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 0025505		06/11/202	06/05/202	06/06/202			7,196.25	0.00	0.00	7,196.25
											✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10758	TEXAS SELECT STAFFING, LLC				7,196.25	0.00	0.00	7,196.25	
Vendor#	Vendor Name		Class		Pay Code						
15396	✓ THIRD COAST DISTRIBUTING LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 047560		06/11/202	05/27/202	06/11/202			87.99	0.00	0.00	87.99
											✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		15396	THIRD COAST DISTRIBUTING LLC				87.99	0.00	0.00	87.99	
Vendor#	Vendor Name		Class		Pay Code						
C2510	✓ TRUBRIDGE		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 061125A		06/11/202	06/11/202	06/11/202			3,000.00	0.00	0.00	3,000.00
											✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		C2510	TRUBRIDGE				3,000.00	0.00	0.00	3,000.00	
Vendor#	Vendor Name		Class		Pay Code						
11001	✓ ULINE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 193205298		06/11/202	05/21/202	06/20/202			179.02	0.00	0.00	179.02
											✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11001	ULINE				179.02	0.00	0.00	179.02	
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
	✓ 2921060831		05/31/202	05/22/202	06/16/202			190.87	0.00	0.00	190.87
											✓
	✓ 2921060816		05/31/202	05/22/202	06/16/202			247.84	0.00	0.00	247.84
											✓
	✓ 2921060839		05/31/202	05/22/202	06/21/202			165.34	0.00	0.00	165.34
											✓
	✓ 2921061375		05/31/202	05/29/202	06/23/202			150.06	0.00	0.00	150.06
											✓

*Social Drivers of Health Subscription*

✓	2921061370		05/31/202	05/29/202	06/23/202			190.64	0.00	0.00	190.64	✓
✓	2921061364		05/31/202	05/29/202	06/23/202			247.84	0.00	0.00	247.84	✓
✓	2921061528		05/31/202	06/02/202	06/27/202			174.41	0.00	0.00	174.41	✓
✓	2921061843		05/31/202	06/05/202	06/30/202			247.84	0.00	0.00	247.84	✓
✓	2921061862		05/31/202	06/05/202	06/30/202			150.06	0.00	0.00	150.06	✓
✓	2921061852		05/31/202	06/05/202	06/30/202			181.87	0.00	0.00	181.87	✓
✓	2921061836		05/31/202	06/05/202	06/30/202			80.53	0.00	0.00	80.53	✓
✓	2921061366		06/03/202	05/29/202	06/28/202			181.87	0.00	0.00	181.87	✓
Vendor Totals: Number Name Gross Discount No-Pay Net												
	U1064	UNIFIRST HOLDINGS INC						2,209.17	0.00	0.00	2,209.17	
Vendor#	Vendor Name		Class		Pay Code							
U2001	✓ US POSTAL SERVICE		W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net		
✓	061025		06/11/202	06/10/202	06/11/202		2,200.00	0.00	0.00	2,200.00	✓	
Vendor Totals: Number Name Gross Discount No-Pay Net												
	U2001	US POSTAL SERVICE					2,200.00	0.00	0.00	2,200.00		
Vendor#	Vendor Name		Class		Pay Code							
10768	✓ VICTORIA MEDICAL FOUNDATION											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net		
✓	202516		06/11/202	01/27/202	06/11/202		322.90	0.00	0.00	322.90	✓	
Vendor Totals: Number Name Gross Discount No-Pay Net												
	10768	VICTORIA MEDICAL FOUNDATION					322.90	0.00	0.00	322.90		
Vendor#	Vendor Name		Class		Pay Code							
17832	✓ VOCA LLC											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net		
✓	39247		05/31/202	05/23/202	06/22/202		2,920.00	0.00	0.00	2,920.00	✓	
✓	39400		05/31/202	05/30/202	06/29/202		2,820.00	0.00	0.00	2,820.00	✓	
Vendor Totals: Number Name Gross Discount No-Pay Net												
	17832	VOCA LLC					5,740.00	0.00	0.00	5,740.00		
Vendor#	Vendor Name		Class		Pay Code							
12548	✓ WAGEWORKS, INC											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net		
✓	0525TR116685		05/31/202	05/31/202	05/31/202		131.25	0.00	0.00	131.25	✓	
Vendor Totals: Number Name Gross Discount No-Pay Net												
	12548	WAGEWORKS, INC					131.25	0.00	0.00	131.25		
Vendor#	Vendor Name		Class		Pay Code							
11110	✓ WERFEN USA LLC											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net		
✓	9111871544		06/11/202	06/03/202	06/28/202		331.80	0.00	0.00	331.80	✓	
✓	9111871545		06/11/202	06/03/202	06/28/202		435.60	0.00	0.00	435.60	✓	
✓	9111873438		06/11/202	06/04/202	06/29/202		71.05	0.00	0.00	71.05	✓	



✓ 911873437	06/11/202 06/04/202 06/29/202	132.30	0.00	0.00	132.30 ✓
-------------	-------------------------------	--------	------	------	----------

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
I1110	WERFEN USA LLC	970.75	0.00	0.00	970.75

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	396,618.62	0.00	0.00	<u>396,618.62</u>

