

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 30, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

| | |
|---|------------------------|
| TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS | \$ 777,185.62 |
| TOTAL TRANSFERS BETWEEN FUNDS | \$ 1,638,559.41 |
| TOTAL NURSING HOME UPL EXPENSES | \$ 1,019,609.02 |
| TOTAL INTER-GOVERNMENT TRANSFERS | \$ 1,266,053.00 |
| GRAND TOTAL DISBURSEMENTS APPROVED July 30, 2025 | \$ 4,701,407.05 |

APPROVED

JUL 30 2025

**CALMOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---July 30, 2025

PAYABLES AND PAYROLL

| | |
|--|------------|
| 7/24/2025 Weekly Payables | 201,128.17 |
| 7/28/2025 Critical - Merck Sharp & Dohme LLC | 1,188.69 |
| 7/24/2025 Patient Refunds | 1,867.70 |
| 7/28/2025 McKesson-340B Prescription Expense | 252.96 |
| 7/28/2025 Amerisource Bergen-340B Prescription Expense | 138.20 |
| 7/28/2025 Amerisource Bergen-340B Prescription Expense | 1,385.35 |
| 7/28/2025 Payroll Liabilities-Payroll Taxes | 127,195.32 |
| 7/28/2025 Payroll | 391,858.48 |

Prosperity Electronic Bank Payments

| | |
|--|-----------|
| 7/28/2025 90 Degree Benefits - employee insurance claims | 29,958.66 |
| 7/28/2025 90 Degree Benefits - employee insurance claims | 20,130.00 |
| 7/28/2025 Pay Plus-Patient Claims Processing Fee | 1,095.09 |
| 7/28/2025 Health Equity -HSA Contributions | 987.00 |

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 777,185.62**

TRANSFERS BETWEEN FUNDS-MMC

| | |
|---|--------------|
| 7/28/2025 Transfer from Prosperity Money Market to Prosperity Operating | 1,500,000.00 |
|---|--------------|

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

| | |
|--|------------|
| 7/24/2025 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error | 16,594.20 |
| 7/24/2025 MMC Operating to Gulf Pointe Plaza - Correction of insurance payment deposited into MMC operating in error | 67.91 |
| 7/24/2025 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error | 121,897.30 |

TOTAL TRANSFERS BETWEEN FUNDS **\$ 1,638,559.41**

NURSING HOME UPL EXPENSES

| | |
|---|------------|
| 7/28/2025 Nursing Home UPL-Cantex Transfer | 340,255.40 |
| 7/28/2025 Nursing Home UPL-Nexion Transfer | 177,902.10 |
| 7/28/2025 Nursing Home UPL-Tuscany Transfer | 265,906.97 |
| 7/28/2025 Nursing Home UPL-HSL Transfer | 235,506.33 |

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

| | |
|---|-------|
| 7/28/2025 Golden Creek to MMC-Claim owed to MMC | 38.22 |
|---|-------|

TOTAL NURSING HOME UPL EXPENSES **\$ 1,019,609.02**

INTER-GOVERNMENT TRANSFERS

| | |
|-------------------------------|--------------|
| 7/28/2025 Accrued NH QIPP IGT | 1,266,053.00 |
|-------------------------------|--------------|

