MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 16, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	989,402.44
TOTAL TRANSFERS BETWEEN FUNDS	$	1,559,033.03
TOTAL NURSING HOME UPL EXPENSES	$	153,185.46
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED July 16, 2025	$	2,701,620.93

APPROVED

JUL 16 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 16, 2025

PAYABLES AND PAYROLL			
7/10/2025	Weekly Payables	318,962.21	
7/9/2025	Citibank Credit Card-see attached (Erin)	1,077.84	
7/14/2025	McKesson-340B Prescription Expense	406.44	
7/14/2025	Amerisource Bergen-340B Prescription Expense	254.49	
7/14/2025	Payroll Liabilities-Payroll Taxes	134,278.81	
7/14/2025	Payroll	408,375.99	
	Prosperity Electronic Bank Payments		
7/14/2025	90 Degree Benefits - employee insurance claims	80,219.93	
7/14/2025	90 Degree Benefits - employee insurance claims	12,188.33	
7/14/2025	90 Degree Benefits - employee insurance claims	20,801.00	
7/14/2025	Pay Plus-Patient Claims Processing Fee	3,152.39	
7/14/2025	Credit Card Leasing Fee	335.53	
7/14/2025	Credit Card Processing Fee	8,262.48	
7/14/2025	Health Equity -HSA Contributions	1,087.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 989,402.44**
TRANSFERS BETWEEN FUNDS-MMC			
7/14/2025	Transfer from Prosperity Operating Account to Prosperity Money Market	1,500,000.00	
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
7/10/2025	MMC Operating to Solera-Correction of insurance payment deposited into MMC Operating in error	2,095.00	
7/10/2025	MMC Operating to Fort bend-Correction of insurance payment deposited into MMC Operating in error	425.00	
7/10/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	11,201.42	
7/10/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	5,915.00	
7/10/2025	MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	39,396.61	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 1,559,033.03**
NURSING HOME UPL EXPENSES			
7/14/2025	Nursing Home UPL-Cantex Transfer	2,652.00	
7/14/2025	Nursing Home UPL-Nexion Transfer	59,556.62	
7/14/2025	Nursing Home UPL-HMG Transfer	1,328.00	
7/14/2025	Nursing Home UPL-Tuscany Transfer	47,080.49	
7/14/2025	Nursing Home UPL-HSL Transfer	33,258.98	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
7/14/2025	Fort Bend to MMC-Claim payments owed to MMC	6,271.65	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
7/14/2025	Solera to Tuscany Village - Claim payments owed to Tuscany from Solera	3,037.72	
TOTAL NURSING HOME UPL EXPENSES			**$ 153,185.46**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED July 16, 2025			**$ 2,701,620.93**

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
043025		07/09/202	04/30/202	05/31/202			1,176.80	0.00	0.00	1,176.80
053125		07/09/202	05/31/202	06/25/202			1,268.31	0.00	0.00	1,268.31
063025		07/09/202	06/30/202	07/25/202			1,571.60	0.00	0.00	1,571.60

May Bill / Invoice
June Bill / Invoice
July Bill / Invoice

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	4,016.71	0.00	0.00	4,016.71

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV2388		07/09/202	07/20/202	07/31/202			1,400.00	0.00	0.00	1,400.00

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

Vendor#	Vendor Name	Class	Pay Code
14028	AMAZON CAPITAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
19KPF1NQP4H6		06/16/202	06/25/202	07/25/202			748.28	0.00	0.00	748.28
1QJ44YV6FJM1		07/01/202	06/27/202	07/27/202			22.99	0.00	0.00	22.99
13LLQT7RLYCG		07/01/202	06/28/202	07/28/202			142.52	0.00	0.00	142.52
1QHMYG7FVHD7		07/01/202	06/29/202	07/29/202			139.78	0.00	0.00	139.78
17KRPHCHDL7W		07/01/202	06/30/202	07/30/202			149.52	0.00	0.00	149.52
1YTQWNMTKL4L		07/01/202	06/30/202	07/30/202			1,109.34	0.00	0.00	1,109.34
1LC74XGYCK4V		07/01/202	06/30/202	07/30/202			51.98	0.00	0.00	51.98
1P1LT7QX6H6Q		07/01/202	06/30/202	07/30/202			164.99	0.00	0.00	164.99
17VRHRXDXNXC		07/02/202	07/01/202	07/31/202			283.55	0.00	0.00	283.55

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	2,812.95	0.00	0.00	2,812.95

Vendor#	Vendor Name	Class	Pay Code
10419	AMBU INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
225104297		06/25/202	06/16/202	07/08/202			240.55	0.00	0.00	240.55

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10419	AMBU INC	240.55	0.00	0.00	240.55

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
83916872		07/08/202	04/24/202	05/19/202			323.56	0.00	0.00	323.56

83989169	07/08/202	05/10/202	06/04/202		188.78	0.00	0.00	188.78
84187970	07/08/202	06/26/202	07/21/202		395.83	0.00	0.00	395.83
84206332	07/08/202	07/01/202	07/26/202		3,071.40	0.00	0.00	3,071.40
84207628	07/08/202	07/01/202	07/26/202		631.20	0.00	0.00	631.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	4,610.77	0.00	0.00	4,610.77

Vendor# M2485 — Vendor Name: BAYER HEALTHCARE — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6012001292		07/09/202	06/27/202	07/09/202			585.16	0.00	0.00	585.16

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	585.16	0.00	0.00	585.16

Vendor# B1220 — Vendor Name: BECKMAN COULTER INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112109217		07/09/202	07/02/202	07/27/202			1,101.07	0.00	0.00	1,101.07
112109296		07/09/202	07/02/202	07/31/202			340.97	0.00	0.00	340.97
4583766		07/09/202	07/03/202	07/28/202			1,484.00	0.00	0.00	1,484.00
112111801		07/09/202	07/03/202	07/28/202			371.26	0.00	0.00	371.26

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	3,297.30	0.00	0.00	3,297.30

Vendor# C1048 — Vendor Name: CALHOUN COUNTY — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
53488616		06/30/202	06/27/202	07/27/202			644.32	0.00	0.00	644.32
53460493		06/30/202	06/27/202	07/27/202			8.28	0.00	0.00	8.28
53488456		06/30/202	06/27/202	07/27/202			36,708.37	0.00	0.00	36,708.37
53494602		06/30/202	06/27/202	07/27/202			16.56	0.00	0.00	16.56
53491266		06/30/202	06/27/202	07/27/202			18.84	0.00	0.00	18.84
53488457		06/30/202	06/27/202	07/27/202			1,801.31	0.00	0.00	1,801.31

701 N Virginia St. 5/19 - 6/18/25
815 N Virginia St. 4/22 - 5/21/25
Hospital St. 5/18 - 6/17/25
815 N. Virginia St. 5/21 - 6/20/25
Hospital St DDL 5/19 - 6/18/25
1016 N Virginia St. 5/19 - 6/18/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	39,197.68	0.00	0.00	39,197.68

Vendor# 14120 — Vendor Name: CALHOUN COUNTY EMS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202506		06/30/202	07/30/202	07/31/202			3,520.00	0.00	0.00	3,520.00

June 2025

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14120	CALHOUN COUNTY EMS	3,520.00	0.00	0.00	3,520.00

Vendor# Vendor Name Class Pay Code

14064 CAPITAL ONE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061925		07/09/202	06/19/202	07/09/202			796.06	0.00	0.00	796.06

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14064	CAPITAL ONE	796.06	0.00	0.00	796.06

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003890502		07/09/202	06/30/202	07/25/202			277.61	0.00	0.00	277.61

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	277.61	0.00	0.00	277.61

Vendor# 10541 Vendor Name: CARESFIELD Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
200030507A		07/10/202	07/02/202	07/30/202			277.56	0.00	0.00	277.56

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10541	CARESFIELD	277.56	0.00	0.00	277.56

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0051		07/08/202	04/28/202	05/28/202			33.95	0.00	0.00	33.95

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUG	33.95	0.00	0.00	33.95

Vendor# 13264 Vendor Name: CERVEY, LLC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36120		06/30/202	07/05/202	07/30/202			2,150.00	0.00	0.00	2,150.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13264	CERVEY, LLC	2,150.00	0.00	0.00	2,150.00

Vendor# 10792 Vendor Name: CHS ATHLETIC BOOSTER CLUB INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070925		07/09/202	07/09/202	07/09/202			450.00	0.00	0.00	450.00

Full Page Color Ad

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10792	CHS ATHLETIC BOOSTER CLUB INC	450.00	0.00	0.00	450.00

Vendor# 11368 Vendor Name: CYRACOM LLC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2025047568		07/08/202	06/30/202	07/30/202			267.81	0.00	0.00	267.81

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	267.81	0.00	0.00	267.81

Vendor# D1200 Vendor Name: DETAR HOSPITAL Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DTR2506014		06/30/202	07/01/202	07/08/202			2,189.63	0.00	0.00	2,189.63

June Patient Invoice

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	D1200	DETAR HOSPITAL	2,189.63	0.00	0.00	2,189.63

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
7961890		07/08/202	06/03/202	06/28/202			44.79	0.00	0.00	44.79
7961860		07/08/202	06/03/202	06/28/202			183.48	0.00	0.00	183.48

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	228.27	0.00	0.00	228.27

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
070225		06/30/202	06/27/202	07/08/202			500.00	0.00	0.00	500.00

6/11/2025

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14924	DR. TIMU KWI	500.00	0.00	0.00	500.00

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
44453		07/09/202	07/15/202	07/25/202			40,062.50	0.00	0.00	40,062.50

Physician Services 1-15th

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

S0501 EVOQUA WATER TECHNOLOGIES LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907112213		07/09/202	07/08/202	07/31/202			375.00	0.00	0.00	375.00

Service Billing

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	375.00	0.00	0.00	375.00

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
1075895		06/04/202	05/19/202	06/13/202			53.89	0.00	0.00	53.89
1777998		06/11/202	06/19/202	07/14/202			3,886.77	0.00	0.00	3,886.77
0694899		06/16/202	05/01/202	05/26/202			154.56	0.00	0.00	154.56
0982112		06/16/202	05/14/202	06/08/202			53.89	0.00	0.00	53.89
1864560		06/25/202	06/24/202	07/19/202			1,061.99	0.00	0.00	1,061.99
2017491		07/02/202	07/01/202	07/26/202			1,674.81	0.00	0.00	1,674.81
2017490		07/02/202	07/01/202	07/26/202			220.08	0.00	0.00	220.08

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	7,105.99	0.00	0.00	7,105.99