APPROVED ON

JUN 12 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Chk# 209180 - 209254

396,618.62	+
10.00	-
396,608.62	◇

Pg. 3 Duplicate invoice - removed

RUN DATE:06/16/25  
TIME:16:47

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
06/18/25 THRU 06/18/25

PAGE 1  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	209180	06/18/25	1,400.00	ACUTE CARE INC
A/P	209181	06/18/25	8,124.03	AIRGAS USA, LLC - CENTRAL DIV
A/P	209182	06/18/25	1,186.75	AMAZON CAPITAL SERVICES
A/P	209183	06/18/25	1,250.00	AMERITEX ELEVATOR SERVICES INC
A/P	209184	06/18/25	40.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	209185	06/18/25	6,296.39	AUTHORITYRX, LLC
A/P	209186	06/18/25	877.74	BAYER HEALTHCARE
A/P	209187	06/18/25	2,938.43	BECKMAN COULTER INC
A/P	209188	06/18/25	112.00	BEEKLEY CORPORATION
A/P	209189	06/18/25	2,401.83	BEYER MECHANICAL LTD
A/P	209190	06/18/25	4,611.19	BIOMERIEUX, INC
A/P	209191	06/18/25	10.00	BOSART LOCK & KEY INC
A/P	209192	06/18/25	6,073.98	BRIGHTLY SOFTWARE INC.
A/P	209193	06/18/25	105.32	CALHOUN COUNTY
A/P	209194	06/18/25	20.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	209195	06/18/25	177.56	CARDINAL HEALTH 414, INC.
A/P	209196	06/18/25	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	209197	06/18/25	47.60	CARESFIELD
A/P	209198	06/18/25	12,830.00	CARRIER CORPORATION
A/P	209199	06/18/25	379.25	CDW GOVERNMENT, INC.
A/P	209200	06/18/25	1,650.00	CERVEY, LLC
A/P	209201	06/18/25	61,370.13	CITIZENS MEDICAL CENTER
A/P	209202	06/18/25	325.50	CLARITY ENROLLMENT SOLUTIONS
A/P	209203	06/18/25	767.79	COASTAL OFFICE SOLUTIONS
A/P	209204	06/18/25	561.75	CULLIGAN ULTRAPURE INC.
A/P	209205	06/18/25	237.00	CYRACOM LLC
A/P	209206	06/18/25	31,237.87	DIAMOND HEALTHCARE CORP
A/P	209207	06/18/25	112,541.30	DISCOVERY MEDICAL NETWORK INC
A/P	209208	06/18/25	325.50	DOOR CONTROL SERVICES
A/P	209209	06/18/25	85.00	DOWELL PEST CONTROL
A/P	209210	06/18/25	1,700.17	EMPLOYEE ACTIVITIES TEAM
A/P	209211	06/18/25	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	209212	06/18/25	580.00	FIRETRON, INC
A/P	209213	06/18/25	5,297.83	FISHER HEALTHCARE
A/P	209214	06/18/25	15,211.67	HUNTER PHARMACY SERVICES
A/P	209215	06/18/25	1,547.52	INOVALON PROVIDER INC.
A/P	209216	06/18/25	2,868.52	IRON MOUNTAIN
A/P	209217	06/18/25	390.00	JEANNIE ORTA
A/P	209218	06/18/25	3,995.99	MCKESSON MEDICAL SURGICAL INC
A/P	209219	06/18/25	416.49	MEDLINE INDUSTRIES INC
A/P	209220	06/18/25	.00	VOIDED
A/P	209221	06/18/25	6,387.05	MORRIS & DICKSON CO, LLC
A/P	209222	06/18/25	81.76	NACOGDOCHES TRANSCRIPTION
A/P	209223	06/18/25	1,865.50	ODEFEY WITTE WALL & VILLAFRANC
A/P	209224	06/18/25	230.25	ORTHO CLINICAL DIAGNOSTICS
A/P	209225	06/18/25	4,034.00	PARAREV
A/P	209226	06/18/25	750.00	PL-CPR, LLC
A/P	209227	06/18/25	2,952.47	PRESS GANEY ASSOCIATES, INC.
A/P	209228	06/18/25	2,831.94	PRO ENERGY PARTNERS LLC
A/P	209229	06/18/25	30.00	RAPID PRINTING LLC



RUN DATE:06/16/25  
TIME:16:47

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
06/18/25 THRU 06/18/25

PAGE 2  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	209230	06/18/25	16,170.61	REMI CORPORATION
A/P	209231	06/18/25	50.38	ROBERT RODRIQUEZ
A/P	209232	06/18/25	3,507.72	SIEMENS MEDICAL SOLUTIONS INC
A/P	209233	06/18/25	425.00	SIGN AD, LTD.
A/P	209234	06/18/25	7,497.00	SINGLETON ASSOCIATES PA
A/P	209235	06/18/25	3,865.74	SPARKLIGHT
A/P	209236	06/18/25	9,836.92	SPBS CLINICAL EQUIPMENT SRVC
A/P	209237	06/18/25	625.00	STANFORD VACUUM SERVICE
A/P	209238	06/18/25	263.69	STAPLES
A/P	209239	06/18/25	4,200.00	SURGICAL DIRECT SOUTH
A/P	209240	06/18/25	5,425.31	SWIFT UNIFORMS
A/P	209241	06/18/25	527.44	SYSMEX AMERICA, INC.
A/P	209242	06/18/25	6,130.42	T-SYSTEM, INC
A/P	209243	06/18/25	50.00	TEXAS DEPARTMENT OF LICENSING
A/P	209244	06/18/25	5,040.00	TEXAS MUTUAL INSURANCE CO
A/P	209245	06/18/25	7,196.25	TEXAS SELECT STAFFING, LLC
A/P	209246	06/18/25	87.99	THIRD COAST DISTRIBUTING LLC
A/P	209247	06/18/25	3,000.00	TRUBRIDGE
A/P	209248	06/18/25	179.02	ULINE
A/P	209249	06/18/25	2,209.17	UNIPIRST HOLDINGS INC
A/P	209250	06/18/25	2,200.00	US POSTAL SERVICE
A/P	209251	06/18/25	322.90	VICTORIA MEDICAL FOUNDATION
A/P	209252	06/18/25	5,740.00	VOCA LLC
A/P	209253	06/18/25	131.25	WAGWORKS, INC
A/P	209254	06/18/25	970.75	WERFEN USA LLC
A/P	209255	06/18/25	166,842.66	ASHFORD GARDENS
A/P	209256	06/18/25	102,861.28	BROADMOOR AT CREEKSIDE PARK
A/P	209257	06/18/25	144,124.78	GOLDENCREEK HEALTHCARE
A/P	209258	06/18/25	137,707.30	LAVACA BAY NURSING AND REHAB
A/P	209259	06/18/25	60,580.36	SOLERA WEST HOUSTON
A/P	209260	06/18/25	76,405.81	THE CRESCENT
A/P	209261	06/18/25	79,200.21	TUSCANY VILLAGE
TOTALS:			1,164,331.02	

APPROVED ON

JUN 18 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY TEXAS

Payables 396,608.62 +  
166,842.66 +  
60,580.36 +  
NH 102,861.28 +  
xfers 76,405.81 +  
144,124.78 +  
79,200.21 +  
137,707.30 +  
1,164,331.02 \*

## CITIBANK CORPORATE CARD

## Account Statement



## Account Inquiries:

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

International: 1-(904)-954-7314

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

Commercial Card Account  
ERIN CLEVENGER

Account Number: XXXX-XXXX-XXXX-6228

## Summary of Account Activity

Total Activity \$2,663.28

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

## Not an invoice. For your records only.

Credit Limit \$20,000

Cash Advance Limit \$5,000

Statement Closing Date 06/03/2025

Days in Billing Period 31

## Transactions

*Pd 6-26-25*

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
NOTICE MEMO ITEM(S) LISTED BELOW					
05/05	05/02	8999	55432865122202376727833	1 FAXAGE 303-991-6020 CO	59.80
05/05	05/02	9399	05134375123600083668031	2 NPDB NPDB.HRSA.GOV FAIRFAX VA	5.00
				N129155146	
05/05	05/02	9399	05134375123600083668114	3 NPDB NPDB.HRSA.GOV FAIRFAX VA	2.50
				N129157386	
05/07	05/05	3501	52704875126201022192551	4 HOLIDAY INN EXP & SUIT PORT LAVACA TX	522.06
				17600566	
				CHECK IN: 05/02/2025	
05/16	05/15	9399	05134375136600080849019	5 NPDB NPDB.HRSA.GOV FAIRFAX VA	10.00
				N130255984	
05/16	05/15	9399	05134375136600080849191	6 NPDB NPDB.HRSA.GOV FAIRFAX VA	10.00
				N130256221	
05/16	05/15	9399	05134375136600080849274	7 NPDB NPDB.HRSA.GOV FAIRFAX VA	2.50
				N130256818	
05/23	05/22	5912	55436875143171433185949	8 MPR M SRX 503B LEDGEWOOD NJ	620.00
				1824819	
05/28	05/27	9399	05134375148600070032820	9 NPDB NPDB.HRSA.GOV FAIRFAX VA	2.50
				N131318613	
05/28	05/28	8999	55432865148208168708436	10 AMA-CREDENTIALING 800-621-8335 IL	44.00
05/29	05/27	5734	55207395148510166517912	11 DIGICERT LEHI UT	938.00
05/30	05/29	8699	12302025149000205977076	12 2025 Regional Emergency San Antonio TX	371.00
06/03	06/02	9399	05134375154600069108186	13 NPDB NPDB.HRSA.GOV FAIRFAX VA	2.50
				N131831052	

