MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 9, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	361,349.27
TOTAL TRANSFERS BETWEEN FUNDS	$	353,422.64
TOTAL NURSING HOME UPL EXPENSES	$	721,336.42
TOTAL INTER-GOVERNMENT TRANSFERS	$	1,426,334.58
GRAND TOTAL DISBURSEMENTS APPROVED July 9, 2025	$	2,862,442.91

APPROVED

JUL 09 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 9, 2025

PAYABLES AND PAYROLL			
7/3/2025	Weekly Payables	345,488.86	
7/7/2025	McKesson-340B Prescription Expense	34.07	
7/7/2025	Amerisource Bergen-340B Prescription Expense	99.02	
7/7/2025	Amerisource Bergen-340B Prescription Expense	1,747.60	
	Prosperity Electronic Bank Payments		
7/7/2025	90 Degree Benefits - employee insurance claims	12,471.91	
7/7/2025	Pay Plus-Patient Claims Processing Fee	838.99	
7/7/2025	Credit Card Bank Fee	153.45	
7/7/2025	Credit Card Interchange Fee	164.38	
7/7/2025	Credit Card Discount Fee	325.49	
7/7/2025	Authnet Gateway	25.50	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 361,349.27**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
7/3/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error & QIPP Y8 Q1 Recon.	165,880.06	
7/3/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error & QIPP Y8 Q1/2	164,946.33	
7/3/2025	MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	22,596.25	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 353,422.64**
NURSING HOME UPL EXPENSES			
7/7/2025	Nursing Home UPL-Cantex Transfer	407,355.82	
7/7/2025	Nursing Home UPL-Nexion Transfer	61,633.59	
7/7/2025	Nursing Home UPL-HMG Transfer	5,891.20	
7/7/2025	Nursing Home UPL-Tuscany Transfer	118,295.00	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
7/7/2025	Golden Creek to MMC-Interest owed April - June	928.52	
7/7/2025	Bethany/Lavaca Bay to MMC-Interest owed April - June	1,427.94	
7/7/2025	Golden Creek to MMC-Claim Payment owed to MMC	589.25	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
7/7/2025	Fort Bend to Lavaca Bay - Recoupment from Lavaca Bay for Fort Bend	2,021.66	
TOTAL NURSING HOME UPL EXPENSES			**$ 721,336.42**
INTER-GOVERNMENT TRANSFERS			
7/7/2025	QIPP IGT	1,267,389.35	
7/7/2025	DSH IGT	158,945.23	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 1,426,334.58**
GRAND TOTAL DISBURSEMENTS APPROVED July 9, 2025			**$ 2,862,442.91**

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9162390473		07/02/202	06/25/202	07/20/202			818.40	0.00	0.00	818.40

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	818.40	0.00	0.00	818.40

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
RPSV004459927		07/01/202	06/24/202	07/09/202			90.86	0.00	0.00	90.86

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	90.86	0.00	0.00	90.86

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
1YR6F391TCGN		06/16/202	06/25/202	07/24/202			72.95	0.00	0.00	72.95

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	72.95	0.00	0.00	72.95

Vendor#	Vendor Name	Class	Pay Code
15456	AMERITEX ELEVATOR SERVICES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20260065		07/02/202	07/01/202	07/01/202			750.00	0.00	0.00	750.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15456	AMERITEX ELEVATOR SERVICES INC	750.00	0.00	0.00	750.00

Vendor#	Vendor Name	Class	Pay Code
17912	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BOOAMY0001		07/01/202	07/01/202	07/01/202			78.08	0.00	0.00	78.08
	BETH BOONE REFUND 38.07/ 41.(									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17912	[redacted]	78.08	0.00	0.00	78.08

Vendor#	Vendor Name	Class	Pay Code
11247	AVENO NETWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
16074		07/02/202	07/01/202	07/11/202			850.00	0.00	0.00	850.00
16098		07/02/202	07/01/202	07/11/202			4,500.00	0.00	0.00	4,500.00

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

Vendor#	Vendor Name	Class	Pay Code
14088	AZALEA HEALTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122874		06/30/202	06/01/202	06/01/202			712.80	0.00	0.00	712.80
125088		07/03/202	07/01/202	07/01/202			712.80	0.00	0.00	712.80

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	14088	AZALEA HEALTH					1,425.60	0.00	0.00	1,425.60
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
	5503869		06/24/202	06/21/202	07/15/202			1,935.15	0.00	0.00	1,935.15
	31401230		06/30/202	06/17/202	07/12/202			348.25	0.00	0.00	348.25
	7385995		06/30/202	06/24/202	07/19/202			8,456.55	0.00	0.00	8,456.55
	5504062		06/30/202	06/25/202	07/20/202			1,337.05	0.00	0.00	1,337.05
	112096243		07/01/202	06/25/202	07/20/202			42.69	0.00	0.00	42.69
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC					12,119.69	0.00	0.00	12,119.69
Vendor#	Vendor Name				Class	Pay Code				
17924	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	BLABOY0001		07/01/202	07/01/202	07/01/202			115.86	0.00	0.00	115.86
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17924	[redacted]					115.86	0.00	0.00	115.86
Vendor#	Vendor Name				Class	Pay Code				
14120	CALHOUN COUNTY EMS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	202505		06/01/202	06/27/202	07/22/202			4,400.00	0.00	0.00	4,400.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14120	CALHOUN COUNTY EMS					4,400.00	0.00	0.00	4,400.00
Vendor#	Vendor Name				Class	Pay Code				
C1325	CARDINAL HEALTH 414, INC.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8003882990A		07/03/202	06/15/202	07/10/202			177.56	0.00	0.00	177.56
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.					177.56	0.00	0.00	177.56
Vendor#	Vendor Name				Class	Pay Code				
10541	CARESFIELD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2000294342		06/16/202	04/22/202	05/22/202			140.70	0.00	0.00	140.70
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10541	CARESFIELD					140.70	0.00	0.00	140.70
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
	AE59M2A		07/01/202	06/14/202	07/14/202			463.18	0.00	0.00	463.18
	PMG1411		07/02/202	07/02/202	07/02/202			239.40	0.00	0.00	239.40
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.					702.58	0.00	0.00	702.58
Vendor#	Vendor Name				Class	Pay Code				
C1390	CENTRAL DRUG				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

May 2025

0612		07/02/202	06/23/202	07/23/202		24.25	0.00	0.00	24.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUG	24.25	0.00	0.00	24.25

Vendor# 11202 — Vendor Name: CFI MECHANICAL INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SD25682		07/01/202	04/02/202	07/01/202			4,300.00	0.00	0.00	4,300.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11202	CFI MECHANICAL INC	4,300.00	0.00	0.00	4,300.00

Vendor# 17896 — Vendor Name: [redacted] — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BURCHE0002		07/01/202	07/01/202	07/01/202			27.00	0.00	0.00	27.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17896	[redacted]	27.00	0.00	0.00	27.00

Vendor# 13000 — Vendor Name: CLEARFLY — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV723112		07/02/202	07/01/202	07/02/202			1,232.05	0.00	0.00	1,232.05

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13000	CLEARFLY	1,232.05	0.00	0.00	1,232.05

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
OEQT323211		07/01/202	06/25/202	07/05/202			442.50	0.00	0.00	442.50
OEQT319411		07/02/202	05/30/202	06/09/202			428.72	0.00	0.00	428.72

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	871.22	0.00	0.00	871.22

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070125		06/30/202	06/25/202	07/22/202			501.72	0.00	0.00	501.72

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

Vendor# 17884 — Vendor Name: [redacted] — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SALDAN0002		07/01/202	07/01/202	07/01/202			240.00	0.00	0.00	240.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17884	[redacted]	240.00	0.00	0.00	240.00

Vendor# 17916 — Vendor Name: [redacted] — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BLEDAR0004		07/01/202	07/01/202	07/01/202			28.00	0.00	0.00	28.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17916	[redacted]	28.00	0.00	0.00	28.00

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
7981770		06/16/202	06/20/202	07/15/202			194.13	0.00	0.00	194.13
7985330		06/16/202	06/23/202	07/18/202			348.33	0.00	0.00	348.33
7972530		07/01/202	06/13/202	07/08/202			103.43	0.00	0.00	103.43
7978300		07/01/202	06/16/202	07/11/202			5.08	0.00	0.00	5.08
7987650		07/01/202	06/25/202	07/20/202			97.06	0.00	0.00	97.06

