MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 25, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	409,203.52
TOTAL TRANSFERS BETWEEN FUNDS	$	222,688.12
TOTAL NURSING HOME UPL EXPENSES	$	901,820.18
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED June 25, 2025	$	1,533,711.82

APPROVED

JUN 25 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 25, 2025

PAYABLES AND PAYROLL			
6/19/2025	Weekly Payables	402,941.09	
6/19/2025	Patient Refunds	3,044.15	
6/23/2025	McKesson-340B Prescription Expense	31.53	
6/23/2025	Amerisource Bergen-340B Prescription Expense	252.91	
6/23/2025	Amerisource Bergen-340B Prescription Expense	363.54	
	Prosperity Electronic Bank Payments		
6/23/2025	Sales Tax - May 2025	408.12	
6/23/2025	Expert Pay- Child Support	161.19	
6/23/2025	Pay Plus-Patient Claims Processing Fee	1,715.17	
6/23/2025	Credit Card Leasing Fee	285.82	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 409,203.52**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
6/19/2025	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	3,040.00	
6/19/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	88,305.29	
6/19/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	115,774.35	
6/19/2025	MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	15,568.48	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 222,688.12**
NURSING HOME UPL EXPENSES			
6/23/2025	Nursing Home UPL-Cantex Transfer	41,354.58	
6/23/2025	Nursing Home UPL-Nexion Transfer	173,590.54	
6/23/2025	Nursing Home UPL-HMG Transfer	763.72	
6/23/2025	Nursing Home UPL-Tuscany Transfer	390,915.95	
6/23/2025	Nursing Home UPL-HSL Transfer	295,195.39	
TOTAL NURSING HOME UPL EXPENSES			**$ 901,820.18**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED June 25, 2025			**$ 1,533,711.82**

Vendor#	Vendor Name	Class	Pay Code
A1705	ALIMED INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV004445793		06/03/202	05/21/202	06/05/202			237.84	0.00	0.00	237.84

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	237.84	0.00	0.00	237.84

Vendor#	Vendor Name	Class	Pay Code
14028	AMAZON CAPITAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1TF3KYFW7FM4		06/11/202	06/04/202	07/04/202			767.47	0.00	0.00	767.47
1CCKPPJYG6RH		06/11/202	06/05/202	07/05/202			47.47	0.00	0.00	47.47
14N4FVYLRGJQ		06/11/202	06/06/202	07/06/202			2,749.75	0.00	0.00	2,749.75
1T1C6MPLRH61		06/11/202	06/06/202	07/06/202			13.42	0.00	0.00	13.42
1Y3F7GRHKD4J		06/17/202	04/08/202	05/08/202			250.26	0.00	0.00	250.26

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	3,828.37	0.00	0.00	3,828.37

Vendor#	Vendor Name	Class	Pay Code
12800	AUTHORITYRX, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7000100805		06/17/202	06/09/202	06/10/202			7,138.01	0.00	0.00	7,138.01

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX, LLC	7,138.01	0.00	0.00	7,138.01

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
84078931		06/16/202	06/02/202	06/27/202			3,071.40	0.00	0.00	3,071.40
84079394		06/16/202	06/02/202	06/27/202			631.20	0.00	0.00	631.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	3,702.60	0.00	0.00	3,702.60

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
112060538		06/11/202	06/04/202	06/29/202			13,882.57	0.00	0.00	13,882.57
112061968		06/11/202	06/04/202	06/29/202			425.34	0.00	0.00	425.34
112061574		06/11/202	06/04/202	06/29/202			601.01	0.00	0.00	601.01
112066854		06/11/202	06/09/202	07/04/202			1,203.21	0.00	0.00	1,203.21
5502920		06/17/202	05/25/202	06/19/202			1,337.05	0.00	0.00	1,337.05
112056842		06/17/202	06/03/202	06/28/202			2,536.35	0.00	0.00	2,536.35

112057538	06/17/202	06/03/202	06/28/202		3,543.56	0.00	0.00	3,543.56
112066261	06/17/202	06/09/202	07/04/202		5,759.11	0.00	0.00	5,759.11
112076471	06/17/202	06/13/202	07/08/202		5,016.58	0.00	0.00	5,016.58

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	34,304.78	0.00	0.00	34,304.78

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
908330975		06/17/202	06/13/202	06/13/202			1,379.57	0.00	0.00	1,379.57
908330976		06/17/202	06/13/202	06/17/202			2,189.57	0.00	0.00	2,189.57

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	3,569.14	0.00	0.00	3,569.14

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AE1TU8Y		06/17/202	05/12/202	06/11/202			502.15	0.00	0.00	502.15

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	502.15	0.00	0.00	502.15

Vendor# C1390 — Vendor Name: CENTRAL DRUG — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0081		05/31/202	05/23/202	07/10/202			38.80	0.00	0.00	38.80

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUG	38.80	0.00	0.00	38.80

Vendor# 12768 — Vendor Name: CHEMAQUA — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9168952		06/17/202	03/10/202	04/09/202			593.69	0.00	0.00	593.69
9188135		06/17/202	06/10/202	06/20/202			593.69	0.00	0.00	593.69

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12768	CHEMAQUA	1,187.38	0.00	0.00	1,187.38

Vendor# 10212 — Vendor Name: CLINICAL PATHOLOGY LABS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17656053125		06/17/202	05/31/202	06/17/202			37,536.48	0.00	0.00	37,536.48

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS	37,536.48	0.00	0.00	37,536.48

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OEQT313561		06/16/202	04/29/202	05/09/202			1,872.72	0.00	0.00	1,872.72
OEQT320231		06/17/202	06/13/202	06/23/202			209.94	0.00	0.00	209.94
OEQT321231		06/17/202	06/13/202	06/23/202			537.22	0.00	0.00	537.22

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	2,619.88	0.00	0.00	2,619.88

Vendor#	Vendor Name	Class	Pay Code
13336	COCA COLA SOUTHWEST BEVERAGES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
47280796013A		06/19/202	06/04/202	07/04/202			1,267.20	0.00	0.00	1,267.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES	1,267.20	0.00	0.00	1,267.20

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2020070		06/17/202	05/31/202	06/30/202			2,303.95	0.00	0.00	2,303.95

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14080	CORROHEALTH, INC.	2,303.95	0.00	0.00	2,303.95

Vendor#	Vendor Name	Class	Pay Code
13932	COVIDIEN SALES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5875167330		06/17/202	06/02/202	06/17/202			3,031.00	0.00	0.00	3,031.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13932	COVIDIEN SALES LLC	3,031.00	0.00	0.00	3,031.00

Vendor#	Vendor Name	Class	Pay Code
14400	CULINARY CONCESSIONS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV310430		06/18/202	05/31/202	06/30/202			38,170.91	0.00	0.00	38,170.91

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14400	CULINARY CONCESSIONS LLC	38,170.91	0.00	0.00	38,170.91

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
05312025		06/17/202	05/31/202	06/22/202			~~561.65~~	0.00	0.00	~~561.65~~

Inv. is for more - removed

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12044	CULLIGAN ULTRAPURE INC.	~~561.65~~	0.00	0.00	~~561.65~~

Vendor#	Vendor Name	Class	Pay Code
10006	CUSTOM ASSEMBLIES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV18347		06/11/202	06/03/202	06/11/202			401.30	0.00	0.00	401.30

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM ASSEMBLIES, INC	401.30	0.00	0.00	401.30