TOTAL INTER-GOVERNMENT TRANSFERS **\$ 1,266,053.00**

GRAND TOTAL DISBURSEMENTS APPROVED July 30, 2025 **\$ 4,701,407.05**

JUL 24 2025

MEMORIAL MEDICAL CENTER

07/24/2025

11:41

CALHOUN COUNTY, TEXAS

AP Open Invoice List

Due Dates Through: 08/14/2025

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code | | | | | | | | |
|---------|--------------------------------|--------------------------------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| 13180 | ADVANCED STERILIZATION PRODUCT | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | 8020905773 | | 07/01/202 | 07/15/202 | 06/04/202 | | | 100.77 | 0.00 | 0.00 | 100.77 |
| | Vendor Totals: Number | Name | | | | | | Gross | Discount | No-Pay | Net |
| | 13180 | ADVANCED STERILIZATION PRODUCT | | | | | | 100.77 | 0.00 | 0.00 | 100.77 |
| 14028 | AMAZON CAPITAL SERVICES | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | 14QHY1PFLNLK | | 07/01/202 | 07/15/202 | 08/14/202 | | | 34.49 | 0.00 | 0.00 | 34.49 |
| | 1HQJY69XWK3W | | 07/09/202 | 07/14/202 | 08/13/202 | | | 37.33 | 0.00 | 0.00 | 37.33 |
| | Vendor Totals: Number | Name | | | | | | Gross | Discount | No-Pay | Net |
| | 14028 | AMAZON CAPITAL SERVICES | | | | | | 71.82 | 0.00 | 0.00 | 71.82 |
| A2271 | ARTHREX, INC | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | 924548133 | | 07/01/202 | 07/15/202 | 07/21/202 | | | 280.00 | 0.00 | 0.00 | 280.00 |
| | 924535788 | | 07/09/202 | 07/14/202 | 07/14/202 | | | 4,650.00 | 0.00 | 0.00 | 4,650.00 |
| | 924571828 | | 07/21/202 | 07/17/202 | 07/21/202 | | | 260.00 | 0.00 | 0.00 | 260.00 |
| | 924571829 | | 07/21/202 | 07/17/202 | 07/21/202 | | | 260.00 | 0.00 | 0.00 | 260.00 |
| | Vendor Totals: Number | Name | | | | | | Gross | Discount | No-Pay | Net |
| | A2271 | ARTHREX, INC | | | | | | 5,450.00 | 0.00 | 0.00 | 5,450.00 |
| B1220 | BECKMAN COULTER INC | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | 112116163 | | 07/09/202 | 07/01/202 | 08/10/202 | | | 467.44 | 0.00 | 0.00 | 467.44 |
| | 112138553 | | 07/21/202 | 07/17/202 | 08/11/202 | | | 96.72 | 0.00 | 0.00 | 96.72 |
| | Vendor Totals: Number | Name | | | | | | Gross | Discount | No-Pay | Net |
| | B1220 | BECKMAN COULTER INC | | | | | | 564.16 | 0.00 | 0.00 | 564.16 |
| 11072 | BIO-RAD LABORATORIES, INC | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | 908411249 | | 07/01/202 | 07/15/202 | 07/21/202 | | | 1,381.15 | 0.00 | 0.00 | 1,381.15 |
| | 908418329 | | 07/21/202 | 07/17/202 | 07/21/202 | | | 1,720.34 | 0.00 | 0.00 | 1,720.34 |
| | Vendor Totals: Number | Name | | | | | | Gross | Discount | No-Pay | Net |
| | 11072 | BIO-RAD LABORATORIES, INC | | | | | | 3,101.49 | 0.00 | 0.00 | 3,101.49 |
| 14260 | CAREFUSION SOLUTIONS, LLC | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | 10025513318 | | 07/23/202 | 07/08/202 | 07/23/202 | | | 1,788.00 | 0.00 | 0.00 | 1,788.00 |