Confirmation # DNR-03515720

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

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

Account Number

XXXX-XXXX-XXXX-6228

Statement Closing Date

June 03, 2025

Not an invoice  
For your records only.ERIN CLEVENGER  
202 S ANN ST., STE A  
PORT LAVACA TX 77979-4204

00010079643



Account: XXXX-XXXX-XXXX-6228

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
06/03	06/03	8999	55432865154200297467035 14	FAXAGE 303-991-6020 CO 80222 USA	75.42 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S) \$2,663.28					

APPROVED ON

JUN 11 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

①

# MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 6/4/2025

Vendor Address: \_\_\_\_\_

P.O. # \_\_\_\_\_

Vendor Phone #: \_\_\_\_\_

Account # \_\_\_\_\_

Vendor Fax #: \_\_\_\_\_

Initiated By: \_\_\_\_\_

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Faxage - Fax Line Services			✓ 59.80
2			4/1/25 - 4/30/25			
3	—		NPDB - 2 <sup>Physician</sup> Enrollments	2.50		✓ 5.00
4	—		NPDB - 1 Physician enroll			✓ 2.50
5	—		Holiday Inn Express +			✓ 522.06
6			Suites - Hotel expense for 5/2 - 5/5/25			
7			Dr Helen Rhodes, OB/Gyn		Port Lavaca, TX	
8	—		NPDB - 4 Physician Renewals			✓ 10.00
9	—		NPDB - 4 Physician Renewals			✓ 10.00
10	—		NPDB - 1 Physician Enroll			✓ 2.50

Est. Freight Inprimis Rx - med for Eye Pts (Surgery Pts) Est. Total Cost 620.00 TOTAL COST ✓ 620.00

NOTES:

Charges made to Erin's credit card xx 6228

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

Dept. Director
Dir. Nursing
Dir. Clinical Services
CFO <u>1</u>
Administrator <u>[Signature]</u>



2

# MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name:

Calibank

Date:

6/4/25

Vendor Address:

Vendor Phone #:

Vendor Fax #:

P.O. #

Account #

Initiated By:

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		NPDB - 1 Physician Enroll			✓ 2.50
		59 * 80 +				
2	-	5 * 00 +	AMA Credentialing - X1			✓ 44.00
		2 * 50 +				
3		522 * 06 +	Physician Init + Cont Monitoring			
		10 * 00 +				
4	-	10 * 00 +	Digi Cert - Basic DV FQDN			✓ 936.00
		2 * 50 +				
5		620 * 00 +	IT - auto renewal			
		2 * 50 +				
6	-	44 * 00 +	2025 Regional STRAC			✓ 371.00
		936 * 00 +	Conference Registration	7/15/25 -		
7		371 * 00 +	for Kyle Daniel	7/17/25		
		2 * 50 +				
9	-	75 * 42 +	NPDB - 1 Physician Enroll			✓ 2.50
		2 * 663 * 28 +				
10	-		Faxage - Fax Lines Services			✓ 75.42

Est. Freight

Est. Total Cost

TOTAL COST

5/1/25 - 5/31/25  
2,4663.28

NOTES:

charges made to ERIN's credit card x# 6228

Contact:

Date:

Quoted By:

Buyer:

E.T.A.

Dept. Director

Dir. Nursing

Dir. Clinical Services

CFO

Administrator

**McKESSON**

# STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

As of: 06/13/2025

Page: 002

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

DC: 8115  
Customer INV SupplD:  
Territory:

As of: 06/13/2025 Page: 002  
Mail to: Comp: 8000

Customer: 632536  
Date: 06/13/2025

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536 PLEASE CHECK ANY  
Date: 06/13/2025 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 7.30 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97  
08/07/2017

If Paid By 06/17/2025,  
Pay This Amount:

7.15 USD

If Paid After 06/17/2025,  
Pay this Amount:

7.30 USD

Due If Paid On Time:  
USD

7.15

Disc lost if paid late:

0.15

Due If Paid Late:  
USD

7.30

APPROVED ON

JUN 16 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

4 • 45 ÷

2 • 70 ÷

7 • 15 ÷

For AR Inquiries please contact 800-867-0333



**McKESSON****STATEMENT**

As of: 06/13/2025

Page: 001

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

Company: 8000

HEB PHCY WHSE/MEM MED PHS  
MEMORIAL MEDICAL CENTER  
VICKY KALISEK  
815 N VIRGINIA ST  
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT  
Statement for information onlyDC: 8115  
Customer INV SupplD:  
Territory: 7001Customer: 820405  
Date: 06/13/2025As of: 06/13/2025 Page: 001  
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT  
Statement for information onlyCust: 820405 PLEASE CHECK ANY  
Date: 06/13/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
06/12/2025	06/17/2025	7573594527	B2506-055-205366	115Invoice	0.09	4.54		4.45	✓	7573594527	

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: 4.54 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 88.94  
06/09/2025If Paid By 06/17/2025,  
Pay This Amount:

4.45 USD

If Paid After 06/17/2025,  
Pay this Amount:

4.54 USD

Due If Paid On Time:  
USD

4.45

Disc lost if paid late:

0.09

Due If Paid Late:  
USD

4.54

APPROVED ON

JUN 16 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS<>  
For AR Inquiries please contact 800-867-0333

**McKESSON**

**STATEMENT**

As of: 06/13/2025

Page: 001

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 835437  
Date: 06/13/2025

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

As of: 06/13/2025 Page: 001  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835437 PLEASE CHECK ANY  
Date: 06/13/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
06/11/2025	06/17/2025	7573515170	4162068	115Invoice	0.06	2.76		2.70	✓	7573515170	

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: 2.76 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 06/09/2025 88.94

If Paid By 06/17/2025,  
Pay This Amount:

2.70 USD

If Paid After 06/17/2025,  
Pay this Amount:

2.76 USD

Due If Paid On Time:  
USD

2.70

Disc lost if paid late:

0.06

Due If Paid Late:  
USD

2.76

APPROVED ON

JUN 16 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333





## STATEMENT

Statement Number: 69936038  
Date: 06-13-2025

1 of 1

Served By:

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

Customer:

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

Remit To:

AMERISOURCEBERGEN  
PO Box 978740  
DALLAS TX 75397-8740

## Customer Number

100566356 / 100566356

## Terms

Sat - Fri Due in 7 days

## Summary

Not Yet Due:	0.00
Current:	77.34
Past Due:	0.00
Total Due:	77.34
Account Balance:	77.34

## Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-09-2025	06-20-2025	3217318115	7009840789	Invoice	4.60		0.00	✓ 4.60
06-10-2025	06-20-2025	3217517653	7009861622	Invoice	6.26		0.00	✓ 6.26
06-11-2025	06-20-2025	3217648246	7009872567	Invoice	10.15		0.00	✓ 10.15
06-12-2025	06-20-2025	3217782539	7009878607	Invoice	6.39		0.00	✓ 6.39
06-13-2025	06-20-2025	3217913148	7009885960	Invoice	49.94		0.00	✓ 49.94