Vendor#	Vendor Name	Class	Pay Code
D1200	DETAR HOSPITAL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DTR2505016		06/18/202	06/02/202	06/18/202			418.14	0.00	0.00	418.14

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	D1200	DETAR HOSPITAL	418.14	0.00	0.00	418.14

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7947052		06/17/202	06/03/202	06/28/202			139.35	0.00	0.00	139.35

7965010	06/17/202 06/06/202 07/01/202				420.99	0.00	0.00	420.99
7965340	06/17/202 06/06/202 07/01/202				450.21	0.00	0.00	450.21
Vendor Totals: Number	Name				Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON				1,010.55	0.00	0.00	1,010.55
Vendor# Vendor Name				Class	Pay Code			
14800 DIRECTV ENTERTAINMENT HOLDINGS								
Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
250612	06/18/202	06/18/202	07/01/202			488.80	0.00	0.00	488.80
Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
14800	DIRECTV ENTERTAINMENT HOLDINGS					488.80	0.00	0.00	488.80
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
MMC051525	06/18/202	05/15/202	05/16/202			-37,564.37	0.00	0.00	-37,564.37
May 1-15, 2025									
MMC061525	06/18/202	06/15/202	06/16/202			71,764.32	0.00	0.00	71,764.32
Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
10789	DISCOVERY MEDICAL NETWORK INC					34,199.95	0.00	0.00	34,199.95
Vendor# Vendor Name				Class	Pay Code			
10175 DSHS CENTRAL LAB MC2004								
Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040125	06/18/202	04/01/202	04/26/202			1,715.75	0.00	0.00	1,715.75
010125	06/18/202	06/03/202	06/28/202			1,715.75	0.00	0.00	1,715.75
Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
10175	DSHS CENTRAL LAB MC2004					3,431.50	0.00	0.00	3,431.50
Vendor# Vendor Name				Class	Pay Code			
15240 ECLINICAL WORKS LLC								
Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0003245492	05/30/202	06/02/202	07/05/202			463.10	0.00	0.00	463.10
Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
15240	ECLINICAL WORKS LLC					463.10	0.00	0.00	463.10
Vendor# Vendor Name				Class	Pay Code			
11284 EMERGENCY STAFFING SOLUTIONS								
Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
44367	06/18/202	06/15/202	06/25/202			39,522.42	0.00	0.00	39,522.42
1-15th									
Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
11284	EMERGENCY STAFFING SOLUTIONS					39,522.42	0.00	0.00	39,522.42
Vendor# Vendor Name				Class	Pay Code			
F1050 FASTENAL COMPANY				M				
Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TXPOT276655	06/18/202	06/02/202	07/02/202			22.35	0.00	0.00	22.35
Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
F1050	FASTENAL COMPANY					22.35	0.00	0.00	22.35
Vendor# Vendor Name				Class	Pay Code			
F1100 FEDERAL EXPRESS CORP.				W				
Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

886281064		06/17/202	05/15/202	06/09/202		59.80	0.00	0.00	59.80
886998217		06/17/202	05/22/202	06/16/202		45.96	0.00	0.00	45.96
887728442		06/17/202	05/29/202	06/23/202		80.20	0.00	0.00	80.20
888350298		06/17/202	06/05/202	06/30/202		118.64	0.00	0.00	118.64
889099833		06/17/202	06/12/202	07/07/202		24.05	0.00	0.00	24.05
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.				328.65	0.00	0.00	328.65
Vendor#	Vendor Name				Class	Pay Code			
13016	FIRST INSURANCE FUNDING								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061325		06/18/202	06/13/202	07/01/202			3,891.02	0.00	0.00	3,891.02
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13016	FIRST INSURANCE FUNDING					3,891.02	0.00	0.00	3,891.02
Vendor#	Vendor Name				Class	Pay Code			
17276	FIRST UNITED METHODIST CHURCH								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080125		06/18/202	06/18/202	06/18/202			1,450.00	0.00	0.00	1,450.00
August 2025										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	17276	FIRST UNITED METHODIST CHURCH					1,450.00	0.00	0.00	1,450.00
Vendor#	Vendor Name				Class	Pay Code			
F1400	FISHER HEALTHCARE				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1234295		06/04/202	05/27/202	06/21/202			218.51	0.00	0.00	218.51
1522216		06/11/202	06/09/202	07/04/202			296.05	0.00	0.00	296.05
1555680		06/16/202	06/10/202	07/05/202			505.85	0.00	0.00	505.85
1589323		06/16/202	06/11/202	07/06/202			90.52	0.00	0.00	90.52
1589322		06/16/202	06/11/202	07/06/202			256.36	0.00	0.00	256.36
1622251		06/16/202	06/12/202	07/07/202			115.94	0.00	0.00	115.94
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					1,483.23	0.00	0.00	1,483.23
Vendor#	Vendor Name				Class	Pay Code			
H0031	HEB CREDIT RECEIVABLES DEPT308								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052925		06/18/202	05/29/202	06/18/202			578.40	0.00	0.00	578.40
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308					578.40	0.00	0.00	578.40
Vendor#	Vendor Name				Class	Pay Code			
D1710	KEEP-U-NEAT CLEANERS				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061825		06/18/202	06/18/202	06/28/202			1,753.00	0.00	0.00	1,753.00
Jan - June 2025										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	D1710	KEEP-U-NEAT CLEANERS					1,753.00	0.00	0.00	1,753.00
Vendor#	Vendor Name				Class	Pay Code				
10972	M G TRUST									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	053025		06/18/202	05/30/202	06/18/202			895.00	0.00	0.00	895.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10972	M G TRUST					895.00	0.00	0.00	895.00
Vendor#	Vendor Name				Class	Pay Code				
15200	MANAGED CARE PARTNERS INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6756		06/19/202	07/01/202	07/01/202			515.00	0.00	0.00	515.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15200	MANAGED CARE PARTNERS INC.					515.00	0.00	0.00	515.00
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	23881233		06/11/202	06/11/202	06/26/202			1,977.66	0.00	0.00	1,977.66
	23894070		06/11/202	06/11/202	06/26/202			429.82	0.00	0.00	429.82
	23890965		06/17/202	06/10/202	06/25/202			772.90	0.00	0.00	772.90
	23918386		06/18/202	06/17/202	07/02/202			428.55	0.00	0.00	428.55
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC					3,608.93	0.00	0.00	3,608.93
Vendor#	Vendor Name				Class	Pay Code				
11612	MEDICAL AIR SERVICES ASSOC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2125899		06/17/202	06/09/202	06/09/202			1,590.00	0.00	0.00	1,590.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11612	MEDICAL AIR SERVICES ASSOC.					1,590.00	0.00	0.00	1,590.00
Vendor#	Vendor Name				Class	Pay Code				
11141	MEDICAL DATA SYSTEMS, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	203340		06/17/202	05/31/202	06/25/202			475.38	0.00	0.00	475.38
	203341		06/17/202	05/31/202	06/25/202			1,363.85	0.00	0.00	1,363.85
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11141	MEDICAL DATA SYSTEMS, INC.					1,839.23	0.00	0.00	1,839.23
Vendor#	Vendor Name				Class	Pay Code				
M2470	MEDLINE INDUSTRIES INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2374245002		06/11/202	06/09/202	07/04/202			462.01	0.00	0.00	462.01
	2374545891		06/11/202	06/11/202	07/06/202			153.26	0.00	0.00	153.26
	2374546700		06/11/202	06/11/202	07/06/202			5,657.54	0.00	0.00	5,657.54
	2374545889		06/11/202	06/11/202	07/06/202			4.16	0.00	0.00	4.16
	2374545895		06/11/202	06/11/202	07/06/202			1,237.93	0.00	0.00	1,237.93