| | | | | | | | | | | | | |
|---------|---------------------------|---------|---------------------------|-----------|-----------|----------|----------|----------|----------|----------|----------|---|
| ✓ | 10025513326 | | 07/23/202 | 07/08/202 | 07/23/202 | | 2.00 | 0.00 | 0.00 | 2.00 | ✓ | |
| | Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net | | |
| | | 14260 | CAREFUSION SOLUTIONS, LLC | | | | 1,790.00 | 0.00 | 0.00 | 1,790.00 | | |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | | | |
| 10541 | ✓ CARESFIELD | | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ | 200030536A | | 07/09/202 | 07/08/202 | 08/07/202 | | | 397.54 | 0.00 | 0.00 | 397.54 | ✓ |
| | Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net | |
| | | 10541 | CARESFIELD | | | | | 397.54 | 0.00 | 0.00 | 397.54 | |
| 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 | |
| ✓ | 0643 | | 07/22/202 | 07/21/202 | 07/21/202 | | | 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# | Vendor Name | | Class | Pay Code | | | | | | | | |
| 12768 | ✓ CHEMAQUA | | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ | 9226726 | | 07/22/202 | 07/10/202 | 07/20/202 | | | 593.69 | 0.00 | 0.00 | 593.69 | ✓ |
| | Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net | |
| | | 12768 | CHEMAQUA | | | | | 593.69 | 0.00 | 0.00 | 593.69 | |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | | | |
| C1730 | ✓ CITY OF PORT LAVACA | | W | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ | 071425 | | 07/22/202 | 07/14/202 | 08/05/202 | | | 182.33 | 0.00 | 0.00 | 182.33 | ✓ |
| ✓ | 071425A | | 07/22/202 | 07/14/202 | 08/05/202 | | | 42.80 | 0.00 | 0.00 | 42.80 | ✓ |
| ✓ | 071425B | | 07/22/202 | 07/14/202 | 08/05/202 | | | 3,174.07 | 0.00 | 0.00 | 3,174.07 | ✓ |
| ✓ | 071425C | | 07/22/202 | 07/14/202 | 08/05/202 | | | 90.52 | 0.00 | 0.00 | 90.52 | ✓ |
| | Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net | |
| | | C1730 | CITY OF PORT LAVACA | | | | | 3,489.72 | 0.00 | 0.00 | 3,489.72 | |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | | | |
| C2157 | ✓ COOPER SURGICAL INC | | M | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ | CINV55000939787 | | 07/22/202 | 07/16/202 | 07/22/202 | | | 497.40 | 0.00 | 0.00 | 497.40 | ✓ |
| | Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net | |
| | | C2157 | COOPER SURGICAL INC | | | | | 497.40 | 0.00 | 0.00 | 497.40 | |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | | | |
| 12044 | ✓ CULLIGAN ULTRAPURE INC. | | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ | 06302025 | | 07/22/202 | 06/30/202 | 07/22/202 | | | 297.05 | 0.00 | 0.00 | 297.05 | ✓ |
| | Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net | |
| | | 12044 | CULLIGAN ULTRAPURE INC. | | | | | 297.05 | 0.00 | 0.00 | 297.05 | |
| 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 | |
| ✓ | 8004500 | | 07/24/202 | 07/11/202 | 08/05/202 | | | 494.83 | 0.00 | 0.00 | 494.83 | ✓ |

Water Treatment Program

1016 N. Virginia St.

815 N. Virginia St.

" "

101 N. Virginia St.

| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net |
|--|-------------------------------|-----------|-------------------------------|-----------|----------|-----|-----------|----------|--------|-------------|
| | | 10368 | DEWITT POTH & SON | | | | 494.83 | 0.00 | 0.00 | 494.83 |
| 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 |
| ✓ MMC071525 | | 07/24/202 | 07/15/202 | 07/16/202 | | | 85,495.50 | 0.00 | 0.00 | 85,495.50 ✓ |
| <i>July 1 - 15, 2025</i> | | | | | | | | | | |
| Vendor Totals: | | 10789 | DISCOVERY MEDICAL NETWORK INC | | | | 85,495.50 | 0.00 | 0.00 | 85,495.50 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| 11291 | DOWELL PEST CONTROL | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| ✓ 55120 | | 07/22/202 | 07/16/202 | 08/10/202 | | | 75.00 | 0.00 | 0.00 | 75.00 ✓ |
| Vendor Totals: | | 11291 | DOWELL PEST CONTROL | | | | 75.00 | 0.00 | 0.00 | 75.00 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| E1340 | ELSEVIER INC. | | | W | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| ✓ R072639 | | 07/24/202 | 01/05/202 | 02/04/202 | | | 2,939.00 | 0.00 | 0.00 | 2,939.00 ✓ |
| <i>Clinical Pharmacology Renewal 11/4/24 - 11/3/25</i> | | | | | | | | | | |
| Vendor Totals: | | E1340 | ELSEVIER INC. | | | | 2,939.00 | 0.00 | 0.00 | 2,939.00 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| 10042 | ERBE USA INC SURGICAL SYSTEMS | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| ✓ 37197908 | | 07/16/202 | 07/11/202 | 07/16/202 | | | 169.50 | 0.00 | 0.00 | 169.50 ✓ |
| Vendor Totals: | | 10042 | ERBE USA INC SURGICAL SYSTEMS | | | | 169.50 | 0.00 | 0.00 | 169.50 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| 15832 | EVERON | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| ✓ 159150521 | | 07/22/202 | 07/06/202 | 08/05/202 | | | 58.43 | 0.00 | 0.00 | 58.43 ✓ |
| <i>fire monitoring 7/11 - 7/31/25</i> | | | | | | | | | | |
| Vendor Totals: | | 15832 | EVERON | | | | 58.43 | 0.00 | 0.00 | 58.43 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| 10689 | FASTHEALTH CORPORATION | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| ✓ 07C25MMC | | 07/22/202 | 07/08/202 | 07/23/202 | | | 125.00 | 0.00 | 0.00 | 125.00 ✓ |
| Vendor Totals: | | 10689 | FASTHEALTH CORPORATION | | | | 125.00 | 0.00 | 0.00 | 125.00 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| F1100 | FEDERAL EXPRESS CORP. | | | W | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| ✓ 889837117 | | 07/24/202 | 06/19/202 | 07/14/202 | | | 100.73 | 0.00 | 0.00 | 100.73 ✓ |
| ✓ 890604229 | | 07/24/202 | 06/26/202 | 07/21/202 | | | 57.26 | 0.00 | 0.00 | 57.26 ✓ |
| ✓ 891254933 | | 07/24/202 | 07/03/202 | 07/28/202 | | | 454.98 | 0.00 | 0.00 | 454.98 ✓ |
| ✓ 891971549 | | 07/24/202 | 07/10/202 | 08/04/202 | | | 87.34 | 0.00 | 0.00 | 87.34 ✓ |

