MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 2, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	915,855.33
TOTAL TRANSFERS BETWEEN FUNDS	$	149,273.45
TOTAL NURSING HOME UPL EXPENSES	$	1,743,320.05
TOTAL INTER-GOVERNMENT TRANSFERS	$	45,926.00
GRAND TOTAL DISBURSEMENTS APPROVED July 2, 2025	$	2,854,374.83

APPROVED

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CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 2, 2025

PAYABLES AND PAYROLL			
6/26/2025	Weekly Payables	284,421.90	
6/30/2025	McKesson-340B Prescription Expense	277.50	
6/30/2025	Amerisource Bergen-340B Prescription Expense	691.60	
6/30/2025	Amerisource Bergen-340B Prescription Expense	4.81	
6/30/2025	Amerisource Bergen-340B Prescription Expense	5,247.51	
6/30/2025	Payroll Liabilities-Payroll Taxes	124,189.30	
6/30/2025	Payroll	390,294.83	
	Prosperity Electronic Bank Payments		
6/30/2025	90 Degree Benefits - employee insurance claims	38,215.72	
6/30/2025	HPHG - July healh insurance premium payment	69,005.96	
6/30/2025	Pay Plus-Patient Claims Processing Fee	2,177.60	
6/30/2025	Credit Card Leasing Fee	241.60	
6/30/2025	Health Equity -HSA Contributions	1,087.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 915,855.33**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
6/26/2025	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	565.00	
6/26/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	15,371.14	
6/26/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error & QIPP Y8 Community Health Choice	106,206.07	
6/26/2025	MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	27,131.24	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 149,273.45**
NURSING HOME UPL EXPENSES			
6/30/2025	Nursing Home UPL-Cantex Transfer	369,554.92	
6/30/2025	Nursing Home UPL-Nexion Transfer	278,983.67	
6/30/2025	Nursing Home UPL-Tuscany Transfer	178,923.11	
6/30/2025	Nursing Home UPL-HSL Transfer	330,641.69	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
6/30/2025	Lavaca Bay to MMC - QIPP Y8 Q2 Reconciliation	236,101.86	
6/30/2025	Lavaca Bay to MMC - QIPP Y8 Q1 Reconciliation	29,790.30	
6/30/2025	Golden Creek to MMC-QIPP Y8 Q2 Superior	309,737.27	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
6/30/2025	Fort Bend to Lavaca Bay -Lavaca Bay insurance payment deposited into Fort Bend in error	705.02	
6/30/2025	Fort Bend to Lavaca Bay -Lavaca Bay insurance payment deposited into Fort Bend in error	563.06	
6/30/2025	Tuscany to Golden Creek -Golden Creek insurance payment deposited into Tuscany in error	8,319.15	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,743,320.05**
INTER-GOVERNMENT TRANSFERS			
6/30/2025	ATLIS IGT	45,926.00	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 45,926.00**
GRAND TOTAL DISBURSEMENTS APPROVED July 2, 2025			**$ 2,854,374.83**

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
1D6WYNCKCQ9G		06/04/202	06/18/202	06/18/202			376.31	0.00	0.00	376.31
1C31TL1G7LWJ		06/17/202	06/11/202	07/11/202			31.98	0.00	0.00	31.98
1T3C6YLHCYQ9		06/17/202	06/11/202	07/11/202			594.01	0.00	0.00	594.01
1HKVFVD791PP		06/17/202	06/11/202	07/11/202			183.05	0.00	0.00	183.05
1PWRP7XQHLQV		06/24/202	06/24/202	06/24/202			291.06	0.00	0.00	291.06
1FVLF49W3T1K		06/25/202	05/09/202	06/08/202			1,643.45	0.00	0.00	1,643.45
1F3RKWYFJYQD		06/25/202	06/04/202	07/04/202			-152.93	0.00	0.00	-152.93
19TQ9NYRGMGN		06/25/202	06/09/202	07/09/202			73.14	0.00	0.00	73.14

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	3,040.07	0.00	0.00	3,040.07

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
6011943019		06/25/202	06/06/202	06/25/202			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
4581720		06/24/202	06/21/202	07/16/202			1,484.00	0.00	0.00	1,484.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	1,484.00	0.00	0.00	1,484.00

Vendor#	Vendor Name	Class	Pay Code
10024	BECTON, DICKINSON & CO (BD)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9114380652		06/24/202	06/11/202	07/11/202			273.25	0.00	0.00	273.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10024	BECTON, DICKINSON & CO (BD)	273.25	0.00	0.00	273.25

Vendor#	Vendor Name	Class	Pay Code
11224	CABLES AND SENSORS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
208402		06/16/202	06/13/202	07/15/202			327.00	0.00	0.00	327.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11224	CABLES AND SENSORS	327.00	0.00	0.00	327.00

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

062525		06/26/202	06/25/202	06/25/202		104.22	0.00	0.00	104.22
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY				104.22	0.00	0.00	104.22
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
8003856210		06/25/202	05/25/202	06/19/202		164.82	0.00	0.00	164.82
8003864565		06/25/202	06/01/202	07/12/202		423.47	0.00	0.00	423.47
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.				588.29	0.00	0.00	588.29
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
10025330639		06/26/202	06/06/202	07/01/202		1,788.00	0.00	0.00	1,788.00
10025330647		06/26/202	06/06/202	07/01/202		2.00	0.00	0.00	2.00
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
200030286		06/25/202	06/10/202	07/10/202		164.10	0.00	0.00	164.10
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	10541	CARESFIELD				164.10	0.00	0.00	164.10
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
AC9W84V		06/25/202	02/27/202	03/29/202		188.70	0.00	0.00	188.70
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.				188.70	0.00	0.00	188.70
Vendor#	Vendor Name			Class	Pay Code				
12768	CHEMAQUA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
9068952		06/25/202	03/10/202	04/09/202		593.69	0.00	0.00	593.69
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	12768	CHEMAQUA				593.69	0.00	0.00	593.69
Vendor#	Vendor Name			Class	Pay Code				
C1730	CITY OF PORT LAVACA			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
061225A		06/25/202	06/12/202	06/25/202		139.69	0.00	0.00	139.69
061225B		06/25/202	06/12/202	06/25/202		80.17	0.00	0.00	80.17
061225		06/25/202	06/12/202	07/07/202		42.80	0.00	0.00	42.80
061225C		06/26/202	06/12/202	07/01/202		3,060.37	0.00	0.00	3,060.37
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA				3,323.03	0.00	0.00	3,323.03

101 N Virginia St.
701 N Virginia St
815 N. Virginia St
815 N Virginia St

Vendor#	Vendor Name				Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	OEQT319621		06/23/202	06/06/202	07/15/202			222.22	0.00	0.00	222.22
	OEQT319622		06/24/202	06/20/202	06/30/202			111.11	0.00	0.00	111.11
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1166	COASTAL OFFICE SOLUTONS					333.33	0.00	0.00	333.33
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
	IN20056607		06/26/202	06/01/202	06/26/202			19,166.67	0.00	0.00	19,166.67
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11011	DIAMOND HEALTHCARE CORP					19,166.67	0.00	0.00	19,166.67
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
	53628		06/25/202	06/23/202	06/23/202			505.00	0.00	0.00	505.00
	53627		06/25/202	06/23/202	06/23/202			260.00	0.00	0.00	260.00
	53666		06/25/202	06/23/202	06/23/202			160.00	0.00	0.00	160.00
	53667		06/25/202	06/23/202	06/23/202			105.00	0.00	0.00	105.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11291	DOWELL PEST CONTROL					1,030.00	0.00	0.00	1,030.00
Vendor#	Vendor Name				Class	Pay Code				
15824	DR RICHARD ARROYO DIAZ									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	061025		06/25/202	06/10/202	06/25/202			1,752.03	0.00	0.00	1,752.03
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15824	DR RICHARD ARROYO DIAZ					1,752.03	0.00	0.00	1,752.03
Vendor#	Vendor Name				Class	Pay Code				
11091	ECOLAB									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6352852943A		06/26/202	06/01/202	06/26/202			235.78	0.00	0.00	235.78
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11091	ECOLAB					235.78	0.00	0.00	235.78
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
	44405		06/25/202	06/30/202	07/10/202			40,062.50	0.00	0.00	40,062.50
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11284	EMERGENCY STAFFING SOLUTIONS					40,062.50	0.00	0.00	40,062.50
Vendor#	Vendor Name				Class	Pay Code				
10042	ERBE USA INC SURGICAL SYSTEMS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	97190851		06/25/202	06/13/202	06/25/202			169.50	0.00	0.00	169.50
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

May 2025 CPR

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	10042	ERBE USA INC SURGICAL SYSTEMS				169.50	0.00	0.00	169.50
Vendor#	Vendor Name				Class	Pay Code			
15832	EVERON								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	158881752		06/25/202	06/03/202	07/03/202		58.43	0.00	0.00	58.43
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		15832	EVERON				58.43	0.00	0.00	58.43
Vendor#	Vendor Name				Class	Pay Code				
S0501	EVOQUA WATER TECHNOLOGIES LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	905459036		06/23/202	06/23/202	06/25/202		710.98	0.00	0.00	710.98
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		S0501	EVOQUA WATER TECHNOLOGIES LLC				710.98	0.00	0.00	710.98
Vendor#	Vendor Name				Class	Pay Code				
10689	FASTHEALTH CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	05SA25MMC		06/26/202	05/13/202	05/28/202		760.00	0.00	0.00	760.00
	05SB25MMC		06/26/202	05/13/202	05/28/202		760.00	0.00	0.00	760.00
	05SC25MMC		06/26/202	05/13/202	05/28/202		760.00	0.00	0.00	760.00
	05SD25MMC		06/26/202	05/13/202	05/28/202		760.00	0.00	0.00	760.00
	05SE25MMC		06/26/202	05/13/202	05/28/202		760.00	0.00	0.00	760.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10689	FASTHEALTH CORPORATION				3,800.00	0.00	0.00	3,800.00
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
	1747096		06/04/202	06/18/202	07/13/202		1,617.12	0.00	0.00	1,617.12
	1777997		06/11/202	06/19/202	07/14/202		250.25	0.00	0.00	250.25
	1555681		06/16/202	06/10/202	07/05/202		4,618.84	0.00	0.00	4,618.84
	1651618		06/17/202	06/13/202	07/08/202		285.88	0.00	0.00	285.88
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				6,772.09	0.00	0.00	6,772.09
Vendor#	Vendor Name				Class	Pay Code				
12636	FUSION CONNECT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1029376281		06/25/202	04/16/202	05/16/202		-12.15	0.00	0.00	-12.15
	1029404226		06/25/202	06/16/202	07/16/202		875.51	0.00	0.00	875.51
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		12636	FUSION CONNECT				863.36	0.00	0.00	863.36
Vendor#	Vendor Name				Class	Pay Code				
11149	GBS ADMINISTRATORS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	966799066697		06/25/202	06/19/202	07/01/202		4,361.35	0.00	0.00	4,361.35