Prof. Fee - July 2025

2374649828	06/11/202 06/12/202 07/07/202	19.27	0.00	0.00	19.27		
2374898313	06/11/202 06/13/202 07/08/202	19.08	0.00	0.00	19.08		
2373569436	06/16/202 06/04/202 06/29/202	32.10	0.00	0.00	32.10		
2373569435	06/16/202 06/04/202 06/29/202	630.98	0.00	0.00	630.98		
2373569451	06/16/202 06/04/202 06/29/202	49.04	0.00	0.00	49.04		
2373569449	06/16/202 06/04/202 06/29/202	4.34	0.00	0.00	4.34		
2373569444	06/16/202 06/04/202 06/29/202	1,305.43	0.00	0.00	1,305.43		
2373569441	06/16/202 06/04/202 06/29/202	62.70	0.00	0.00	62.70		
2373569445	06/16/202 06/04/202 06/29/202	3,513.08	0.00	0.00	3,513.08		
2373569437	06/16/202 06/04/202 06/29/202	7.25	0.00	0.00	7.25		
2373569442	06/16/202 06/04/202 06/29/202	47.58	0.00	0.00	47.58		
2373569448	06/16/202 06/04/202 06/29/202	12.44	0.00	0.00	12.44		
2373569438	06/16/202 06/04/202 06/29/202	57.00	0.00	0.00	57.00		
2373569452	06/16/202 06/04/202 06/29/202	47.58	0.00	0.00	47.58		
2373569439	06/16/202 06/04/202 06/29/202	57.00	0.00	0.00	57.00		
2374545886	06/16/202 06/11/202 07/06/202	191.11	0.00	0.00	191.11		
2374545884	06/16/202 06/11/202 07/06/202	151.19	0.00	0.00	151.19		

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	13,722.07	0.00	0.00	13,722.07

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
053025		06/18/202	05/30/202	06/12/202			25.00	0.00	0.00	25.00

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0053877		06/17/202	06/12/202	06/22/202			1,692.21	0.00	0.00	1,692.21
3517015		06/17/202	06/16/202	06/26/202			87.88	0.00	0.00	87.88
0054135		06/17/202	06/16/202	06/26/202			1,692.21	0.00	0.00	1,692.21
3514987		06/17/202	06/16/202	06/26/202			256.40	0.00	0.00	256.40
3517014		06/17/202	06/16/202	06/26/202			36.13	0.00	0.00	36.13

3410582	06/18/202 05/19/202 05/29/202	33.78	0.00	0.00	33.78		
3501010	06/18/202 06/11/202 06/21/202	139.57	0.00	0.00	139.57		
3505407	06/18/202 06/11/202 06/21/202	77.01	0.00	0.00	77.01		
3500165	06/18/202 06/11/202 06/21/202	8,879.74	0.00	0.00	8,879.74		
3505408	06/18/202 06/11/202 06/21/202	3,989.75	0.00	0.00	3,989.75		
3501310	06/18/202 06/11/202 06/21/202	80.14	0.00	0.00	80.14		
3501311	06/18/202 06/11/202 06/21/202	207.20	0.00	0.00	207.20		
3501011	06/18/202 06/11/202 06/21/202	913.78	0.00	0.00	913.78		
3505409	06/18/202 06/12/202 06/22/202	804.07	0.00	0.00	804.07		
3510673	06/18/202 06/15/202 06/25/202	40.67	0.00	0.00	40.67		
3511962	06/18/202 06/15/202 06/25/202	522.84	0.00	0.00	522.84		
3511963	06/18/202 06/15/202 06/25/202	212.49	0.00	0.00	212.49		
3511964	06/18/202 06/15/202 06/25/202	817.99	0.00	0.00	817.99		

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	20,483.86	0.00	0.00	20,483.86

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	
8759		06/17/202	06/10/202	06/20/202			67.03	0.00	0.00	67.03	

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	67.03	0.00	0.00	67.03

Vendor#	Vendor Name	Class	Pay Code
10188	NATUS SENSORY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
610005705		06/17/202	05/08/202	06/02/202			794.75	0.00	0.00	794.75	
610009699		06/17/202	06/05/202	07/05/202			488.52	0.00	0.00	488.52	

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10188	NATUS SENSORY	1,283.27	0.00	0.00	1,283.27

Vendor#	Vendor Name	Class	Pay Code
12096	NEOGENOMICS LABORATORIES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
8844836		06/18/202	04/30/202	06/18/202			2,482.00	0.00	0.00	2,482.00	
8962228		06/18/202	05/31/202	06/18/202			250.00	0.00	0.00	250.00	

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12096	NEOGENOMICS LABORATORIES	2,732.00	0.00	0.00	2,732.00

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9359154701		06/17/202	05/31/202	06/30/202			33.30	0.00	0.00	33.30
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)					33.30	0.00	0.00	33.30

Vendor# 11251 Vendor Name: RAPID PRINTING LLC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
299912		06/18/202	06/16/202	07/01/202			20.30	0.00	0.00	20.30
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC					20.30	0.00	0.00	20.30

Vendor# 17868 Vendor Name: RUDOLPHO VASQUEZ — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061625		06/18/202	06/16/202	06/18/202			15.40	0.00	0.00	15.40
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	17868	RUDOLPHO VASQUEZ					15.40	0.00	0.00	15.40

Vendor# S1800 Vendor Name: SHERWIN WILLIAMS — Class: W — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
053125		06/18/202	05/31/202	06/15/202			1,624.48	0.00	0.00	1,624.48
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS					1,624.48	0.00	0.00	1,624.48

Vendor# 10936 Vendor Name: SIEMENS FINANCIAL SERVICES — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
56382500053595		06/18/202	05/30/202	06/19/202			1,333.33	0.00	0.00	1,333.33
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES					1,333.33	0.00	0.00	1,333.33

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
I07051084		06/17/202	06/15/202	07/10/202			7,190.00	0.00	0.00	7,190.00
CM15162		06/17/202	06/15/202	07/10/202			-4,795.00	0.00	0.00	-4,795.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					2,395.00	0.00	0.00	2,395.00

Vendor# S2694 Vendor Name: STANFORD VACUUM SERVICE — Class: M — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
665856	MARCH INVOICE	06/18/202	03/18/202	06/18/202			625.00	0.00	0.00	625.00
665711	APRIL INVOICE	06/18/202	04/12/202	06/18/202			625.00	0.00	0.00	625.00
265893	MAY INVOICE	06/18/202	05/08/202	06/18/202			625.00	0.00	0.00	625.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2694	STANFORD VACUUM SERVICE					1,875.00	0.00	0.00	1,875.00

Vendor# 10735 Vendor Name: STRYKER SALES, LLC — Class: — Pay Code: —

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

9209449117		06/11/202	06/05/202	07/05/202		475.68	0.00	0.00	475.68

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SALES, LLC	475.68	0.00	0.00	475.68

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1212		06/01/202	06/06/202	07/06/202			2,800.00	0.00	0.00	2,800.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17248	SUMMIT PAIN AND WELLNESS	2,800.00	0.00	0.00	2,800.00