| | | | | | | | | | | | | |
|---------|----------------------------------|--------------------------------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|---|
| ✓ | 892701906 | | 07/24/202 | 07/17/202 | 08/11/202 | | 57.47 | 0.00 | 0.00 | 57.47 | ✓ | |
| | Vendor Totals: Number Name | | | | | | Gross | Discount | No-Pay | Net | | |
| | F1100 | FEDERAL EXPRESS CORP. | | | | | 757.78 | 0.00 | 0.00 | 757.78 | | |
| 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 | |
| ✓ | 2286920 | | 07/21/202 | 07/15/202 | 08/09/202 | | | 55.13 | 0.00 | 0.00 | 55.13 | ✓ |
| ✓ | 2319789 | | 07/21/202 | 07/16/202 | 08/10/202 | | | 78.03 | 0.00 | 0.00 | 78.03 | ✓ |
| ✓ | 2351646 | | 07/21/202 | 07/17/202 | 08/11/202 | | | 129.30 | 0.00 | 0.00 | 129.30 | ✓ |
| | Vendor Totals: Number Name | | | | | | Gross | Discount | No-Pay | Net | | |
| | F1400 | FISHER HEALTHCARE | | | | | 262.46 | 0.00 | 0.00 | 262.46 | | |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | | | |
| W1300 | ✓ GRAINGER | | M | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ | 9562205618 | | 07/15/202 | 07/03/202 | 08/10/202 | | | 168.78 | 0.00 | 0.00 | 168.78 | ✓ |
| | Vendor Totals: Number Name | | | | | | Gross | Discount | No-Pay | Net | | |
| | W1300 | GRAINGER | | | | | 168.78 | 0.00 | 0.00 | 168.78 | | |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | | | |
| J0150 | ✓ J & J HEALTH CARE SYSTEMS, INC | | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ | 943157483 | | 07/16/202 | 07/10/202 | 08/09/202 | | | 1,264.30 | 0.00 | 0.00 | 1,264.30 | ✓ |
| | Vendor Totals: Number Name | | | | | | Gross | Discount | No-Pay | Net | | |
| | J0150 | J & J HEALTH CARE SYSTEMS, INC | | | | | 1,264.30 | 0.00 | 0.00 | 1,264.30 | | |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | | | |
| 10371 | ✓ LOFTIN EQUIPMENT COMPANY | | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ | 00063777 | | 07/21/202 | 07/17/202 | 07/21/202 | | | 910.00 | 0.00 | 0.00 | 910.00 | ✓ |
| ✓ | 00063775 | | 07/21/202 | 07/17/202 | 07/21/202 | | | 1,045.00 | 0.00 | 0.00 | 1,045.00 | ✓ |
| | Vendor Totals: Number Name | | | | | | Gross | Discount | No-Pay | Net | | |
| | 10371 | LOFTIN EQUIPMENT COMPANY | | | | | 1,955.00 | 0.00 | 0.00 | 1,955.00 | | |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | | | |
| M2470 | ✓ MEDLINE INDUSTRIES INC | | M | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ | 2379708700 | | 07/01/202 | 07/16/202 | 08/10/202 | | | 133.57 | 0.00 | 0.00 | 133.57 | ✓ |
| ✓ | 2379734785 | | 07/01/202 | 07/17/202 | 08/11/202 | | | 149.14 | 0.00 | 0.00 | 149.14 | ✓ |
| ✓ | 2378390155 | | 07/09/202 | 07/09/202 | 08/03/202 | | | 3,022.36 | 0.00 | 0.00 | 3,022.36 | ✓ |
| ✓ | 2379376737 | | 07/09/202 | 07/15/202 | 08/09/202 | | | 6.70 | 0.00 | 0.00 | 6.70 | ✓ |
| ✓ | 2378390156 | | 07/16/202 | 07/16/202 | 08/10/202 | | | 2,818.40 | 0.00 | 0.00 | 2,818.40 | ✓ |
| ✓ | 2379667541 | | 07/21/202 | 07/16/202 | 08/10/202 | | | 410.17 | 0.00 | 0.00 | 410.17 | ✓ |
| ✓ | 2379667545 | | 07/21/202 | 07/16/202 | 08/10/202 | | | 5,071.12 | 0.00 | 0.00 | 5,071.12 | ✓ |
| ✓ | 2379994806 | | 07/21/202 | 07/18/202 | 08/12/202 | | | 22.16 | 0.00 | 0.00 | 22.16 | ✓ |