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11149	GBS ADMINISTRATORS, INC	4,361.35	0.00	0.00	4,361.35

Vendor# 12404 Vendor Name: GE PRECISION HEALTHCARE, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6002961788		06/25/202	06/01/202	06/01/202			2,422.50	0.00	0.00	2,422.50
6002961792		06/25/202	06/01/202	06/01/202			5,665.83	0.00	0.00	5,665.83
6002961787		06/25/202	06/01/202	07/01/202			86.67	0.00	0.00	86.67
6002962074		06/25/202	06/01/202	07/01/202			1,044.26	0.00	0.00	1,044.26
6002961789		06/25/202	06/01/202	07/01/202			61.67	0.00	0.00	61.67
6002961786		06/25/202	06/01/202	07/01/202			3,588.58	0.00	0.00	3,588.58

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC	12,869.51	0.00	0.00	12,869.51

Vendor# 10956 Vendor Name: GETINGE USA SALES LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6992922579		06/24/202	06/10/202	06/24/202			69.29	0.00	0.00	69.29

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10956	GETINGE USA SALES LLC	69.29	0.00	0.00	69.29

Vendor# W1300 Vendor Name: GRAINGER — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9156321458	CREDIT	06/30/202	06/19/202	06/25/202			-2,000.16	0.00	0.00	-2,000.16
9452251946		04/09/202	03/26/202	06/15/202			72.20	0.00	0.00	72.20
9468049243		04/16/202	04/09/202	06/25/202			14.36	0.00	0.00	14.36
9469056296		04/16/202	04/10/202	06/25/202			205.92	0.00	0.00	205.92
9463573825		04/22/202	04/04/202	06/25/202			164.64	0.00	0.00	164.64
9483826955		05/06/202	04/26/202	06/25/202			71.80	0.00	0.00	71.80
9502536213		05/21/202	05/09/202	06/25/202			67.50	0.00	0.00	67.50
9507261015		06/04/202	05/14/202	06/25/202			120.96	0.00	0.00	120.96
9515583079		06/11/202	05/21/202	06/25/202			360.54	0.00	0.00	360.54
9527731971		06/16/202	06/03/202	06/25/202			67.17	0.00	0.00	67.17
9422631144A		06/25/202	02/27/202	03/24/202			168.45	0.00	0.00	168.45
9436201165AA		06/25/202	03/12/202	04/06/202			879.76	0.00	0.00	879.76

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	193.14	0.00	0.00	193.14

Vendor#	Vendor Name	Class	Pay Code
G0401	GULF COAST DELIVERY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
053025		06/25/202	05/30/202	06/29/202			25.00	0.00	0.00	25.00

Work performed 5/2/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY	25.00	0.00	0.00	25.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6859		06/25/202	06/30/202	07/10/202			23,663.00	0.00	0.00	23,663.00

16th - 40M

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

Vendor#	Vendor Name	Class	Pay Code
15864	HOWARD INDUSTRIES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5369652025		06/24/202	06/13/202	06/17/202			325.92	0.00	0.00	325.92
5369662025		06/24/202	06/13/202	06/24/202			419.04	0.00	0.00	419.04

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15864	HOWARD INDUSTRIES INC	744.96	0.00	0.00	744.96

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC062025		06/26/202	06/01/202	06/21/202			43,204.59	0.00	0.00	43,204.59

June 2025

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	43,204.59	0.00	0.00	43,204.59

Vendor#	Vendor Name	Class	Pay Code
16012	JAMES TELECO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
40395		06/25/202	06/05/202	06/25/202			440.00	0.00	0.00	440.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16012	JAMES TELECO	440.00	0.00	0.00	440.00

Vendor#	Vendor Name	Class	Pay Code
11600	LEGAL SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061525		06/25/202	06/15/202	06/25/202			461.75	0.00	0.00	461.75

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD	461.75	0.00	0.00	461.75

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
23929052		06/04/202	06/18/202	07/03/202			395.02	0.00	0.00	395.02
23880390		06/11/202	06/09/202	07/15/202			546.02	0.00	0.00	546.02
23912792		06/11/202	06/16/202	07/01/202			34.61	0.00	0.00	34.61
23916609		06/11/202	06/16/202	07/01/202			278.25	0.00	0.00	278.25
23912791		06/11/202	06/16/202	07/01/202			57.22	0.00	0.00	57.22

23877025		06/18/202	06/06/202	07/15/202		919.21	0.00	0.00	919.21

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	2,230.33	0.00	0.00	2,230.33

Vendor#	Vendor Name	Class	Pay Code
14228	MEDEFIS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24491		06/25/202	03/24/202	06/25/202			2,100.00	0.00	0.00	2,100.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14228	MEDEFIS	2,100.00	0.00	0.00	2,100.00

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
2374649830		06/11/202	06/16/202	07/11/202			36.06	0.00	0.00	36.06
2375337223		06/11/202	06/17/202	07/12/202			205.33	0.00	0.00	205.33
2375337222		06/11/202	06/17/202	07/12/202			36.06	0.00	0.00	36.06
2375337225		06/11/202	06/17/202	07/12/202			24.55	0.00	0.00	24.55
2375337221		06/11/202	06/17/202	07/12/202			80.18	0.00	0.00	80.18
2375337224		06/11/202	06/17/202	07/12/202			331.56	0.00	0.00	331.56
2373569443		06/16/202	06/04/202	07/15/202			305.36	0.00	0.00	305.36
2373569440		06/16/202	06/04/202	07/15/202			5.62	0.00	0.00	5.62
2375091161		06/16/202	06/14/202	07/15/202			36.06	0.00	0.00	36.06
2375091162		06/16/202	06/14/202	07/15/202			57.78	0.00	0.00	57.78
2375091160		06/16/202	06/14/202	07/15/202			219.68	0.00	0.00	219.68
2375188128		06/16/202	06/16/202	07/11/202			611.34	0.00	0.00	611.34
2375188127		06/16/202	06/16/202	07/11/202			264.11	0.00	0.00	264.11
2375188129		06/16/202	06/16/202	07/11/202			72.33	0.00	0.00	72.33
2375188130		06/16/202	06/16/202	07/15/202			6.26	0.00	0.00	6.26
2375477472		06/24/202	06/18/202	07/13/202			5,632.37	0.00	0.00	5,632.37
2375477474		06/24/202	06/18/202	07/13/202			51.63	0.00	0.00	51.63
2376119484		06/24/202	06/21/202	07/16/202			-48.04	0.00	0.00	-48.04

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	7,928.24	0.00	0.00	7,928.24

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

3522577	06/25/202 06/17/202 06/27/202	353.08	0.00	0.00	353.08
3522576	06/25/202 06/17/202 06/27/202	8.25	0.00	0.00	8.25
3527006	06/25/202 06/18/202 06/28/202	873.93	0.00	0.00	873.93
3524263	06/25/202 06/18/202 06/28/202	4,727.35	0.00	0.00	4,727.35
3527005	06/25/202 06/18/202 06/28/202	1,390.03	0.00	0.00	1,390.03
3532476	06/25/202 06/19/202 06/29/202	838.75	0.00	0.00	838.75
3532477	06/25/202 06/19/202 06/29/202	327.71	0.00	0.00	327.71
3537642	06/25/202 06/22/202 07/02/202	142.30	0.00	0.00	142.30
3537641	06/25/202 06/22/202 07/02/202	68.13	0.00	0.00	68.13
3353932A	06/26/202 05/04/202 05/14/202	74.07	0.00	0.00	74.07

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	8,803.60	0.00	0.00	8,803.60

Vendor# 15224 — Vendor Name: MUTUAL OF OMAHA — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
001907930527		06/25/202	06/25/202	07/01/202			23,383.98	0.00	0.00	23,383.98

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15224	MUTUAL OF OMAHA	23,383.98	0.00	0.00	23,383.98

Vendor# M2659 — Vendor Name: MXR IMAGING, INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8801248466		06/25/202	04/22/202	05/22/202			411.39	0.00	0.00	411.39

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	411.39	0.00	0.00	411.39

Vendor# 12388 — Vendor Name: NATIONAL FARM LIFE INSURANCE — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4511070		06/25/202	06/01/202	07/01/202			2,645.21	0.00	0.00	2,645.21

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LIFE INSURANCE	2,645.21	0.00	0.00	2,645.21

Vendor# O1500 — Vendor Name: OLYMPUS AMERICA INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37863378		06/25/202	04/07/202	05/02/202			1,125.00	0.00	0.00	1,125.00
38021652		06/25/202	05/07/202	06/01/202			1,125.00	0.00	0.00	1,125.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	2,250.00	0.00	0.00	2,250.00

Vendor# 17876 — Vendor Name: ONVIV INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6632		06/25/202	05/29/202	06/28/202			1,141.80	0.00	0.00	1,141.80