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
77.34	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON

JUN 16 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY TEXAS

## Reminders

Due Date	Amount
06-20-2025	77.34
Total Due:	77.34

ms  
✓



## STATEMENT

Statement Number: 69919645  
Date: 06-13-2025

1 of 1

**Served By:**  
AMERISOURCEBERGEN DRUG CORP  
12727 W. AIRPORT BLVD.  
SUGAR LAND TX 77478-6101DEA: RA0289276  
866-451-9655**Customer:**  
WALGREENS #12494 340B  
MEMORIAL MEDICAL CENTER  
1302 N VIRGINIA ST  
PORT LAVACA TX 77979-2509**Remit To:**  
AMERISOURCEBERGEN  
PO Box 905223  
CHARLOTTE NC 28290-5223**Customer Number**

100135284 / 037028186

**Terms**

Sat - Fri Due in 7 days

**Summary**

Not Yet Due:	0.00
Current:	248.32
Past Due:	0.00
Total Due:	248.32
Account Balance:	248.32

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-09-2025	06-20-2025	3217343782	7009833512	Invoice	64.84		0.00	64.84
06-09-2025	06-20-2025	3217343783	7009841016	Invoice	74.67		0.00	74.67
06-10-2025	06-20-2025	3217473930	7009854885	Invoice	11.45		0.00	11.45
06-11-2025	06-20-2025	3217620826	7009861673	Invoice	74.62		0.00	74.62
06-12-2025	06-20-2025	3217686992	7009872521	Invoice	17.31		0.00	17.31
06-13-2025	06-20-2025	3217886375	7009878949	Invoice	5.43		0.00	5.43

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
248.32	0.00	0.00	0.00	0.00	0.00	0.00

**Thank You for Your Payment**

Date	Amount
06-13-2025	(425.52)

APPROVED ON  
JUN 16 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**Reminders**

Due Date	Amount
06-20-2025	248.32
Total Due:	248.32



**TOLL FREE PHONE NUMBER: 1-800-555-3453**

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

<input type="checkbox"/> "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ### <input type="text"/>						
<input type="checkbox"/> "ENTER YOUR 4-DIGIT PIN"	<input type="text"/>						
<input type="checkbox"/> "MAKE A PAYMENT, PRESS 1"	<input type="text" value="1"/>						
<input type="checkbox"/> "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ <input type="text" value="941"/> #						
<input type="checkbox"/> "IF FEDERAL TAX DEPOSIT ENTER 1"	<input type="text" value="1"/>						
<input type="checkbox"/> "ENTER 2-DIGIT TAX FILING YEAR"	★ <input type="text" value="24"/>						
<input type="checkbox"/> "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	★ <input type="text" value="06"/>						
<input type="checkbox"/> "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM"	★ <table border="1"><tr><td>\$</td><td>121,333.39</td><td>#</td></tr><tr><td></td><td>1</td><td></td></tr></table>	\$	121,333.39	#		1	
\$	121,333.39	#					
	1						
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$ 63,449.40 #						
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 14,838.82 #						
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 43,045.17 #						
<input type="checkbox"/> "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	★ <table border="1"><tr><td></td></tr><tr><td>1</td></tr></table>		1				
1							
<input type="checkbox"/> ACKNOWLEDGEMENT NUMBER	<input type="text"/>						

**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\*\*

PAY PERIOD: BEGIN	5/30/2025	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	6/12/2025					
PAY DATE:	6/20/2025					
GROSS PAY:	\$ 548,528.90			\$ -		\$ 548,528.90
DEDUCTIONS:						
A/R	\$ 448.75					\$ 448.75
ADVANC						\$ -
BOOTS						\$ -
MUTUAL CRITICAL ILLNESS						\$ -
MUTUAL ACCIDENT						\$ -
IRS TAX						\$ -
MUTUAL SHORT TERM DIS						\$ -
MUTUAL VISION	\$ 838.07					\$ 838.07
CAFÉ-D	\$ 1,263.71					\$ 1,263.71
CAFÉ-H	\$ 29,521.39					\$ 29,521.39
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ 161.19					\$ 161.19
CLINIC	\$ 25.00					\$ 25.00
COMBIN	\$ 250.86					\$ 250.86
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF						\$ -
MUTUAL TERM LIFE	\$ 1,149.49					\$ 1,149.49
MUTUAL HOSP INDEM	\$ 550.50					\$ 550.50
FED TAX	\$ 43,045.17					\$ 43,045.17
FICA-M	\$ 7,419.41					\$ 7,419.41
FICA-O	\$ 31,724.70					\$ 31,724.70
FICA-M-ADDITIONAL						\$ -
FIRST C						\$ -
FLEX S	\$ 4,321.54					\$ 4,321.54
FLX-FE	\$ -					\$ -
GIFT S	\$ 178.06					\$ 178.06
MUTUAL CRITICAL ILLNESS	\$ 917.56					\$ 917.56
MUTUAL ACCIDENT	\$ 648.38					\$ 648.38
MUTUAL SHORT TERM DIS	\$ 1,869.89					\$ 1,869.89
LEGAL	\$ 1,036.90					\$ 1,036.90
OTHER	\$ 3,954.64					\$ 3,954.64
NATIONAL FARM LIFE	\$ 1,335.64					\$ 1,335.64
MED SURCHARGE						\$ -
Blank						\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 895.00					\$ 895.00
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 37,228.73					\$ 37,228.73
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 168,784.58	\$ -	\$ -	\$ -	\$ -	\$ 168,784.58
NET PAY:	\$ 379,744.32	\$ -	\$ -	\$ -	\$ -	\$ 379,744.32
TOTAL CAFÉ 125 PLAN:	\$ 36,839.71					
TAXABLE PAY:	\$ 511,689.19	\$ 511,689.19				
		Less Exempt:				
		**CALCULATED**	From MMC Report	Difference		
FICA - MED (ER)	1.45% \$ 7,419.49					
FICA - MED (EE)	1.45% \$ 7,419.49	\$ 7,419.41	\$ 0.08			
FICA - SOC SEC (ER)	6.20% \$ 31,724.73					
FICA - SOC SEC (EE)	6.20% \$ 31,724.73	\$ 31,724.70	\$ 0.03			
FED WITHHOLDING	\$ 43,045.17	\$ 43,045.17				
TAX DEPOSIT:	\$ 121,333.61	\$ 121,333.39				
FICA - MEDICARE	2.90% \$ 14,838.98	\$ 14,838.82				
FICA - SOCIAL SECURITY	12.40% \$ 63,449.46	\$ 63,449.40				
FED WITHHOLDING	\$ 43,045.17	\$ 43,045.17				
TOTAL TAX:	\$ 121,333.61	\$ 121,333.39	\$ 0.22			

Employees over FICA-SS Cap: \_\_\_\_\_

Paycode S - Employee Reimb.: \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

PREPARED BY: Andrie Flores

PREPARED DATE: 6/16/2025



Run Date: 06/13/25  
Time: 16:18

MEMORIAL MEDICAL CENTER  
Payroll Register ( Bi-Weekly )  
Pay Period 05/30/25 - 06/12/25 Run# 1