Vendor# Vendor Name — Class — Pay Code

10599 FORVIS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2583784		07/08/202	06/30/202	07/25/202			57,750.00	0.00	0.00	57,750.00

Final Billing - Audit financial st. Ur ended Dec. 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10599	FORVIS	57,750.00	0.00	0.00	57,750.00

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
6002982606		07/10/202	07/01/202	07/31/202			29.84	0.00	0.00	29.84
6002982611		07/10/202	07/01/202	07/31/202			5,665.83	0.00	0.00	5,665.83
6002982605		07/10/202	07/01/202	07/31/202			1,172.18	0.00	0.00	1,172.18
6002982962		07/10/202	07/01/202	07/31/202			1,044.26	0.00	0.00	1,044.26
6002982603		07/10/202	07/01/202	07/31/202			1,736.41	0.00	0.00	1,736.41
6002982604		07/10/202	07/01/202	07/31/202			41.94	0.00	0.00	41.94

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC	9,690.46	0.00	0.00	9,690.46

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
9556471952		07/09/202	06/27/202	07/22/202			111.57	0.00	0.00	111.57

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	111.57	0.00	0.00	111.57

Vendor# H0031 Vendor Name HEB CREDIT RECEIVABLES DEPT308 Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063025		07/09/202	06/30/202	06/30/202			32.37	0.00	0.00	32.37

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308	32.37	0.00	0.00	32.37

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6850		07/08/202	06/15/202	06/25/202			23,663.00	0.00	0.00	23,663.00
6870		07/09/202	07/15/202	07/25/202			23,663.00	0.00	0.00	23,663.00

Physician Services 1-15th June

Physician Services 1-15th July

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15208	HOSPITAL CARE CONSULTANTS INC	47,326.00	0.00	0.00	47,326.00

Vendor# 10922 Vendor Name HUNTER PHARMACY SERVICES Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6560		07/09/202	06/30/202	07/20/202			14,958.67	0.00	0.00	14,958.67

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,958.67	0.00	0.00	14,958.67

Vendor# K0530 Vendor Name KCI USA Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33267737		06/17/202	03/27/202	04/09/202			393.78	0.00	0.00	393.78
33257721		06/23/202	03/21/202	04/24/202			266.79	0.00	0.00	266.79
33266214		07/01/202	04/07/202	04/15/202			1,976.25	0.00	0.00	1,976.25
33294265		07/01/202	04/22/202	05/20/202			527.00	0.00	0.00	527.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	K0530	KCI USA	3,163.82	0.00	0.00	3,163.82

Vendor#	Vendor Name	Class	Pay Code
M2310	MEDELA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7002821240		06/25/202	06/10/202	06/16/202			307.58	0.00	0.00	307.58

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2310	MEDELA INC	307.58	0.00	0.00	307.58

Vendor#	Vendor Name	Class	Pay Code
11141	MEDICAL DATA SYSTEMS, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
204304		07/09/202	06/30/202	07/25/202			4,979.24	0.00	0.00	4,979.24
204303		07/09/202	06/30/202	07/25/202			653.70	0.00	0.00	653.70

Collection Fees

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	5,632.94	0.00	0.00	5,632.94

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
2375477475		06/11/202	06/18/202	07/13/202			1,732.13	0.00	0.00	1,732.13
2375477473		06/24/202	06/18/202	07/13/202			51.63	0.00	0.00	51.63
2377241563		07/01/202	07/01/202	07/26/202			565.05	0.00	0.00	565.05
2377336492		07/02/202	07/01/202	07/26/202			136.63	0.00	0.00	136.63
2377471290		07/02/202	07/02/202	07/27/202			3.64	0.00	0.00	3.64
2377471291		07/02/202	07/02/202	07/27/202			76.31	0.00	0.00	76.31
2377471294		07/02/202	07/02/202	07/27/202			72.50	0.00	0.00	72.50
2377471293		07/02/202	07/02/202	07/27/202			34.34	0.00	0.00	34.34
2377471297		07/02/202	07/02/202	07/27/202			4.38	0.00	0.00	4.38
2377471298		07/02/202	07/02/202	07/27/202			183.94	0.00	0.00	183.94
2377471292		07/02/202	07/02/202	07/27/202			50.71	0.00	0.00	50.71
1703442147		07/08/202	03/29/202	04/23/202			945.58	0.00	0.00	945.58
1703461560		07/08/202	04/26/202	05/21/202			638.87	0.00	0.00	638.87
2377879223		07/09/202	07/04/202	07/29/202			41.67	0.00	0.00	41.67

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	4,537.38	0.00	0.00	4,537.38

Vendor#	Vendor Name	Class	Pay Code
M2621	MMC AUXILIARY GIFT SHOP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063025		06/30/202	06/30/202	07/08/202			510.43	0.00	0.00	510.43

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	510.43	0.00	0.00	510.43

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
3580498		06/30/202	07/02/202	07/12/202			358.37	0.00	0.00	358.37
3579231		06/30/202	07/02/202	07/12/202			783.56	0.00	0.00	783.56
3577717		06/30/202	07/02/202	07/12/202			45.54	0.00	0.00	45.54
3579447		06/30/202	07/02/202	07/12/202			112.12	0.00	0.00	112.12
3580497		06/30/202	07/02/202	07/12/202			62.67	0.00	0.00	62.67
3577716		06/30/202	07/02/202	07/12/202			51.08	0.00	0.00	51.08
3579230		06/30/202	07/02/202	07/12/202			807.86	0.00	0.00	807.86
3579446		06/30/202	07/02/202	07/12/202			21.65	0.00	0.00	21.65
3584634		06/30/202	07/06/202	07/16/202			251.87	0.00	0.00	251.87
3587768		06/30/202	07/06/202	07/16/202			307.12	0.00	0.00	307.12
3587769		06/30/202	07/06/202	07/16/202			264.93	0.00	0.00	264.93
3588920		07/09/202	07/07/202	07/17/202			156.34	0.00	0.00	156.34
3591361		07/09/202	07/07/202	07/17/202			209.90	0.00	0.00	209.90
3588922		07/09/202	07/07/202	07/17/202			262.62	0.00	0.00	262.62
3591362		07/09/202	07/07/202	07/17/202			724.22	0.00	0.00	724.22
3588921		07/09/202	07/07/202	07/17/202			41.50	0.00	0.00	41.50
3596148		07/09/202	07/08/202	07/18/202			1,920.78	0.00	0.00	1,920.78
0057075		07/09/202	07/08/202	07/18/202			1,670.69	0.00	0.00	1,670.69
3596559		07/09/202	07/08/202	07/18/202			1.05	0.00	0.00	1.05
3596147		07/09/202	07/08/202	07/18/202			6,307.39	0.00	0.00	6,307.39
3596560		07/09/202	07/08/202	07/18/202			411.46	0.00	0.00	411.46

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	14,772.72	0.00	0.00	14,772.72

Vendor# Vendor Name Class Pay Code

13548 NACOGDOCHES TRANSCRIPTION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8767		07/09/202	06/30/202	07/10/202			95.20	0.00	0.00	95.20
8774		07/09/202	07/07/202	07/17/202			22.99	0.00	0.00	22.99

Q17 - Q1 2025

Q21 - 7/4/2025

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION					118.19	0.00	0.00	118.19
Vendor#	Vendor Name				Class	Pay Code				
O1500	OLYMPUS AMERICA INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	38248319		06/25/202	06/24/202	07/19/202		204.60	0.00	0.00	204.60
	38254884		07/01/202	07/25/202	07/25/202		273.99	0.00	0.00	273.99
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC					478.59	0.00	0.00	478.59
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
	1854103367		07/01/202	06/30/202	07/30/202		290.80	0.00	0.00	290.80
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS					290.80	0.00	0.00	290.80
Vendor#	Vendor Name				Class	Pay Code				
11155	PARAREV									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2021141		07/09/202	06/30/202	07/30/202		3,250.00	0.00	0.00	3,250.00
	2021870		07/09/202	07/01/202	07/31/202		3,084.00	0.00	0.00	3,084.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11155	PARAREV					6,334.00	0.00	0.00	6,334.00
Vendor#	Vendor Name				Class	Pay Code				
10152	PARTSSOURCE, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	05815715		06/25/202	06/06/202	07/06/202		234.62	0.00	0.00	234.62
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC					234.62	0.00	0.00	234.62
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
	9028497610		07/09/202	07/03/202	07/28/202		105.45	0.00	0.00	105.45
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE					105.45	0.00	0.00	105.45
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				
14536	QUVA PHARMA INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	76953301702		07/09/202	05/30/202	07/09/202		218.04	0.00	0.00	218.04

Q1 + Q2 2025

	76953329454		07/09/202	07/07/202	07/07/202		218.04	0.00	0.00	218.04
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14536	QUVA PHARMA INC				436.08	0.00	0.00	436.08
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
	070725		06/30/202	07/07/202	07/08/202		21.24	0.00	0.00	21.24
			Tortillas - HEB Card not working							
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11764	ROBERT RODRIQUEZ				21.24	0.00	0.00	21.24
Vendor#	Vendor Name				Class	Pay Code				
10681	SIMMLER, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	196284		07/01/202	06/30/202	07/01/202		239.00	0.00	0.00	239.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10681	SIMMLER, INC.				239.00	0.00	0.00	239.00
Vendor#	Vendor Name				Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	I07051678		07/08/202	06/30/202	07/25/202		5,075.00	0.00	0.00	5,075.00
	CM15257		07/08/202	06/30/202	07/25/202		-2,840.00	0.00	0.00	-2,840.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN				2,235.00	0.00	0.00	2,235.00
Vendor#	Vendor Name				Class	Pay Code				
10845	STAPLES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	6035881596		07/09/202	06/30/202	07/09/202		86.05	0.00	0.00	86.05
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10845	STAPLES				86.05	0.00	0.00	86.05
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
	13989666		07/08/202	06/26/202	07/21/202		218.40	0.00	0.00	218.40
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		S3940	STERIS CORPORATION				218.40	0.00	0.00	218.40
Vendor#	Vendor Name				Class	Pay Code				
S2830	STRYKER SALES LLC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9209671320		07/09/202	07/01/202	07/09/202		2,939.01	0.00	0.00	2,939.01
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		S2830	STRYKER SALES LLC				2,939.01	0.00	0.00	2,939.01
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
	1230		07/02/202	06/27/202	07/27/202		5,200.00	0.00	0.00	5,200.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		17248	SUMMIT PAIN AND WELLNESS				5,200.00	0.00	0.00	5,200.00
Vendor#	Vendor Name				Class	Pay Code				