Annual Billing Jan - Dec. 2025

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	17876	ONVIV INC					1,141.80	0.00	0.00	1,141.80
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
	1854082189		06/16/202	06/16/202	07/16/202		842.89	0.00	0.00	842.89
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS					842.89	0.00	0.00	842.89
Vendor#	Vendor Name				Class	Pay Code				
10032	PHILIPS HEALTHCARE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9028349252		06/17/202	06/13/202	06/25/202		88.33	0.00	0.00	88.33
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE					88.33	0.00	0.00	88.33
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
	9359196285		06/11/202	06/05/202	07/05/202		9.95	0.00	0.00	9.95
	9359237176		06/11/202	06/11/202	07/11/202		204.36	0.00	0.00	204.36
	9329297599		06/11/202	06/17/202	07/17/202		204.36	0.00	0.00	204.36
	9359294375		06/11/202	06/17/202	07/17/202		76.76	0.00	0.00	76.76
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)					495.43	0.00	0.00	495.43
Vendor#	Vendor Name				Class	Pay Code				
11080	RADSOURCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	PSI006278		06/25/202	06/12/202	07/07/202		1,791.67	0.00	0.00	1,791.67
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11080	RADSOURCE					1,791.67	0.00	0.00	1,791.67
Vendor#	Vendor Name				Class	Pay Code				
10554	REPUBLIC SERVICES #847									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	001399546		06/25/202	06/15/202	06/25/202		182.51	0.00	0.00	182.51
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10554	REPUBLIC SERVICES #847					182.51	0.00	0.00	182.51
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
	061825		06/25/202	06/18/202	06/25/202		37.90	0.00	0.00	37.90
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11764	ROBERT RODRIQUEZ					37.90	0.00	0.00	37.90
Vendor#	Vendor Name				Class	Pay Code				
S0900	SAMS CLUB DIRECT				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	062025		06/25/202	06/20/202	06/25/202		373.82	0.00	0.00	373.82

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0900	SAMS CLUB DIRECT	373.82	0.00	0.00	373.82

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
116742867		06/25/202	06/16/202	07/11/202			2,617.41	0.00	0.00	2,617.41

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2246		06/25/202	06/22/202	07/07/202			2,525.00	0.00	0.00	2,525.00

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

Vendor#	Vendor Name	Class	Pay Code
C1010	SPARKLIGHT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061625		06/25/202	06/16/202	07/15/202			146.83	0.00	0.00	146.83

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT	146.83	0.00	0.00	146.83

Vendor#	Vendor Name	Class	Pay Code
S3940	STERIS CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11357240		06/11/202	07/12/202	07/15/202			83.68	0.00	0.00	83.68

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION	83.68	0.00	0.00	83.68

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
2020439		06/25/202	06/10/202	07/10/202			146.00	0.00	0.00	146.00

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

Vendor#	Vendor Name	Class	Pay Code
10698	TEXAS DEPT OF STATE HEALTH SRV		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070125		06/25/202	07/01/202	07/01/202			3,640.00	0.00	0.00	3,640.00

David Wilson, MD - Radiation Control License 7/1/25 - 6/30/27

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10698	TEXAS DEPT OF STATE HEALTH SRV	3,640.00	0.00	0.00	3,640.00

Vendor#	Vendor Name	Class	Pay Code
11908	TMS SOUTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV163591		06/17/202	06/11/202	07/11/202			374.76	0.00	0.00	374.76

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11908	TMS SOUTH	374.76	0.00	0.00	374.76

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
2921060359		06/25/202	05/15/202	06/09/202			254.74	0.00	0.00	254.74

2921060552	06/25/202	05/19/202	06/13/202	3,751.48	0.00	0.00	3,751.48
2921060791	06/25/202	05/22/202	06/16/202	3,006.11	0.00	0.00	3,006.11
2921060845	06/25/202	05/22/202	06/16/202	275.45	0.00	0.00	275.45
2921061018	06/25/202	05/26/202	06/20/202	3,382.84	0.00	0.00	3,382.84
2921061352	06/25/202	05/29/202	06/23/202	2,834.37	0.00	0.00	2,834.37
2921061377	06/25/202	05/29/202	06/23/202	244.70	0.00	0.00	244.70
2921061516	06/25/202	06/02/202	06/27/202	3,885.68	0.00	0.00	3,885.68
2921061831	06/25/202	06/05/202	06/30/202	3,045.67	0.00	0.00	3,045.67
2921061865	06/25/202	06/05/202	06/30/202	309.62	0.00	0.00	309.62
2921062009	06/25/202	06/09/202	07/04/202	7,545.42	0.00	0.00	7,545.42
2921062394	06/25/202	06/12/202	07/07/202	228.52	0.00	0.00	228.52
2921062359	06/25/202	06/12/202	07/07/202	2,889.87	0.00	0.00	2,889.87
2921062539	06/25/202	06/16/202	07/11/202	174.41	0.00	0.00	174.41
2921062530	06/25/202	06/16/202	07/11/202	3,569.46	0.00	0.00	3,569.46
2921062889	06/25/202	06/19/202	07/14/202	167.22	0.00	0.00	167.22
2921062885	06/25/202	06/19/202	07/14/202	193.49	0.00	0.00	193.49
2921062880	06/25/202	06/19/202	07/14/202	181.87	0.00	0.00	181.87
2921062861	06/25/202	06/19/202	07/14/202	73.06	0.00	0.00	73.06
2921062894	06/25/202	06/19/202	07/14/202	296.39	0.00	0.00	296.39

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	36,310.37	0.00	0.00	36,310.37

Vendor#	Vendor Name	Class	Pay Code
15444	VANDERBILT HEALTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CI00103146	QTR FEES JAN-MARCH 2025	06/25/202	06/12/202	06/25/202			774.69	0.00	0.00	774.69

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15444	VANDERBILT HEALTH	774.69	0.00	0.00	774.69

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
219031		06/25/202	06/19/202	06/25/202			182.50	0.00	0.00	182.50
218334		06/25/202	06/19/202	06/25/202			1,359.21	0.00	0.00	1,359.21

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V1056	VICTORIA AIR CONDITIONING LTD	1,541.71	0.00	0.00	1,541.71

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
	39624		06/18/202	06/13/202	07/13/202			2,920.00	0.00	0.00	2,920.00
	38351A		06/25/202	04/04/202	05/04/202			580.00	0.00	0.00	580.00
	38841AB		06/25/202	05/02/202	06/01/202			292.00	0.00	0.00	292.00
	38957A		06/25/202	05/09/202	06/08/202			304.00	0.00	0.00	304.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17832	VOCA LLC					4,096.00	0.00	0.00	4,096.00

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
	9111886430		06/04/202	06/18/202	07/13/202			2,835.00	0.00	0.00	2,835.00
	9111883312		06/11/202	06/16/202	07/11/202			882.00	0.00	0.00	882.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC					3,717.00	0.00	0.00	3,717.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	284,421.90	0.00	0.00	284,421.90

APPROVED ON

JUN 26 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check 2091351 - 2091410

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	209351	07/02/25	3,040.07	AMAZON CAPITAL SERVICES
A/P	209352	07/02/25	877.74	BAYER HEALTHCARE
A/P	209353	07/02/25	1,484.00	BECKMAN COULTER INC
A/P	209354	07/02/25	273.25	BECTON, DICKINSON & CO (BD)
A/P	209355	07/02/25	327.00	CABLES AND SENSORS
A/P	209356	07/02/25	104.22	CALHOUN COUNTY
A/P	209357	07/02/25	588.29	CARDINAL HEALTH 414, INC.
A/P	209358	07/02/25	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	209359	07/02/25	164.10	CARESFIELD
A/P	209360	07/02/25	188.70	CDW GOVERNMENT, INC.
A/P	209361	07/02/25	593.69	CHEMAQUA
A/P	209362	07/02/25	3,323.03	CITY OF PORT LAVACA
A/P	209363	07/02/25	333.33	COASTAL OFFICE SOLUTONS
A/P	209364	07/02/25	19,166.67	DIAMOND HEALTHCARE CORP
A/P	209365	07/02/25	1,030.00	DOWELL PEST CONTROL
A/P	209366	07/02/25	1,752.03	DR RICHARD ARROYO DIAZ
A/P	209367	07/02/25	235.78	ECOLAB
A/P	209368	07/02/25	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	209369	07/02/25	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	209370	07/02/25	58.43	EVERON
A/P	209371	07/02/25	710.98	EVOQUA WATER TECHNOLOGIES LLC
A/P	209372	07/02/25	3,800.00	FASTHEALTH CORPORATION
A/P	209373	07/02/25	6,772.09	FISHER HEALTHCARE
A/P	209374	07/02/25	863.36	FUSION CONNECT
A/P	209375	07/02/25	4,361.35	GBS ADMINISTRATORS, INC
A/P	209376	07/02/25	12,869.51	GE PRECISION HEALTHCARE, LLC
A/P	209377	07/02/25	69.29	GETINGE USA SALES LLC
A/P	209378	07/02/25	.00	VOIDED
A/P	209379	07/02/25	193.14	GRAINGER
A/P	209380	07/02/25	25.00	GULF COAST DELIVERY
A/P	209381	07/02/25	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	209382	07/02/25	744.96	HOWARD INDUSTRIES INC
A/P	209383	07/02/25	43,204.59	ITA RESOURCES INC
A/P	209384	07/02/25	440.00	JAMES TELECO
A/P	209385	07/02/25	461.75	LEGAL SHIELD
A/P	209386	07/02/25	2,230.33	MCKESSON MEDICAL SURGICAL INC
A/P	209387	07/02/25	2,100.00	MEDEFIS
A/P	209388	07/02/25	.00	VOIDED
A/P	209389	07/02/25	.00	VOIDED
A/P	209390	07/02/25	7,928.24	MEDLINE INDUSTRIES INC
A/P	209391	07/02/25	8,803.60	MORRIS & DICKSON CO, LLC
A/P	209392	07/02/25	23,383.98	MUTUAL OF OMAHA
A/P	209393	07/02/25	411.39	MXR IMAGING, INC
A/P	209394	07/02/25	2,645.21	NATIONAL FARM LIFE INSURANCE
A/P	209395	07/02/25	2,250.00	OLYMPUS AMERICA INC
A/P	209396	07/02/25	1,141.80	ONVIV INC
A/P	209397	07/02/25	842.89	ORTHO CLINICAL DIAGNOSTICS
A/P	209398	07/02/25	88.33	PHILIPS HEALTHCARE
A/P	209399	07/02/25	495.43	PRECISION DYNAMICS CORP (PDC)
A/P	209400	07/02/25	1,791.67	RADSOURCE