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	748.03	0.00	0.00	748.03

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
MMC063025		06/30/202	06/30/202	07/01/202			134,378.43	0.00	0.00	134,378.43

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	134,378.43	0.00	0.00	134,378.43

Vendor#	Vendor Name	Class	Pay Code
17888	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WARDOR0001		07/01/202	07/01/202	07/01/202			40.00	0.00	0.00	40.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17888	[redacted]	40.00	0.00	0.00	40.00

Vendor#	Vendor Name	Class	Pay Code
14832	DR JOHN CLINTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063025		06/30/202	06/30/202	07/02/202			3,000.00	0.00	0.00	3,000.00

6/9 - 6/12/25, 6/13 - 6/15/25, & 6/30/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14832	DR JOHN CLINTON	3,000.00	0.00	0.00	3,000.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063025		06/30/202	06/30/202	07/24/202			2,700.00	0.00	0.00	2,700.00

6/20 - 6/22/25, & 6/23 - 6/26/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14924	DR. TIMU KWI	2,700.00	0.00	0.00	2,700.00

Vendor#	Vendor Name	Class	Pay Code
17864	DRE RESUME LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AR0466462		07/02/202	06/05/202	07/02/202			255.00	0.00	0.00	255.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17864	DRE RESUME LLC	255.00	0.00	0.00	255.00

Vendor#	Vendor Name	Class	Pay Code
T0383	ERIN CLEVENGER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063025		07/02/202	06/30/202	07/02/202			279.86	0.00	0.00	279.86

Removed - personal

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T0383	ERIN CLEVENGER	279.86	0.00	0.00	279.86

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
	1928250		07/01/202	06/26/202	07/21/202			5.08	0.00	0.00	5.08
	1928251		07/01/202	06/26/202	07/21/202			396.10	0.00	0.00	396.10
	1958936		07/01/202	06/27/202	07/22/202			754.87	0.00	0.00	754.87
	1958937		07/01/202	06/27/202	07/22/202			117.96	0.00	0.00	117.96
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE					1,274.01	0.00	0.00	1,274.01
Vendor#	Vendor Name					Class	Pay Code				
11183	FRONTIER										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	063025		07/02/202	06/30/202	06/30/202			25.32	0.00	0.00	25.32
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11183	FRONTIER					25.32	0.00	0.00	25.32
Vendor#	Vendor Name					Class	Pay Code				
14156	FUJI FILM										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	91658493		06/30/202	06/25/202	07/02/202			7,908.33	0.00	0.00	7,908.33
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14156	FUJI FILM					7,908.33	0.00	0.00	7,908.33
Vendor#	Vendor Name					Class	Pay Code				
12404	GE PRECISION HEALTHCARE, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	202954356		06/16/202	06/05/202	07/05/202			51.95	0.00	0.00	51.95
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12404	GE PRECISION HEALTHCARE, LLC					51.95	0.00	0.00	51.95
Vendor#	Vendor Name					Class	Pay Code				
12948	GREAT AMERICA FINANCIAL SVCS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	39555050		07/03/202	06/30/202	07/03/202			10,258.16	0.00	0.00	10,258.16
	4/24 - 5/23/25, 5/24 - 6/23/25										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12948	GREAT AMERICA FINANCIAL SVCS					10,258.16	0.00	0.00	10,258.16
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
	063025		06/30/202	06/30/202	06/30/202			100.00	0.00	0.00	100.00
	Work performed 6/3 - 6/27/25										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		G0401	GULF COAST DELIVERY					100.00	0.00	0.00	100.00
Vendor#	Vendor Name					Class	Pay Code				
12380	HEALTH SOLUTIONS DIETETICS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	063025		06/30/202	06/30/202	07/24/202			3,400.00	0.00	0.00	3,400.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12380	HEALTH SOLUTIONS DIETETICS					3,400.00	0.00	0.00	3,400.00
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
MMC072025		07/02/202	07/01/202	07/21/202			42,027.44	0.00	0.00	42,027.44

5/25 - 6/7/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	42,027.44	0.00	0.00	42,027.44

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063025		07/03/202	06/30/202	06/30/202			5,400.00	0.00	0.00	5,400.00

6/2 - 6/5/25, 6/9 - 6/8/25, 6/16 - 6/19/25, & 6/27/25 - 6/29/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1372	JOHN B WRIGHT LLC	5,400.00	0.00	0.00	5,400.00

Vendor# 17904 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BYNJOHN0001		07/01/202	07/01/202	07/01/202			75.00	0.00	0.00	75.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17904	[redacted]	75.00	0.00	0.00	75.00

Vendor# 17900 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BUTKEN0001		07/01/202	07/01/202	07/01/202			35.00	0.00	0.00	35.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17900	[redacted]	35.00	0.00	0.00	35.00

Vendor# 17936 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BARKEN0001		07/01/202	07/01/202	07/01/202			122.09	0.00	0.00	122.09

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17936	[redacted]	122.09	0.00	0.00	122.09

Vendor# 10972 Vendor Name M G TRUST Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070125		07/02/202	07/01/202	07/01/202			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# 17940 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PENMAR0004		07/01/202	07/01/202	07/01/202			10.00	0.00	0.00	10.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17940	[redacted]	10.00	0.00	0.00	10.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
23951320		07/01/202	06/24/202	07/09/202			2,252.08	0.00	0.00	2,252.08
23970643		07/01/202	06/27/202	07/12/202			981.60	0.00	0.00	981.60

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	M2178	MCKESSON MEDICAL SURGICAL INC						3,233.68	0.00	0.00	3,233.68
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
	2376349929		06/25/202	06/24/202	07/19/202			49.17	0.00	0.00	49.17
	2376456240		06/25/202	06/25/202	07/20/202			210.20	0.00	0.00	210.20
	2376456248		06/25/202	06/25/202	07/20/202			842.12	0.00	0.00	842.12
	2376456243		06/25/202	06/25/202	07/20/202			153.26	0.00	0.00	153.26
	2376456253		06/25/202	06/25/202	07/20/202			4,682.44	0.00	0.00	4,682.44
	2376456246		06/25/202	06/25/202	07/20/202			50.71	0.00	0.00	50.71
	2376456242		06/25/202	06/25/202	07/20/202			140.29	0.00	0.00	140.29
	2376456245		06/25/202	06/25/202	07/20/202			48.04	0.00	0.00	48.04
	2376456250		06/25/202	06/25/202	07/20/202			689.75	0.00	0.00	689.75
	2371631912		07/01/202	05/21/202	06/15/202			44.64	0.00	0.00	44.64
	2371631918		07/01/202	05/21/202	06/15/202			139.48	0.00	0.00	139.48
	2371631909		07/01/202	05/21/202	06/15/202			112.58	0.00	0.00	112.58
	2371631916		07/01/202	05/21/202	06/15/202			209.22	0.00	0.00	209.22
	2371631921		07/01/202	05/21/202	06/15/202			1,790.69	0.00	0.00	1,790.69
	2371631922		07/01/202	05/21/202	06/15/202			510.40	0.00	0.00	510.40
	2371631917		07/01/202	05/21/202	06/15/202			278.96	0.00	0.00	278.96
	2371631913		07/01/202	05/21/202	06/15/202			3.13	0.00	0.00	3.13
	2371631910		07/01/202	05/21/202	06/15/202			662.09	0.00	0.00	662.09
	2371631924		07/01/202	05/21/202	06/15/202			4.34	0.00	0.00	4.34
	2371631914		07/01/202	05/21/202	06/15/202			5.62	0.00	0.00	5.62
	2371631923		07/01/202	05/21/202	06/15/202			62.00	0.00	0.00	62.00
	2371631911		07/01/202	05/21/202	06/15/202			20.68	0.00	0.00	20.68
	2371631915		07/01/202	05/21/202	06/15/202			139.48	0.00	0.00	139.48
	2374545888		07/01/202	06/11/202	07/06/202			9.39	0.00	0.00	9.39
	2376611962		07/01/202	06/26/202	07/21/202			614.76	0.00	0.00	614.76
	1703498332		07/02/202	06/28/202	07/01/202			327.25	0.00	0.00	327.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	11,800.69	0.00	0.00	11,800.69

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
070125		07/02/202	07/01/202	07/01/202			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# 17948 Vendor Name: [redacted] — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DODMIC0002		07/01/202	07/01/202	07/01/202			10.00	0.00	0.00	10.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17948	[redacted]	10.00	0.00	0.00	10.00