14524 SYSMEX AMERICA, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
95977977		06/16/202	06/24/202	07/09/202			527.44	0.00	0.00	527.44

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14524	SYSMEX AMERICA, INC.	527.44	0.00	0.00	527.44

Vendor# 14856 Vendor Name: TEXAS A&M HEALTH SCIENCE CENTE — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
H185448		07/08/202	07/01/202	07/08/202			2,625.00	0.00	0.00	2,625.00

Physician Peer Review Services

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14856	TEXAS A&M HEALTH SCIENCE CENTE	2,625.00	0.00	0.00	2,625.00

Vendor# T1450 Vendor Name: TEXAS ASSOCIATION OF COUNTIES — Class: W — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070725		06/30/202	07/07/202	07/08/202			2,660.85	0.00	0.00	2,660.85

2nd QTR Unemp. Cont. 2025

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T1450	TEXAS ASSOCIATION OF COUNTIES	2,660.85	0.00	0.00	2,660.85

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0025613		07/08/202	07/02/202	07/03/202			5,576.25	0.00	0.00	5,576.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10758	TEXAS SELECT STAFFING, LLC	5,576.25	0.00	0.00	5,576.25

Vendor# U1064 Vendor Name: UNIFIRST HOLDINGS INC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921063533		07/02/202	06/30/202	07/25/202			185.35	0.00	0.00	185.35
2921063844		07/08/202	07/03/202	07/28/202			2,866.73	0.00	0.00	2,866.73
2921063863		07/09/202	07/03/202	07/28/202			255.57	0.00	0.00	255.57

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,307.65	0.00	0.00	3,307.65

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
510172J		06/24/202	06/17/202	06/24/202			4,124.00	0.00	0.00	4,124.00

Replace Blower Wheel in ICU

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V1056	VICTORIA AIR CONDITIONING LTD	4,124.00	0.00	0.00	4,124.00

Vendor# 17832 Vendor Name: VOCA LLC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
39856		07/08/202	06/27/202	07/27/202			3,000.00	0.00	0.00	3,000.00

Dave Barnes

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17832	VOCA LLC	3,000.00	0.00	0.00	3,000.00

Vendor# 12548 Vendor Name: WAGEWORKS, INC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0625TR116685		06/30/202	06/01/202	07/01/202			131.25	0.00	0.00	131.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12548	WAGEWORKS, INC	131.25	0.00	0.00	131.25

Vendor# Vendor Name Class Pay Code

I1110 WERFEN USA LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9111891420		06/25/202	06/24/202	07/19/202			4,859.90	0.00	0.00	4,859.90
9111895937		07/01/202	06/30/202	07/25/202			24.00	0.00	0.00	24.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	4,883.90	0.00	0.00	4,883.90

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	318,962.21	0.00	0.00	318,962.21

APPROVED ON

JUL 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Inv# 209506-
209515

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	209506	07/16/25	4,016.71	ACE HARDWARE 15521
A/P	209507	07/16/25	1,400.00	ACUTE CARE INC
A/P	209508	07/16/25	.00	VOIDED
A/P	209509	07/16/25	2,812.95	AMAZON CAPITAL SERVICES
A/P	209510	07/16/25	240.55	AMBU INC
A/P	209511	07/16/25	4,610.77	BAXTER HEALTHCARE
A/P	209512	07/16/25	585.16	BAYER HEALTHCARE
A/P	209513	07/16/25	3,297.30	BECKMAN COULTER INC
A/P	209514	07/16/25	39,197.68	CALHOUN COUNTY
A/P	209515	07/16/25	3,520.00	CALHOUN COUNTY EMS
A/P	209516	07/16/25	796.06	CAPITAL ONE
A/P	209517	07/16/25	277.61	CARDINAL HEALTH 414, INC.
A/P	209518	07/16/25	277.56	CARESFIELD
A/P	209519	07/16/25	33.95	CENTRAL DRUG
A/P	209520	07/16/25	2,150.00	CERVEY, LLC
A/P	209521	07/16/25	450.00	CHS ATHLETIC BOOSTER CLUB INC
A/P	209522	07/16/25	267.81	CYRACOM LLC
A/P	209523	07/16/25	2,189.63	DETAR HOSPITAL
A/P	209524	07/16/25	228.27	DEWITT POTH & SON
A/P	209525	07/16/25	500.00	DR. TIMU KWI
A/P	209526	07/16/25	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	209527	07/16/25	375.00	EVOQUA WATER TECHNOLOGIES LLC
A/P	209528	07/16/25	7,105.99	FISHER HEALTHCARE
A/P	209529	07/16/25	57,750.00	FORVIS
A/P	209530	07/16/25	9,690.46	GE PRECISION HEALTHCARE, LLC
A/P	209531	07/16/25	111.57	GRAINGER
A/P	209532	07/16/25	32.37	HEB CREDIT RECEIVABLES DEPT308
A/P	209533	07/16/25	47,326.00	HOSPITAL CARE CONSULTANTS INC.
A/P	209534	07/16/25	14,958.67	HUNTER PHARMACY SERVICES
A/P	209535	07/16/25	3,163.82	KCI USA
A/P	209536	07/16/25	307.58	MEDELA INC
A/P	209537	07/16/25	5,632.94	MEDICAL DATA SYSTEMS, INC.
A/P	209538	07/16/25	.00	VOIDED
A/P	209539	07/16/25	4,537.38	MEDLINE INDUSTRIES INC
A/P	209540	07/16/25	510.43	MMC AUXILIARY GIFT SHOP
A/P	209541	07/16/25	.00	VOIDED
A/P	209542	07/16/25	14,772.72	MORRIS & DICKSON CO, LLC
A/P	209543	07/16/25	118.19	NACOGDOCHES TRANSCRIPTION
A/P	209544	07/16/25	478.59	OLYMPUS AMERICA INC
A/P	209545	07/16/25	290.80	ORTHO CLINICAL DIAGNOSTICS
A/P	209546	07/16/25	6,334.00	PARAREV
A/P	209547	07/16/25	234.62	PARTSSOURCE, LLC
A/P	209548	07/16/25	105.45	PHILIPS HEALTHCARE
A/P	209549	07/16/25	436.08	QUVA PHARMA INC
A/P	209550	07/16/25	21.24	ROBERT RODRIQUEZ
A/P	209551	07/16/25	239.00	SIMMLER, INC.
A/P	209552	07/16/25	2,235.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	209553	07/16/25	86.05	STAPLES
A/P	209554	07/16/25	218.40	STERIS CORPORATION
A/P	209555	07/16/25	2,939.01	STRYKER SALES LLC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	209556	07/16/25	5,200.00	SUMMIT PAIN AND WELLNESS
A/P	209557	07/16/25	527.44	SYSMEX AMERICA, INC.
A/P	209558	07/16/25	2,625.00	TEXAS A&M HEALTH SCIENCE CENTE
A/P	209559	07/16/25	2,660.85	TEXAS ASSOCIATION OF COUNTIES
A/P	209560	07/16/25	5,576.25	TEXAS SELECT STAFFING, LLC
A/P	209561	07/16/25	3,307.65	UNIFIRST HOLDINGS INC
A/P	209562	07/16/25	4,124.00	VICTORIA AIR CONDITIONING LTD
A/P	209563	07/16/25	3,000.00	VOCA LLC
A/P	209564	07/16/25	131.25	WAGEWORKS, INC
A/P	209565	07/16/25	4,883.90	WERFEN USA LLC
A/P	209566	07/16/25	425.00	FORTBEND HEALTHCARE CENTER
A/P	209567	07/16/25	11,201.42	GOLDENCREEK HEALTHCARE
A/P	209568	07/16/25	39,396.61	LAVACA BAY NURSING AND REHAB
A/P	209569	07/16/25	2,095.00	SOLERA WEST HOUSTON
A/P	209570	07/16/25	5,915.00	TUSCANY VILLAGE
TOTALS:			377,995.24	

APPROVED ON

JUL 16 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables
318,962.21 +
2,095.00 +
425.00 +
11,201.42 +
5,915.00 +
39,396.61 +
377,995.24 ◇

NH
Hess

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ERIN CLEVENGER

Account Inquiries:
Toll Free 1-(800)-248-4553
International 1-(904)-954-7314
TDD/TTY 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity

Total Activity	$1,077.84

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

Not an invoice, For your records only.

Credit Limit	$20,000
Cash Advance Limit	$5,000
Statement Closing Date	07/03/2025
Days in Billing Period	30

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location					Amount
			---------- NOTICE MEMO ITEM(S) LISTED BELOW ----------							
06/09	06/06	7361	12302025157000904882022	1	Indeed US*25-02699147 1231b0e2-79c7-4ec5-8c0c-d	Austin	TX	78750	USA	537.37
06/09	06/06	7361	12302025157001405023025	2	Indeed US*25-02937398 1231b0e2-79c7-4ec5-8c0c-d	Austin	TX	78750	USA	7.11
06/11	06/10	7399	82305095161500038021683	3	NNA SERVICES LLC 161926619	CHATSWORTH	CA	91311	USA	201.47
06/11	06/10	7399	82305095161500038102574	4	NNA SERVICES LLC 161926946	CHATSWORTH	CA	91311	USA	201.47
07/02	07/02	8999	55432865183200310768521	5	FAXAGE	303-991-6020	CO	80222	USA	75.42
07/03	07/02	9399	05134375184600069945235	6	NPDB NPDB HRSA.GOV N134849673	FAIRFAX	VA	22033	USA	47.50
07/03	07/02	9399	05134375184600069945318	7	NPDB NPDB HRSA.GOV N134850065	FAIRFAX	VA	22033	USA	7.50
					---------- TOTAL AMOUNT OF MEMO ITEM(S)					$1,077.84

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

Confirmation # DWK-03570519
7-25-25

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

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

Account Number XXXX-XXXX-XXXX-6228
Statement Closing Date July 03 2025

Not an invoice.
For your records only.