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	209401	07/02/25	182.51	REPUBLIC SERVICES #847
A/P	209402	07/02/25	37.90	ROBERT RODRIQUEZ
A/P	209403	07/02/25	373.82	SAMS CLUB DIRECT
A/P	209404	07/02/25	2,617.41	SIEMENS MEDICAL SOLUTIONS INC
A/P	209405	07/02/25	2,525.00	SOMETHING MORE MEDIA, INC.
A/P	209406	07/02/25	146.83	SPARKLIGHT
A/P	209407	07/02/25	83.68	STERIS CORPORATION
A/P	209408	07/02/25	146.00	T-SYSTEM, INC
A/P	209409	07/02/25	3,640.00	TEXAS DEPT OF STATE HEALTH SRV
A/P	209410	07/02/25	374.76	TMS SOUTH
A/P	209411	07/02/25	.00	VOIDED
A/P	209412	07/02/25	36,310.37	UNIFIRST HOLDINGS INC
A/P	209413	07/02/25	774.69	VANDERBILT HEALTH
A/P	209414	07/02/25	1,541.71	VICTORIA AIR CONDITIONING LTD
A/P	209415	07/02/25	4,096.00	VOCA LLC
A/P	209416	07/02/25	3,717.00	WERFEN USA LLC
A/P	209417	07/02/25	15,371.14	GOLDENCREEK HEALTHCARE
A/P	209418	07/02/25	27,131.24	LAVACA BAY NURSING AND REHAB
A/P	209419	07/02/25	565.00	THE CRESCENT
A/P	209420	07/02/25	106,206.07	TUSCANY VILLAGE
TOTALS:			433,695.35	

Payables
284•421•90 +
NH 565•00 +
Xfers 15•371•14 +
106•206•07 +
27•131•24 +
433•695•35 ◊

APPROVED ON
JUL 02 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 06/27/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 06/28/2025

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

As of: 06/27/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 06/28/2025 **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: 283.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 07/01/2025,
Pay This Amount: 277.50 USD

If Paid After 07/01/2025,
Pay this Amount: 283.17 USD

Due If Paid On Time:
USD 277.50

Disc lost if paid late:
5.67

Due If Paid Late:
USD 283.17

APPROVED ON
JUN 30 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

1•90 ÷
4•22 ÷
3•03 ÷
268•35 ÷
277•50 ◊

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/27/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 06/28/2025

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

As of: 06/27/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 06/28/2025 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											
06/26/2025	07/01/2025	7576132006	B2506-055-208031	115Invoice	0.04	1.94		1.90	✓	7576132006	

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: 1.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 31.53
06/23/2025

If Paid By 07/01/2025,
Pay This Amount: 1.90 USD

If Paid After 07/01/2025,
Pay this Amount: 1.94 USD

Due If Paid On Time:
USD 1.90

Disc lost if paid late:
0.04

Due If Paid Late:
USD 1.94

APPROVED ON
JUN 30 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/27/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835438
Date: 06/28/2025

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

As of: 06/27/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 06/28/2025 **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 835438 CVS PHCY 7475/MEM MC PHS											
06/25/2025	07/01/2025	7576024893	4198002	115Invoice	0.09	4.31		4.22 ✓		7576024893	☐

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

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS

Subtotals: 4.31 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 155.36
05/19/2025

If Paid By 07/01/2025,
Pay This Amount: 4.22 USD

If Paid After 07/01/2025,
Pay this Amount: 4.31 USD

Due If Paid On Time:
USD ✓ 4.22

Disc lost if paid late:
0.09

Due If Paid Late:
USD 4.31

APPROVED ON
JUN 30 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

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

As of: 06/27/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 06/28/2025

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

As of: 06/27/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 06/28/2025 **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											
06/25/2025	07/01/2025	7576024206	4196627	115Invoice	0.06	3.09		3.03	✓	7576024206	

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: 3.09 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 31.53
06/23/2025

If Paid By 07/01/2025,
Pay This Amount: 3.03 USD

If Paid After 07/01/2025,
Pay this Amount: 3.09 USD

Due If Paid On Time:
USD 3.03

Disc lost if paid late:
0.06

Due If Paid Late:
USD 3.09

APPROVED ON

JUN 30 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company. 8000

As of: 06/27/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 06/28/2025

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 06/27/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 06/28/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
06/23/2025	07/01/2025	7575601983	240279142	115Invoice	5.48	273.83		268.35	✓	7575601983	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 273.83 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 317.66
06/02/2025

If Paid By 07/01/2025, Pay This Amount: 268.35 USD

If Paid After 07/01/2025, Pay this Amount: 273.83 USD

Due If Paid On Time: ✓
USD 268.35

Disc lost if paid late: 5.48

Due If Paid Late:
USD 273.83

APPROVED ON

JUN 30 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 69996869
Date: 06-27-2025

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	691.60
Past Due:	0.00
Total Due:	691.60
Account Balance:	691.60

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-23-2025	07-04-2025	3218695802	7009941420	Invoice	14.13		0.00	14.13
06-23-2025	07-04-2025	3218695803	7009951747	Invoice	3.61		0.00	3.61
06-23-2025	07-04-2025	3218695804	7009956510	Invoice	48.78		0.00	48.78
06-23-2025	07-04-2025	3218695805	7009956510	Invoice	6.03		0.00	6.03
06-23-2025	07-04-2025	3218695806	7009941274	Invoice	38.62		0.00	38.62
06-23-2025	07-04-2025	3218695807	7009957704	Invoice	17.28		0.00	17.28
06-25-2025	07-04-2025	3218975239	7009971818	Invoice	6.08		0.00	6.08
06-25-2025	07-04-2025	3218975820	7009973929	Invoice	46.47		0.00	46.47
06-26-2025	07-04-2025	3219008935	7190023603	Invoice	29.10		0.00	29.10
06-26-2025	07-04-2025	3219098080	7009981438	Invoice	479.22		0.00	479.22
06-27-2025	07-04-2025	3219226260	7009987383	Invoice	2.28		0.00	2.28

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
691.60	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
JUN 30 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Thank You for Your Payment

Date	Amount
06-27-2025	(5,247.51)

Reminders

Due Date	Amount
07-04-2025	691.60
Total Due:	691.60

AmerisourceBergen

STATEMENT

Statement Number: 70013298
Date: 06-27-2025

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:	4.81
Past Due:	0.00
Total Due:	4.81
Account Balance:	4.81

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-27-2025	07-04-2025	3219266024	7009993778	Invoice	4.81		0.00	4.81

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
4.81	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
JUN 30 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
07-04-2025	4.81
Total Due:	4.81

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

		####	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	25	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	09	
	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			
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 124,189.30	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 65,054.42	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 15,214.26	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 43,920.62	#
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

			ENTER VOID CKS AS NEGATIVE NUMBERS				
PAY PERIOD: BEGIN		6/13/2025	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END		6/26/2025					
PAY DATE:		7/4/2025					
GROSS PAY:	$	561,858.59			$ -		$ 561,858.59
DEDUCTIONS:							
A/R	$	335.00					$ 335.00
ADVANC							$ -
BOOTS							$ -
MUTUAL CRITICAL ILLNESS							$ -
MUTUAL ACCIDENT							$ -
IRS TAX							$ -
MUTUAL SHORT TERM DIS							$ -
MUTUAL VISION	$	833.59					$ 833.59
CAFÉ-D	$	1,273.64					$ 1,273.64
CAFÉ-H	$	29,984.84					$ 29,984.84
	$	-					$ -
	$	-					$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	-					$ -
CLINIC	$	25.00					$ 25.00
COMBIN	$	250.86					$ 250.86
CREDUN	$	-					$ -
DENTAL	$	-					$ -
DEP-LF							$ -
MUTUAL TERM LIFE	$	1,142.69					$ 1,142.69
MUTUAL HOSP INDEM	$	550.50					$ 550.50
FED TAX	$	43,920.62					$ 43,920.62
FICA-M	$	7,607.13					$ 7,607.13
FICA-O	$	32,527.21					$ 32,527.21
FICA-M ADDITIONAL							$ -
FIRST C							$ -
FLEX S	$	4,238.21					$ 4,238.21
FLX-FE	$	-					$ -
GIFT S	$	15.00					$ 15.00
MUTUAL CRITICAL ILLNESS	$	917.56					$ 917.56
MUTUAL ACCIDENT	$	643.00					$ 643.00
MUTUAL SHORT TERM DIS	$	1,869.89					$ 1,869.89
LEGAL	$	1,040.38					$ 1,040.38
OTHER	$	4,001.55					$ 4,001.55
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	$	38,156.45					$ 38,156.45
UW/HOS	$	-					$ -
TOTAL DEDUCTIONS:	$	171,563.76	$ -	$ -	$ -	$ -	$ 171,563.76
			SHOULD MATCH REPORT	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*
NET PAY:	$	390,294.83	$ -	$ -	$ -	$ -	$ 390,294.83
		SHOULD MATCH REPORT	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	
TOTAL CAFÉ 125 PLAN:	$	37,225.28	Less Exempt:				
TAXABLE PAY:	$	524,633.31	$ 524,633.31				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,607.18		
FICA - MED (EE)	1.45%	$ 7,607.18	$ 7,607.13	$ 0.05
FICA - SOC SEC (ER)	6.20%	$ 32,527.27		
FICA - SOC SEC (EE)	6.20%	$ 32,527.27	$ 32,527.21	$ 0.06
FED WITHHOLDING		$ 43,920.62	$ 43,920.62	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 124,189.52	$ 124,189.30	
FICA - MEDICARE	2.90%	$ 15,214.36	$15,214.26	
FICA - SOCIAL SECURITY	12.40%	$ 65,054.54	$65,054.42	PREPARED BY:
FED WITHHOLDING		$ 43,920.62	$43,920.62	PREPARED DATE:
TOTAL TAX:		$ 124,189.52	$124,189.30	$ 0.22