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
3550358		06/30/202	06/25/202	07/05/202			2,334.94	0.00	0.00	2,334.94
3550360		06/30/202	06/25/202	07/05/202			545.03	0.00	0.00	545.03
3565038		06/30/202	06/29/202	07/09/202			24.21	0.00	0.00	24.21
3565037		06/30/202	06/29/202	07/09/202			142.71	0.00	0.00	142.71
3565036		06/30/202	06/29/202	07/09/202			11.24	0.00	0.00	11.24
3562757		06/30/202	06/29/202	07/09/202			5.40	0.00	0.00	5.40
3575475		06/30/202	07/01/202	07/11/202			20.75	0.00	0.00	20.75
3571538		06/30/202	07/01/202	07/11/202			31.92	0.00	0.00	31.92
3574677		06/30/202	07/01/202	07/11/202			1,921.25	0.00	0.00	1,921.25
3573933		06/30/202	07/01/202	07/11/202			241.25	0.00	0.00	241.25
3574678		06/30/202	07/01/202	07/11/202			84.92	0.00	0.00	84.92
3527318		07/02/202	06/18/202	06/28/202			684.99	0.00	0.00	684.99
3541910		07/02/202	06/23/202	07/03/202			92.51	0.00	0.00	92.51
CM26442		07/02/202	06/23/202	07/03/202			-14.47	0.00	0.00	-14.47
3541909		07/02/202	06/23/202	07/03/202			35.37	0.00	0.00	35.37
3547865		07/02/202	06/24/202	07/04/202			68.53	0.00	0.00	68.53
3548134		07/02/202	06/24/202	07/04/202			1,183.07	0.00	0.00	1,183.07
3548133		07/02/202	06/24/202	07/04/202			148.93	0.00	0.00	148.93
3551349		07/02/202	06/25/202	07/05/202			92.83	0.00	0.00	92.83

3551079	07/02/202 06/25/202 07/05/202	2,223.42	0.00	0.00	2,223.42
SC8348	07/02/202 06/25/202 07/05/202	119.94	0.00	0.00	119.94
SC8347	07/02/202 06/25/202 07/05/202	14.52	0.00	0.00	14.52
3550357	07/02/202 06/25/202 07/05/202	2,570.80	0.00	0.00	2,570.80
SC8349	07/02/202 06/25/202 07/05/202	302.57	0.00	0.00	302.57
3550359	07/02/202 06/25/202 07/05/202	15.52	0.00	0.00	15.52
SC8346	07/02/202 06/25/202 07/05/202	497.80	0.00	0.00	497.80
CM27177	07/02/202 06/25/202 07/05/202	-229.08	0.00	0.00	-229.08
3552284	07/02/202 06/25/202 07/05/202	4,018.30	0.00	0.00	4,018.30
3552285	07/02/202 06/25/202 07/05/202	1,314.53	0.00	0.00	1,314.53
3551234	07/02/202 06/26/202 07/06/202	147.24	0.00	0.00	147.24
3556870	07/02/202 06/26/202 07/06/202	440.30	0.00	0.00	440.30
3557469	07/02/202 06/26/202 07/06/202	540.40	0.00	0.00	540.40
3556871	07/02/202 06/26/202 07/06/202	642.52	0.00	0.00	642.52
3557470	07/02/202 06/26/202 07/06/202	371.15	0.00	0.00	371.15
3556869	07/02/202 06/26/202 07/06/202	674.65	0.00	0.00	674.65
3555460	07/02/202 06/26/202 07/06/202	17.72	0.00	0.00	17.72
3559692	07/02/202 06/26/202 07/06/202	38.60	0.00	0.00	38.60

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	21,376.28	0.00	0.00	21,376.28

Vendor#	Vendor Name	Class	Pay Code
17928	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BARAMA0001		07/01/202	07/01/202	07/01/202			28.00	0.00	0.00	28.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17928	[redacted]	28.00	0.00	0.00	28.00

Vendor#	Vendor Name	Class	Pay Code
13624	NEXION HEALTH AT NAVASOTA INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060125	June 2025	06/30/202	06/01/202	07/02/202			1,000.00	0.00	0.00	1,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13624	NEXION HEALTH AT NAVASOTA INC	1,000.00	0.00	0.00	1,000.00

Vendor#	Vendor Name	Class	Pay Code
17892	[redacted]		

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

	CARPAU0003		07/01/202	07/01/202	07/01/202		50.00	0.00	0.00	50.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		17892	[redacted]				50.00	0.00	0.00	50.00
Vendor#	Vendor Name				Class	Pay Code				
P1800	PITNEY BOWES INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1027672502		07/02/202	06/22/202	07/22/202		198.00	0.00	0.00	198.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		P1800	PITNEY BOWES INC				198.00	0.00	0.00	198.00
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
	9359327062		06/16/202	06/20/202	07/20/202		-20.23	0.00	0.00	-20.23
	9359349151		06/16/202	06/24/202	07/24/202		20.23	0.00	0.00	20.23
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)				0.00	0.00	0.00	0.00
Vendor#	Vendor Name				Class	Pay Code				
11251	RAPID PRINTING LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	29344		06/30/202	05/12/202	05/12/202		91.35	0.00	0.00	91.35
	29515		06/30/202	05/20/202	06/04/202		67.15	0.00	0.00	67.15
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11251	RAPID PRINTING LLC				158.50	0.00	0.00	158.50
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
	0847001401619		07/02/202	06/26/202	07/02/202		2,808.58	0.00	0.00	2,808.58
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10554	REPUBLIC SERVICES #847				2,808.58	0.00	0.00	2,808.58
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
	063025		07/02/202	06/30/202	07/02/202		14.64	0.00	0.00	14.64
	Reim. for Board Meeting - Flour Tortillas									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11764	ROBERT RODRIQUEZ				14.64	0.00	0.00	14.64
Vendor#	Vendor Name				Class	Pay Code				
10936	SIEMENS FINANCIAL SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	56382500060182		07/02/202	06/30/202	07/20/202		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#	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
	116745701		07/02/202	06/24/202	07/19/202		3,507.72	0.00	0.00	3,507.72
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net