| | | | | | | | | | |
|---|------------|-----------|-----------|-----------|-------|------|------|-------|---|
| ✓ | 2379994807 | 07/21/202 | 07/18/202 | 08/12/202 | 92.23 | 0.00 | 0.00 | 92.23 | ✓ |
| ✓ | 2379667543 | 07/22/202 | 07/16/202 | 08/10/202 | 52.12 | 0.00 | 0.00 | 52.12 | ✓ |

| | | | | | | |
|-----------------------|--|------------------------|-----------|----------|--------|-----------|
| Vendor Totals: Number | | Name | Gross | Discount | No-Pay | Net |
| M2470 | | MEDLINE INDUSTRIES INC | 11,777.97 | 0.00 | 0.00 | 11,777.97 |

| | | | | | | | | | | |
|-----------|---------------------------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|
| 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 |
| ✓ 071025A | | 07/24/202 | 07/10/202 | 07/10/202 | | | 429.12 | 0.00 | 0.00 | 429.12 |

| | | | | | | |
|-----------------------|--|-------------------------|--------|----------|--------|--------|
| Vendor Totals: Number | | Name | Gross | Discount | No-Pay | Net |
| M2621 | | MMC AUXILIARY GIFT SHOP | 429.12 | 0.00 | 0.00 | 429.12 |