Andrie Flores

6/30/2025

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9762.25	N		N	N		231540.15
1	REGULAR PAY-S1	1807.50	N		N	N	N	90429.00
1	REGULAR PAY-S1	382.75	Y		N	N		14557.91
2	REGULAR PAY-S2	2585.00	N		N	N		71169.30
2	REGULAR PAY-S2	146.75	Y		N	N		7114.23
3	REGULAR PAY-S3	1425.50	N		N	N		50934.89
3	REGULAR PAY-S3	211.00	Y		N	N		9941.23
4	CALL BACK PAY	7.00	N	1	N	N	Y	363.86
4	CALL BACK PAY	4.00	N	2	N	N	Y	185.62
4	CALL BACK PAY	2.00	N	3	N	N	Y	94.81
C	CALL PAY	2270.00	N	1	N	N		4540.00
D	DOUBLE TIME	73.25	N	1	N	N		5273.12
D	DOUBLE TIME	66.00	N	2	N	N		5509.00
D	DOUBLE TIME	48.50	N	3	N	N		4460.19
D	DOUBLE TIME	.25	Y	2	N	N		39.84
D	DOUBLE TIME	16.50	Y	3	N	N		2401.00
E	EXTRA WAGES		N		N	N	N	2923.79
E	EXTRA WAGES		N	1	N	N	N	2794.90
F	FUNERAL LEAVE	48.00	N	1	N	N		1060.56
I	INSERVICE	3.00	N	1	N	N		90.51
J	JURY LEAVE	32.00	N	1	N	N		893.44
K	EXTENDED-ILLNESS-BANK	212.00	N	1	N	N		6747.60
P	PAID-TIME-OFF	80.00	N		N	N	N	1236.80
P	PAID-TIME-OFF	1433.39	N	1	N	N		45289.84
X	CALL PAY 2	120.00	N	1	N	N		240.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
t	PHONE & DATA		N		N	N	N	1739.00

Deductions Summary

Code	Amount					
A/R	335.00	A/R2		A/R3		
ADVANC		AWARDS		BCBSVI		
BOOTS		CAFE H		CAFE-1		
CAFE-2		CAFE-3		CAFE-4		
CAFE-5		CAFE-C		CAFE-D	1273.64	
CAFE-F		CAFE-H	29984.84	CAFE-I		
CAFE-L		CAFE-P		CANCER		
CHILD		CLINIC	25.00	COMBIN	250.86	
CREDUN		DD ADV		DENTAL		
DEP-LF		DIS-LF		EAT		
EATCSR		FEDTAX	43920.62	FICA-M	7607.13	
FICA-O	32527.21	FIRSTC		FLEX S	3726.21	
FLX FE		FORT D		FUTA		
GIFT S	15.00	GRANT		GRP-IN		
GTL		HOSP-I		HSA	512.00	
ID TFT		IRSTAX		LEAF		
LEGAL	252.38	MASA	788.00	MEALS	3986.55	
METVIS		MISC		MISC/		
MMCSHR		MOOACC	643.00	MOOILL	917.56	
MOOIND	550.50	MOOLIF	1142.69	MOOSTD	1869.89	
MOOVIS	833.59	NATFML	1335.64	OTHER		
PHI		PHI***		PR FIN		
RELAY		REPAY		SAMS		
SCRUBS		SIGNON		ST-TX		
STONDF	895.00	STONE		STONE2		
STUDEN		SUNACC		SUNILL		
SUNIND		SUNLIF		SUNSTD		
SUNVIS		SURCHG		TSA-1		
TSA-2		TSA-C		TSA-P		
TSA-R	38156.45	TUTION		UNIFOR	15.00	
UW/HOS						

Grand Totals: 20832.64 ------- | Gross: 561858.59 Deductions: 171563.76 Net: 390294.83

Checks Count:- FT 205 PT 13 Other 40 Female 234 Male 23 Credit OverAmt 18 ZeroNet Term Total: 257

5313	76351	1	1	0	2025	168001007	0	6/23/2025	$26,051.28	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	[redacted]	PCS	F	6/2/2025	6/15/2025	464334244
5314	76351	2	33	0	2025	113001743	0	6/23/2025	$10.75	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]	XRAY	F	4/2/2025	4/2/2025	741680498
5315	76351	2	71	0	2025	113001855	0	6/23/2025	$90.47	1	SINGLETON ASSOCIATES PA	P	321	0	[redacted]	MRIO	F	4/4/2025	4/4/2025	741680498
5318	76351	3	25	0	2025	113001844	0	6/23/2025	$11.61	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]	XRAY	F	4/2/2025	4/2/2025	741680498
5319	76351	3	14	0	2025	142000902	0	6/23/2025	$21.71	1	TEXAS LEVER CONSULTANTS	P	177	0	[redacted]	OV	F	2/19/2025	2/19/2025	461771294
5320	76351	3	8	0	2025	149000864	0	6/23/2025	$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]	OV	F	5/23/2025	5/23/2025	742605670
5323	76351	3	35	0	2025	121001525	0	6/23/2025	$53.11	1	VICTORIA EP PLLC	P	189	0	[redacted]	ERD	F	4/22/2025	4/22/2025	474741110
5324	76351	3	16	1	2025	155000687	0	6/23/2025	$55.89	1	AMH PODIATRY PLLC	P	457	0	[redacted]	OVS	F	5/30/2025	5/30/2025	800810325
5325	76351	3	26	0	2025	155000701	0	6/23/2025	$59.68	1	CLINICAL PATHOLOGY LABS, INC	P	172	0	[redacted]	AB	F	5/1/2025	5/1/2025	742554159
5326	76351	3	74	0	2025	150000875	0	6/23/2025	$59.94	1	MEHRAN A NEZHAD MD	P	177	0	[redacted]	OV	F	5/16/2025	5/16/2025	742929415
5327	76351	3	43	3	2025	161000129	0	6/23/2025	$71.38	1	SCOTT & WHITE CLINIC	P	177	0	[redacted]	OV	F	5/28/2025	5/28/2025	742950277
5329	76351	3	74	0	2025	162000085	0	6/23/2025	$132.03	1	COASTAL ORTHOPEDICS	P	457	0	[redacted]	OVS	F	5/27/2025	5/27/2025	742894077
5330	76351	3	43	0	2025	157000141	0	6/23/2025	$137.69	1	HOUSTON CARDIOVASCULAR ASSOC INC	P	177	0	[redacted]	OV	F	5/27/2025	5/27/2025	741941710
5332	76351	3	43	0	2025	157000134	0	6/23/2025	$173.18	1	HOUSTON CARDIOVASCULAR ASSOC INC	P	483	0	[redacted]	ODX	F	5/27/2025	5/27/2025	741941710
5333	76351	3	22	0	2025	161000143	0	6/23/2025	$184.35	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	752	0	[redacted]	TELS	F	5/29/2025	5/29/2025	300520570
5334	76351	3	43	0	2025	155000318	0	6/23/2025	$237.45	1	HOUSTON CARDIOVASCULAR ASSOC INC	P	483	0	[redacted]	ODX	F	5/15/2025	5/15/2025	741941710
5337	76351	3	35	0	2025	113001617	0	6/23/2025	$272.46	1	VICTORIA EP PLLC	P	189	0	[redacted]	ERD	F	4/12/2025	4/12/2025	474741110
5343	76351	3	35	0	2025	112000423	0	6/23/2025	$350.53	1	VICTORIA ED LLC	P	406	0	[redacted]	ER	F	4/12/2025	4/12/2025	473152225
5344	76351	3	16	0	2025	136001125	0	6/23/2025	$471.24	1	NORTHSTAR ANESTHESIA, PA	P	172	0	[redacted]	AB	F	5/8/2025	5/8/2025	201218565
5347	76360	2	95	0	2025	154000495	0	6/23/2025	$43.22	1	TD EYECARE, PLLC	P	457	0	[redacted]	OVS	F	4/22/2025	4/22/2025	260467806
5348	76360	2	95	0	2025	154000521	0	6/23/2025	$43.22	1	TD EYECARE, PLLC	P	457	0	[redacted]	OVS	F	4/14/2025	4/14/2025	260467806
5349	76360	2	29	2	2025	154000528	0	6/23/2025	$64.62	1	MHK FAMILY PRACTICE PLLC	P	172	0	[redacted]	AB	F	5/27/2025	5/27/2025	994807850
5350	76360	2	35	0	2025	155000692	0	6/23/2025	$73.53	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	188	0	[redacted]	HV	F	5/14/2025	5/14/2025	300520570
5351	76360	2	35	0	2025	142000861	0	6/23/2025	$129.56	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	188	0	[redacted]	HV	F	5/8/2025	5/8/2025	300520570
5352	76360	2	35	0	2025	132000579	0	6/23/2025	$165.70	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	188	0	[redacted]	HV	F	5/7/2025	5/7/2025	300520570
5356	76360	3	43	0	2025	154000526	0	6/23/2025	$1.86	1	VICTORIA FOOT AND ANKLE CENTER, PLLC	P	457	0	[redacted]	OVS	F	2/28/2025	2/28/2025	863759949
5357	76360	3	26	0	2025	118000852	0	6/23/2025	$11.61	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]	XRAY	F	3/28/2025	3/28/2025	741680498
5358	76360	3	74	0	2025	150000853	0	6/23/2025	$49.94	1	AYO ADU, MD PLLC	P	457	0	[redacted]	OVS	F	5/28/2025	5/28/2025	273335355
5359	76360	3	30	1	2025	114000921	0	6/23/2025	$66.35	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]	CAT	F	4/1/2025	4/1/2025	741680498
5360	76360	3	120	3	2025	149000836	0	6/23/2025	$93.32	1	LOURDES PHYSICIAN GROUP	P	177	0	[redacted]	OV	F	5/23/2025	5/23/2025	455492119
5362	76360	3	68	0	2025	150000806	0	6/23/2025	$180.81	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0	[redacted]	AB	F	5/23/2025	5/23/2025	742605670
5363	76360	3	52	0	2025	111002674	0	6/23/2025	$223.31	1	OLEANDER EMERGENCY MEDICINE ASSOCIATES	P	189	0	[redacted]	ERD	F	2/23/2025	2/23/2025	454288136
5367	76360	3	52	0	2025	162000048	0	6/23/2025	$329.61	1	TRAVIS COUNTY EMERGENCY PHYSICIANS PA	P	189	0	[redacted]	ERD	F	5/21/2025	5/21/2025	742501542
5368	76360	3	30	1	2025	118000827	0	6/23/2025	$414.39	1	SINGLETON ASSOCIATES PA	P	178	0	[redacted]	SO	F	4/7/2025	4/7/2025	741680498
5375	76370	3	44	0	2025	148000442	0	6/23/2025	$7,799.54	1	AMIRALI S POPATIA MD	P	457	0	[redacted]	OVS	F	5/12/2025	5/12/2025	760599320
5376	76370	3	31	0	2025	155000662	0	6/23/2025	$51.28	1	NOE R. OLVERA, MD, PA	P	457	0	[redacted]	OVS	F	4/1/2025	4/1/2025	262712038
									$38,215.72												