ERIN CLEVENGER
202 S ANN ST., STE A
PORT LAVACA TX 77979-4204

00010079643

(1)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 7/7/2025

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required	Expense #	Department	Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Indeed. US 25 - HR		✓	537.37
2			advertising - job posting			
3	—		Indeed. US 25 - HR		✓	7.11
4			job posting - May 2025			
5	—		NNA - Basic Package		✓	201.47
6			for Donna Rawlings			
7	—		NNA - Basic Package		✓	201.47
8			for Katrina Pokluda			
9	—		Faxage - June Invoice		✓	75.42
10			Fax lines			

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:
Charges made to Erin Coeverger MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO ✓
Administrator _____

(2)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 7/7/2025

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB-19 Renewals	2.50	/	47.50
2	—		NPDB-3 Enrolls	2.50	/	7.50
3						
4		537.37 +				
5		7.11 +				
6		201.47 +				
7		201.47 +				
8		75.42 +				
9		47.50 +				
10		7.50 +				
		1,077.84 ◊				

Est. Freight _____ Est. Total Cost _____ TOTAL COST $1,077.84

NOTES:

Charges made to Erin Cleveringer MC

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administration _____

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: 07/11/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 07/12/2025

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

As of: 07/11/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 07/12/2025 **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: 414.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 07/15/2025,
Pay This Amount: 406.44 USD

If Paid After 07/15/2025,
Pay this Amount: 414.73 USD

Due If Paid On Time:
USD 406.44

Disc lost if paid late: 8.29

Due If Paid Late:
USD 414.73

50.69 +
355.75 +
406.44 ◊

APPROVED ON
JUL 14 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 07/11/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 07/12/2025

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 07/11/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 07/12/2025 **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											
07/07/2025	07/15/2025	7577666388	B2507-055-209788	115Invoice	0.04	2.13		2.09	✓	7577666388	
07/10/2025	07/15/2025	7578571131	B2507-055-210793	115Invoice	0.99	49.59		48.60	✓	7578571131	

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: 51.72 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 34.07
07/07/2025

If Paid By 07/15/2025, Pay This Amount: 50.69 USD

If Paid After 07/15/2025, Pay this Amount: 51.72 USD

Due If Paid On Time:
USD 50.69

Disc lost if paid late: 1.03

Due If Paid Late:
USD 51.72

APPROVED ON
JUL 14 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 07/11/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 07/12/2025

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 07/11/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 07/12/2025 **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											
07/09/2025	07/15/2025	7578463813	4231831	115Invoice	7.26	363.01		355.75	✓	7578463813	

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: 363.01 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 277.50
06/30/2025

If Paid By 07/15/2025, Pay This Amount: 355.75 USD

If Paid After 07/15/2025, Pay this Amount: 363.01 USD

Due If Paid On Time:
USD 355.75
Disc lost if paid late: 7.26
Due If Paid Late:
USD 363.01

APPROVED ON

JUL 14 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 70101313
Date: 07-11-2025

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:	254.49
Past Due:	0.00
Total Due:	254.49
Account Balance:	254.49

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-07-2025	07-18-2025	3219857761	7010042122	Invoice	40.10		0.00	40.10
07-07-2025	07-18-2025	3219857762	7010050517	Invoice	8.76		0.00	8.76
07-07-2025	07-18-2025	3219857763	7010043696	Invoice	4.51		0.00	4.51
07-07-2025	07-18-2025	3219857764	7010051656	Invoice	3.08		0.00	3.08
07-07-2025	07-18-2025	3219983441	7010056250	Invoice	8.45		0.00	8.45
07-07-2025	07-18-2025	3219983442	7010064701	Invoice	9.00		0.00	9.00
07-09-2025	07-18-2025	3220262918	7010079003	Invoice	44.27		0.00	44.27
07-09-2025	07-18-2025	3220262919	7010079608	Invoice	52.02		0.00	52.02
07-09-2025	07-18-2025	3220263260	7010078305	Invoice	7.64		0.00	7.64
07-10-2025	07-18-2025	3220400441	7010087270	Invoice	36.23		0.00	36.23
07-10-2025	07-18-2025	3220400442	7010087251	Invoice	27.72		0.00	27.72
07-11-2025	07-18-2025	3220530415	7010096441	Invoice	12.71		0.00	12.71

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
254.49	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
JUL 14 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
07-18-2025	254.49
Total Due:	254.49

Michelle Cuddeback

AmerisourceBergen

STATEMENT

Statement Number: 70117607
Date: 07-11-2025

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:	(366.61)
Past Due:	0.00
Total Due:	(366.61)
Account Balance:	(366.61)

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-07-2025	07-18-2025	3219975026	7010051471	Invoice	7.93		0.00	7.93
07-07-2025	07-18-2025	3219975027	7010056252	Invoice	2.64		0.00	2.64
07-09-2025	07-18-2025	3220305761	7010086959	Invoice	7.12		0.00	7.12
07-10-2025	07-18-2025	365724262	7010035367	Invoice	(680.80)		0.00	(680.80)
07-10-2025	07-18-2025	365724263	7010035367	Invoice	256.59		0.00	256.59
07-11-2025	07-18-2025	3220565105	7010105830	Invoice	39.91		0.00	39.91

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
(366.61)	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
JUL 14 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
07-18-2025	(366.61)
Total Due:	(366.61)

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"	★	$ 134,278.81	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 68,469.82	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 16,012.98	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 49,796.01	#
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

			ENTER VOID CKS AS NEGATIVE NUMBERS				
			VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN		6/27/2025					
PAY PERIOD: END		7/10/2025					
PAY DATE:		7/18/2025					
GROSS PAY:	$	588,961.10			$ -		$ 588,961.10
DEDUCTIONS:							
A/R	$	260.00					$ 260.00
ADVANC							$ -
BOOTS							$ -
MUTUAL CRITICAL ILLNESS							$ -
MUTUAL ACCIDENT							$ -
IRS TAX							$ -
MUTUAL SHORT TERM DIS							$ -
MUTUAL VISION	$	822.39					$ 822.39
CAFÉ-D	$	1,251.55					$ 1,251.55
CAFÉ-H	$	29,580.05					$ 29,580.05
	$	-					$ -
	$	-					$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	-					$ -
CLINIC	$	25.00					$ 25.00
COMBIN	$	250.86					$ 250.86
CREDUN	$	-					$ -
DENTAL	$	-					$ -
DEP-LF							$ -
MUTUAL TERM LIFE	$	1,073.21					$ 1,073.21
MUTUAL HOSP INDEM	$	550.50					$ 550.50
FED TAX	$	49,796.01					$ 49,796.01
FICA-M	$	8,006.49					$ 8,006.49
FICA-O	$	34,234.91					$ 34,234.91
FICA-M ADDITIONAL							$ -
FIRST C							$ -
FLEX S	$	4,238.21					$ 4,238.21
FLX-FE	$	-					$ -
GIFT S	$	521.50					$ 521.50
MUTUAL CRITICAL ILLNESS	$	904.28					$ 904.28
MUTUAL ACCIDENT	$	628.20					$ 628.20
MUTUAL SHORT TERM DIS	$	1,814.10					$ 1,814.10
LEGAL	$	1,022.35					$ 1,022.35
OTHER	$	3,584.73					$ 3,584.73
NATIONAL FARM LIFE	$	1,070.91					$ 1,070.91
MED SURCHARGE							$ -
Blank							$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	895.00					$ 895.00
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	40,054.86					$ 40,054.86
UW/HOS	$	-					$ -
TOTAL DEDUCTIONS:	$	180,585.11	$ -	$ -	$ -	$ -	$ 180,585.11
			"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"
NET PAY:	$	408,375.99	$ -	$ -	$ -	$ -	$ 408,375.99
			"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"
TOTAL CAFÉ 125 PLAN:	$	36,787.20	**Less Exempt:**				
TAXABLE PAY:	$	552,173.90	$ 552,173.90				**Exempt Amt:**

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 8,006.52		
FICA - MED (EE)	1.45%	$ 8,006.52	$ 8,006.49	$ 0.03
FICA - SOC SEC (ER)	6.20%	$ 34,234.78		
FICA - SOC SEC (EE)	6.20%	$ 34,234.78	$ 34,234.91	$ (0.13)
FED WITHHOLDING		$ 49,796.01	$ 49,796.01	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 134,278.61	$ 134,278.81	
FICA - MEDICARE	2.90%	$ 16,013.04	$16,012.98	
FICA - SOCIAL SECURITY	12.40%	$ 68,469.56	$68,469.82	**PREPARED BY:**
FED WITHHOLDING		$ 49,796.01	$49,796.01	**PREPARED DATE:**
TOTAL TAX:		$ 134,278.61	$134,278.81	$ (0.20)

Sariah Rubio

7/14/2025

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WB	HO	CB	Gross
1	REGULAR PAY-S1	9203.75	N		N	N		218075.99
1	REGULAR PAY-S1	1712.00	N		N	N	N	85852.09
1	REGULAR PAY-S1	221.75	N		N	Y		8885.62
1	REGULAR PAY-S1	207.25	Y		N	N		9076.41
1	REGULAR PAY-S1	5.75	Y		N	N	N	203.98
2	REGULAR PAY-S2	2291.75	N		N	N		64069.90
2	REGULAR PAY-S2	151.50	N		N	Y		7183.52
2	REGULAR PAY-S2	148.75	Y		N	N		7224.28
2	REGULAR PAY-S2	5.00	Y		N	N	N	333.98
3	REGULAR PAY-S3	1336.75	N		N	N		46527.68
3	REGULAR PAY-S3	118.25	N		N	Y		6299.53
3	REGULAR PAY-S3	183.50	Y		N	N		9476.29
3	REGULAR PAY-S3	7.00	Y		N	N	N	478.07
4	CALL BACK PAY	20.00	N		N	N	Y	1281.30
4	CALL BACK PAY	37.50	N	1	N	N	Y	1900.48
4	CALL BACK PAY	4.00	N	2	N	N	Y	214.00
4	CALL BACK PAY	2.00	N	3	N	N	Y	134.58
4	CALL BACK PAY	1.00	Y	1	N	N	Y	42.53
C	CALL PAY	2261.00	N	1	N	N		4522.00
D	DOUBLE TIME	30.75	N	1	N	N		2205.13
D	DOUBLE TIME	35.00	N	2	N	N		2843.33
D	DOUBLE TIME	40.50	N	3	N	N		3550.01
D	DOUBLE TIME	7.75	Y	1	N	N		1036.95
D	DOUBLE TIME	4.00	Y	2	N	N		559.20
E	EXTRA WAGES		N		N	N	N	22500.00
E	EXTRA WAGES		N	1	N	N		42.00
E	EXTRA WAGES		N	1	N	N	N	2716.75
F	FUNERAL LEAVE	56.00	N	1	N	N		1541.60
I	INSERVICE	3.50	N	1	N	N		105.60
J	JURY LEAVE	12.00	N	1	N	N		347.52
K	EXTENDED-ILLNESS-BANK	158.00	N	1	N	N		4337.08
P	PAID-TIME-OFF	373.75	N		N	N	N	5079.26
P	PAID-TIME-OFF	2329.82	N	1	N	N		68271.04
X	CALL PAY 2	92.00	N	1	N	N		184.00
Y	YMCA/CURVES		N		N	N	N	75.00
Z	CALL PAY 3	72.00	N	1	N	N		216.00
p	PAID TIME OFF - PROBATION	80.00	N	1	N	N		1568.40