	S2001	SIEMENS MEDICAL SOLUTIONS INC					3,507.72	0.00	0.00	3,507.72
Vendor#	Vendor Name				Class	Pay Code				
10699	SIGN AD, LTD.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	314788		07/02/202	07/01/202	07/11/202			425.00	0.00	0.00	425.00
	Lease Space 7/2 - 7/29/25										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.					425.00	0.00	0.00	425.00
Vendor#	Vendor Name				Class	Pay Code				
S2220	SKIP'S RESTAURANT EQUIPMENT				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	RINV1605		06/30/202	06/27/202	07/02/202			315.95	0.00	0.00	315.95
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2220	SKIP'S RESTAURANT EQUIPMENT					315.95	0.00	0.00	315.95
Vendor#	Vendor Name				Class	Pay Code				
14240	SMILE MAKERS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9746469		06/16/202	06/09/202	07/02/202			162.89	0.00	0.00	162.89
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14240	SMILE MAKERS					162.89	0.00	0.00	162.89
Vendor#	Vendor Name				Class	Pay Code				
12288	SPBS CLINICAL EQUIPMENT SRVC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV050000725		07/02/202	07/01/202	07/02/202			9,836.92	0.00	0.00	9,836.92
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12288	SPBS CLINICAL EQUIPMENT SRVC					9,836.92	0.00	0.00	9,836.92
Vendor#	Vendor Name				Class	Pay Code				
S3960	STERICYCLE, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8011153488		07/03/202	06/18/202	07/18/202			3,210.57	0.00	0.00	3,210.57
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S3960	STERICYCLE, INC					3,210.57	0.00	0.00	3,210.57
Vendor#	Vendor Name				Class	Pay Code				
10735	STRYKER SALES, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9209599724		07/02/202	05/01/202	05/31/202			112.42	0.00	0.00	112.42
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10735	STRYKER SALES, LLC					112.42	0.00	0.00	112.42
Vendor#	Vendor Name				Class	Pay Code				
17248	SUMMIT PAIN AND WELLNESS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1224		06/25/202	06/20/202	07/20/202			5,320.00	0.00	0.00	5,320.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17248	SUMMIT PAIN AND WELLNESS					5,320.00	0.00	0.00	5,320.00
Vendor#	Vendor Name				Class	Pay Code				
14212	SURGICAL DIRECT SOUTH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9360		06/25/202	06/24/202	07/24/202			3,000.00	0.00	0.00	3,000.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	14212	SURGICAL DIRECT SOUTH				3,000.00	0.00	0.00	3,000.00
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
	2020805		06/30/202	06/25/202	07/02/202		6,130.42	0.00	0.00	6,130.42
	Vendor Totals:	Number	Name				Gross	Discount	ay	Net
		T2539	T-SYSTEM, INC				6,130.42	0.00	0.00	6,130.42
Vendor#	Vendor Name				Class	Pay Code				
T1880	TEXAS DEPARTMENT OF LICENSING				A/P					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	062725	(3) Annual Elevator Inspection Certificate	07/02/202	06/27/202	07/02/202		60.00	0.00	0.00	60.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		T1880	TEXAS DEPARTMENT OF LICENSING				60.00	0.00	0.00	60.00
Vendor#	Vendor Name				Class	Pay Code				
T2050	TEXAS HOSPITAL INS EXCHANGE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	063025	Liability Ins. Policy	07/02/202	06/30/202	07/02/202		2,838.50	0.00	0.00	2,838.50
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		T2050	TEXAS HOSPITAL INS EXCHANGE				2,838.50	0.00	0.00	2,838.50
Vendor#	Vendor Name				Class	Pay Code				
10758	TEXAS SELECT STAFFING, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	0025575		07/02/202	06/26/202	06/27/202		6,575.00	0.00	0.00	6,575.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10758	TEXAS SELECT STAFFING, LLC				6,575.00	0.00	0.00	6,575.00
Vendor#	Vendor Name				Class	Pay Code				
15396	THIRD COAST DISTRIBUTING LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	063025		07/03/202	06/30/202	06/30/202		118.16	0.00	0.00	118.16
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		15396	THIRD COAST DISTRIBUTING LLC				118.16	0.00	0.00	118.16
Vendor#	Vendor Name				Class	Pay Code				
17908	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	BULTHO0001		07/01/202	07/01/202	07/01/202		14.83	0.00	0.00	14.83
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		17908	[redacted]				14.83	0.00	0.00	14.83
Vendor#	Vendor Name				Class	Pay Code				
T3130	TRI-ANIM HEALTH SERVICES INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	600844896A		07/03/202	06/24/202	07/19/202		317.92	0.00	0.00	317.92
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		T3130	TRI-ANIM HEALTH SERVICES INC				317.92	0.00	0.00	317.92
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
	2921063036		06/25/202	06/23/202	07/18/202		3,457.78	0.00	0.00	3,457.78
	2921063050		06/25/202	06/23/202	07/18/202		185.35	0.00	0.00	185.35

2921063376		06/30/202	06/26/202	07/21/202	150.06	0.00	0.00	150.06
2921063370		06/30/202	06/26/202	07/21/202	190.64	0.00	0.00	190.64
2921062875		07/02/202	06/19/202	07/14/202	251.14	0.00	0.00	251.14
2921062897		07/02/202	06/19/202	07/14/202	135.39	0.00	0.00	135.39
2921063384		07/02/202	06/26/202	07/21/202	136.63	0.00	0.00	136.63
2921063347		07/02/202	06/26/202	07/21/202	71.25	0.00	0.00	71.25
2921063398		07/02/202	06/26/202	07/21/202	255.57	0.00	0.00	255.57
2921063365		07/02/202	06/26/202	07/21/202	181.87	0.00	0.00	181.87
2921063339		07/02/202	06/26/202	07/21/202	2,885.55	0.00	0.00	2,885.55

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	7,901.23	0.00	0.00	7,901.23

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
INV00593465		07/02/202	06/30/202	07/02/202			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
11280	VICTORIA ADVOCATE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0348492		06/30/202	06/01/202	06/30/202			56.10	0.00	0.00	56.10

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11280	VICTORIA ADVOCATE	56.10	0.00	0.00	56.10

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
39739		07/02/202	06/20/202	07/20/202			3,140.00	0.00	0.00	3,140.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17832	VOCA LLC	3,140.00	0.00	0.00	3,140.00

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
9111892640		07/01/202	06/25/202	07/20/202			2,153.26	0.00	0.00	2,153.26

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	2,153.26	0.00	0.00	2,153.26

Vendor#	Vendor Name	Class	Pay Code
17920	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BLAWIL0001		07/01/202	07/01/202	07/01/202			65.20	0.00	0.00	65.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17920	[redacted]	65.20	0.00	0.00	65.20

Vendor#	Vendor Name				Class	Pay Code				
17880	YOUR PHONE GUYS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	22436		07/02/202	06/24/202	07/24/202			1,000.00	0.00	0.00	1,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17880	YOUR PHONE GUYS LLC	1,000.00	0.00	0.00	1,000.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	345,768.72	0.00	0.00	345,768.72

APPROVED ON

JUL 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 209421 - 209502

345,768.72 +
279.86 -
345,488.86 =

Pg. 4 removed - personal

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	209421	07/09/25	818.40	AIRGAS USA, LLC - CENTRAL DIV
A/P	209422	07/09/25	90.86	ALIMED INC.
A/P	209423	07/09/25	72.95	AMAZON CAPITAL SERVICES
A/P	209424	07/09/25	750.00	AMERITEX ELEVATOR SERVICES INC
A/P	209425	07/09/25	78.08	[redacted]
A/P	209426	07/09/25	5,350.00	AVENO NETWORKS
A/P	209427	07/09/25	1,425.60	AZALEA HEALTH
A/P	209428	07/09/25	12,119.69	BECKMAN COULTER INC
A/P	209429	07/09/25	115.86	[redacted]
A/P	209430	07/09/25	4,400.00	CALHOUN COUNTY EMS
A/P	209431	07/09/25	177.56	CARDINAL HEALTH 414, INC.
A/P	209432	07/09/25	140.70	CARESFIELD
A/P	209433	07/09/25	702.58	CDW GOVERNMENT, INC.
A/P	209434	07/09/25	24.25	CENTRAL DRUG
A/P	209435	07/09/25	4,300.00	CFI MECHANICAL INC
A/P	209436	07/09/25	27.00	[redacted]
A/P	209437	07/09/25	1,232.05	CLEARFLY
A/P	209438	07/09/25	871.22	COASTAL OFFICE SOLUTONS
A/P	209439	07/09/25	501.72	COMBINED INSURANCE
A/P	209440	07/09/25	240.00	[redacted]
A/P	209441	07/09/25	28.00	[redacted]
A/P	209442	07/09/25	748.03	DEWITT POTH & SON
A/P	209443	07/09/25	134,378.43	DISCOVERY MEDICAL NETWORK INC
A/P	209444	07/09/25	40.00	[redacted]
A/P	209445	07/09/25	3,000.00	DR JOHN CLINTON
A/P	209446	07/09/25	2,700.00	DR. TIMU KWI
A/P	209447	07/09/25	255.00	DRE RESUME LLC
A/P	209448	07/09/25	1,274.01	FISHER HEALTHCARE
A/P	209449	07/09/25	25.32	FRONTIER
A/P	209450	07/09/25	7,908.33	FUJI FILM
A/P	209451	07/09/25	51.95	GE PRECISION HEALTHCARE, LLC
A/P	209452	07/09/25	10,258.16	GREAT AMERICA FINANCIAL SVCS
A/P	209453	07/09/25	100.00	GULF COAST DELIVERY
A/P	209454	07/09/25	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	209455	07/09/25	42,027.44	ITA RESOURCES INC
A/P	209456	07/09/25	5,400.00	JOHN B WRIGHT LLC
A/P	209457	07/09/25	75.00	[redacted]
A/P	209458	07/09/25	35.00	[redacted]
A/P	209459	07/09/25	122.09	[redacted]
A/P	209460	07/09/25	895.00	M G TRUST
A/P	209461	07/09/25	10.00	[redacted]
A/P	209462	07/09/25	3,233.68	MCKESSON MEDICAL SURGICAL INC
A/P	209463	07/09/25	.00	VOIDED
A/P	209464	07/09/25	.00	VOIDED
A/P	209465	07/09/25	.00	VOIDED
A/P	209466	07/09/25	11,800.69	MEDLINE INDUSTRIES INC
A/P	209467	07/09/25	25.00	MEMORIAL MEDICAL CLINIC
A/P	209468	07/09/25	10.00	[redacted]
A/P	209469	07/09/25	.00	VOIDED
A/P	209470	07/09/25	.00	VOIDED