CC /

APPROVED ON

JUN 30 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 7/1/2025

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

Master Group Totals

						Total Due
SPEC AGG	171	$57,595.28	Adjustments	3	$237.60	$57,832.88
ADMIN FEES	171	$7,096.50	Adjustments	3	$41.50	$7,138.00
PPO UR	171	$3,315.69	Adjustments	3	$19.39	$3,335.08
CHIC MGMT FEE		$700.00				$700.00

Balance Forward:		$67,407.28
Payments:	-	$67,407.28
Adjustments:	+	$0.00
Beginning Balance:		$0.00
Current Amount Due:	+	$68,707.47
Current Adjustments:	+	$298.49
Total Amount Due:		**$69,005.96**

Description	Medical
EE	98
ES	19
EF	11
EC	43
Mst Total	171

APPROVED ON
JUN 30 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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

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

401.23 +
939.68 +
387.95 +
164.04 +
284.70 +
2,177.60 ◇
5,247.51 +
5,247.51 ◇
30.20 +
30.20 +
30.20 +
30.20 +
30.20 +
30.20 +
30.20 +
30.20 +
241.60 ◇
2,177.60 +
5,247.51 +
241.60 +
7,666.71 ◇

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- June 23, 2025 - June 29, 2025

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
6/27/2025	PAY PLUS ACHTrans 74768019 101000698640296 P	- 3rd Party Payor Fee	401.23	901691
6/27/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	5,247.51	901692
6/26/2025	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	- CitiBank Corporate Card Payment	2,663.28 *	901693
6/26/2025	PAY PLUS ACHTrans 74555222 101000697228878 P	- 3rd Party Payor Fee	939.68	901694
6/25/2025	PAY PLUS ACHTrans 74237178 101000695778133 P	- 3rd Party Payor Fee	387.95	901695
6/24/2025	PAY PLUS ACHTrans 74050717 101000694403025 P	- 3rd Party Payor Fee	164.04	901696
6/24/2025	MCKESSON DRUG AUTO ACH ACH06572819 910000116	- 340B Drug Program Expense	31.53 **	901697
6/23/2025	PAY PLUS ACHTrans 73789496 101000692798551 P	- 3rd Party Payor Fee	284.70	901698
6/23/2025	HEALTHEQUITY INC HealthEqui 1356888 91000014	- EmpDeduct/Employer Contribut	1,087.00	901699
6/23/2025	FDMS FDMS PYMT 052-1743548-000 4100012565846	- Credit Card Machine Lease Fee	30.20	901700
6/23/2025	FDMS FDMS PYMT 052-2000500-000 4100012565894	- Credit Card Machine Lease Fee	30.20	901701
6/23/2025	FDMS FDMS PYMT 052-1601830-000 4100012565358	- Credit Card Machine Lease Fee	30.20	901702
6/23/2025	FDMS FDMS PYMT 052-2100911-000 4100012566300	- Credit Card Machine Lease Fee	30.20	901703
6/23/2025	FDMS FDMS PYMT 052-1743547-000 4100012565503	- Credit Card Machine Lease Fee	30.20	901704
6/23/2025	FDMS FDMS PYMT 052-1737276-000 4100012565371	- Credit Card Machine Lease Fee	30.20	901705
6/23/2025	FDMS FDMS PYMT 052-2182557-000 4100012566651	- Credit Card Machine Lease Fee	30.20	901706
6/23/2025	FDMS FDMS PYMT 052-2182545-000 4100012566651	- Credit Card Machine Lease Fee	30.20	901707
6/23/2025	IRS USATAXPYMT 270557453031193 6103601001864	- Payroll Taxes	121,333.39 **	901708
			132,781.91	

CCJ

Caitlin Clevenger, Controller
Memorial Medical Center

June 30, 2025

* Approved on 06.18.25 CC
** Approved on 06.25.25 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
7/7/2025	- STATE COMTRLR TEXNET	ATLIS IGT	45,926.00
			45,926.00

CCJ

Caitlin Clevenger, Controller
Memorial Medical Center

June 30, 2025

APPROVED ON
JUN 30 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

132,781.91 +
2,663.28 -
31.53 -
1,087.00 -
121,333.39 -
7,666.71 -
0.00 ◇

TEXNET Electronic Payment Network — Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete
Trace #:

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

Payment Total	$45,926.00
Bank Routing and Account Number	[redacted]
Settlement Date	7/7/2025
ATLIS Amount	$45,926.00
Entered By	Caitlin Clevenger

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	$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	$ 525.00
	Total	$1,087.00	

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 26 2025

CALHOUN COUNTY, TEXAS

06/26/2025
08:55

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/18/2025

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
022825		06/25/202	02/28/202	07/18/202			565.00	0.00	0.00	565.00

Ins. chg. into MMC opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	565.00	0.00	0.00	565.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	565.00	0.00	0.00	565.00

APPROVED ON

JUN 26 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Check# 204419

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 26 2025

CALHOUN COUNTY, TEXAS

06/26/2025
08:54

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/18/2025

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
022825A		06/26/202	02/28/202	07/18/202			6,383.02	0.00	0.00	6,383.02
061825		06/26/202	06/18/202	07/18/202			1,045.88	0.00	0.00	1,045.88
062025A		06/26/202	06/20/202	07/18/202			2,487.52	0.00	0.00	2,487.52
062025		06/26/202	06/20/202	07/18/202			5,320.64	0.00	0.00	5,320.64
062325		06/26/202	06/23/202	07/18/202			134.08	0.00	0.00	134.08

ins. pmt. dep. into MMC opt in error

Paid Separately

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	15,371.14	0.00	0.00	15,371.14

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	15,371.14	0.00	0.00	15,371.14

APPROVED ON

JUN 26 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 209417

RECEIVED BY THE COUNTY AUDITOR ON

JUN 26 2025

CALHOUN COUNTY, TEXAS

06/26/2025
08:54

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/18/2025

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
022825A		06/25/202	02/28/202	07/18/202			419.00	0.00	0.00	419.00
022825		06/25/202	02/28/202	07/18/202			8,765.00	0.00	0.00	8,765.00
061825		06/25/202	06/18/202	07/18/202			2,095.00	0.00	0.00	2,095.00
061825A		06/25/202	06/18/202	07/18/202			15,858.93	0.00	0.00	15,858.93
062025A		06/25/202	06/20/202	07/18/202			3,990.00	0.00	0.00	3,990.00
062025		06/25/202	06/20/202	07/18/202			209.50	0.00	0.00	209.50
062325		06/25/202	06/23/202	07/18/202			13,680.00	0.00	0.00	13,680.00
062425A		06/25/202	06/24/202	07/18/202			5,717.68	0.00	0.00	5,717.68
062425E		06/25/202	06/24/202	07/18/202			5,028.00	0.00	0.00	5,028.00
062425B		06/25/202	06/24/202	07/18/202			40,635.00	0.00	0.00	40,635.00
062425F		06/25/202	06/24/202	07/18/202			1,257.00	0.00	0.00	1,257.00
062425C		06/25/202	06/24/202	07/18/202			1,402.82	0.00	0.00	1,402.82
062425D		06/25/202	06/24/202	07/18/202			838.00	0.00	0.00	838.00
062425		06/25/202	06/25/202	07/18/202			6,310.14	0.00	0.00	6,310.14

ins. pmt. dep. into mmc opt in error

Need Signature

QIPP 48 Q1 Adj - Comm. Health Choice

ins. pmt. dep. into mmc opt in error

Comm Health Choice 48 Q2

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	106,206.07	0.00	0.00	106,206.07

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	106,206.07	0.00	0.00	106,206.07

APPROVED ON

JUN 26 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204420

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 26 2025

CALHOUN COUNTY, TEXAS

06/26/2025
08:54

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/18/2025

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
022825		06/25/202	02/28/202	07/18/202			1,303.26	0.00	0.00	1,303.26
061825		06/25/202	06/18/202	07/18/202			133.89	0.00	0.00	133.89
062025		06/25/202	06/20/202	07/18/202			1,669.02	0.00	0.00	1,669.02
062025A		06/25/202	06/20/202	07/18/202			22,585.56	0.00	0.00	22,585.56
062425		06/25/202	06/24/202	07/18/202			1,439.51	0.00	0.00	1,439.51

ins. pmt. dep. into mmg opt in error

Need Signatures

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	27,131.24	0.00	0.00	27,131.24

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	27,131.24	0.00	0.00	27,131.24