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	250.00	A/R2	10.00	A/R3	
ADVANC		AWARDS		BCBSVI	
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	1251.55
CAFE-F		CAFE-H	29580.05	CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD		CLINIC	25.00	COMBIN	250.86
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH		FEDTAX	49796.01	FICA-M	8006.49
FICA-O	34234.91	FIRSTC		FLEX S	3726.21
FLX FE		FORT D		FUTA	
GIFT S	521.50	GRANT		GRP-IN	
GTL		HOSP-I		HSA	512.00
ID TFT		IRSTAX		LEAF	
LEGAL	258.35	MASA	764.00	MEALS	3569.73
METVIS		MISC		MISC/	
MMCSHR		MOOACC	628.20	MOOILL	904.28
MOOIND	550.50	MOOLIF	1073.21	MOOSTD	1814.10
MOOVIS	822.39	NATFML	1070.91	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	40054.86	TUTION		UNIFOR	15.00
UW/HOS					

Grand Totals: 21213.57 (Gross: 588961.10 Deductions: 180585.11 Net: 408375.99

Checks Count:- FT 202 PT 14 Other 41 Female 233 Male 23 Credit OverAmt 23 ZeroNet Term Total: 256

MBZ

CHKNO	VNNO	LOCNO	PAYNO	SEQNO	CLMPRD	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVECD	CVETP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	MVNO
5414	76351	1	1	0	2025	183001334	0	7/7/2025	$22,995.94	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	[redacted]		PCS	F	6/16/2025	6/29/2025	464334244
5415	76351	1	1	0	2025	181001544	0	7/7/2025	$328.15	1	GLOBAL RX MANAGEMENT LIMITED	P	517	0	[redacted]		PCS	F	6/16/2025	6/30/2025	89173213
5417	76351	2	33	0	2025	168000764	0	7/7/2025	$134.82	1	BAYLOR COLLEGE OF MEDICINE	P	457	0	[redacted]		OVS	F	6/10/2025	6/10/2025	300791563
5420	76351	3	9	2	2025	133000694	0	7/7/2025	$9.14	1	DRISCOLL CHP	P	177	0	[redacted]		OV	F	3/18/2025	3/18/2025	742638488
5421	76351	3	76	0	2025	171001114	0	7/7/2025	$19.10	1	NOE R. OLVERA, MD, PA	P	457	0	[redacted]		OVS	F	5/21/2025	5/21/2025	262712038
5422	76351	3	8	0	2025	171001084	0	7/7/2025	$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	6/17/2025	6/17/2025	742605670
5423	76351	3	4	0	2025	168000758	0	7/7/2025	$44.99	1	CITIZENS MEDICAL PROFESSIONALS	P	177	0	[redacted]		OV	F	4/23/2025	4/23/2025	471158090
5424	76351	3	79	0	2025	164000326	0	7/7/2025	$52.01	1	CITIZENS MEDICAL PROFESSIONALS	P	177	0	[redacted]		OV	F	5/13/2025	5/13/2025	471158090
5425	76351	3	74	0	2025	162000578	0	7/7/2025	$65.87	1	COASTAL ORTHOPEDICS	P	457	0	[redacted]		OVS	F	6/3/2025	6/3/2025	742894077
5426	76351	3	15	0	2025	163000580	0	7/7/2025	$76.18	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	6/2/2025	6/2/2025	742208337
5427	76351	3	16	1	2025	174000521	0	7/7/2025	$79.18	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	11/27/2024	11/27/2024	742208337
5428	76351	3	16	2	2025	174000538	0	7/7/2025	$79.18	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	11/27/2024	11/27/2024	742208337
5429	76351	3	57	0	2025	162000595	0	7/7/2025	$82.94	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	6/6/2025	6/6/2025	742605670
5431	76351	3	16	0	2025	171001100	0	7/7/2025	$126.42	1	CITIZENS MEDICAL PROFESSIONALS	P	172	0	[redacted]		AB	F	6/6/2025	6/6/2025	471158090
5432	76351	3	15	0	2025	171000892	0	7/7/2025	$132.01	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0	[redacted]		AB	F	6/16/2025	6/16/2025	742605670
5433	76351	3	65	0	2025	161000596	0	7/7/2025	$140.92	1	AMERICAN REGIONAL HEALTH CENTER	P	220	0	[redacted]		WLB	F	6/3/2025	6/3/2025	742640162
5434	76351	3	22	0	2025	167000986	0	7/7/2025	$148.91	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	6/10/2025	6/10/2025	741831291
5435	76351	3	9	2	2025	128001887	0	7/7/2025	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	4/27/2025	4/27/2025	815248556
5436	76351	3	42	1	2025	136001040	0	7/7/2025	$223.31	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	4/11/2025	4/11/2025	815248556
5437	76351	3	73	2	2025	177000152	0	7/7/2025	$235.47	1	CENTURY INTEGRATED PARTNERS INC	P	189	0	[redacted]		ERD	F	6/4/2025	6/4/2025	810872075
5438	76351	3	79	0	2025	132000582	0	7/7/2025	$264.74	1	VICTORIA EP PLLC	P	189	0	[redacted]		ERD	F	4/17/2025	4/17/2025	474741110
5440	76351	3	72	0	2025	181001591	0	7/7/2025	$430.47	1	THE PHIA GROUP, LLC	P	503	0	[redacted]		AUDT	F	6/23/2025	6/23/2025	43504115
5444	76351	3	72	0	2025	181001587	0	7/7/2025	$794.82	1	US ANES PARTNERS OF TX PA	P	405	0	[redacted]		AOQ	F	1/31/2025	1/31/2025	760482007
5448	76351	3	79	0	2025	128000525	0	7/7/2025	$1,415.42	1	VICTORIA ED LLC	P	406	0	[redacted]		ER	F	4/17/2025	4/17/2025	473152225
5463	76360	2	29	0	2025	161000595	0	7/7/2025	$34.90	1	MHK FAMILY PRACTICE PLLC	P	177	0	[redacted]		OV	F	6/4/2025	6/4/2025	994807850
5467	76360	3	30	1	2025	182000917	0	7/7/2025	$9,135.29	1	TEXAS ORTHOPEDIC HOSPITAL	P	485	0	[redacted]		INLM	F	6/6/2025	6/6/2025	760418502
5468	76360	3	30	1	2025	176000215	0	7/7/2025	$26,000.00	1	TEXAS ORTHOPEDIC HOSPITAL	P	434	0	[redacted]		OHS	F	6/6/2025	6/6/2025	760418502
5469	76360	3	32	6	2025	177000112	0	7/7/2025	$25.68	1	CHILDRENS PHYSICIAN SERVICES	P	457	0	[redacted]		OVS	F	5/20/2025	5/20/2025	742620408
5470	76360	3	32	4	2025	161000543	0	7/7/2025	$35.00	1	JACKSON MEDICAL CLINIC OF EDNA	P	177	0	[redacted]		OV	F	5/2/2025	5/2/2025	741738475
5471	76360	3	52	0	2025	164000521	0	7/7/2025	$44.99	1	CITIZENS MEDICAL PROFESSIONALS	P	177	0	[redacted]		OV	F	4/18/2025	4/18/2025	471158090
5472	76360	3	32	5	2025	171001103	0	7/7/2025	$45.00	1	JACKSON COUNTY MEDICAL CLINIC OF EDNA	P	177	0	[redacted]		OV	F	6/10/2025	6/10/2025	741738475
5473	76360	3	94	0	2025	162000618	0	7/7/2025	$49.94	1	AYO ADU, MD PLLC	P	457	0	[redacted]		OVS	F	6/9/2025	6/9/2025	273335355
5474	76360	3	13	0	2025	161000578	0	7/7/2025	$55.89	1	SCOTT P. STEIN, D.O., P.A.	P	457	0	[redacted]		OVS	F	6/5/2025	6/5/2025	742861393
5475	76360	3	49	2	2025	163000610	0	7/7/2025	$65.89	1	AMERICAN REGIONAL HEALTH CENTER	P	177	0	[redacted]		OV	F	6/5/2025	6/5/2025	742640162
5476	76360	3	46	0	2025	171000884	0	7/7/2025	$67.77	1	ASHRAF ABUSARA MD	P	457	0	[redacted]		OVS	F	4/14/2025	4/14/2025	471158090
5477	76360	3	31	0	2025	174000536	0	7/7/2025	$76.48	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	3/20/2025	3/20/2025	742208337
5478	76360	3	21	1	2025	168000774	0	7/7/2025	$79.03	1	PODIATRY ASSOCIATES OF VICTORIA	P	457	0	[redacted]		OVS	F	6/12/2025	6/12/2025	200719703
5479	76360	3	52	0	2025	179000890	0	7/7/2025	$96.81	1	SINGLETON ASSOCIATES PA	P	318	0	[redacted]		SPCT	F	4/22/2025	4/22/2025	741680498
5482	76360	3	131	0	2025	128001803	0	7/7/2025	$153.60	1	LONE STAR EMERGENCY ASSOCIATES	P	189	0	[redacted]		ERD	F	4/3/2025	4/3/2025	271112877
5483	76360	3	70	0	2025	171000900	0	7/7/2025	$165.51	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	6/13/2025	6/13/2025	741831291
5486	76360	3	123	0	2025	177000153	0	7/7/2025	$296.42	1	CHILDRENS PHYSICIAN SERVICES SOUTH TEXAS	P	172	0	[redacted]		AB	F	5/29/2025	5/29/2025	742620408
5487	76360	3	21	1	2025	164000096	0	7/7/2025	$303.85	1	LLC VICTORIA NEPHROLOGY ASSO	P	466	0	[redacted]		DI	F	5/20/2025	5/20/2025	453050693
5489	76360	3	28	0	2025	181001577	0	7/7/2025	$346.86	1	THE PHIA GROUP, LLC	P	503	0	[redacted]		AUDT	F	12/12/2024	12/12/2024	43504115
5495	76360	3	53	0	2025	167000640	0	7/7/2025	$692.71	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	6/9/2025	6/9/2025	741831291
5499	76360	3	28	0	2025	181001570	0	7/7/2025	$979.34	1	USAP-TEXAS	P	405	0	[redacted]		AOQ	F	12/12/2024	12/12/2024	760482007
5504	76360	3	30	1	2025	176000217	0	7/7/2025	$2,008.45	1	ORTHOLONESTAR PLLC	P	178	0	[redacted]		SO	F	6/6/2025	6/6/2025	842136648
5507	76360	3	3	0	2025	171001448	0	7/7/2025	$3,631.74	1	LAUREL RIDGE TREATMENT CENTER	P	357	0	[redacted]		MRB	F	6/4/2025	6/9/2025	432002326
5509	76370	3	44	0	2025	174000525	0	7/7/2025	$7,659.96	1	AMIRALI S POPATIA MD	P	458	0	[redacted]		CT	F	6/2/2025	6/2/2025	760599320
5510	76370	3	44	0	2025	160000721	0	7/7/2025	$106.13	1	OAKBEND MEDICAL CENTER	P	186	0	[redacted]		HLAB	F	5/12/2025	5/12/2025	760339462
									$80,219.93												