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	209471	07/09/25	21,376.28	MORRIS & DICKSON CO, LLC
A/P	209472	07/09/25	28.00	[redacted]
A/P	209473	07/09/25	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	209474	07/09/25	50.00	[redacted]
A/P	209475	07/09/25	198.00	PITNEY BOWES INC
A/P	209476	07/09/25	158.50	RAPID PRINTING LLC
A/P	209477	07/09/25	2,808.58	REPUBLIC SERVICES #847
A/P	209478	07/09/25	14.64	ROBERT RODRIQUEZ
A/P	209479	07/09/25	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	209480	07/09/25	3,507.72	SIEMENS MEDICAL SOLUTIONS INC
A/P	209481	07/09/25	425.00	SIGN AD, LTD.
A/P	209482	07/09/25	315.95	SKIP'S RESTAURANT EQUIPMENT
A/P	209483	07/09/25	162.89	SMILE MAKERS
A/P	209484	07/09/25	9,836.92	SPBS CLINICAL EQUIPMENT SRVC
A/P	209485	07/09/25	3,210.57	STERICYCLE, INC
A/P	209486	07/09/25	112.42	STRYKER SALES, LLC
A/P	209487	07/09/25	5,320.00	SUMMIT PAIN AND WELLNESS
A/P	209488	07/09/25	3,000.00	SURGICAL DIRECT SOUTH
A/P	209489	07/09/25	6,130.42	T-SYSTEM, INC
A/P	209490	07/09/25	60.00	TEXAS DEPARTMENT OF LICENSING
A/P	209491	07/09/25	2,838.50	TEXAS HOSPITAL INS EXCHANGE
A/P	209492	07/09/25	6,575.00	TEXAS SELECT STAFFING, LLC
A/P	209493	07/09/25	118.16	THIRD COAST DISTRIBUTING LLC
A/P	209494	07/09/25	14.83	[redacted]
A/P	209495	07/09/25	317.92	TRI-ANIM HEALTH SERVICES INC
A/P	209496	07/09/25	7,901.23	UNIFIRST HOLDINGS INC
A/P	209497	07/09/25	1,019.79	UPDOX LLC
A/P	209498	07/09/25	56.10	VICTORIA ADVOCATE
A/P	209499	07/09/25	3,140.00	VOCA LLC
A/P	209500	07/09/25	2,153.26	WERFEN USA LLC
A/P	209501	07/09/25	65.20	[redacted]
A/P	209502	07/09/25	1,000.00	YOUR PHONE GUYS LLC
A/P	209503	07/09/25	165,880.06	GOLDENCREEK HEALTHCARE
A/P	209504	07/09/25	22,596.25	LAVACA BAY NURSING AND REHAB
A/P	209505	07/09/25	164,946.33	TUSCANY VILLAGE
TOTALS:			698,911.50	

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables
345,488.86 +
165,880.06 +
164,946.33 +
22,596.25 +
698,911.50 ◇

NH
Xfers

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: 07/04/2025 Page: 002

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 07/05/2025

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

As of: 07/04/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 07/05/2025 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: 34.76 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 07/08/2025,
Pay This Amount: 34.07 USD

If Paid After 07/08/2025,
Pay this Amount: 34.76 USD

Due If Paid On Time:
USD 34.07

Disc lost if paid late:
0.69

Due If Paid Late:
USD 34.76

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JUL 07 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

14.45 +
16.22 +
3.40 +
34.07 ◊

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/04/2025

Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/05/2025

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

As of: 07/04/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 07/05/2025 **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											
06/30/2025	07/08/2025	7576857174	240992526	115Invoice	0.29	14.74		14.45	✓	7576857174	

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: 14.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 277.50
06/30/2025

If Paid By 07/08/2025, Pay This Amount: 14.45 USD

If Paid After 07/08/2025, Pay this Amount: 14.74 USD

Due If Paid On Time:
USD 14.45

Disc lost if paid late: 0.29

Due If Paid Late:
USD 14.74

APPROVED ON

JUL 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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: 07/04/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 07/05/2025

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

As of: 07/04/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 07/05/2025 **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											
06/30/2025	07/08/2025	7576614360	B2506-055-208672	115Invoice	0.33	16.55		16.22	✓	7576614360	
06/30/2025	07/08/2025	7576614361	B2506-055-208677	115Invoice	0.07	3.47		3.40	✓	7576614361	

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: 20.02 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 277.50
06/30/2025

If Paid By 07/08/2025, Pay This Amount: 19.62 USD

If Paid After 07/08/2025, Pay this Amount: 20.02 USD

Due If Paid On Time:
USD 19.62

Disc lost if paid late:
0.40

Due If Paid Late:
USD 20.02

APPROVED ON

JUL 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 70070095
Date: 07-04-2025

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:	99.02
Past Due:	691.60
Total Due:	790.62
Account Balance:	790.62

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
06-30-2025	07-11-2025	3219380708	7009993981	Invoice	28.32		0.00	28.32
06-30-2025	07-11-2025	3219380709	7010003593	Invoice	21.44		0.00	21.44
06-30-2025	07-11-2025	3219381210	7010014123	Invoice	2.62		0.00	2.62
07-02-2025	07-11-2025	3219656450	7010025374	Invoice	4.48		0.00	4.48
07-03-2025	07-11-2025	3219798133	7010033709	Invoice	3.81		0.00	3.81
07-03-2025	07-11-2025	3219798134	7010035665	Invoice	38.35		0.00	38.35

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
99.02	691.60	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
07-04-2025	691.60
07-11-2025	99.02
Total Due:	790.62

APPROVED ON
JUL 07 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

AmerisourceBergen

STATEMENT

Statement Number: 70086596
Date: 07-04-2025

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:	1,747.60
Past Due:	4.81
Total Due:	1,752.41
Account Balance:	1,752.41

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
06-30-2025	07-11-2025	3219364121	7010012564	Invoice	4.05		0.00	4.05
07-02-2025	07-11-2025	3219697734	7010035367	Invoice	721.89		0.00	721.89
07-03-2025	07-11-2025	3219831715	7010042240	Invoice	1,021.66		0.00	1,021.66

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,747.60	4.81	0.00	0.00	0.00	0.00	0.00

APPROVED ON
JUL 07 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
07-04-2025	4.81
07-11-2025	1,747.60
Total Due:	1,752.41

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PIVNO
5379	76351	1	70	0	2025	122000996	0	6/30/2025	$35.68	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]		CAT	F	4/8/2025	4/8/2025	741680498
5380	76351	2	71	0	2025	122000966	0	6/30/2025	$35.68	1	SINGLETON ASSOCIATES PA	P	220	0	[redacted]		WLB	F	3/28/2025	3/28/2025	741680498
5383	76351	3	16	1	2025	122000986	0	6/30/2025	$10.33	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	4/1/2025	4/1/2025	741680498
5384	76351	3	42	1	2025	126003433	0	6/30/2025	$11.19	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	4/11/2025	4/11/2025	741680498
5385	76351	3	21	0	2025	122000954	0	6/30/2025	$11.61	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	10/2/2024	10/2/2024	741680498
5386	76351	3	10	0	2025	126003416	0	6/30/2025	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]		AB	F	4/16/2025	4/16/2025	741680498
5387	76351	3	73	2	2025	171000114	0	6/30/2025	$95.57	1	SCOTT & WHITE CLINIC	P	172	0	[redacted]		AB	F	6/2/2025	6/2/2025	742958277
5391	76360	2	29	1	2025	157000475	0	6/30/2025	$73.50	1	MHK FAMILY PRACTICE PLLC	P	172	0	[redacted]		AB	F	5/27/2025	5/27/2025	994807850
5392	76360	2	87	0	2025	122001017	0	6/30/2025	$90.47	1	SINGLETON ASSOCIATES PA	P	321	0	[redacted]		MRIO	F	4/11/2025	4/11/2025	741680498
5394	76360	2	35	0	2025	169000426	0	6/30/2025	$2,221.20	1	HOUSTON METHODIST HOSPITAL	P	485	0	[redacted]		INLM	F	5/1/2025	5/1/2025	741180155
5395	76360	3	81	0	2025	155001147	0	6/30/2025	$9,081.65	1	DETAR HEALTHCARE SYSTEM	P	702	0	[redacted]		ABS	F	1/20/2025	1/20/2025	621754940
5396	76360	3	26	0	2025	122000942	0	6/30/2025	$11.19	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	4/1/2025	4/1/2025	741680498
5397	76360	3	105	0	2025	127000998	0	6/30/2025	$47.29	1	SINGLETON ASSOCIATES PA	P	481	0	[redacted]		OPDX	F	4/9/2025	4/9/2025	741680498
5398	76360	3	49	2	2025	156000424	0	6/30/2025	$99.70	1	MICHELLE M CUMMINS	P	457	0	[redacted]		OVS	F	5/21/2025	5/21/2025	742951453
5399	76360	3	80	0	2025	154000524	0	6/30/2025	$116.71	1	PAM PHYSICIAN ENTERPRISE	P	177	0	[redacted]		OV	F	12/11/2024	12/11/2024	475510475
5402	76360	3	120	3	2025	126000189	0	6/30/2025	$223.31	1	ACADIANA ACUTE CARE ASSOCIATES LLC	P	189	0	[redacted]		ERD	F	4/12/2025	4/12/2025	270191765
5403	76360	3	49	2	2025	127000984	0	6/30/2025	$223.31	1	OLEANDER EMERGENCY MEDICINE ASSOCIATES	P	189	0	[redacted]		ERD	F	3/13/2025	3/13/2025	454288136
									$12,471.91												