Vendor# 12704 Vendor Name: TEXAS BURNER & BOILER SERVICES — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
253945		06/18/202	06/06/200	06/19/202			1,377.50	0.00	0.00	1,377.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12704	TEXAS BURNER & BOILER SERVICES	1,377.50	0.00	0.00	1,377.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0025463		06/18/202	05/22/199	05/23/199			6,528.75	0.00	0.00	6,528.75
0025435		06/18/202	05/21/202	05/22/202			6,650.00	0.00	0.00	6,650.00
0025532		06/18/202	06/12/202	06/13/202			6,667.50	0.00	0.00	6,667.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10758	TEXAS SELECT STAFFING, LLC	19,846.25	0.00	0.00	19,846.25

Vendor# 10985 Vendor Name: THE COMPLIANCE TEAM, INC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00049097		06/18/202	06/16/202	06/16/202			3,487.50	0.00	0.00	3,487.50

Accreditation Contract 3rd Installement

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10985	THE COMPLIANCE TEAM, INC	3,487.50	0.00	0.00	3,487.50

Vendor# 11908 Vendor Name: TMS SOUTH — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV163071		06/11/202	06/06/202	07/06/202			276.90	0.00	0.00	276.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11908	TMS SOUTH	276.90	0.00	0.00	276.90

Vendor# 13616 Vendor Name: TRIOSE, INC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TRI230856		06/17/202	05/13/202	05/28/202			154.81	0.00	0.00	154.81
TRI232261		06/17/202	05/28/202	06/12/202			84.96	0.00	0.00	84.96
TRI232891		06/17/202	06/03/202	06/18/202			308.91	0.00	0.00	308.91
TRI233549		06/17/202	06/10/202	06/25/202			114.84	0.00	0.00	114.84

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC	663.52	0.00	0.00	663.52

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
	T2505151378		06/19/202	05/15/202	06/09/202			72,604.54	0.00	0.00	72,604.54
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C2510	TRUBRIDGE					72,604.54	0.00	0.00	72,604.54
Vendor#	Vendor Name				Class	Pay Code				
15872	TYPENEX MEDICAL LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	25054037		06/16/202	05/20/202	06/16/202			488.22	0.00	0.00	488.22
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15872	TYPENEX MEDICAL LLC					488.22	0.00	0.00	488.22
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
	2921061857		05/31/202	06/05/202	07/05/202			210.22	0.00	0.00	210.22
	2921062017		05/31/202	06/09/202	07/04/202			174.41	0.00	0.00	174.41
	2921062366		06/18/202	06/12/202	07/07/202			72.28	0.00	0.00	72.28
	2921062372		06/18/202	06/12/202	07/07/202			247.84	0.00	0.00	247.84
	2921062382		06/18/202	06/12/202	07/07/202			181.87	0.00	0.00	181.87
	2921062386		06/18/202	06/12/202	07/07/202			190.64	0.00	0.00	190.64
	2921062389		06/18/202	06/12/202	07/07/202			166.33	0.00	0.00	166.33
	2921060852		06/19/202	05/22/202	06/16/202			141.42	0.00	0.00	141.42
	2921061379		06/19/202	05/29/202	06/23/202			140.31	0.00	0.00	140.31
	2921061869		06/19/202	06/05/202	06/30/202			126.88	0.00	0.00	126.88
	2921062400		06/19/202	06/12/202	07/07/202			171.51	0.00	0.00	171.51
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC					1,823.71	0.00	0.00	1,823.71
Vendor#	Vendor Name				Class	Pay Code				
U1056	UNIFORM ADVANTAGE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	SIV16357072		06/17/202	03/12/202	03/27/202			137.62	0.00	0.00	137.62
	SIV16502057		06/17/202	04/16/202	05/01/202			129.10	0.00	0.00	129.10
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		U1056	UNIFORM ADVANTAGE					266.72	0.00	0.00	266.72
Vendor#	Vendor Name				Class	Pay Code				
12400	UPDOX LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV00586395		06/19/202	05/31/202	06/19/202			1,019.79	0.00	0.00	1,019.79
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	12400	UPDOX LLC				1,019.79	0.00	0.00	1,019.79
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
	39511		06/18/202	06/06/202	07/06/202		3,000.00	0.00	0.00	3,000.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		17832	VOCA LLC				3,000.00	0.00	0.00	3,000.00
Vendor#	Vendor Name			Class	Pay Code				
I1110	WERFEN USA LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9111881790		06/17/202	06/13/202	07/08/202		1,571.66	0.00	0.00	1,571.66
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC				1,571.66	0.00	0.00	1,571.66
Vendor#	Vendor Name			Class	Pay Code				
10556	WOUND CARE SPECIALISTS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	WCS00007356		06/18/202	06/10/202	07/09/202		10,300.00	0.00	0.00	10,300.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10556	WOUND CARE SPECIALISTS				10,300.00	0.00	0.00	10,300.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	403,502.74	0.00	0.00	403,502.74

APPROVED ON

JUN 19 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 209263-
209328

403,502.74 +
561.65 - Pg 3. Inv. is higher - removed
402,941.09 =

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 19 2025

CALHOUN COUNTY, TEXAS

RUN DATE: 06/19/25
TIME: 09:52

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1445816	[redacted]	021925	50.00		3	[redacted]	
1595971		77979 060525	275.00		3		
1607127		779830632 061925	25.00		2		
1612989		77982 061925	446.35		2		
1625458		77979 061925	125.13		2		
1627572		77979 060525	100.00		3		
1627596		77979 060525	163.95		2		
1627976		77979 061925	205.16		3		
1627985		77979 060525	200.00		3		
1628922		77979 060525	76.24		2		
1629820		77979 060525	141.01		2		
1629829		77979 061925	53.80		2		
1630109		79120 060525	350.10		2		
1631754		77979 061925	94.80		2		
1634415		79120 061925	219.30		2		
1640663		840951335 061925	518.31		2		
		311952366					
	ARID=0001 TOTAL		3044.15				
TOTAL			3044.15				