APPROVED ON

JUL 14 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHRNO	RBPNO	LOCNO	EMPNO	DEPNO	CLAIMRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CUSCD	CVCTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
5511	76351	2	2	1	2025	188000196	0	7/14/2025	$93.10	1	HEIGHTS DERMATOLOGY	P	457	0	[redacted]		OVS	F	6/11/2025	6/11/2025	204603797
5512	76351	3	49	0	2025	189001209	0	7/14/2025	$5,060.62	1	USAP-TEXAS	P	176	0	[redacted]		AO	F	11/11/2024	11/11/2024	760482007
5513	76351	3	43	0	2025	142000918	0	7/14/2025	$11.19	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	5/6/2025	5/6/2025	741680498
5514	76351	3	10	0	2025	149000876	0	7/14/2025	$11.19	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	5/13/2025	5/13/2025	741680498
5515	76351	3	29	0	2025	147001041	0	7/14/2025	$13.37	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	5/9/2025	5/9/2025	741680498
5516	76351	3	18	0	2025	149000850	0	7/14/2025	$13.79	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	5/14/2025	5/14/2025	741680498
5517	76351	3	10	0	2025	184001185	0	7/14/2025	$69.04	1	HOUSTON CARDIOVASCULAR ASSOC INC	P	177	0	[redacted]		OV	F	4/1/2025	4/1/2025	741941710
5518	76351	3	10	0	2025	184001190	0	7/14/2025	$69.04	1	HOUSTON CARDIOVASCULAR ASSOC INC	P	177	0	[redacted]		OV	F	3/4/2025	3/4/2025	741941710
5519	76351	3	74	0	2025	149000832	0	7/14/2025	$70.69	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	5/14/2025	5/14/2025	741680498
5520	76351	3	8	0	2025	139000801	0	7/14/2025	$97.44	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	1/20/2025	1/20/2025	741680498
5521	76351	3	23	0	2025	149000809	0	7/14/2025	$122.02	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]		CAT	F	5/13/2025	5/13/2025	741680498
5522	76351	3	45	0	2025	147000969	0	7/14/2025	$270.25	1	SINGLETON ASSOCIATES PA	P	321	0	[redacted]		MRIO	F	5/8/2025	5/8/2025	741680498
5523	76351	3	42	0	2025	177000645	0	7/14/2025	$274.04	1	CITIZENS MEDICAL PROFESSIONALS	P	172	0	[redacted]		AB	F	2/27/2025	2/27/2025	471158090
5525	76351	3	49	0	2025	189001215	0	7/14/2025	$721.80	1	THE PHIA GROUP, LLC	P	503	0	[redacted]		AUDT	F	11/11/2024	11/11/2024	43504115
5527	76351	3	73	2	2025	184000158	0	7/14/2025	$3,220.75	1	SCOTT & WHITE HOSPITAL - COLLEGE STATION	P	406	0	[redacted]		ER	F	6/4/2025	6/4/2025	274434451
5528	76360	2	72	0	2025	142000892	0	7/14/2025	$7.53	1	HOUSTON RADIOLOGY ASSOCIATED	P	181	0	[redacted]		XRAY	F	3/10/2025	3/10/2025	741688740
5529	76360	2	29	2	2025	142000857	0	7/14/2025	$10.75	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	5/6/2025	5/6/2025	741680498
5530	76360	2	35	0	2025	141000870	0	7/14/2025	$172.27	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	5/4/2025	5/4/2025	741680498
5531	76360	2	35	0	2025	142000931	0	7/14/2025	$305.88	1	USAP-TEXAS	P	176	0	[redacted]		AO	F	5/1/2025	5/1/2025	760482007
5533	76360	3	13	0	2025	141000853	0	7/14/2025	$10.31	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	2/4/2025	2/4/2025	741680498
5534	76360	3	105	0	2025	139000749	0	7/14/2025	$34.80	1	SINGLETON ASSOCIATES PA	P	603	0	[redacted]		US	F	4/29/2025	4/29/2025	741680498
5535	76360	3	27	0	2025	136001093	0	7/14/2025	$42.62	1	SINGLETON ASSOCIATES PA	P	603	0	[redacted]		US	F	4/30/2025	4/30/2025	741680498
5536	76360	3	74	0	2025	177000617	0	7/14/2025	$59.94	1	AYO ADU, MD PLLC	P	177	0	[redacted]		OV	F	6/24/2025	6/24/2025	273335355
5537	76360	3	3	0	2025	184001241	0	7/14/2025	$65.87	1	CONTEMPORARY MEDICINE ASSOCIATES	P	188	0	[redacted]		HV	F	6/6/2025	6/6/2025	753129210
5538	76360	3	3	0	2025	184001242	0	7/14/2025	$65.87	1	CONTEMPORARY MEDICINE ASSOCIATES	P	188	0	[redacted]		HV	F	6/7/2025	6/7/2025	753129210
5539	76360	3	120	3	2025	184001145	0	7/14/2025	$74.23	1	HEADWAY COLORADO BEHAVIORAL HEALTH SERVI	P	752	0	[redacted]		TELS	F	5/29/2025	5/29/2025	861747274
5540	76360	3	120	3	2025	184001147	0	7/14/2025	$74.23	1	HEADWAY COLORADO BEHAVIORAL HEALTH SERVI	P	752	0	[redacted]		TELS	F	5/20/2025	5/20/2025	861747274
5541	76360	3	120	3	2025	184001148	0	7/14/2025	$74.23	1	HEADWAY COLORADO BEHAVIORAL HEALTH SERVI	P	752	0	[redacted]		TELS	F	5/15/2025	5/15/2025	861747274
5542	76360	3	120	3	2025	188000056	0	7/14/2025	$74.23	1	HEADWAY COLORADO BEHAVIORAL HEALTH SERVI	P	752	0	[redacted]		TELS	F	5/8/2025	5/8/2025	861747274
5543	76360	3	120	3	2025	188000093	0	7/14/2025	$74.23	1	HEADWAY COLORADO BEHAVIORAL HEALTH SERVI	P	752	0	[redacted]		TELS	F	6/4/2025	6/4/2025	861747274
5544	76360	3	3	0	2025	184001475	0	7/14/2025	$75.00	1	JACKSON NEUROSCIENCE CENTER	P	379	0	[redacted]		SMNI	F	6/9/2025	6/9/2025	873803736
5545	76360	3	51	0	2025	136001006	0	7/14/2025	$111.14	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]		CAT	F	5/1/2025	5/1/2025	741680498
5546	76360	3	41	1	2025	136001132	0	7/14/2025	$111.14	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	4/27/2025	4/27/2025	741680498
5548	76360	3	59	1	2025	184001187	0	7/14/2025	$115.38	1	FAMILY CARE CENTER	P	360	0	[redacted]		POV	F	6/2/2025	6/2/2025	810970561
5549	76360	3	120	0	2025	174000534	0	7/14/2025	$129.50	1	BEACON BEHAVIORAL OF TEXAS	P	728	0	[redacted]		TELM	F	6/17/2025	6/17/2025	263158703
5550	76360	3	3	0	2025	184001243	0	7/14/2025	$144.65	1	CONTEMPORARY MEDICINE ASSOCIATES	P	379	0	[redacted]		SMNI	F	6/5/2025	6/5/2025	753129210
5551	76360	3	3	0	2025	184001474	0	7/14/2025	$152.68	1	JACKSON NEUROSCIENCE CENTER	P	379	0	[redacted]		SMNI	F	6/5/2025	6/5/2025	873803736
5555	76370	3	46	0	2025	149000837	0	7/14/2025	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]		AB	F	5/7/2025	5/7/2025	741680498
									$12,188.33												

[redacted]

APPROVED ON

JUL 14 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
5355	76360	3	21	1	2025	164000651	0	6/23/2025	$20,801.00	1	LIBERTY DIALYSIS VICTORIA	P	465	0	[redacted]		HDI	F	5/1/2025	5/31/2025	262438451
									$20,801.00												

MSR

APPROVED ON
JUL 14 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 7, 2025 - July 13, 2025

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
7/11/2025	PAY PLUS ACHTrans 76881300 101000693872527 P	- 3rd Party Payor Fee	2,182.79	901722
7/11/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1,846.62 *	901723
7/10/2025	PAY PLUS ACHTrans 76674692 101000692692020 P	- 3rd Party Payor Fee	109.03	901724
7/10/2025	HPHG LLC MEM MED MemMedCtr PtLav 11312265002	- Health Insurance Claim Payments	12,471.91 *	
7/10/2025	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	5,008.76	
7/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	164.25	
7/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	157.80	
7/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	107.60	
7/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	973.01	
7/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	1,851.06	
7/9/2025	PAY PLUS ACHTrans 76406010 101000691070966 P	- 3rd Party Payor Fee	102.69	
7/8/2025	PAY PLUS ACHTrans 76190736 101000699564916 P	- 3rd Party Payor Fee	106.68	
7/8/2025	MCKESSON DRUG AUTO ACH ACH06592404 910000137	- 340B Drug Program Expense	34.07 *	
7/8/2025	HPHG LLC MEM MED MemMedCtr PtLav 11312265001	- Health Insurance Claim Payments	38,215.72 **	
7/7/2025	STATE COMPTRLR TEXNET 08773615/50703 2100002	- ATLIS IGT	45,926.00 * *	
7/7/2025	PAY PLUS ACHTrans 75924069 101000697634938 P	- 3rd Party Payor Fee	651.20	
7/7/2025	FDMS FDMS PYMT 052-1601830-000 4100012396725	- Credit Card Machine Lease Fee	32.45	
7/7/2025	FDMS FDMS PYMT 052-2000500-000 4100012398054	- Credit Card Machine Lease Fee	75.67	
7/7/2025	FDMS FDMS PYMT 052-2182545-000 4100012398950	- Credit Card Machine Lease Fee	45.64	
7/7/2025	FDMS FDMS PYMT 052-2182557-000 4100012398930	- Credit Card Machine Lease Fee	181.77	
7/7/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	696.41 **	
7/7/2025	IRS USATAXPYMT 270558824300325 6103601005040	- Payroll Taxes	124,189.30 **	
			235,130.43	