Page 110  
P2REG

Final Summary

*-- Pay Code Summary -----						*-- Deductions Summary -----			
PayCd	Description	Hrs	OT	SH	WB	HO	CB	Gross	Code Amount
1	REGULAR PAY-S1	9821.25	N		N	N		234704.72	A/R 423.75 A/R2 25.00 A/R3
1	REGULAR PAY-S1	1740.75	N		N	N	N	88727.88	ADVANC AWARDS BCBSVI
1	REGULAR PAY-S1	321.50	Y		N	N		10988.97	BCOTS CAFE H CAFE-1
2	REGULAR PAY-S2	2527.00	N		N	N		68956.50	CAFE-2 CAFE-3 CAFE-4
2	REGULAR PAY-S2	132.50	Y		N	N		5739.25	CAFE-5 CAFE-C CAFE-D 1263.71
3	REGULAR PAY-S3	1495.00	N		N	N		51522.82	CAFE-F CAFE-H 29521.39 CAFE-I
3	REGULAR PAY-S3	98.25	Y		N	N		5918.87	CAFE-L CANCEP
4	CALL BACK PAY	6.75	N		N	N	N	288.29	CHILD 161.19 CLINIC 25.00 COMBIN 250.86
4	CALL BACK PAY	12.75	N	1	N	N	Y	664.85	CREDUN DD ADV DENTAL
4	CALL BACK PAY	3.50	N	2	N	N	Y	183.87	DEP-LF DIS-LF EAT
4	CALL BACK PAY	2.00	Y	1	N	N	Y	157.50	EATCSH FEETAX 43045.17 FICA-M 7419.41
4	CALL BACK PAY	.50	Y	2	N	N	Y	34.80	FICA-O 31724.70 FIRSTC PLEX S 3809.54
C	CALL PAY	2364.50	N	1	N	N		4729.00	FLX FE FUTA
D	DOUBLE TIME	82.50	N	1	N	N		6454.45	GIFT S 178.06 GRANT GRP-IN
D	DOUBLE TIME	51.50	N	2	N	N		4468.24	GTL HOSP-I HSA 512.00
D	DOUBLE TIME	17.25	N	3	N	N		1474.00	ID TFF IRSTAX LEAF
D	DOUBLE TIME	.75	Y	1	N	N		86.15	LEGAL 241.90 MASA 795.00 MEALS 3804.64
D	DOUBLE TIME	7.75	Y	2	N	N		1034.30	METVIS MISC MISC/
D	DOUBLE TIME	23.25	Y	3	N	N		3492.59	MMCSHR MOOACC 648.38 MOOILL 917.56
E	EXTRA WAGES		N		N	N	N	4387.55	MOOIND 550.50 MOOLIF 1149.49 MOOSTD 1869.89
E	EXTRA WAGES		N	1	N	N	N	2127.25	MOOVIS 838.07 NATFML 1335.64 OTHER
F	FUNERAL LEAVE	24.00	N		N	N	N	1040.40	PHI PHI*** PR FIN
F	FUNERAL LEAVE	48.00	N	1	N	N		798.72	RELAY REPAY SAMS
I	INSERVICE	2.00	N	1	N	N		70.31	SCRUBS SIGNON ST-TX
I	INSERVICE	2.00	Y	1	N	N		101.94	STONDF 895.03 STONE STONE2
K	EXTENDED-ILLNESS-BANK	344.00	N	1	N	N		10519.34	STUDEN SUNACC SUNILL
P	PAID-TIME-OFF	.39	N		N	N	N	5.94	SUNIND SUNLIP SUNSTD
P	PAID-TIME-OFF	1254.00	N	1	N	N		38754.30	SUNVIS SURCHG TSA-1
X	CALL PAY 2	124.00	N	1	N	N		248.00	TSA-2 TSA-C TSA-P
Y	YMCA/CURVES		N		N	N	N	60.00	TSA-R 37228.73 TUITION UNIFOR 150.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00	UA/HOS
*----- Grand Totals: 20603.64 ----- ( Gross: 548528.90 ) Deductions: 168784.58 Net: 379744.32									
Checks Count:- FT 202 PT 13 Other 40 Female 232 Male 22 Credit OverAmt 15 ZeroNet Term Total: 254									

*msc*

**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- June 9, 2025 - June 15, 2025**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten"</u> <u>Check" #</u>
6/13/2025	Enhanced Analysis Ch	TBD	452.00	
6/13/2025	PAY PLUS ACHTrans 72818011 101000695382322 P	- 3rd Party Payor Fee	510.68	
6/13/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	425.52	*
6/12/2025	PAY PLUS ACHTrans 72611179 101000694094737 P	- 3rd Party Payor Fee	756.60	
6/12/2025	HPHG LLC PT LAVACA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	17,578.72	*
6/12/2025	HPHG LLC PT LAVACA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	4,960.21	*
6/12/2025	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	20,130.00	*
6/12/2025	HPHG LLC pt lava MemMedCtr PtLav 11312265001	- Health Insurance Claim Payments	24,658.04	*
6/11/2025	PAY PLUS ACHTrans 72312693 101000692518692 P	- 3rd Party Payor Fee	246.67	
6/10/2025	PAY PLUS ACHTrans 72038455 101000691265496 P	- 3rd Party Payor Fee	110.19	
6/10/2025	MCKESSON DRUG AUTO ACH ACH06558519 910000126	- 340B Drug Program Expense	88.94	*
6/10/2025	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	2,806.55	
6/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	48.88	
6/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	869.61	
6/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	1,376.70	
6/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	243.41	
6/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	190.49	
6/9/2025	PAY PLUS ACHTrans 71812271 101000699831794 P	- 3rd Party Payor Fee	132.40	
6/9/2025	IRS USATAXPYMT 270556074099521 6103601001992	- Payroll Taxes	127,218.34	*
			<u>202,505.85</u>	

153.90 +  
153.90 +  
510.68 +  
756.60 +  
246.67 +  
110.19 +  
132.40 +  
1,756.54 +  
Proc. Fee  
2,806.55 +  
48.88 +  
869.61 +  
1,376.70 +  
243.41 +  
190.49 +  
5,535.64 +  
153.90 +  
1,756.54 +  
5,535.64 +  
7,446.08 +

✓ Michelle Cumberland

Michelle Cumberland, CFO  
Memorial Medical Center

June 9, 2025 \* Approved on 6.11.25 cc

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
6/20/2025	- WEBFILE TAX PYMT DD	- Sales Tax	2,000.00
		202,505.85 +	
		425.52 -	
		17,578.72 -	
		4,960.21 -	
		20,130.00 -	
		24,658.04 -	
		88.94 -	
		127,218.34 -	
		7,446.08 +	
		7,446.08 -	
		0.00 +	

✓ Michelle Cumberland

Michelle Cumberland, CFO  
Memorial Medical Center

June 9, 2025

APPROVED ON

JUN 16 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



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	

Memorial Medical Center  
Transfer Request

Amount: 500,000.00

Date: 6/16/2025

From Account: Nexbank Money Market

APPROVED ON

To Account: Operating

JUN 16 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Explanation:

TRANSFER FUNDS FROM NEXBANK MONEY MARKET TO PROSPERITY OPERATING

Requested by: Caitlin Clevenger

Date: 6/16/2025

Authorized by: Michelle Cusack

Date: 6/16/25



JUN 12 2025

06/12/2025

08:38

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 07/04/2025

0

ap\_open\_invoice.template

Vendor# Vendor Name

11816 ✓ ASHFORD GARDENS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 052025		05/30/202	05/20/202	07/04/202			166,842.66	0.00	0.00	166,842.66 ✓

QIPP 47 Reconciliation

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11816	ASHFORD GARDENS	166,842.66	0.00	0.00	166,842.66

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	166,842.66	0.00	0.00	166,842.66

APPROVED ON

JUN 12 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 209255

RECEIVED BY THE  
COUNTY AUDITOR ON

06/12/2025  
08:37

JUN 12 2025

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 07/04/2025

0  
ap\_open\_invoice.template

Vendor# Vendor Name CALHOUN COUNTY, TEXAS

11828 ✓ SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 052025		05/30/202	05/20/202	07/04/202			60,580.36	0.00	0.00	60,580.36 ✓

QTR 47 Reconciliation

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON	60,580.36	0.00	0.00	60,580.36

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	60,580.36	0.00	0.00	60,580.36

APPROVED ON

JUN 12 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Chk# 209259



JUN 12 2025

06/12/2025

08:37

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 07/04/2025

0

ap\_open\_invoice.template

Vendor# Vendor Name

11832 ✓ BROADMOOR AT CREEKSIDE PARK

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 052025		05/30/202	05/20/202	07/04/202			102,861.28	0.00	0.00	102,861.28

QIAP 47 Reconciliation

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	102,861.28	0.00	0.00	102,861.28

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	102,861.28	0.00	0.00	102,861.28

APPROVED ON

JUN 12 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY TEXAS

CHK# 209256

RECEIVED BY THE  
COUNTY AUDITOR ON

JUN 12 2025

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 07/04/2025

0

ap\_open\_invoice.template

06/12/2025

08:36

Vendor# Vendor Name  
11824 ✓ THE CRESCENT

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 052025		05/30/202	05/20/202	07/04/202			76,405.81	0.00	0.00	76,405.81

QIRP 47 Reconciliation

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT	76,405.81	0.00	0.00	76,405.81

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	76,405.81	0.00	0.00	76,405.81

APPROVED ON

JUN 12 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY TEXAS

CHK# 209260



JUN 12 2025

06/12/2025

08:38

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 07/04/2025

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
✓ 052025A		05/30/202	05/20/202	07/04/202			122,981.77	0.00	0.00	122,981.77 ✓
✓ 060625		06/11/202	06/06/202	07/04/202			6,970.06	0.00	0.00	6,970.06 ✓
✓ 060925		06/11/202	06/09/202	07/04/202			10.23	0.00	0.00	10.23 ✓
✓ 060925A		06/11/202	06/09/202	07/04/202			10,502.40	0.00	0.00	10,502.40 ✓
✓ 061025		06/11/202	06/10/202	07/04/202			3,660.32	0.00	0.00	3,660.32 ✓

*Diff 47 reconciliation  
ins.pmt. dep. into mmc opt in error*

Vendor Totals: Number

Name

Gross

Discount

No-Pay

Net

11836

GOLDENCREEK HEALTHCARE

144,124.78

0.00

0.00

144,124.78

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

144,124.78

0.00

0.00

144,124.78

APPROVED ON

JUN 12 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY TEXAS

*CHK# 209 257*

JUN 12 2025

MEMORIAL MEDICAL CENTER

06/11/2025

20:18

AP Open Invoice List

0

CALHOUN COUNTY, TEXAS

Due Dates Through: 07/04/2025

ap\_open\_invoice.template

Vendor# Vendor Name

13004 ✓ TUSCANY VILLAGE

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 060425A		06/11/202	06/04/202	07/04/202			31,465.00	0.00	0.00	31,465.00 ✓
✓ 060425	ins. pmt. dep into mmc acct. in error	06/11/202	06/04/202	07/04/202			184.00	0.00	0.00	184.00 ✓
✓ 060525		06/11/202	06/05/202	07/04/202			3,535.00	0.00	0.00	3,535.00 ✓
✓ 060525A		06/11/202	06/05/202	07/04/202			498.09	0.00	0.00	498.09 ✓
✓ 060625A		06/11/202	06/06/202	07/04/202			3,332.40	0.00	0.00	3,332.40 ✓
✓ 060625		06/11/202	06/06/202	07/04/202			505.00	0.00	0.00	505.00 ✓
✓ 060925		06/11/202	06/09/202	07/04/202			13,285.00	0.00	0.00	13,285.00 ✓
✓ 061025		06/11/202	06/10/202	07/04/202			1,812.30	0.00	0.00	1,812.30 ✓
✓ 061025A		06/11/202	06/10/202	07/04/202			5,350.00	0.00	0.00	5,350.00 ✓
✓ 061025B		06/11/202	06/10/202	07/04/202			640.94	0.00	0.00	640.94 ✓
✓ 061025C		06/11/202	06/10/202	07/04/202			15,857.26	0.00	0.00	15,857.26 ✓
✓ 061025D		06/11/202	06/10/202	07/04/202			2,735.22	0.00	0.00	2,735.22 ✓

Vendor Totals: Number Name  
13004 TUSCANY VILLAGE

Gross	Discount	No-Pay	Net
79,200.21	0.00	0.00	79,200.21

## Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	79,200.21	0.00	0.00	79,200.21

APPROVED ON

JUN 12 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 209261



JUN 12 2025

06/12/2025

08:38

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 07/04/2025

0

ap\_open\_invoice.template

Vendor# Vendor Name

12792 ✓ LAVACA BAY NURSING AND REHAB

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 052025		05/30/202	05/20/202	07/04/202			125,972.91	0.00	0.00	125,972.91 ✓
✓ 060425A		06/11/202	06/04/202	07/04/202			221.37	0.00	0.00	221.37 ✓
✓ 060425		06/11/202	06/04/202	07/04/202			10,085.94	0.00	0.00	10,085.94 ✓
✓ 060425B		06/11/202	06/04/202	07/04/202			459.56	0.00	0.00	459.56 ✓
✓ 060525		06/11/202	06/05/202	07/04/202			339.82	0.00	0.00	339.82 ✓
✓ 060625		06/11/202	06/06/202	07/04/202			627.70	0.00	0.00	627.70 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	LAVACA BAY NURSING AND REHAB	137,707.30	0.00	0.00	137,707.30

## Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	137,707.30	0.00	0.00	137,707.30

APPROVED ON

JUN 12 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 209258

Memorial Medical Center  
Nursing Home UPL  
Weekly Cantex Transfer  
Prosperity Accounts  
6/16/2025

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		19,610.00	19,563.69	-		46.31	-
						Bank Balance 46.31	
						Variance 0.00	
						Leave in Balance 100.00	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co  
JP Morgan Chase Bank

					Adjust Balance/Transfer Amt	(53.69)	
Broadmoor		3,804.26	-	-	-	3,804.26	3,704.26
					Bank Balance 3,804.26		
					Variance -		
					Leave in Balance 100.00		

					Adjust Balance/Transfer Amt	3,704.26	
Crescent		434.53	-	-	434.53		334.53
					Bank Balance 434.53		
					Variance (0.00)		
					Leave in Balance 100.00		