APPROVED ON

JUL 07 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- June 30, 2025 - July 6, 2025

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
7/3/2025	PAY PLUS ACHTrans 75666353 101000696091826 P	- 3rd Party Payor Fee	178.38	901709
7/3/2025	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95	901710
7/3/2025	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	305.54	901711
7/3/2025	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	164.38	901712
7/3/2025	MERCHANT BANKCD FEE 971160913887 91000012814	- Credit Card Processing Fee	143.50	901713
7/3/2025	MERCHANT BANKCD FEE 971160910883 91000012814	- Credit Card Processing Fee	9.95	
7/3/2025	HEALTHEQUITY INC HealthEqui 1356888 91000012	- EmpDeduct/Employer Contribut	1,087.00 *	
7/3/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	389,123.15 *	
7/2/2025	STATE COMPTRLR TEXNET 08768017/50701 2100002	-DSH IGT	158,945.23	
7/2/2025	PAY PLUS ACHTrans 75422546 101000693585503 P	- 3rd Party Payor Fee	55.49	
7/2/2025	AUTHNET GATEWAY BILLING 142592417 1040000113	- 3rd Party Payor Fee	25.50	
7/1/2025	PAY PLUS ACHTrans 75236297 101000691819752 P	- 3rd Party Payor Fee	181.85	
7/1/2025	MCKESSON DRUG AUTO ACH ACH06587126 910000156	- 340B Drug Program Expense	277.50 *	
6/30/2025	PAY PLUS ACHTrans 75123339 101000690123495 P	- 3rd Party Payor Fee	423.27	
			550,940.69	

Michelle Cumberland July 7, 2025 * Approved on 7.02.25 cc
Michelle Cumberland, CFO
Memorial Medical Center

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
7/31/2025	STATE COMPTRLR TEXNET	-QIPP IGT	1,267,389.35
			1,267,389.35

Michelle Cumberland July 7, 2025
Michelle Cumberland, CFO
Memorial Medical Center

APPROVED ON
JUL 07 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

550,940.69 +
1,087.00 -
389,123.15 -
158,945.23 -
277.50 -
1,507.81 ◊
1,507.81 -
0.00 ◊

178.38 +
pay plus 55.49 +
181.85 +
423.27 +
838.99 ◊
Bank Disc.
19.95 +
305.54 +
325.49 ◊
Inter.
164.38 +
164.38 ◊
Bank Fee
143.50 +
9.95 +
153.45 ◊
Authnet.
25.50 +
25.50 ◊

838.99 +
325.49 +
164.38 +
153.45 +
25.50 +
1,507.81 ◊

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

Payment Total	$1,267,389.35
Bank Routing and Account Number	
Settlement Date	7/31/2025
QIPP Amount	$1,267,389.35
Entered By	Caitlin Clevenger

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

Payment Total	$158,945.23
Bank Routing and Account Number	
Settlement Date	7/2/2025
DSH Amount	$158,945.23
Entered By	Caitlin Clevenger

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 03 2025

CALHOUN COUNTY, TEXAS

07/03/2025
11:47

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/25/2025

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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
062525A		06/25/202	06/25/202	07/25/202			5,495.00	0.00	0.00	5,495.00
	ins. pmt. dep. into mmc opt in error									
062525		06/25/202	06/25/202	07/25/202			42,077.07	0.00	0.00	42,077.07
062725		06/27/202	06/27/202	07/25/202			447.52	0.00	0.00	447.52
062725B		06/27/202	06/27/202	07/25/202			7,219.11	0.00	0.00	7,219.11
062725A		06/27/202	06/27/202	07/25/202			6,494.50	0.00	0.00	6,494.50
063025A		06/30/202	06/30/202	07/25/202			24,582.95	0.00	0.00	24,582.95
	QIPP 48 Q1 Recon.									
063025		06/30/202	06/30/202	07/25/202			2,262.31	0.00	0.00	2,262.31
	ins. pmt dep. into mmc opt in error									
070125		07/02/202	07/01/202	07/25/202			77,301.60	0.00	0.00	77,301.60
	QIPP 48 Q1 Recon.									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	165,880.06	0.00	0.00	165,880.06

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	165,880.06	0.00	0.00	165,880.06

APPROVED ON

JUL 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 209503

RECEIVED BY THE COUNTY AUDITOR ON

JUL 03 2025

CALHOUN COUNTY, TEXAS

07/03/2025 MEMORIAL MEDICAL CENTER 0

11:48 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 07/25/2025

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
062525B		06/25/202	06/25/202	07/25/202			37,370.00	0.00	0.00	37,370.00
062525		06/25/202	06/25/202	07/25/202			419.00	0.00	0.00	419.00
062525A		06/25/202	06/25/202	07/25/202			1,191.31	0.00	0.00	1,191.31
062625		06/26/202	06/26/202	07/25/202			6,697.86	0.00	0.00	6,697.86
063025		06/30/202	06/30/202	07/25/202			25,605.78	0.00	0.00	25,605.78
063025A		06/30/202	06/30/202	07/25/202			1,676.00	0.00	0.00	1,676.00
070125A		07/02/202	07/01/202	07/25/202			90,976.38	0.00	0.00	90,976.38
070125		07/02/202	07/01/202	07/25/202			1,010.00	0.00	0.00	1,010.00

ins. pmt. dep. into mmc opt in error

QIPP 4801 Recon.

ins. pmt. dep. into mmc opt in error

QIPP 4802 Recon.

ins. pmt dep. into mmc opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	164,946.33	0.00	0.00	164,946.33

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	164,946.33	0.00	0.00	164,946.33

APPROVED ON

JUL 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 209505

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 03 2025

CALHOUN COUNTY, TEXAS

07/03/2025
11:48

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/25/2025

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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
062525		06/25/202	06/25/202	07/25/202			2,709.56	0.00	0.00	2,709.56
062525A		06/25/202	06/25/202	07/25/202			7,736.98	0.00	0.00	7,736.98
062525B		06/25/202	06/25/202	07/25/202			4,278.60	0.00	0.00	4,278.60
062625		06/26/202	06/26/202	07/25/202			1,885.50	0.00	0.00	1,885.50
062725		06/27/202	06/27/202	07/25/202			3,440.78	0.00	0.00	3,440.78
062725A		06/27/202	06/27/202	07/25/202			2,544.83	0.00	0.00	2,544.83

ins. pmt. dep. into mmc opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	22,596.25	0.00	0.00	22,596.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	22,596.25	0.00	0.00	22,596.25

APPROVED ON

JUL 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk#209504

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/7/2025

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		100.00	-	166,863.10			166,963.10	166,863.10
						Bank Balance	166,963.10	
						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	**166,863.10**	
Broadmoor		100.00	-	102,863.24		-	102,963.24	102,863.24
						Bank Balance	102,963.24	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**102,863.24**	
Crescent		3,140.00	3,040.00	76,973.04			77,073.04	76,973.04
						Bank Balance	77,073.04	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**76,973.04**	
Fort Bend		46,126.77	44,758.69	10.22			1,378.30	-
						Bank Balance	1,378.30	
						Variance	(0.00)	
						Leave in Balance	100.00	
						Claim Payment Owed to Lavaca Bay	705.02	
						Claim Payment Owed to Lavaca Bay	563.06	
						Claim Payment Owed to Lavaca Bay	2,021.66	
						Adjust Balance/Transfer Amt	**(2,011.44)**	
Solera at W Houston		321,856.23	321,756.23	60,656.44			60,756.44	60,656.44
						Bank Balance	60,756.44	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	60,656.44	