APPROVED ON

JUN 19 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 209335 · 209350

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	209263	06/25/25	237.84	ALIMED INC.
A/P	209264	06/25/25	3,828.37	AMAZON CAPITAL SERVICES
A/P	209265	06/25/25	7,138.01	AUTHORITYRX, LLC
A/P	209266	06/25/25	3,702.60	BAXTER HEALTHCARE
A/P	209267	06/25/25	34,304.78	BECKMAN COULTER INC
A/P	209268	06/25/25	3,569.14	BIO-RAD LABORATORIES, INC
A/P	209269	06/25/25	502.15	CDW GOVERNMENT, INC.
A/P	209270	06/25/25	38.80	CENTRAL DRUG
A/P	209271	06/25/25	1,187.38	CHEMAQUA
A/P	209272	06/25/25	37,536.48	CLINICAL PATHOLOGY LABS
A/P	209273	06/25/25	2,619.88	COASTAL OFFICE SOLUTONS
A/P	209274	06/25/25	1,267.20	COCA COLA SOUTHWEST BEVERAGES
A/P	209275	06/25/25	2,303.95	CORROHEALTH, INC.
A/P	209276	06/25/25	3,031.00	COVIDIEN SALES LLC
A/P	209277	06/25/25	38,170.91	CULINARY CONCESSIONS LLC
A/P	209278	06/25/25	401.30	CUSTOM ASSEMBLIES, INC
A/P	209279	06/25/25	418.14	DETAR HOSPITAL
A/P	209280	06/25/25	1,010.55	DEWITT POTH & SON
A/P	209281	06/25/25	488.80	DIRECTV ENTERTAINMENT HOLDINGS
A/P	209282	06/25/25	34,199.95	DISCOVERY MEDICAL NETWORK INC
A/P	209283	06/25/25	3,431.50	DSHS CENTRAL LAB MC2004
A/P	209284	06/25/25	463.10	ECLINICAL WORKS LLC
A/P	209285	06/25/25	39,522.42	EMERGENCY STAFFING SOLUTIONS
A/P	209286	06/25/25	22.35	FASTENAL COMPANY
A/P	209287	06/25/25	328.65	FEDERAL EXPRESS CORP.
A/P	209288	06/25/25	3,891.02	FIRST INSURANCE FUNDING
A/P	209289	06/25/25	1,450.00	FIRST UNITED METHODIST CHURCH
A/P	209290	06/25/25	1,483.23	FISHER HEALTHCARE
A/P	209291	06/25/25	578.40	HEB CREDIT RECEIVABLES DEPT308
A/P	209292	06/25/25	1,753.00	KEEP-U-NEAT CLEANERS
A/P	209293	06/25/25	895.00	M G TRUST
A/P	209294	06/25/25	515.00	MANAGED CARE PARTNERS INC.
A/P	209295	06/25/25	3,608.93	MCKESSON MEDICAL SURGICAL INC
A/P	209296	06/25/25	1,590.00	MEDICAL AIR SERVICES ASSOC.
A/P	209297	06/25/25	1,839.23	MEDICAL DATA SYSTEMS, INC.
A/P	209298	06/25/25	.00	VOIDED
A/P	209299	06/25/25	.00	VOIDED
A/P	209300	06/25/25	13,722.07	MEDLINE INDUSTRIES INC
A/P	209301	06/25/25	25.00	MEMORIAL MEDICAL CLINIC
A/P	209302	06/25/25	.00	VOIDED
A/P	209303	06/25/25	20,483.86	MORRIS & DICKSON CO, LLC
A/P	209304	06/25/25	67.03	NACOGDOCHES TRANSCRIPTION
A/P	209305	06/25/25	1,283.27	NATUS SENSORY
A/P	209306	06/25/25	2,732.00	NEOGENOMICS LABORATORIES
A/P	209307	06/25/25	33.30	PRECISION DYNAMICS CORP (PDC)
A/P	209308	06/25/25	20.30	RAPID PRINTING LLC
A/P	209309	06/25/25	15.40	RUDOLPHO VASQUEZ
A/P	209310	06/25/25	1,624.48	SHERWIN WILLIAMS
A/P	209311	06/25/25	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	209312	06/25/25	2,395.00	SOUTH TEXAS BLOOD & TISSUE CEN

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	209313	06/25/25	1,875.00	STANFORD VACUUM SERVICE
A/P	209314	06/25/25	475.68	STRYKER SALES, LLC
A/P	209315	06/25/25	2,800.00	SUMMIT PAIN AND WELLNESS
A/P	209316	06/25/25	1,377.50	TEXAS BURNER & BOILER SERVICES
A/P	209317	06/25/25	19,846.25	TEXAS SELECT STAFFING, LLC
A/P	209318	06/25/25	3,487.50	THE COMPLIANCE TEAM, INC
A/P	209319	06/25/25	276.90	TMS SOUTH
A/P	209320	06/25/25	663.52	TRIOSE, INC
A/P	209321	06/25/25	72,604.54	TRUBRIDGE
A/P	209322	06/25/25	488.22	TYPENEX MEDICAL LLC
A/P	209323	06/25/25	1,823.71	UNIFIRST HOLDINGS INC
A/P	209324	06/25/25	266.72	UNIFORM ADVANTAGE
A/P	209325	06/25/25	1,019.79	UPDOX LLC
A/P	209326	06/25/25	3,000.00	VOCA LLC
A/P	209327	06/25/25	1,571.66	WERFEN USA LLC
A/P *	209328	06/25/25	10,300.00	WOUND CARE SPECIALISTS
A/P	209331	06/25/25	88,305.29	GOLDENCREEK HEALTHCARE
A/P	209332	06/25/25	15,568.48	LAVACA BAY NURSING AND REHAB
A/P	209333	06/25/25	3,040.00	THE CRESCENT
A/P	209334	06/25/25	115,774.35	TUSCANY VILLAGE
A/P	209335	06/25/25	94.80	[redacted]
A/P	209336	06/25/25	219.30	
A/P	209337	06/25/25	518.31	
A/P	209338	06/25/25	50.00	
A/P	209339	06/25/25	163.95	
A/P	209340	06/25/25	100.00	
A/P	209341	06/25/25	76.24	
A/P	209342	06/25/25	275.00	
A/P	209343	06/25/25	350.10	
A/P	209344	06/25/25	200.00	
A/P	209345	06/25/25	141.01	
A/P	209346	06/25/25	125.13	
A/P	209347	06/25/25	25.00	
A/P	209348	06/25/25	205.16	
A/P	209349	06/25/25	53.80	
A/P	209350	06/25/25	446.35	
TOTALS:			628,673.36	

APPROVED ON

JUN 25 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables
402-941-09 +
Pat. Ref. → 3-044-15 +
3-040-00 +
NH 88-305-29 +
xfers 115-774-35 +
15-568-48 +
628-673-36 ◊

McKESSON

Company: 8000

STATEMENT

As of: 06/20/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 06/21/2025

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 06/20/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 06/21/2025 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 32.18 USD

Future Due:	0.00	If Paid By 06/24/2025, Pay This Amount:	31.53 USD	Due If Paid On Time: USD 31.53
Past Due:	0.00			Disc lost if paid late: 0.65
Last Payment 08/07/2017	2,451.97	If Paid After 06/24/2025, Pay this Amount:	32.18 USD	Due If Paid Late: USD 32.18

0.01 +
28.82 +
2.70 +
31.53 ◊

APPROVED ON
JUN 23 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 06/20/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 190813
Date: 06/21/2025

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 06/20/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 06/21/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
06/20/2025	06/24/2025	7575150789	4582291	115Invoice		0.01		0.01	✓	7575150789	

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

TOTAL: **Customer Number 190813 HEB PHCY 0434/MEM MED PHS**

Subtotals: 0.01 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,528.02
02/24/2025

If Paid By 06/24/2025,
Pay This Amount: 0.01 USD

If Paid After 06/24/2025,
Pay this Amount: 0.01 USD

Due If Paid On Time:
USD 0.01

Disc lost if paid late:
0.00

Due If Paid Late:
USD 0.01

APPROVED ON

JUN 23 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 06/20/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 06/21/2025

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 06/20/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 06/21/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
06/16/2025	06/24/2025	7574061684	B2506-055-205822	115Invoice	0.07	3.57		3.50	✓	7574061684	
06/19/2025	06/24/2025	7574846061	B2506-055-206522	115Invoice	0.52	25.84		25.32	✓	7574846061	

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: 29.41 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7.15
06/16/2025

If Paid By 06/24/2025, Pay This Amount: 28.82 USD

If Paid After 06/24/2025, Pay this Amount: 29.41 USD

Due If Paid On Time:
USD 28.82

Disc lost if paid late:
0.59

Due If Paid Late:
USD 29.41

APPROVED ON
JUN 23 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 06/20/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 06/21/2025

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

As of: 06/20/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 835437 PLEASE CHECK ANY
Date: 06/21/2025 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
06/18/2025	06/24/2025	7574775196	4179512	115Invoice	0.06	2.76		2.70	✓	7574775196	

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 7.15
06/16/2025

If Paid By 06/24/2025,
Pay This Amount: 2.70 USD

If Paid After 06/24/2025,
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 23 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 69969280
Date: 06-20-2025