					Adjust Balance/Transfer Amt	334.53	
Fort Bend		100.00	-	-	100.00		-
					Bank Balance 100.00		
					Variance -		
					Leave in Balance 100.00		

					Adjust Balance/Transfer Amt	-	
Solera at W Houston		25,533.64	25,516.67	-	16.97		-
					Bank Balance 16.97		
					Variance 0.00		
					Leave in Balance 100.00		

3,704.26 ÷ West Houston / Fort Bend / Broadmoor:  
334.53 ÷  
4,038.79 ÷

Adjust Balance/Transfer Amt	(83.03)	
TOTAL TRANSFERS		4,038.79

Approved: *MSC*  
Michelle Cumberland, CFO

6/16/2025

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

APPROVED ON  
JUN 16 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



**Ashford Gardens**

6/13/2025 Enhanced Analysis Ch  
6/11/2025 WIRE OUT ASHFORD HEALTH CARE CENTER LTD

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
53.69 ✓	-						-
19,510.00 ✓	-						-
19,563.69 ✓	-						-

**Broadmoor**

no activity

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

**Crescent**

no activity

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	-						-
-	-						-
-	-						-

**Fort Bend**

no activity

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	-						-
-	-						-
-	-						-

**Solera at West Houston**

6/13/2025 Enhanced Analysis Ch  
6/11/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
83.03 ✓	-						-
25,433.64 ✓	-						-
25,516.67 ✓	-						-

TOTALS

-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-

## Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$2,217,526.00	\$2,137,029.51	\$2,217,526.00	\$2,474,509.15
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$46.31 ✓	\$3,256.31	\$46.31	\$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$3,804.26 ✓	\$3,804.26	\$3,804.26	\$3,804.26
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$434.53 ✓	\$434.53	\$434.53	\$434.53
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$16.97 ✓	\$1,402.30	\$16.97	\$100.00
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.00	\$1,090.00	\$100.00	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$200,228.64	\$211,490.85	\$200,228.64	\$48,807.01
*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	\$1,566.74	\$1,566.74	\$1,566.74	\$1,504.88
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$424.24	\$424.24	\$424.24	\$101.69
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$205,857.30	\$213,666.28	\$205,857.30	\$131,167.64
*3407 MMC -NH TUSCANY VILLAGE	\$420,408.51	\$469,260.99	\$420,408.51	\$188,833.88
*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
<b>Total Balance</b>	<b>\$3,127,268.78</b>	<b>\$3,120,281.29</b>	<b>\$3,127,268.78</b>	<b>\$2,926,318.32</b>



Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 6/16/2025

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		23,881.08	23,094.85	199,442.41		200,228.64	199,442.41
						200,228.64	
						100.00	
						397.88	
						288.35	

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

Adjust Balance/Transfer Amt 199,442.41

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

6/16/2025

APPROVED ON

JUN 16 2025

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Golden Creek**

6/11/2025 Deposit  
 6/11/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43  
 6/12/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43  
 6/12/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001520  
 6/11/2025 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC  
 6/11/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43  
 6/10/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001461  
 6/10/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001461  
 6/9/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43  
 6/9/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43  
 6/9/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43  
 6/9/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43  
 6/9/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001308  
 6/9/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2  
 6/9/2025 Am Health TX PAYMENT 21531 84307030005004

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	143,471.63	-	-	-	-	-	143,471.63
-	7,950.00	-	-	-	-	-	7,950.00
-	1,476.60	-	-	-	-	-	1,476.60
-	10,109.97	-	-	-	-	-	10,109.97
23,094.85	-	-	-	-	-	-	-
-	850.78	-	-	-	-	-	850.78
-	3,957.58	-	-	-	-	-	3,957.58
-	1,563.03	-	-	-	-	-	1,563.03
-	6,285.00	-	-	-	-	-	6,285.00
-	25.00	-	-	-	-	-	25.00
-	150.00	-	-	-	-	-	150.00
-	2,098.00	-	-	-	-	-	2,098.00
-	4,775.00	-	-	-	-	-	4,775.00
-	4,729.82	-	-	-	-	-	4,729.82
-	12,000.00	-	-	-	-	-	12,000.00
23,094.85	199,442.41	-	-	-	-	-	199,442.41



## Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$2,217,526.00	\$2,137,029.51	\$2,217,526.00	\$2,474,509.15
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$46.31	\$3,256.31	\$46.31	\$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$3,804.26	\$3,804.26	\$3,804.26	\$3,804.26
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$434.53	\$434.53	\$434.53	\$434.53
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$16.97	\$1,402.30	\$16.97	\$100.00
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.00	\$1,090.00	\$100.00	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$200,228.64	\$211,490.85	\$200,228.64	\$48,807.01
*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	\$1,566.74	\$1,566.74	\$1,566.74	\$1,504.88
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$424.24	\$424.24	\$424.24	\$101.69
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$205,857.30	\$213,666.28	\$205,857.30	\$131,167.64
*3407 MMC -NH TUSCANY VILLAGE	\$420,408.51	\$469,260.99	\$420,408.51	\$188,833.88
*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
<b>Total Balance</b>	<b>\$3,127,268.78</b>	<b>\$3,120,281.29</b>	<b>\$3,127,268.78</b>	<b>\$2,926,318.32</b>

Memorial Medical Center  
Nursing Home UPL  
Weekly HMG Transfer  
Prosperity Accounts  
6/16/2025

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		614.71	514.71	1,466.74			1,566.74	1,466.74
						Bank Balance	1,566.74	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	1,466.74	
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	-	322.55			424.24	324.24
						Bank Balance	424.24	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	324.24	
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: MSL  
Michelle Cumberland, CFO  
6/16/2025

APPROVED ON  
JUN 16 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



**Gulf Pointe Plaza-Private Pay**

6/13/2025 HNB - ECHO HCCLAIMPMT 746003411 440000295091  
 6/12/2025 HNB - ECHO HCCLAIMPMT 746003411 440000254659  
 6/11/2025 WIRE OUT HMG Rockport SNF, LP -Commerical  
 6/11/2025 HNB - ECHO HCCLAIMPMT 746003411 440000214133  
 6/10/2025 HNB - ECHO HCCLAIMPMT 746003411 440000273659  
 6/9/2025 HNB - ECHO HCCLAIMPMT 746003411 440000219420  
 6/9/2025 HNB - ECHO HCCLAIMPMT 746003411 440000219420

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	61.86					-	61.86
-	115.50					-	115.50
514.71 ✓	-					-	-
-	144.38					-	144.38
-	717.10					-	717.10
-	288.77					-	288.77
-	139.13					-	139.13
514.71 ✓	1,466.74 ✓	-	-	-	-	-	1,466.74

**Gulf Pointe Plaza-Medicare/Medicaid**

6/13/2025 deposit

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
- ✓	322.55 ✓					-	322.55
-	322.55	-	-	-	-	-	322.55
514.71	1,789.29	-	-	-	-	-	1,789.29

# Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$2,217,526.00	\$2,137,029.51	\$2,217,526.00	\$2,474,509.15
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$46.31	\$3,256.31	\$46.31	\$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$3,804.26	\$3,804.26	\$3,804.26	\$3,804.26
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$434.53	\$434.53	\$434.53	\$434.53
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$16.97	\$1,402.30	\$16.97	\$100.00
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.00	\$1,090.00	\$100.00	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$200,228.64	\$211,490.85	\$200,228.64	\$48,807.01
*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	\$1,566.74	\$1,566.74	\$1,566.74	\$1,504.88
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$424.24	\$424.24	\$424.24	\$101.69
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$205,857.30	\$213,666.28	\$205,857.30	\$131,167.64
*3407 MMC -NH TUSCANY VILLAGE	\$420,408.51	\$469,260.99	\$420,408.51	\$188,833.88
*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
<b>Total Balance</b>	<b>\$3,127,268.78</b>	<b>\$3,120,281.29</b>	<b>\$3,127,268.78</b>	<b>\$2,926,318.32</b>



Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 6/16/2025

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		111,358.19	110,200.01	419,250.33	-	-	420,408.51	318,970.19
						Bank Balance	420,408.51	
						Variance	-	
						Leave in Balance	100.00	
						Molina Q1PP Q2 owed to MMC	101,338.32	
						Adjust Balance/Transfer Amt	318,970.19	

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 6/16/2025

APPROVED ON  
 JUN 16 2025  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Tuscany Village**

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp 1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	
6/13/2025 Deposit	-	225,289.63					-	225,289.63
6/13/2025 HNB - ECHO HCCLAIMPMT 746003411 440000294559	-	6,285.00					-	6,285.00
6/12/2025 HNB - ECHO HCCLAIMPMT 746003411 440000255371	-	22,125.15					-	22,125.15
6/11/2025 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	110,200.01	-					-	-
6/11/2025 MOLINA HEALTHCAR MOLINAACH 01421168 42000018	-	101,338.32					101,338.32	-
6/11/2025 HNB - ECHO HCCLAIMPMT 746003411 440000214622	-	64,212.23					-	64,212.23
	110,200.01	419,250.33	-	-	-	-	101,338.32	317,912.01



## Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$2,217,526.00	\$2,137,029.51	\$2,217,526.00	\$2,474,509.15
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$46.31	\$3,256.31	\$46.31	\$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$3,804.26	\$3,804.26	\$3,804.26	\$3,804.26
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$434.53	\$434.53	\$434.53	\$434.53
*4438 MEMORIAL MEDICAL @ SOLERA @ WEST HOUSTON	\$16.97	\$1,402.30	\$16.97	\$100.00
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.00	\$1,090.00	\$100.00	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$200,228.64	\$211,490.85	\$200,228.64	\$48,807.01
*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	\$1,566.74	\$1,566.74	\$1,566.74	\$1,504.88
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$424.24	\$424.24	\$424.24	\$101.69
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$205,857.30	\$213,666.28	\$205,857.30	\$131,167.64
*3407 MMC -NH TUSCANY VILLAGE	\$420,408.51	\$469,260.99	\$420,408.51	\$188,833.88
*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
<b>Total Balance</b>	<b>\$3,127,268.78</b>	<b>\$3,120,281.29</b>	<b>\$3,127,268.78</b>	<b>\$2,926,318.32</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSLTransfer  
 Prosperity Accounts  
 6/16/2025

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		346,721.86	346,152.51	205,287.95			205,857.30	204,663.05
						Bank Balance	205,857.30	
						Variance	-	
						Leave in Balance	100.00	
						April Interest	469.35	
						May Interest	624.90	

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

Adjust Balance/Transfer Amt 204,663.05  
 Approved: *[Signature]*  
 Michelle Cumberland, Controller

6/16/2025

APPROVED ON  
 JUN 16 2025  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS



**Lavaca Bay Nursing and Rehab**

6/13/2025 Deposit  
 6/13/2025 HOSPICE OF SOUTH Payments NF 113122650063110  
 6/13/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2  
 6/12/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2  
 6/11/2025 WIRE OUT REG Leased OpCo LLC  
 6/11/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000142  
 6/11/2025 HUMANA INS CO HCCLAIMPMT 77072780 8300005843  
 6/11/2025 CENTENE CORP HCCLAIMPMT 53101129454825  
 6/10/2025 Deposit  
 6/10/2025 HIC KY HCCLAIMPMT 77059057 42000019400161 45  
 6/10/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	59,416.55	-	-	-	-	-	59,416.55
-	1,033.16	-	-	-	-	-	1,033.16
-	14,239.95	-	-	-	-	-	14,239.95
-	5,388.89	-	-	-	-	-	5,388.89
346,152.51	-	-	-	-	-	-	-
-	2,628.08	-	-	-	-	-	2,628.08
-	1,709.47	-	-	-	-	-	1,709.47
-	83,019.38	-	-	-	-	-	83,019.38
-	31,822.52	-	-	-	-	-	31,822.52
-	79.15	-	-	-	-	-	79.15
-	5,950.80	-	-	-	-	-	5,950.80
346,152.51	205,287.95	-	-	-	-	-	205,287.95

## Balances Overview

## Account Name

*4357 MEMORIAL MEDICAL - OPERATING	\$2,217,526.00	\$2,137,029.51	\$2,217,526.00	\$2,474,509.15
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$46.31	\$3,256.31	\$46.31	\$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$3,804.26	\$3,804.26	\$3,804.26	\$3,804.26
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$434.53	\$434.53	\$434.53	\$434.53
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$16.97	\$1,402.30	\$16.97	\$100.00
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.00	\$1,090.00	\$100.00	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$200,228.64	\$211,490.85	\$200,228.64	\$48,807.01
*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	\$1,566.74	\$1,566.74	\$1,566.74	\$1,504.88
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$424.24	\$424.24	\$424.24	\$101.69
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$205,857.30	✓ \$213,666.28	\$205,857.30	\$131,167.64
*3407 MMC -NH TUSCANY VILLAGE	\$420,408.51	\$469,260.99	\$420,408.51	\$188,833.88
*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
<b>Total Balance</b>	<b>\$3,127,268.78</b>	<b>\$3,120,281.29</b>	<b>\$3,127,268.78</b>	<b>\$2,926,318.32</b>

Tuscany

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P  
A  
Y  
E  
E  
MMC Operating

Date Requested: 6/16/2025

APPROVED ON

JUN 16 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Check # 001189

## FOR ACCT USE ONLY

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

AMOUNT: \$ 101,338.32

G/L NUMBER: 10255040

EXPLANATION: QIPP Y8Q2 Reconciliation- amount owed to MMC to reconcile 1/4 IGT payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSC



MEMORIAL MEDICAL CENTER

TUSCANY VILLAGE  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001189

Date 6-18-25 88-2265/1131

PAY

TO THE  
ORDER OF

MMC Operating

\$ 101,338. <sup>32</sup>/<sub>100</sub>

One hundred one thousand, three hundred thirty-eight dollars; <sup>32</sup>/<sub>100</sub> DOLLARS



PROSPERITY  
BANK®

FOR 01pp yg 02

county auditor



County Treasurer  
Security tags are  
included. Details on back.

RUN DATE:06/18/25  
TIME:08:51

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
06/18/25 THRU 06/18/25

PAGE 1  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
------	--------	------	--------	-------

TUS	001189	06/18/25	101,338.32	MMC OPERATING
TOTALS:			101,338.32	