166,863.10 +
102,863.24 + *'est Houston / Fort Bend / Broadmoor:*
76,973.04 +
60,656.44 +
407,355.82 ◊

APPROVED ON
JUL 07 2
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS **407,355.82**

Approved:
Michelle Cumberland, CFO **7/7/2025**

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 7.7.25

Ashford Gardens		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/3/2025	Deposit	-	166,842.66					-	166,842.66
6/30/2025	Added to Account	-	20.44					-	20.44
								-	-
								-	-
								-	-
		-	166,863.10	-	-	-	-	-	166,863.10

Broadmoor		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/3/2025	Deposit	-	102,861.28					-	102,861.28
6/30/2025	Added to Account	-	1.96					-	1.96
								-	-
								-	-
								-	-
								-	-
		-	102,863.24	-	-	-	-	-	102,863.24

Crescent		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/3/2025	Deposit	-	76,970.81					-	76,970.81
7/2/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	3,040.00	-					-	-
6/30/2025	Added to Account	-	2.23					-	2.23
								-	-
								-	-
								-	-
								-	-
		3,040.00	76,973.04	-	-	-	-	-	76,973.04

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
7/2/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	44,758.69	-					-	-
6/30/2025	Added to Account	-	10.22					-	10.22
								-	-
								-	-
								-	-
		44,758.69	10.22	-	-	-	-	-	10.22

Solera at West Houston		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/3/2025	Deposit	-	60,580.36					-	60,580.36
7/2/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	321,756.23	-					-	-
6/30/2025	Added to Account	-	76.08					-	76.08
								-	-
								-	-
								-	-
								-	-
								-	-
		321,756.23	60,656.44	-	-	-	-	-	60,656.44
TOTALS			407,366.04	-	-	-	-	-	407,366.04

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,817,587.51	$2,725,175.46	$2,817,587.51	$3,860,116.39
*4381 MEMORIAL MEDICAL / NH ASHFORD	$166,963.10	$166,963.10	$166,963.10	$120.44
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102,963.24	$102,963.24	$102,963.24	$101.96
*4411 MEMORIAL MEDICAL / NH CRESCENT	$77,073.04	$79,725.04	$77,073.04	$102.23
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$60,756.44	$60,756.44	$60,756.44	$176.08
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,378.30	$1,378.30	$1,378.30	$1,378.30
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$372,988.63	$395,878.73	$372,988.63	$327,268.41
*4551 CAL CO INDIGENT HEALTHCARE	$9,696.82	$9,696.82	$9,696.82	$5,515.01
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$5,991.01	$5,991.01	$5,991.01	$125.01
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.19	$100.19	$100.19	$100.19
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$390,613.54	$390,870.54	$390,613.54	$297,841.04
*3407 MMC -NH TUSCANY VILLAGE	$126,714.15	$126,714.15	$126,714.15	$20,508.08
*2998 MMC -MONEY MARKET FUND	$66,447.12	$66,447.12	$66,447.12	$66,447.12
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$1,812.09	$1,812.09	$1,812.09	$1,792.09
Total Balance	**$4,201,085.18**	**$4,134,472.23**	**$4,201,085.18**	**$4,581,592.35**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/7/2025

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		589,507.17	278,983.67	62,465.13		-	372,988.63	61,633.59
						Bank Balance	372,988.63	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Superior Q2 Owed to MMC	309,737.27	
						Claim Payment owed to MMC	589.25	
						April Interest	397.88	
						May Interest	288.35	
						June Interest	242.29	
						Adjust Balance/Transfer Amt	61,633.59	

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 7/7/2025

APPROVED ON
JUL 07 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
7/3/2025	Deposit	-	15,371.14					-	15,371.14
7/3/2025	TSYS/TRANSFIRST CR CD DEP S43684555876917 43	-	2,310.00					-	2,310.00
7/3/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001446	-	13,431.00					-	13,431.00
7/3/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	14,608.08					-	14,608.08
7/2/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	278,983.67	-					-	-
7/2/2025	TSYS/TRANSFIRST CR CD DEP S43684555876917 43	-	73.37					-	73.37
7/2/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001641	-	2,827.05					-	2,827.05
7/1/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001642	-	2,356.00					-	2,356.00
7/1/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001642	-	2,944.66					-	2,944.66
6/30/2025	Added to Account	-	242.29					-	242.29
6/30/2025	TSYS/TRANSFIRST CR CD DEP S43684555876917 43	-	1,421.60					-	1,421.60
6/30/2025	TSYS/TRANSFIRST CR CD DEP S43684555876917 43	-	4,399.50					-	4,399.50
6/30/2025	NOVITAS SOLUTION HCCLAIMPMT 676097 420000131	-	2,480.44					-	2,480.44
								-	-
		278,983.67	**62,465.13**	-	-	-	-	-	**62,465.13**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,817,587.51	$2.725,175.46	$2,817,587.51	$3,860,116.39
*4381 MEMORIAL MEDICAL / NH ASHFORD	$166,963.10	$166,963.10	$166,963.10	$120.44
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102,963.24	$102,963.24	$102,963.24	$101.96
*4411 MEMORIAL MEDICAL / NH CRESCENT	$77,073.04	$79,725.04	$77,073.04	$102.23
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$60,756.44	$60,756.44	$60,756.44	$176.08
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,378.30	$1,378.30	$1,378.30	$1,378.30
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$372,988.63	$395,878.73	$372,988.63	$327,268.41
*4551 CAL CO INDIGENT HEALTHCARE	$9,696.82	$9,696.82	$9,696.82	$5,515.01
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$5,991.01	$5,991.01	$5,991.01	$125.01
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.19	$100.19	$100.19	$100.19
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$390,613.54	$390,870.54	$390,613.54	$297,841.04
*3407 MMC -NH TUSCANY VILLAGE	$126,714.15	$126,714.15	$126,714.15	$20,508.08
*2998 MMC -MONEY MARKET FUND	$66,447.12	$66,447.12	$66,447.12	$66,447.12
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$1,812.09	$1,812.09	$1,812.09	$1,792.09
Total Balance	**$4,201,085.18**	**$4,134,472.23**	**$4,201,085.18**	**$4,581,592.35**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/7/2025

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		124.00	-	5,867.01			-	5,991.01	5891.01
							Bank Balance	5,991.01	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	5,891.01	

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	-	0.19		-	-	100.19	0.19
							Bank Balance	100.19	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	0.19	

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: MR
Michelle Cumberland, CFO 7/7/2025

APPROVED ON
JUL 07 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
7/3/2025 HNB - ECHO HCCLAIMPMT 746003411 440000248284	-	5,866.00					-	5,866.00
6/30/2025 Added to Account	-	1.01					-	1.01
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
	-	5,867.01	-	-	-	-	-	5,867.01

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
6/30/2025 Added to Account		0.19					-	0.19
							-	-
	-	0.19	-	-	-	-	-	0.19
	-	5,867.20	-	-	-	-	-	5,867.20

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,817,587.51	$2,725,175.46	$2,817,587.51	$3,860,116.39
*4381 MEMORIAL MEDICAL / NH ASHFORD	$166,963.10	$166,963.10	$166,963.10	$120.44
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102,963.24	$102,963.24	$102,963.24	$101.96
*4411 MEMORIAL MEDICAL / NH CRESCENT	$77,073.04	$79,725.04	$77,073.04	$102.23
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$60,756.44	$60,756.44	$60,756.44	$176.08
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,378.30	$1,378.30	$1,378.30	$1,378.30
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$372,988.63	$395,878.73	$372,988.63	$327,268.41
*4551 CAL CO INDIGENT HEALTHCARE	$9,696.82	$9,696.82	$9,696.82	$5,515.01
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$5,991.01 √	$5,991.01	$5,991.01	$125.01
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.19 √	$100.19	$100.19	$100.19
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$390,613.54	$390,870.54	$390,613.54	$297,841.04
*3407 MMC -NH TUSCANY VILLAGE	$126,714.15	$126,714.15	$126,714.15	$20,508.08
*2998 MMC -MONEY MARKET FUND	$66,447.12	$66,447.12	$66,447.12	$66,447.12
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$1,812.09	$1,812.09	$1,812.09	$1,792.09
Total Balance	**$4,201,085.18**	**$4,134,472.23**	**$4,201,085.18**	**$4,581,592.35**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
7/7/2025