| | | | | | | | | | | |
|-----------|----------------------------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| 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 |
| ✓ SC7572 | | 07/09/202 | 02/25/202 | 08/10/202 | | | 313.60 | 0.00 | 0.00 | 313.60 |
| ✓ 3618687 | | 07/22/202 | 07/14/202 | 07/24/202 | | | 22.79 | 0.00 | 0.00 | 22.79 |
| ✓ 3618688 | | 07/22/202 | 07/14/202 | 07/24/202 | | | 683.51 | 0.00 | 0.00 | 683.51 |
| ✓ 3615696 | | 07/22/202 | 07/14/202 | 07/24/202 | | | 184.66 | 0.00 | 0.00 | 184.66 |
| ✓ 3615695 | | 07/22/202 | 07/14/202 | 07/24/202 | | | 0.58 | 0.00 | 0.00 | 0.58 |
| ✓ 3616536 | | 07/22/202 | 07/14/202 | 07/24/202 | | | 0.39 | 0.00 | 0.00 | 0.39 |
| ✓ CM31052 | | 07/22/202 | 07/15/202 | 07/25/202 | | | -136.18 | 0.00 | 0.00 | -136.18 |
| ✓ 3623042 | | 07/22/202 | 07/15/202 | 07/25/202 | | | 528.20 | 0.00 | 0.00 | 528.20 |
| ✓ 3627769 | | 07/22/202 | 07/16/202 | 07/26/202 | | | 64.90 | 0.00 | 0.00 | 64.90 |
| ✓ 3626150 | | 07/22/202 | 07/16/202 | 07/26/202 | | | 899.09 | 0.00 | 0.00 | 899.09 |
| ✓ 3628336 | | 07/22/202 | 07/16/202 | 07/26/202 | | | 2,940.11 | 0.00 | 0.00 | 2,940.11 |
| ✓ 3627771 | | 07/22/202 | 07/16/202 | 07/26/202 | | | 29.92 | 0.00 | 0.00 | 29.92 |
| ✓ 3628335 | | 07/22/202 | 07/16/202 | 07/26/202 | | | 363.48 | 0.00 | 0.00 | 363.48 |
| ✓ CM31417 | | 07/22/202 | 07/16/202 | 07/26/202 | | | -64.76 | 0.00 | 0.00 | -64.76 |
| ✓ 3623041 | | 07/22/202 | 07/17/202 | 07/27/202 | | | 23.91 | 0.00 | 0.00 | 23.91 |
| ✓ 3633195 | | 07/22/202 | 07/17/202 | 07/27/202 | | | 1,699.43 | 0.00 | 0.00 | 1,699.43 |
| ✓ 3633194 | | 07/22/202 | 07/17/202 | 07/27/202 | | | 275.86 | 0.00 | 0.00 | 275.86 |
| ✓ 3635555 | | 07/22/202 | 07/18/202 | 07/28/202 | | | 5,697.98 | 0.00 | 0.00 | 5,697.98 |
| ✓ 3638384 | | 07/22/202 | 07/20/202 | 07/30/202 | | | 28.76 | 0.00 | 0.00 | 28.76 |
| ✓ 3638386 | | 07/22/202 | 07/20/202 | 07/30/202 | | | 45.55 | 0.00 | 0.00 | 45.55 |

| | | | | | | |
|------------|-------------------------------|--------|------|------|--------|---|
| ✓ 3639662 | 07/22/202 07/20/202 07/30/202 | 671.59 | 0.00 | 0.00 | 671.59 | ✓ |
| ✓ 3638385 | 07/22/202 07/20/202 07/30/202 | 3.71 | 0.00 | 0.00 | 3.71 | ✓ |
| ✓ 3638383 | 07/22/202 07/20/202 07/30/202 | 2.70 | 0.00 | 0.00 | 2.70 | ✓ |
| ✓ 3639661 | 07/22/202 07/20/202 07/30/202 | 172.92 | 0.00 | 0.00 | 172.92 | ✓ |
| ✓ 3644211 | 07/22/202 07/21/202 07/31/202 | 557.99 | 0.00 | 0.00 | 557.99 | ✓ |
| ✓ 3644212 | 07/22/202 07/21/202 07/31/202 | 636.70 | 0.00 | 0.00 | 636.70 | ✓ |
| ✓ SC5086 | 07/23/202 04/25/202 05/05/202 | 36.05 | 0.00 | 0.00 | 36.05 | ✓ |
| ✓ 1937279A | 07/23/202 04/30/202 05/10/202 | 3.38 | 0.00 | 0.00 | 3.38 | ✓ |
| ✓ 3650177 | 07/23/202 07/22/202 08/01/202 | 285.52 | 0.00 | 0.00 | 285.52 | ✓ |
| ✓ 3650176 | 07/23/202 07/22/202 08/01/202 | 22.38 | 0.00 | 0.00 | 22.38 | ✓ |

| | | | | | |
|-----------------------|--------------------------|-----------|----------|--------|-----------|
| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
| 10536 | MORRIS & DICKSON CO, LLC | 15,994.72 | 0.00 | 0.00 | 15,994.72 |

| | | | | | | | | | | | |
|----------|---------------------------|-----------|-----------|-----------|----------|-----|-------|----------|--------|-------|---|
| 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 | |
| ✓ 8790 | | 07/22/202 | 07/21/202 | 07/31/202 | | | 73.64 | 0.00 | 0.00 | 73.64 | ✓ |