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

DEA: RA0289276
866-451-9655

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

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

Summary

Not Yet Due:	0.00
Current:	252.91
Past Due:	0.00
Total Due:	252.91
Account Balance:	252.91

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-16-2025	06-27-2025	3218020488	7009893971	Invoice	32.42		0.00	32.42
06-16-2025	06-27-2025	3218020489	7009903592	Invoice	6.09		0.00	6.09
06-17-2025	06-27-2025	3218164654	7009908998	Invoice	0.91		0.00	0.91
06-18-2025	06-27-2025	3218298184	7009916266	Invoice	3.46		0.00	3.46
06-18-2025	06-27-2025	3218298185	7009918468	Invoice	46.47		0.00	46.47
06-18-2025	06-27-2025	3218298186	7009915553	Invoice	9.29		0.00	9.29
06-19-2025	06-27-2025	3218422677	7009923259	Invoice	55.98		0.00	55.98
06-20-2025	06-27-2025	3218549328	7009932533	Invoice	63.73		0.00	63.73
06-20-2025	06-27-2025	3218549329	7009932095	Invoice	34.56		0.00	34.56

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
252.91	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
06-20-2025	(325.66)

APPROVED ON
JUN 23 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
06-27-2025	252.91
Total Due:	252.91

AmerisourceBergen

STATEMENT

Statement Number: 69985733
Date: 06-20-2025

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

DEA: RA0316958
866-451-9655

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

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

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	363.54
Past Due:	0.00
Total Due:	363.54
Account Balance:	363.54

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-16-2025	06-27-2025	3218004439	7009894322	Invoice	26.25		0.00	26.25
06-16-2025	06-27-2025	3218004921	7009903221	Invoice	331.65		0.00	331.65
06-17-2025	06-27-2025	3218209101	7009915829	Invoice	5.64		0.00	5.64

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
363.54	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
JUN 23 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
06-27-2025	363.54
Total Due:	363.54

Processing Number: 0000069973460320 Document Type: CustomerStatement 20250623164551

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- June 16, 2025 - June 22, 2025

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
6/20/2025	WEBFILE TAX PYMT DD 902/79492503 21000029363	- Sales Tax	2,408.12	* 2,000.00
6/20/2025	PAY PLUS ACHTrans 73626427 101000691198054 P	- 3rd Party Payor Fee	152.88	
6/20/2025	EXPERTPAY EXPERTPAY 746003411 91000011340178	-Child Support Payment	161.19	
6/20/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	325.66	*
6/20/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	379,744.32	*
6/18/2025	PAY PLUS ACHTrans 73500491 101000699754334 P	- 3rd Party Payor Fee	88.98	
6/17/2025	PAY PLUS ACHTrans 73261445 101000698180791 P	- 3rd Party Payor Fee	260.44	
6/17/2025	MCKESSON DRUG AUTO ACH ACH06567206 910000121	- 340B Drug Program Expense	7.15	*
6/16/2025	PAY PLUS ACHTrans 73088308 101000696762806 P	- 3rd Party Payor Fee	1,212.87	
6/16/2025	TEXAS COUNTY DRS RECEIVABLE 0419 21000025214	- Retirement Funding	180,968.91	* *
6/16/2025	HPHG LLC MEMOR PREM MemMedCtr PtLav 11312265	- Health Insurance Premium Payment	67,407.28	* *
6/16/2025	FDMS FDMS PYMT 052-1743547-000 4100012160316	- Credit Card Machine Lease Fee	40.03	
6/16/2025	FDMS FDMS PYMT 052-1737276-000 4100012159972	- Credit Card Machine Lease Fee	120.09	
6/16/2025	FDMS FDMS PYMT 052-1743548-000 4100012161190	- Credit Card Machine Lease Fee	80.06	
6/16/2025	FDMS FDMS PYMT 052-2100911-000 4100012161805	- Credit Card Machine Lease Fee	45.64	
			633,023.62	

Michelle Cumberland — June 23, 2025
Michelle Cumberland, CFO
Memorial Medical Center

* Approved on 6.18.25 cc
** Approved on 6.11.25 cc

Sales Tax: 408.12 + 408.12 ◊
Child Support: 161.19 + 161.19
pay PLUS: 152.88 + 88.98 + 260.44 + 1,212.87 + 1,715.17 ◊
Lease Fee: 40.03 + 120.09 + 80.06 + 45.64 + 285.82

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
		633,023.62 +	
		2,000.00 -	
		325.66 -	
		379,744.32 -	
		7.15 -	
		180,968.91 -	
		67,407.28 -	
		2,570.30 ◊	
		2,570.30 -	-
		0.00 ◊	

Michelle Cumberland, CFO — June 23, 2025
Memorial Medical Center

APPROVED ON
JUN 23 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

408.12 + 161.19 + 1,715.17 + 285.82 + 2,570.30 ◊

COMPTROLLER.TEXAS.GOV

Menu

Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 05/31/2025 (2505)

Taxpayer ID: [redacted]
User ID: [redacted]
Reference Number: [redacted]
Date and Time of Filing:
06/17/2025, 11:26:19 AM

Taxpayer Name:
MEMORIAL MEDICAL CENTER
Taxpayer Address:
815 N VIRGINIA ST PORT LAVACA , TX 77979-3025
IP Address: [redacted]

Entered By: Caitlin Clevenger
Email Address:
cclevenger@mmcportlavaca.com
Telephone Number: (361) 552-0272

PAYMENT SUMMARY

Electronic Check
State Amount: $1,824.33
Local Amount: $583.79
Amount to Pay: $2,408.12
Electronic Check: $2,408.12

Payment Reference Number: [redacted]
Trace Number: [redacted]

Type of Bank Account: Checking
Accountholder Name:
Memorial Medical Center Operating
Bank Routing Number: [redacted]
Bank Account Number: [redacted]
Payment Effective Date: 06/20/2025

CREDIT SUMMARY

Credits Taken

Are you taking credit to reduce taxes due on this return? No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker Export Certifications? No

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	29,336	29,336	0.00	29,336	1,833.5	29,336	0.02	586.72
SubTotal	**29,336**	**29,336**	**0**	**29,336**	**1,833.5**	**29,336**		**586.72**

Total Tax for Locations **2,420.22**

Total Tax Due:	$2,420.22
Timely Filing Discount:	-$12.10
Balance Due:	$2,408.12
Pending Payments:	-$0.00
Total Amount Due and Payable:	**$2,408.12**

(State amount due is $1,824.33) (Local amount due is $583.79)

$2,000.00 approved last CC
(estimate made by mmc)

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 19 2025

CALHOUN COUNTY, TEXAS

06/19/2025
11:05

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/11/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061225		06/19/202	06/12/202	07/11/202			3,040.00	0.00	0.00	3,040.00

ins. pmt dep. into mmc opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	3,040.00	0.00	0.00	3,040.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,040.00	0.00	0.00	3,040.00

APPROVED ON

JUN 19 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 209333

COUNTY AUDITOR ON

JUN 19 2025

06/19/2025
10:59

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/11/2025

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
061225A		06/19/202	06/12/202	07/11/202			114.14	0.00	0.00	114.14
061225	INS. PMT. DEP. INTO MMC DPT IN ERROR	06/19/202	06/12/202	07/11/202			212.01	0.00	0.00	212.01
061225B		06/19/202	06/12/202	07/11/202			2,534.73	0.00	0.00	2,534.73
061325		06/19/202	06/13/202	07/11/202			1,303.26	0.00	0.00	1,303.26
061625		06/19/202	06/16/202	07/11/202			1,505.42	0.00	0.00	1,505.42
061725		06/19/202	06/17/202	07/11/202			80,016.85	0.00	0.00	80,016.85
061725A		06/19/202	06/17/202	07/11/202			2,618.88	0.00	0.00	2,618.88