/ Michelle Cumberland July 14, 2025
Michelle Cumberland, CFO
Memorial Medical Center

* Approved on 7.09.25 CC
** Approved on 7.03.25 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	Amount
		-

July 14, 2025
Michelle Cumberland, CFO
Memorial Medical Center

APPROVED ON
JUL 14 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

235,130.43 +
1,846.62 -
12,471.91 -
34.07 -
38,215.72 -
45,926.00 -
696.41 -
124,189.30 -
11,750.40 ◊
11,750.40 -
0.00 ◊

2,182.79 +
109.03 +
102.69 + pay plus
106.68 +
651.20 +
3,152.39 ◊ Proc. Fee
5,008.76 +
164.25 +
157.80 +
107.60 +
973.01 +
1,851.06 +
8,262.48 ◊ Lease Fee
32.45 +
75.67 +
45.64 +
181.77 +
335.53 ◊
3,152.39 +
8,262.48 +
335.53 +
11,750.40 ◊

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	

Memorial Medical Center
Transfer Request

Amount: 1,500,000.00 Date: 7/14/2025

From Account: Prosperity Operating [redacted]

To Account: Prosperity Money Marke[redacted]

APPROVED ON
JUL 14 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

Transfer funds from Prosperity Operating to Prosperity Money Market account

Requested by: Caitlin Clevenger **Date:** 7/14/2025

Authorized by: Michelle Cuellar **Date:** 7/14/25

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 10 2025

CALHOUN COUNTY, TEXAS

07/10/2025
12:18

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/01/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070325		07/09/202	07/03/202	08/01/202			2,095.00	0.00	0.00	2,095.00

ins. pmt dep. into MMC opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	2,095.00	0.00	0.00	2,095.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,095.00	0.00	0.00	2,095.00

APPROVED ON

JUL 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 2095609

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 10 2025

07/10/2025
12:19

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/01/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070725		07/09/202	07/07/202	08/01/202			425.00	0.00	0.00	425.00

ins. pmt dep. into mmc opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	425.00	0.00	0.00	425.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	425.00	0.00	0.00	425.00

APPROVED ON

JUL 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check 300506

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 10 2025

CALHOUN COUNTY, TEXAS

07/10/2025
12:19

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/01/2025

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
070225	INS. pmt dep into MMC opt. in error	07/09/202	07/02/202	08/01/202			2,984.64	0.00	0.00	2,984.64
070225A		07/09/202	07/02/202	08/01/202			5,750.50	0.00	0.00	5,750.50
070325		07/09/202	07/03/202	08/01/202			882.81	0.00	0.00	882.81
070825		07/09/202	07/08/202	08/01/202			1,541.40	0.00	0.00	1,541.40
070825A		07/09/202	07/08/202	08/01/202			42.07	0.00	0.00	42.07

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	11,201.42	0.00	0.00	11,201.42

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,201.42	0.00	0.00	11,201.42

APPROVED ON

JUL 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 209507

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 10 2025

CALHOUN COUNTY, TEXAS

07/10/2025
12:19

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/01/2025

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
070325		07/09/202	07/03/202	08/01/202			5,915.00	0.00	0.00	5,915.00

INS pmt dep into mmc opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	5,915.00	0.00	0.00	5,915.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,915.00	0.00	0.00	5,915.00

APPROVED ON

JUL 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 209570

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 10 2025

CALHOUN COUNTY, TEXAS

07/10/2025
12:19

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/01/2025

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
070325		07/09/202	07/03/202	08/01/202			38,782.16	0.00	0.00	38,782.16
070325A	ins. pmt dep. into mmc opt in error	07/09/202	07/03/202	08/01/202			614.45	0.00	0.00	614.45

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	39,396.61	0.00	0.00	39,396.61

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	39,396.61	0.00	0.00	39,396.61

APPROVED ON

JUL 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 204528

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/14/2025

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		166,963.10	166,863.10	-			100.00	-
						Bank Balance	100.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	-	
Broadmoor		102,963.24	102,863.24	-		-	100.00	-
						Bank Balance	100.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	-	
Crescent		77,073.04	76,973.04	2,652.00			2,752.00	**2,652.00**
						Bank Balance	2,752.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**2,652.00**	
Fort Bend		1,378.30	1,268.08	-			110.22	-
						Bank Balance	110.22	
						Variance	-	
						Leave in Balance	100.00	
						Claim Payment owed to MMC	6,271.65	
						Claim Payment Owed to Lavaca Bay	2,021.66	
						Adjust Balance/Transfer Amt	**(8,283.09)**	
Solera at W Houstor		60,756.44	60,656.44	-			100.00	-
						Bank Balance	100.00	
						Variance	-	
						Leave in Balance	100.00	
						Claim Payment owed to Tuscany Village	3,037.72	
						Adjust Balance/Transfer Amt	**(3,037.72)**	

APPROVED ON
JUL 14 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

TOTAL TRANSFERS	**2,652.00**

Approved:
Michelle Cumberland, CFO **7/14/2025**

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.

Ashford Gardens	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/9/2025 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	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
7/9/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	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
7/9/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	76,973.04	-					-	-
7/7/2025 CIGNA HCCLAIMPMT 1669860425 91000011195951	-	2,652.00					-	2,652.00
							-	-
							-	-
							-	-
							-	-
							-	-
	76,973.04	2,652.00	-	-	-	-	-	2,652.00

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
7/8/2025 273	705.02	-					-	-
7/8/2025 272	563.06	-					-	-
							-	-
							-	-
							-	-
							-	-
	1,268.08	-	-	-	-	-	-	-

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
7/9/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	60,656.44	-					-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
	60,656.44	-	-	-	-	-	-	-

TOTALS								
		2,652.00	-	-	-	-	-	2,652.00

Balances Overview

Account Name				
***4357 MEMORIAL MEDICAL - OPERATING**	$3,772,331.72	$3,884,368.07	$3,772,331.72	$3,606,497.78
***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**	$2,752.00	$2,752.00	$2,752.00	$2,752.00
***4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON**	$100.00	$100.00	$100.00	$100.00
***4446 MEMORIAL MEDICAL / NH FORT BEND**	$110.22	$131.52	$110.22	$110.22
***4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE**	$60,585.14	$67,842.38	$60,585.14	$60,023.78
***4551 CAL CO INDIGENT HEALTHCARE**	$9,696.82	$9,696.82	$9,696.82	$9,696.82
***5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY**	$1,428.00	$1,428.00	$1,428.00	$1,428.00
***5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID**	$100.00	$100.00	$100.00	$100.00
***5506 MMC -NH LAVACA BAY NURSING & REHAB**	$34,786.92	$38,780.28	$34,786.92	$32,968.97
***3407 MMC -NH TUSCANY VILLAGE**	$47,180.49	$108,752.34	$47,180.49	$47,180.49
***2998 MMC -MONEY MARKET FUND**	$66,447.12	$66,447.12	$66,447.12	$66,447.12
***7168 MEMORIAL MEDICAL CENTER MONEY MKT 2**	$2,192.09	$2,192.09	$2,192.09	$2,192.09
Total Balance	**$3,997,910.52**	**$4,182,790.62**	**$3,997,910.52**	**$3,829,697.27**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/14/2025

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		372,988.63	371,370.86	58,967.37		-	60,585.14	59,556.62
						Bank Balance	60,585.14	
						Variance	-	
						Leave in Balance	100.00	
						April Interest	397.88	
						May Interest	288.35	
						June Interest	242.29	
						Adjust Balance/Transfer Amt	59,556.62	

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 7/14/2025

APPROVED ON
JUL 14 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
7/11/2025	TSYS/TRANSFIRST CR CD DEP 5436845558876917 43	-	561.36					-	561.36
7/10/2025	TSYS/TRANSFIRST CR CD DEP 5436845558876917 43	-	9,345.76					-	9,345.76
7/10/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001473	-	1,574.00					-	1,574.00
7/9/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	61,633.59	-					-	-
7/9/2025	TSYS/TRANSFIRST CR CD DEP 5436845558876917 43	-	3,142.50					-	3,142.50
7/9/2025	TSYS/TRANSFIRST CR CD DEP 5436845558876917 43	-	1,285.00					-	1,285.00
7/9/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001401	-	4,284.35					-	4,284.35
7/8/2025	Deposit	-	8,319.15					-	8,319.15
7/8/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001534	-	1,324.58					-	1,324.58
7/8/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001534	-	6,240.57					-	6,240.57
7/7/2025	236	309,737.27	-					-	-
7/7/2025	TSYS/TRANSFIRST CR CD DEP 5436845558876917 43	-	2,299.41					-	2,299.41
7/7/2025	TSYS/TRANSFIRST CR CD DEP 5436845558876917 43	-	1,551.00					-	1,551.00
7/7/2025	NOVITAS SOLUTION HCCLAIMPMT 676097 420000186	-	2,282.00					-	2,282.00
7/7/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	3,257.69					-	3,257.69
7/7/2025	Am Health TX PAYMENT 21531 84307030008515	-	13,500.00					-	13,500.00
								-	-
								-	-
		371,370.86	**58,967.37**	-	-	-	-	-	**58,967.37**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,772,331.72	$3,884,368.07	$3,772,331.72	$3,606,497.78
*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	$2,752.00	$2,752.00	$2,752.00	$2,752.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$100.00	$100.00	$100.00	$100.00
*4446 MEMORIAL MEDICAL / NH FORT BEND	$110.22	$131.52	$110.22	$110.22
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$60,585.14	$67,842.38	$60,585.14	$60,023.78
*4551 CAL CO INDIGENT HEALTHCARE	$9,696.82	$9,696.82	$9,696.82	$9,696.82
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,428.00	$1,428.00	$1,428.00	$1,428.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$34,786.92	$38,780.28	$34,786.92	$32,968.97
*3407 MMC -NH TUSCANY VILLAGE	$47,180.49	$108,752.34	$47,180.49	$47,180.49
*2998 MMC -MONEY MARKET FUND	$66,447.12	$66,447.12	$66,447.12	$66,447.12
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$2,192.09	$2,192.09	$2,192.09	$2,192.09
Total Balance	**$3,997,910.52**	**$4,182,790.62**	**$3,997,910.52**	**$3,829,697.27**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/14/2025