APPROVED ON

JUN 26 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 209418

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/30/2025

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		40,464.58	40,364.58	-			100.00	-
						Bank Balance	100.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	-	
Broadmoor		100.00	-	-		-	100.00	-
						Bank Balance	100.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	-	
Crescent		100.00	-	3,040.00			3,140.00	3,040.00
						Bank Balance	3,140.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	3,040.00	
Fort Bend		1,090.00	-	45,036.77			46,126.77	44,758.69
						Bank Balance	46,126.77	
						Variance	-	
						Leave in Balance	100.00	
						Claim Payment Owed to Lavaca Bay	705.02	
						Claim Payment Owed to Lavaca Bay	563.06	
						Adjust Balance/Transfer Amt	44,758.69	
Solera at W Houston		1,402.30	-	320,453.93			321,856.23	321,756.23
						Bank Balance	321,856.23	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	321,756.23	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

3,040.00 +
44,758.69 +
321,756.23 +
369,554.92 ◊

West Houston / Fort Bend / Broadmoor:

APPROVED ON
JUN 30 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS	369,554.92

Approved:
Caitlin Clevenger, Controller — 6/30/2025

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 6.30.25

			MMC PORTION					
Ashford Gardens	**Transfer-Out**	**Transfer-In**	**QIPP/Comp1**	**QIPP/Comp 2**	**QIPP/Comp3**	**QIPP/Comp4&Lapse**	**QIPP TI**	**NH PORTION**
6/25/2025 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	40,364.58	-					-	-
							-	-
							-	-
							-	-
							-	-
	40,364.58	-	-	-	-	-	-	-

			MMC PORTION					
Broadmoor	**Transfer-Out**	**Transfer-In**	**QIPP/Comp1**	**QIPP/Comp 2**	**QIPP/Comp3**	**QIPP/Comp4&Lapse**	**QIPP TI**	**NH PORTION**
No Activity		-					-	-
							-	-
							-	-
							-	-
							-	-
	-	-	-	-	-	-	-	-

			MMC PORTION					
Crescent	**Transfer-Out**	**Transfer-In**	**QIPP/Comp1**	**QIPP/Comp 2, 3 4 & Lapse**	**QIPP/Comp3**	**QIPP/Comp4&Lapse**	**QIPP TI**	**NH PORTION**
6/27/2025 Deposit	-	3,040.00					-	3,040.00
							-	-
							-	-
							-	-
							-	-
							-	-
	-	3,040.00	-	-	-	-	-	3,040.00

			MMC PORTION					
Fort Bend	**Transfer-Out**	**Transfer-In**	**QIPP/Comp1**	**QIPP/Comp 2, 3 4 & Lapse**	**QIPP/Comp3**	**QIPP/Comp4&Lapse**	**QIPP TI**	**NH PORTION**
6/26/2025 NOVITAS SOLUTION HCCLAIMPMT 675663 420000158	-	45,036.77					-	45,036.77
		-					-	-
							-	-
							-	-
							-	-
	-	45,036.77	-	-	-	-	-	45,036.77

			MMC PORTION					
Solara at West Houston	**Transfer-Out**	**Transfer-In**	**QIPP/Comp1**	**QIPP/Comp 2, 3 4 & Lapse**	**QIPP/Comp3**	**QIPP/Comp4&Lapse**	**QIPP TI**	**NH PORTION**
6/27/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000197	-	7,208.24					-	7,208.24
6/26/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000158	-	313,245.69					-	313,245.69
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
	-	320,453.93	-	-	-	-	-	320,453.93
TOTALS		368,530.70	-	-	-	-	-	368,530.70

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,945,292.97	$4,064,863.47	$3,945,292.97	$3,984,506.16
*4381 MEMORIAL MEDICAL / NH ASHFORD	$100.00 ✓	$100.00	$100.00	$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00 ✓	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$3,140.00 ✓	$3,140.00	$3,140.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$321,856.23 ✓	$321,856.23	$321,856.23	$314,647.99
*4446 MEMORIAL MEDICAL / NH FORT BEND	$46,126.77 ✓	$46,126.77	$46,126.77	$46,126.77
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$589,507.17 ✓	$597,808.71	$589,507.17	$500,881.17
*4551 CAL CO INDIGENT HEALTHCARE	$5,504.10	$5,504.10	$5,504.10	$5,504.10
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$124.00 ✓	$124.00	$124.00	$124.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00 ✓	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$597,728.10 ✓	$599,548.95	$597,728.10	$543,141.36
*3407 MMC -NH TUSCANY VILLAGE	$192,878.66 ✓	$192,878.66	$192,878.66	$66,767.31
*2998 MMC -MONEY MARKET FUND	$66,348.96	$66,348.96	$66,348.96	$66,348.96
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$1,661.37	$1,661.37	$1,661.37	$1,661.37
Total Balance	**$5,770,468.33**	**$5,900,161.22**	**$5,770,468.33**	**$5,530,109.19**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/30/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		174,376.77	173,590.54	588,720.94		-	589,507.17	278,983.67
						Bank Balance	589,507.17	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Superior Q2 Owed to MMC	309,737.27	
						April Interest	397.88	
						May Interest	288.35	
						Adjust Balance/Transfer Amt	278,983.67	

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:
Caitlin Clevenger, Controller 6/30/2025

APPROVED ON
JUN 30 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
6/27/2025	Deposit	-	88,305.29					-	88,305.29
6/27/2025	NOVITAS SOLUTION HCCLAIMPMT 676097 420000197	-	320.71					-	320.71
6/25/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	173,590.54	-					-	-
6/25/2025	HNB - ECHO HCCLAIMPMT 746003411 440000246592	-	1,058.51					-	1,058.51
6/25/2025	Centene Manageme ACH 008765433514 1110000201	-	379,613.62						379,613.62
6/23/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	34.54					-	34.54
6/23/2025	HNB - ECHO HCCLAIMPMT 746003411 440000245785	-	1,698.60					-	1,698.60
6/23/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001343	-	4,950.00					-	4,950.00
6/23/2025	NOVITAS SOLUTION HCCLAIMPMT 676097 420000115	-	107,832.75					-	107,832.75
6/23/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	4,906.92					-	4,906.92
								-	-
								-	-
		173,590.54	588,720.94	-	-	-	-	-	588,720.94

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,945,292.97	$4,064,863.47	$3,945,292.97	$3,984,506.16
*4381 MEMORIAL MEDICAL / NH ASHFORD	$100.00	$100.00	$100.00	$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$3,140.00	$3,140.00	$3,140.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$321,856.23	$321,856.23	$321,856.23	$314,647.99
*4446 MEMORIAL MEDICAL / NH FORT BEND	$46,126.77	$46,126.77	$46,126.77	$46,126.77
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$589,507.17	$597,808.71	$589,507.17	$500,881.17
*4551 CAL CO INDIGENT HEALTHCARE	$5,504.10	$5,504.10	$5,504.10	$5,504.10
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$124.00	$124.00	$124.00	$124.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$597,728.10	$599,548.95	$597,728.10	$543,141.36
*3407 MMC -NH TUSCANY VILLAGE	$192,878.66	$192,878.66	$192,878.66	$66,767.31
*2998 MMC -MONEY MARKET FUND	$66,348.96	$66,348.96	$66,348.96	$66,348.96
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$1,661.37	$1,661.37	$1,661.37	$1,661.37
Total Balance	**$5,770,468.33**	**$5,900,161.22**	**$5,770,468.33**	**$5,530,109.19**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
6/30/2025

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		863.72	763.72	24.00				124.00	No Transfer
							Bank Balance	124.00	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	24.00	

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		100.00	-	-		-	-	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:
Caitlin Clevenger, Controller 6/30/2025

APPROVED ON
JUN 30 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
6/25/2025 WIRE OUT HMG Rockport SNF, LP -Commerical	763.72	-					-	-
6/24/2025 HNB - ECHO HCCLAIMPMT 746003411 440000211702	-	24.00					-	24.00
							-	-
							-	-
							-	-
							-	-
							-	-
	763.72	24.00	-	-	-	-	-	24.00

Gulf Pointe Plaza-Medicare/Medicaid

No Activity

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
		-					-	-
							-	-
	-	-	-	-	-	-	-	-
	763.72	24.00	-	-	-	-	-	24.00

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,945,292.97	$4,064,863.47	$3,945,292.97	$3,984,506.16
*4381 MEMORIAL MEDICAL / NH ASHFORD	$100.00	$100.00	$100.00	$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$3,140.00	$3,140.00	$3,140.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$321,856.23	$321,856.23	$321,856.23	$314,647.99
*4446 MEMORIAL MEDICAL / NH FORT BEND	$46,126.77	$46,126.77	$46,126.77	$46,126.77
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$589,507.17	$597,808.71	$589,507.17	$500,881.17
*4551 CAL CO INDIGENT HEALTHCARE	$5,504.10	$5,504.10	$5,504.10	$5,504.10
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$124.00	$124.00	$124.00	$124.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$597,728.10	$599,548.95	$597,728.10	$543,141.36
*3407 MMC -NH TUSCANY VILLAGE	$192,878.66	$192,878.66	$192,878.66	$66,767.31
*2998 MMC -MONEY MARKET FUND	$66,348.96	$66,348.96	$66,348.96	$66,348.96
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$1,661.37	$1,661.37	$1,661.37	$1,661.37
Total Balance	**$5,770,468.33**	**$5,900,161.22**	**$5,770,468.33**	**$5,530,109.19**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
6/30/2025

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	[redacted]	391,015.95	390,915.95	192,778.66	-	-	-	192,878.66	178,923.11
							Bank Balance	192,878.66	
							Variance	-	
							Leave in Balance	100.00	
							Claim Payment owed to Golden Creek	8,319.15	
							QIPP Q1 recon owed to MMC	5,536.40	
							Adjust Balance/Transfer Amt	178,923.11	

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:
Caitlin Clevenger, Controller 6/30/2025