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	88,305.29	0.00	0.00	88,305.29

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	88,305.29	0.00	0.00	88,305.29

APPROVED ON

JUN 19 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 209331

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 19 2025

CALHOUN COUNTY, TEXAS

06/19/2025
11:03

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/11/2025

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

13004 ✓ TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 061225		06/19/202	06/12/202	07/11/202			14,865.55	0.00	0.00	14,865.55 ✓
✓ 061325C		06/19/202	06/13/202	07/11/202			19,813.21	0.00	0.00	19,813.21 ✓
✓ 061325		06/19/202	06/13/202	07/11/202			6,018.87	0.00	0.00	6,018.87 ✓
✓ 061325A		06/19/202	06/13/202	07/11/202			14,750.00	0.00	0.00	14,750.00 ✓
✓ 061325D		06/19/202	06/13/202	07/11/202			713.25	0.00	0.00	713.25 ✓
✓ 061325B		06/19/202	06/13/202	07/11/202			42,015.75	0.00	0.00	42,015.75 ✓
✓ 061625A		06/19/202	06/16/202	07/11/202			1,000.00	0.00	0.00	1,000.00 ✓
✓ 061625		06/19/202	06/16/202	07/11/202			15,759.72	0.00	0.00	15,759.72 ✓
✓ 061725		06/19/202	06/17/202	07/11/202			209.50	0.00	0.00	209.50 ✓
✓ 061725A		06/19/202	06/17/202	07/11/202			628.50	0.00	0.00	628.50 ✓

Ins. Pmt dep. into MMC Opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	115,774.35	0.00	0.00	115,774.35

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	115,774.35	0.00	0.00	115,774.35

APPROVED ON

JUN 19 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 209334

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 19 2025

CALHOUN COUNTY, TEXAS

06/19/2025
11:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/11/2025

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061325	ins. pmt dep into mmc opt in error	06/19/202	06/13/202	07/11/202			8,364.00	0.00	0.00	8,364.00
061625		06/19/202	06/16/202	07/11/202			5,947.48	0.00	0.00	5,947.48
061725		06/19/202	06/17/202	07/11/202			1,257.00	0.00	0.00	1,257.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	15,568.48	0.00	0.00	15,568.48

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	15,568.48	0.00	0.00	15,568.48

APPROVED ON

JUN 19 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#209332

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/23/2025

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		46.31	-	40,418.27			40,464.58	**40,364.58**
						Bank Balance	40,464.58	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Adjust Balance/Transfer Amt	**40,364.58**	
Broadmoor		3,804.26	3,704.26	-		-	100.00	-
						Bank Balance	100.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	-	
Crescent		434.53	334.53	-			100.00	-
						Bank Balance	100.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	-	
Fort Bend		100.00	-	990.00			1,090.00	**990.00**
						Bank Balance	1,090.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**990.00**	
Solera at W Houston		16.97	-	1,385.33			1,402.30	-
						Bank Balance	1,402.30	
						Variance	-	
						Leave in Balance	100.00	

APPROVED ON
JUN 23 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

40,364.58 + *Houston / Fort Bend / Broadmoor:*
990.00 +
41,354.58 ◊

	Adjust Balance/Transfer Amt	**1,302.30**
TOTAL TRANSFERS		**41,354.58**

Approved:
Michelle Cumberland, CFO **6/23/2025**

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.

J:\NH Weekly Transfers\NH UPL Transfer Summary\2025\NH UPL Transfer Summary 6.23.25

Ashford Gardens	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/17/2025 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	37,208.27					-	37,208.27
6/16/2025 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	3,210.00					-	3,210.00
							-	-
							-	-
							-	-
	-	40,418.27	-	-	-	-	-	40,418.27

Broadmoor	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/18/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	3,704.26	-					-	-
							-	-
							-	-
							-	-
							-	-
							-	-
	3,704.26	-	-	-	-	-	-	-

Crescent	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/18/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	334.53	-					-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
	334.53	-	-	-	-	-	-	-

Fort Bend	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/16/2025 MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	990.00					-	990.00
		-					-	-
							-	-
							-	-
							-	-
							-	-
	-	990.00	-	-	-	-	-	990.00

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/16/2025 HNB - ECHO HCCLAIMPMT 746003411 440000237195	-	1,385.33					-	1,385.33
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
	-	1,385.33	-	-	-	-	-	1,385.33

TOTALS		42,793.60	-	-	-	-	-	42,793.60

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,513,980.70	$3,228,738.63	$2,513,980.70	$2,420,686.73
*4381 MEMORIAL MEDICAL / NH ASHFORD	$40,464.58 ✓	$40,464.58	$40,464.58	$40,464.58
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00 ✓	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00 ✓	$100.00	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$1,402.30 ✓	$1,402.30	$1,402.30	$1,402.30
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,090.00 ✓	$1,090.00	$1,090.00	$1,090.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$174,376.77 ✓	$293,799.58	$174,376.77	$15,112.27
*4551 CAL CO INDIGENT HEALTHCARE	$9,704.72	$9,704.72	$9,704.72	$9,684.72
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$863.72 ✓	$863.72	$863.72	$863.72
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00 ✓	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$296,389.64 ✓	$326,685.58	$296,389.64	$52,360.16
*3407 MMC -NH TUSCANY VILLAGE	$391,015.95 ✓	$430,625.47	$391,015.95	$410,502.42
*2998 MMC -MONEY MARKET FUND	$66,348.96	$66,348.96	$66,348.96	$66,348.96
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$846.60	$846.60	$846.60	$821.60
Total Balance	**$3,496,783.94**	**$4,400,870.14**	**$3,496,783.94**	**$3,019,637.46**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/23/2025

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		200,228.64	199,442.41	173,590.54		-	174,376.77	173,590.54
						Bank Balance	174,376.77	
						Variance	-	
						Leave in Balance	100.00	
						April Interest	397.88	
						May Interest	288.35	
						Adjust Balance/Transfer Amt	173,590.54	

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

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

Approved:
Michelle Cumberland, CFO 6/23/2025

APPROVED ON
JUN 23 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/20/2025	Deposit	-	144,124.78					-	144,124.78
6/20/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	2,092.00					-	2,092.00
6/20/2025	HNB - ECHO HCCLAIMPMT 746003411 440000288862	-	9,891.20					-	9,891.20
6/20/2025	LUMINOS HOLDCO L Golden Cre 113114890670743	-	3,156.52					-	3,156.52
6/18/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	199,442.41	-					-	-
6/18/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	1,708.94					-	1,708.94
6/18/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	1,354.89					-	1,354.89
6/16/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	4,112.21					-	4,112.21
6/16/2025	AETNA ASO1 HCCLAIMPMT 1588075964 51000019039	-	7,150.00					-	7,150.00
								-	-
								-	-
								-	-
								-	-
								-	-
								-	-
								-	-
		199,442.41	173,590.54	-	-	-	-	-	173,590.54