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		5,991.01	5,891.01	1,328.00			-	1,428.00	1,328.00
							Bank Balance	1,428.00	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	1,328.00	

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

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	-

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

Approved: MSC
Michelle Cumberland, CFO 7/14/2025

APPROVED ON
JUL 14 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
7/9/2025 WIRE OUT HMG Rockport SNF, LP -Commerical	5,891.01	-					-	-
7/8/2025 HNB - ECHO HCCLAIMPMT 746003411 440000270917	-	1,328.00					-	1,328.00
							-	-
							-	-
							-	-
							-	-
							-	-
	5,891.01	1,328.00	-	-	-	-	-	1,328.00

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
7/9/2025 WIRE OUT HMG Rockport SNF, LP - Commerical	0.19	-					-	-
							-	-
	0.19	-	-	-	-	-	-	-
	5,891.20	1,328.00	-	-	-	-	-	1,328.00

Balances Overview

Account Name				
***4357 MEMORIAL MEDICAL - OPERATING**	$3,772,331.72	$3,884,368.07	$3,772,331.72	$3,606,497.78
***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**	$2,752.00	$2,752.00	$2,752.00	$2,752.00
***4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON**	$100.00	$100.00	$100.00	$100.00
***4446 MEMORIAL MEDICAL / NH FORT BEND**	$110.22	$131.52	$110.22	$110.22
***4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE**	$60,585.14	$67,842.38	$60,585.14	$60,023.78
***4551 CAL CO INDIGENT HEALTHCARE**	$9,696.82	$9,696.82	$9,696.82	$9,696.82
***5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY**	$1,428.00	$1,428.00	$1,428.00	$1,428.00
***5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID**	$100.00	$100.00	$100.00	$100.00
***5506 MMC -NH LAVACA BAY NURSING & REHAB**	$34,786.92	$38,780.28	$34,786.92	$32,968.97
***3407 MMC -NH TUSCANY VILLAGE**	$47,180.49	$108,752.34	$47,180.49	$47,180.49
***2998 MMC -MONEY MARKET FUND**	$66,447.12	$66,447.12	$66,447.12	$66,447.12
***7168 MEMORIAL MEDICAL CENTER MONEY MKT 2**	$2,192.09	$2,192.09	$2,192.09	$2,192.09
Total Balance	**$3,997,910.52**	**$4,182,790.62**	**$3,997,910.52**	**$3,829,697.27**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
7/14/2025

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		126,714.15	126,614.15	47,080.49	-	-	-	47,180.49	47,080.49
							Bank Balance	47,180.49	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	47,080.49	

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 7/14/2025

APPROVED ON
JUL 14 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
7/9/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	118,295.00	-					-	-
7/9/2025	HNB - ECHO HCCLAIMPMT 746003411 440000215175	-	25,007.25					-	25,007.25
7/8/2025	1190	8,319.15	-					-	-
7/8/2025	Merchant Capture Dep	-	3,500.00					-	3,500.00
7/8/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000179	-	18,573.24					-	18,573.24
								-	-
								-	-
								-	-
								-	-
								-	-
								-	-
		126,614.15	47,080.49	-	-	-	-	-	47,080.49

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,772,331.72	$3,884,368.07	$3,772,331.72	$3,606,497.78
*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	$2,752.00	$2,752.00	$2,752.00	$2,752.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$100.00	$100.00	$100.00	$100.00
*4446 MEMORIAL MEDICAL / NH FORT BEND	$110.22	$131.52	$110.22	$110.22
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$60,585.14	$67,842.38	$60,585.14	$60,023.78
*4551 CAL CO INDIGENT HEALTHCARE	$9,696.82	$9,696.82	$9,696.82	$9,696.82
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,428.00	$1,428.00	$1,428.00	$1,428.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$34,786.92	$38,780.28	$34,786.92	$32,968.97
*3407 MMC -NH TUSCANY VILLAGE	$47,180.49	$108,752.34	$47,180.49	$47,180.49
*2998 MMC -MONEY MARKET FUND	$66,447.12	$66,447.12	$66,447.12	$66,447.12
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$2,192.09	$2,192.09	$2,192.09	$2,192.09
Total Balance	**$3,997,910.52**	**$4,182,790.62**	**$3,997,910.52**	**$3,829,697.27**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
7/14/2025

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		390,613.54	389,085.60	33,258.98				34,786.92	33,258.98
							Bank Balance	34,786.92	
							Variance	-	
							Leave in Balance	100.00	
							April Interest	469.35	
							May Interest	624.90	
							June Interest	333.69	
							Adjust Balance/Transfer Amt	33,258.98	

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

Approved: MSL
Michelle Cumberland, CFO 7/14/2025

APPROVED ON
JUL 14 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/11/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000104	-	252.84					-	252.84
7/11/2025	HOSPICE OF SOUTH Payments NF 113122650022334	-	1,565.11					-	1,565.11
7/10/2025	HUMANA INS CO HCCLAIMPMT 79209413 8300005628	-	589.26					-	589.26
7/9/2025	WIRE OUT REG Leased OpCo LLC	123,193.44	-					-	-
7/9/2025	Deposit	-	18,641.39					-	18,641.39
7/9/2025	HUMANA INS CO HCCLAIMPMT 79122602 8300005192	-	1,424.99					-	1,424.99
7/9/2025	HIC KY HCCLAIMPMT 79191745 42000011915260 45	-	765.47					-	765.47
7/8/2025	Deposit	-	1,268.08					-	1,268.08
7/8/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000179	-	213.84					-	213.84
7/7/2025	1153	29,790.30	-					-	-
7/7/2025	1152	236,101.86	-					-	-
7/7/2025	NDC SWEEP FAC 02330 56009680019901 SWEEP FR	-	8,281.00					-	8,281.00
7/7/2025	TMHP HCCLAIMPMT 415592101 21000026640031	-	257.00					-	257.00
								-	-
								-	-
								-	-
		389,085.60	33,258.98	-	-	-	-	-	33,258.98

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,772,331.72	$3,884,368.07	$3,772,331.72	$3,606,497.78
*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	$2,752.00	$2,752.00	$2,752.00	$2,752.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$100.00	$100.00	$100.00	$100.00
*4446 MEMORIAL MEDICAL / NH FORT BEND	$110.22	$131.52	$110.22	$110.22
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$60,585.14	$67,842.38	$60,585.14	$60,023.78
*4551 CAL CO INDIGENT HEALTHCARE	$9,696.82	$9,696.82	$9,696.82	$9,696.82
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,428.00	$1,428.00	$1,428.00	$1,428.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$34,786.92	$38,780.28	$34,786.92	$32,968.97
*3407 MMC -NH TUSCANY VILLAGE	$47,180.49	$108,752.34	$47,180.49	$47,180.49
*2998 MMC -MONEY MARKET FUND	$66,447.12	$66,447.12	$66,447.12	$66,447.12
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$2,192.09	$2,192.09	$2,192.09	$2,192.09
Total Balance	**$3,997,910.52**	**$4,182,790.62**	**$3,997,910.52**	**$3,829,697.27**

Fort Bend

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 7/8/2025

APPROVED ON
JUL 14 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#000275

FOR ACCT USE ONLY

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

AMOUNT: $ 6,271.65

G/L NUMBER: 21000007

EXPLANATION: claim payments owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSR

Solera

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: Tuscany Village

Date Requested: 7/8/2025

APPROVED ON
JUL 14 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 001335

FOR ACCT USE ONLY

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

AMOUNT: $ 3,037.72

G/L NUMBER: 21000016

EXPLANATION: claim payment owed to Tuscany from Solera

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSZ

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

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

001325

Date 7-16-25

88-2265/1131

PAY
TO THE
ORDER OF Tuscany Village

$ 3,037.72/100

Three thousand, thirty-seven dollars and 72/100 DOLLARS

PROSPERITY BANK®

County Auditor

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

000275

Date 7-16-25

88-2265/1131

PAY
TO THE
ORDER OF MMC Operating

$ 6,271.65/100

Six thousand, two hundred seventy-one dollars and 65/100 DOLLARS

PROSPERITY BANK®

County Auditor

County Treasurer

Security features are included. Details on back.

FOR Claim

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF *	000275	07/16/25	6,271.65	MMC OPERATING
NHS *	001325	07/16/25	3,037.72	TUSCANY VILLAGE
A/P	209506	07/16/25	4,016.71	[redacted]
A/P	209507	07/16/25	1,400.00	
A/P	209508	07/16/25	.00	
A/P	209509	07/16/25	2,812.95	
A/P	209510	07/16/25	240.55	
A/P	209511	07/16/25	4,610.77	
A/P	209512	07/16/25	585.16	
A/P	209513	07/16/25	3,297.30	
A/P	209514	07/16/25	39,197.68	
A/P	209515	07/16/25	3,520.00	
A/P	209516	07/16/25	796.06	
A/P	209517	07/16/25	277.61	
A/P	209518	07/16/25	277.56	
A/P	209519	07/16/25	33.95	
A/P	209520	07/16/25	2,150.00	
A/P	209521	07/16/25	450.00	
A/P	209522	07/16/25	267.81	
A/P	209523	07/16/25	2,189.63	
A/P	209524	07/16/25	228.27	
A/P	209525	07/16/25	500.00	
A/P	209526	07/16/25	40,062.50	
A/P	209527	07/16/25	375.00	
A/P	209528	07/16/25	7,105.99	
A/P	209529	07/16/25	57,750.00	
A/P	209530	07/16/25	9,690.46	
A/P	209531	07/16/25	111.57	
A/P	209532	07/16/25	32.37	
A/P	209533	07/16/25	47,326.00	
A/P	209534	07/16/25	14,958.67	
A/P	209535	07/16/25	3,163.82	
A/P	209536	07/16/25	307.58	
A/P	209537	07/16/25	5,632.94	
A/P	209538	07/16/25	.00	
A/P	209539	07/16/25	4,537.38	
A/P	209540	07/16/25	510.43	
A/P	209541	07/16/25	.00	
A/P	209542	07/16/25	14,772.72	
A/P	209543	07/16/25	118.19	
A/P	209544	07/16/25	478.59	
A/P	209545	07/16/25	290.80	
A/P	209546	07/16/25	6,334.00	
A/P	209547	07/16/25	234.62	
A/P	209548	07/16/25	105.45	
A/P	209549	07/16/25	436.08	
A/P	209550	07/16/25	21.24	
A/P	209551	07/16/25	239.00	
A/P	209552	07/16/25	2,235.00	
A/P	209553	07/16/25	86.05	