APPROVED ON
JUN 30 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
6/27/2025	Deposit	-	10,337.00					-	10,337.00
6/27/2025	Deposit	-	115,774.35					-	115,774.35
6/25/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	390,915.95	-					-	-
6/25/2025	HNB - ECHO HCCLAIMPMT 746003411 440000249026	-	417.54					-	417.54
6/25/2025	HNB - ECHO HCCLAIMPMT 746003411 440000247681	-	139.48					-	139.48
6/24/2025	HNB - ECHO HCCLAIMPMT 746003411 440000212514	-	1,884.23					-	1,884.23
6/24/2025	HNB - ECHO HCCLAIMPMT 746003411 440000212809	-	9,559.50					-	9,559.50
6/24/2025	WELLPOINT CO AP E-PAYMENT EE53012249 1110000	-	2,247.88					-	2,247.88
6/24/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000199	-	12,809.16					-	12,809.16
6/23/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000115	-	39,609.52					-	39,609.52
								-	-
		390,915.95	192,778.66	-	-	-	-	-	192,778.66

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,945,292.97	$4,064,863.47	$3,945,292.97	$3,984,506.16
*4381 MEMORIAL MEDICAL / NH ASHFORD	$100.00	$100.00	$100.00	$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$3,140.00	$3,140.00	$3,140.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$321,856.23	$321,856.23	$321,856.23	$314,647.99
*4446 MEMORIAL MEDICAL / NH FORT BEND	$46,126.77	$46,126.77	$46,126.77	$46,126.77
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$589,507.17	$597,808.71	$589,507.17	$500,881.17
*4551 CAL CO INDIGENT HEALTHCARE	$5,504.10	$5,504.10	$5,504.10	$5,504.10
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$124.00	$124.00	$124.00	$124.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$597,728.10	$599,548.95	$597,728.10	$543,141.36
*3407 MMC -NH TUSCANY VILLAGE	$192,878.66	$192,878.66	$192,878.66	$66,767.31
*2998 MMC -MONEY MARKET FUND	$66,348.96	$66,348.96	$66,348.96	$66,348.96
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$1,661.37	$1,661.37	$1,661.37	$1,661.37
Total Balance	**$5,770,468.33**	**$5,900,161.22**	**$5,770,468.33**	**$5,530,109.19**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
6/30/2025

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		296,389.64	295,195.39	596,533.85			-	597,728.10	330,641.69
							Bank Balance	597,728.10	
							Variance	-	
							Leave in Balance	100.00	
							Q1 Adjustment MMC Portion	29,790.30	
							QIPP Q2 recon	236,101.86	
							April Interest	469.35	
							May Interest	624.90	
							Adjust Balance/Transfer Amt	330,641.69	

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:
Caitlin Clevenger, Controller 6/30/2025

APPROVED ON
JUN 30 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lenora Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/27/2025	Deposit	-	15,568.48					-	15,568.48
6/27/2025	Deposit	-	15,362.32					-	15,362.32
6/27/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000197	-	18,378.58					-	18,378.58
6/27/2025	HOSPICE OF SOUTH Payments NF 113122650017749	-	1,205.35					-	1,205.35
6/27/2025	CENTENE CORP HCCLAIMPMT 53101128513235	-	4,072.01					-	4,072.01
6/26/2025	HNB - ECHO HCCLAIMPMT 746003411 440000287378	-	4,467.36					-	4,467.36
6/25/2025	WIRE OUT REG Leased OpCo LLC	295,195.39	-					-	-
6/25/2025	NDC SWEEP FAC 02330 56009680011081 SWEEP FR	-	1,318.70					-	1,318.70
6/25/2025	Centene Manageme ACH 008765433514 1110000201	-	288,727.92					-	288,727.92
6/25/2025	CENTENE CORP HCCLAIMPMT 53101122312638	-	11,347.82					-	11,347.82
6/25/2025	BCBS TEXAS HCCLAIMPMT C25174E66053870 710001	-	6,075.50					-	6,075.50
6/24/2025	WELLPOINT CO AP E-PAYMENT EE53012250 1110000	-	151,278.44					-	151,278.44
6/24/2025	CENTENE CORP HCCLAIMPMT 53101126435824	-	45,296.16					-	45,296.16
6/24/2025	BCBS TEXAS HCCLAIMPMT C25171E25243810 710001	-	2,095.00					-	2,095.00
6/23/2025	NDC SWEEP FAC 02330 56009680013591 SWEEP FR	-	1,044.27					-	1,044.27
6/23/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000115	-	30,295.94					-	30,295.94
								-	-
								-	-
								-	-
		295,195.39	596,533.85	-	-	-	-	-	596,533.85

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,945,292.97	$4,064,863.47	$3,945,292.97	$3,984,506.16
*4381 MEMORIAL MEDICAL / NH ASHFORD	$100.00	$100.00	$100.00	$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$3,140.00	$3,140.00	$3,140.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$321,856.23	$321,856.23	$321,856.23	$314,647.99
*4446 MEMORIAL MEDICAL / NH FORT BEND	$46,126.77	$46,126.77	$46,126.77	$46,126.77
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$589,507.17	$597,808.71	$589,507.17	$500,881.17
*4551 CAL CO INDIGENT HEALTHCARE	$5,504.10	$5,504.10	$5,504.10	$5,504.10
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$124.00	$124.00	$124.00	$124.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$597,728.10	$599,548.95	$597,728.10	$543,141.36
*3407 MMC -NH TUSCANY VILLAGE	$192,878.66	$192,878.66	$192,878.66	$66,767.31
*2998 MMC -MONEY MARKET FUND	$66,348.96	$66,348.96	$66,348.96	$66,348.96
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$1,661.37	$1,661.37	$1,661.37	$1,661.37
Total Balance	**$5,770,468.33**	**$5,900,161.22**	**$5,770,468.33**	**$5,530,109.19**

Lavaca Bay

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC

Date Requested: 6/30/2025

APPROVED ON
JUN 30 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS
Chk# 001152

FOR ACCT USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: $ 236,101.86

G/L NUMBER: 10255040

EXPLANATION: QIPP Y8 Q2 recon

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: CD

Erin Cleveng

Lavaca Bay

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC

Date Requested: 6/30/2025

APPROVED ON JUN 30 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#001153

FOR ACCT USE ONLY

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

AMOUNT: $ 29,790.30

G/L NUMBER: 10255040

EXPLANATION: QIPP Y8 Q1 recon

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Caitlin Clevenger

Golden Creek

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 6/30/2025

APPROVED ON JUN 30 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Chk#000236

FOR ACCT USE ONLY

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

AMOUNT: $ 309,737.27 ✓

G/L NUMBER: 10255040

EXPLANATION: QIPP Y8 Q2 Superior

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: CC

✓ Erin Clevenger

Fort Bend

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Lavaca Bay

Date Requested: 6/27/2025

APPROVED ON
JUN 30 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS
Chk# 000273

FOR ACCT USE ONLY

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

AMOUNT: $ 705.02 ✓

G/L NUMBER: 21000015

EXPLANATION: Claim Payment Owed to Lavaca Bay from Fort Bend

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: CC

✓

Fort Bend

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Lavaca Bay

Date Requested: 6/27/2025

APPROVED ON
JUN 30 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 000272

FOR ACCT USE ONLY

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

AMOUNT: $ 563.06 ✓

G/L NUMBER: 21000015

EXPLANATION: Claim Payment Owed to Lavaca Bay from Fort Bend

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Caitlin Clevenger

✓ Caitlin Clevenger

Tuscany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Golden Creek

Date Requested: 6/27/2025

APPROVED ON
JUN 30 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# D01190

FOR ACCT USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: $ 8,319.15

G/L NUMBER: 21000013

EXPLANATION: Claim Payment Owed to Golden Creek from Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Caitlin Clevenger

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

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

001152

Date 7-2-25

88-2265/1131

PAY TO THE ORDER OF MMC Operating $ 236,101.86/100

Two hundred thirty-six thousand, one hundred one dollars 3 86/100 DOLLARS

PROSPERITY BANK®

County auditor

County treasurer

Security features are included. Details on back.

FOR QIPP 4Q Q2 Recon

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

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

001153

Date 7-2-25

88-2265/1131

PAY TO THE ORDER OF MMC Operating $ 29,790.30/100

Twenty-nine thousand, Seven hundred ninety dollars 3 50/100 DOLLARS

PROSPERITY BANK®

County auditor

County treasurer

Security features are included. Details on back.

FOR QIPP 4Q Q1 Recon

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000236

Date 7-2-25

88-2265/1131

PAY TO THE ORDER OF MMC Operating $ 309,737.27/100

Three hundred nine thousand, seven hundred thirty-seven dollars 3 27/100 DOLLARS

PROSPERITY BANK®

County auditor

County treasurer

Security features are included. Details on back.

FOR QIPP 4Q Q2 recon

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

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

000273

88-2265/1131

Date 7-2-25

PAY TO THE ORDER OF Lavaca Bay $ 705.02/100

Seven hundred five dollars 3 02/100 **DOLLARS**

PROSPERITY BANK

County auditor

MP

County treasurer
Security features are included. Details on back.

FOR Claim pymt

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

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

000272

88-2265/1131

Date 7-2-25

PAY TO THE ORDER OF Lavaca Bay $ 563.06/100

Five hundred sixty-three dollars 3 06/100 **DOLLARS**

PROSPERITY BANK

County auditor

MP

County treasurer
Security features are included. Details on back.

FOR claim payment

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

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

001190

88-2265/1131

Date 7-2-25

PAY TO THE ORDER OF Golden Creek $ 8,319.15/100

Eight thousand, three hundred nineteen dollars 3 15/100 **DOLLARS**

PROSPERITY BANK

County auditor

MP

County treasurer
Security features are included. Details on back.

FOR Claim payment

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG *	000236	07/02/25	309,737.27	MMC OPERATING
NHF	000272	07/02/25	563.06	LAVACA BAY
NHF *	000273	07/02/25	705.02	LAVACA BAY
TUS	001152	07/02/25	244,421.01	MMC OPERATING
BSL *	001153	07/02/25	29,790.30	MMC OPERATING