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,513,980.70	$3,228,738.63	$2,513,980.70	$2,420,686.73
*4381 MEMORIAL MEDICAL / NH ASHFORD	$40,464.58	$40,464.58	$40,464.58	$40,464.58
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$1,402.30	$1,402.30	$1,402.30	$1,402.30
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,090.00	$1,090.00	$1,090.00	$1,090.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$174,376.77	$293,799.58	$174,376.77	$15,112.27
*4551 CAL CO INDIGENT HEALTHCARE	$9,704.72	$9,704.72	$9,704.72	$9,684.72
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$863.72	$863.72	$863.72	$863.72
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$296,389.64	$326,685.58	$296,389.64	$52,360.16
*3407 MMC -NH TUSCANY VILLAGE	$391,015.95	$430,625.47	$391,015.95	$410,502.42
*2998 MMC -MONEY MARKET FUND	$66,348.96	$66,348.96	$66,348.96	$66,348.96
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$846.60	$846.60	$846.60	$821.60
Total Balance	**$3,496,783.94**	**$4,400,870.14**	**$3,496,783.94**	**$3,019,637.46**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
6/23/2025

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		1,566.74	1,466.74	763.72			-	863.72	763.72
							Bank Balance	863.72	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	763.72	

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		424.24	324.24	-		-	-	100.00	-
							Bank Balance	100.00	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	-	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	-

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

Approved: MSC
Michelle Cumberland, CFO 6/23/2025

APPROVED ON
JUN 23 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/18/2025 WIRE OUT HMG Rockport SNF, LP -Commerical	1,466.74	-					-	-
6/18/2025 HNB - ECHO HCCLAIMPMT 746003411 440000246031	-	186.20					-	186.20
6/17/2025 HNB - ECHO HCCLAIMPMT 746003411 440000295120	-	577.52					-	577.52
							-	-
							-	-
							-	-
							-	-
							-	-
	1,466.74	763.72	-	-	-	-	-	763.72

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/18/2025 WIRE OUT HMG Rockport SNF, LP - Commerical	324.24						-	-
							-	-
	324.24	-	-	-	-	-	-	-
	1,790.98	763.72	-	-	-	-	-	763.72

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,513,980.70	$3,228,738.63	$2,513,980.70	$2,420,686.73
*4381 MEMORIAL MEDICAL / NH ASHFORD	$40,464.58	$40,464.58	$40,464.58	$40,464.58
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$1,402.30	$1,402.30	$1,402.30	$1,402.30
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,090.00	$1,090.00	$1,090.00	$1,090.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$174,376.77	$293,799.58	$174,376.77	$15,112.27
*4551 CAL CO INDIGENT HEALTHCARE	$9,704.72	$9,704.72	$9,704.72	$9,684.72
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$863.72	$863.72	$863.72	$863.72
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$296,389.64	$326,685.58	$296,389.64	$52,360.16
*3407 MMC -NH TUSCANY VILLAGE	$391,015.95	$430,625.47	$391,015.95	$410,502.42
*2998 MMC -MONEY MARKET FUND	$66,348.96	$66,348.96	$66,348.96	$66,348.96
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$846.60	$846.60	$846.60	$821.60
Total Balance	**$3,496,783.94**	**$4,400,870.14**	**$3,496,783.94**	**$3,019,637.46**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
6/23/2025

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		420,408.51	420,308.51	390,915.95	-	-		-	391,015.95	390,915.95
							Bank Balance		391,015.95	
							Variance		-	
								Leave in Balance	100.00	

Adjust Balance/Transfer Amt	390,915.95

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 6/23/2025

APPROVED ON
JUN 23 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp 1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
6/20/2025	1189	101,338.32	-					-	-
6/20/2025	Deposit	-	79,200.21					-	79,200.21
6/20/2025	HNB - ECHO HCCLAIMPMT 746003411 440000287792	-	2,651.64					-	2,651.64
6/18/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	318,970.19	-					-	-
6/18/2025	HNB - ECHO HCCLAIMPMT 746003411 440000246031	-	1,935.35					-	1,935.35
6/18/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000115	-	16,854.95					-	16,854.95
6/17/2025	Deposit	-	11,302.65					-	11,302.65
6/17/2025	HNB - ECHO HCCLAIMPMT 746003411 440000294376	-	2,738.94					-	2,738.94
6/17/2025	HNB - ECHO HCCLAIMPMT 746003411 440000295018	-	22,313.58					-	22,313.58
6/17/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000162	-	205,066.15					-	205,066.15
6/16/2025	HNB - ECHO HCCLAIMPMT 746003411 440000237195	-	48,852.48					-	48,852.48
								-	-
		420,308.51	390,915.95	-	-	-	-	-	390,915.95

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,513,980.70	$3,228,738.63	$2,513,980.70	$2,420,686.73
*4381 MEMORIAL MEDICAL / NH ASHFORD	$40,464.58	$40,464.58	$40,464.58	$40,464.58
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$1,402.30	$1,402.30	$1,402.30	$1,402.30
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,090.00	$1,090.00	$1,090.00	$1,090.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$174,376.77	$293,799.58	$174,376.77	$15,112.27
*4551 CAL CO INDIGENT HEALTHCARE	$9,704.72	$9,704.72	$9,704.72	$9,684.72
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$863.72	$863.72	$863.72	$863.72
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$296,389.64	$326,685.58	$296,389.64	$52,360.16
*3407 MMC -NH TUSCANY VILLAGE	$391,015.95	$430,625.47	$391,015.95	$410,502.42
*2998 MMC -MONEY MARKET FUND	$66,348.96	$66,348.96	$66,348.96	$66,348.96
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$846.60	$846.60	$846.60	$821.60
Total Balance	**$3,496,783.94**	**$4,400,870.14**	**$3,496,783.94**	**$3,019,637.46**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
6/23/2025

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		205,857.30	204,663.05	295,195.39			-	296,389.64	295,195.39
							Bank Balance	296,389.64	
							Variance	-	
							Leave in Balance	100.00	
							April Interest	469.35	
							May Interest	624.90	
							Adjust Balance/Transfer Amt	295,195.39	

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

Approved:
Michelle Cumberland, Controller 6/23/2025

APPROVED ON
JUN 23 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/20/2025	Deposit	-	137,707.30					-	137,707.30
6/20/2025	HOSPICE OF SOUTH Payments NF 113122650024701	-	1,205.35					-	1,205.35
6/20/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	18,109.11					-	18,109.11
6/20/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000155	-	87,007.72					-	87,007.72
6/18/2025	WIRE OUT REG Leased OpCo LLC	204,663.05	-					-	-
6/18/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	4,062.27					-	4,062.27
6/18/2025	CENTENE CORP HCCLAIMPMT 53101127315775	-	141.87					-	141.87
6/17/2025	Deposit	-	16,563.82					-	16,563.82
6/17/2025	Deposit	-	14,388.70					-	14,388.70
6/17/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000162	-	8,200.27					-	8,200.27
6/16/2025	HNB - ECHO HCCLAIMPMT 746003411 440000237195	-	7,808.98					-	7,808.98
								-	-
		204,663.05	**295,195.39**	-	-	-	-	-	**295,195.39**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,513,980.70	$3,228,738.63	$2,513,980.70	$2,420,686.73
*4381 MEMORIAL MEDICAL / NH ASHFORD	$40,464.58	$40,464.58	$40,464.58	$40,464.58
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$1,402.30	$1,402.30	$1,402.30	$1,402.30
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,090.00	$1,090.00	$1,090.00	$1,090.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$174,376.77	$293,799.58	$174,376.77	$15,112.27
*4551 CAL CO INDIGENT HEALTHCARE	$9,704.72	$9,704.72	$9,704.72	$9,684.72
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*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$846.60	$846.60	$846.60	$821.60
Total Balance	**$3,496,783.94**	**$4,400,870.14**	**$3,496,783.94**	**$3,019,637.46**