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		192,878.66	178,923.11	112,758.60	-	-	-	126,714.15	118,295.00
							Bank Balance	126,714.15	
							Variance	-	
							Leave in Balance	100.00	
							Claim Payment owed to Golden Creek	8,319.15	
							Adjust Balance/Transfer Amt	118,295.00	

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 7/7/2025

APPROVED ON
JUL 07 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
7/3/2025	Deposit	-	106,206.07					-	106,206.07
7/2/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	178,923.11	-					-	-
7/1/2025	HNB - ECHO HCCLAIMPMT 746003411 440000242492	-	6,218.84					-	6,218.84
6/30/2025	Added to Account	-	333.69					-	333.69
								-	-
								-	-
								-	-
								-	-
								-	-
								-	-
								-	-
		178,923.11	112,758.60	-	-	-	-	-	112,758.60

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,817,587.51	$2,725,175.46	$2,817,587.51	$3,860,116.39
*4381 MEMORIAL MEDICAL / NH ASHFORD	$166,963.10	$166,963.10	$166,963.10	$120.44
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102,963.24	$102,963.24	$102,963.24	$101.96
*4411 MEMORIAL MEDICAL / NH CRESCENT	$77,073.04	$79,725.04	$77,073.04	$102.23
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$60,756.44	$60,756.44	$60,756.44	$176.08
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,378.30	$1,378.30	$1,378.30	$1,378.30
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$372,988.63	$395,878.73	$372,988.63	$327,268.41
*4551 CAL CO INDIGENT HEALTHCARE	$9,696.82	$9,696.82	$9,696.82	$5,515.01
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$5,991.01	$5,991.01	$5,991.01	$125.01
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.19	$100.19	$100.19	$100.19
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$390,613.54	$390,870.54	$390,613.54	$297,841.04
*3407 MMC -NH TUSCANY VILLAGE	$126,714.15	$126,714.15	$126,714.15	$20,508.08
*2998 MMC -MONEY MARKET FUND	$66,447.12	$66,447.12	$66,447.12	$66,447.12
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$1,812.09	$1,812.09	$1,812.09	$1,792.09
Total Balance	**$4,201,085.18**	**$4,134,472.23**	**$4,201,085.18**	**$4,581,592.35**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
7/7/2025

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		597,728.10	330,641.69	123,527.13			-	390,613.54	123,193.44
							Bank Balance	390,613.54	
							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	
							June Interest	333.69	
							Adjust Balance/Transfer Amt	123,193.44	

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 7/7/2025

APPROVED ON
JUL 07 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
7/3/2025	Deposit	-	47,956.33					-	47,956.33
7/3/2025	Deposit	-	27,131.24					-	27,131.24
7/3/2025	HUMANA INS CO HCCLAIMPMT 78695576 8300005520	-	16,930.72					-	16,930.72
7/3/2025	HOSPICE OF SOUTH Payments NF 113122650024237	-	754.21					-	754.21
7/2/2025	WIRE OUT REG Leased OpCo LLC	330,641.69	-					-	-
7/2/2025	NDC SWEEP FAC 02330 56009680010201 SWEEP FR	-	20,142.62					-	20,142.62
7/2/2025	CENTENE CORP HCCLAIMPMT 53101120802502	-	8,312.93					-	8,312.93
6/30/2025	Added to Account	-	478.23					-	478.23
6/30/2025	HUMANA INS CO HCCLAIMPMT 78327378 8300005664	-	1,820.85					-	1,820.85
								-	-
		330,641.69	123,527.13	-	-	-	-	-	123,527.13

Balances Overview

Account Name				
***4357 MEMORIAL MEDICAL - OPERATING**	$2,817,587.51	$2,725,175.46	$2,817,587.51	$3,860,116.39
***4381 MEMORIAL MEDICAL / NH ASHFORD**	$166,963.10	$166,963.10	$166,963.10	$120.44
***4403 MEMORIAL MEDICAL / NH BROADMOOR**	$102,963.24	$102,963.24	$102,963.24	$101.96
***4411 MEMORIAL MEDICAL / NH CRESCENT**	$77,073.04	$79,725.04	$77,073.04	$102.23
***4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON**	$60,756.44	$60,756.44	$60,756.44	$176.08
***4446 MEMORIAL MEDICAL / NH FORT BEND**	$1,378.30	$1,378.30	$1,378.30	$1,378.30
***4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE**	$372,988.63	$395,878.73	$372,988.63	$327,268.41
***4551 CAL CO INDIGENT HEALTHCARE**	$9,696.82	$9,696.82	$9,696.82	$5,515.01
***5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY**	$5,991.01	$5,991.01	$5,991.01	$125.01
***5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID**	$100.19	$100.19	$100.19	$100.19
***5506 MMC -NH LAVACA BAY NURSING & REHAB**	$390,613.54	$390,870.54	$390,613.54	$297,841.04
***3407 MMC -NH TUSCANY VILLAGE**	$126,714.15	$126,714.15	$126,714.15	$20,508.08
***2998 MMC -MONEY MARKET FUND**	$66,447.12	$66,447.12	$66,447.12	$66,447.12
***7168 MEMORIAL MEDICAL CENTER MONEY MKT 2**	$1,812.09	$1,812.09	$1,812.09	$1,792.09
Total Balance	**$4,201,085.18**	**$4,134,472.23**	**$4,201,085.18**	**$4,581,592.35**

Golden Creek

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 7/7/2025

APPROVED ON
JUL 07 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 000237

FOR ACCT USE ONLY

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

AMOUNT: $ 928.52 ✓

G/L NUMBER: 21400013

EXPLANATION: Interest owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ MSR

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 7/7/2025

APPROVED ON
JUL 07 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS
001152

FOR ACCT USE ONLY

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

AMOUNT: $ 1,427.94 ✓

G/L NUMBER: 21400015

EXPLANATION: Interest owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ MSL

Interest To MMC From NH

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Golden Creek	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	21400013	April- June	928.52	7/7/2025
Lavaca Bay	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	21400015	April- June	1,427.94	7/7/2025
						2,356.46	

Note:

Approved: MSC

Michele Cumberland, CFO 7/7/2025

Golden Creek

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC Operating

Date Requested: 7/7/2025

APPROVED ON
JUL 07 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 000238

FOR ACCT USE ONLY

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

AMOUNT: $ 589.25 ✓

G/L NUMBER: 21000007

EXPLANATION: Claim Payment Owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ MSC

Fort Bend

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Lavaca Bay

Date Requested: 7/2/2025

APPROVED ON
JUL 07 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Check# 000274

FOR ACCT USE ONLY

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

AMOUNT: $ 2,021.66

G/L NUMBER: 21000015

EXPLANATION: Recoupment from Lavaca Bay for Ft Bend Pt.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ MSR

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

MP
000237

88-2265/1131

Date 7-9-25

PAY
TO THE ORDER OF MMC Operating | $ 928. 57/100

Nine hundred twenty-eight dollars & 57/100 DOLLARS

PROSPERITY BANK®

County auditor

MP
County treasurer
Security features are included. Details on back.

FOR Interest

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

MP
001154

Date 7-9-25

88-2265/1131

PAY
TO THE ORDER OF MMC Operating | $ 1,427. 94/100

One thousand, four hundred twenty-seven dollars & 94/100 DOLLARS

PROSPERITY BANK®

County auditor

MP
County treasurer
Security features are included. Details on back.

FOR Interest

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

MP
000238

Date 7-9-25

88-2265/1131

PAY
TO THE ORDER OF MMC Operating | $ 589. 25/100

Five hundred eighty-nine dollars & 25/100 DOLLARS

PROSPERITY BANK®

County auditor

MP
County treasurer
Security features are included. Details on back.

FOR Claim

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

MP

000274

88-2265/1131

Date 7-9-25

PAY
TO THE ORDER OF Lavaca Bay

$ 2,021. 44/100

Two thousand twenty-one dollars 3 44/100 **DOLLARS**

PROSPERITY BANK

county auditor

MP

FOR Claim Payment

County Treasurer

Security features are included. Details on back.

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG		000237	07/09/25	928.52	MMC OPERATING
NHG	*	000238	07/09/25	589.25	MMC OPERATING
NHF	*	000274	07/09/25	2,021.66	LAVACA BAY
BSL	*	001154	07/09/25	1,427.94	MMC OPERATING

[redacted]