115 - 7/18/25

| | | | | | |
|-----------------------|---------------------------|-------|----------|--------|-------|
| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
| 13548 | NACOGDOCHES TRANSCRIPTION | 73.64 | 0.00 | 0.00 | 73.64 |

| | | | | | | | | | | | |
|-----------|------------------------------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|---|
| Vendor# | Vendor Name | Class | Pay Code | | | | | | | | |
| 12388 ✓ | NATIONAL FARM LIFE INSURANCE | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ 4532353 | | 07/22/202 | 07/16/202 | 08/01/202 | | | 2,706.31 | 0.00 | 0.00 | 2,706.31 | ✓ |

| | | | | | |
|-----------------------|------------------------------|----------|----------|--------|----------|
| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
| 12388 | NATIONAL FARM LIFE INSURANCE | 2,706.31 | 0.00 | 0.00 | 2,706.31 |

| | | | | | | | | | | | |
|------------|-------------------|-----------|-----------|-----------|----------|-----|-------|----------|--------|-------|---|
| Vendor# | Vendor Name | Class | Pay Code | | | | | | | | |
| 12316 ✓ | NCS PEARSON, INC. | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ 29005068 | | 07/15/202 | 07/14/202 | 08/13/202 | | | 61.10 | 0.00 | 0.00 | 61.10 | ✓ |

| | | | | | |
|-----------------------|-------------------|-------|----------|--------|-------|
| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
| 12316 | NCS PEARSON, INC. | 61.10 | 0.00 | 0.00 | 61.10 |

| | | | | | | | | | | | |
|------------|---------------------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|---|
| 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 | |
| ✓ 38341514 | | 07/01/202 | 07/15/202 | 08/09/202 | | | 1,751.88 | 0.00 | 0.00 | 1,751.88 | ✓ |

| | | | | | |
|-----------------------|---------------------|----------|----------|--------|----------|
| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
| O1500 | OLYMPUS AMERICA INC | 1,751.88 | 0.00 | 0.00 | 1,751.88 |

| | | | | | | | | | | | |
|------------|-----------------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|---|
| Vendor# | Vendor Name | Class | Pay Code | | | | | | | | |
| 17956 ✓ | ONE PHYSICS LLC | | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ 00002367 | | 07/22/202 | 02/05/202 | 03/07/202 | | | 900.00 | 0.00 | 0.00 | 900.00 | ✓ |

RAM Audit - Nm Quarterly

| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net | |
|----------------|----------------------------------|---------|--------------------------------|-----------|-----------|----------|----------|----------|----------|----------|------------|
| | | 17956 | ONE PHYSICS LLC | | | | 900.00 | 0.00 | 0.00 | 900.00 | |
| 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 |
| | ✓ 1854119111 | | 07/09/202 | 07/14/202 | 08/13/202 | | | 842.89 | 0.00 | 0.00 | 842.89 ✓ |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net | |
| | | O1416 | ORTHO CLINICAL DIAGNOSTICS | | | | 842.89 | 0.00 | 0.00 | 842.89 | |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | | |
| 11080 | ✓ RADSOURCE | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ PSI006510 | | 07/22/202 | 07/12/202 | 08/06/202 | | | 1,791.67 | 0.00 | 0.00 | 1,791.67 ✓ |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net | |
| | | 11080 | RADSOURCE | | | | 1,791.67 | 0.00 | 0.00 | 1,791.67 | |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | | |
| 14920 | ✓ REPUBLIC SERVICES, INC. | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 0847001404305 | | 07/22/202 | 07/15/202 | 07/22/202 | | | 714.52 | 0.00 | 0.00 | 714.52 ✓ |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net | |
| | | 14920 | REPUBLIC SERVICES, INC. | | | | 714.52 | 0.00 | 0.00 | 714.52 | |
| 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 |
| | ✓ 315317 | | 07/22/202 | 07/16/202 | 07/26/202 | | | 425.00 | 0.00 | 0.00 | 425.00 ✓ |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net | |
| | | 10699 | SIGN AD, LTD. | | | | 425.00 | 0.00 | 0.00 | 425.00 | |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | | |
| 17852 | ✓ SINGLETON ASSOCIATES PA | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 246063025001 | | 07/22/202 | 07/16/202 | 07/22/202 | | | 7,497.00 | 0.00 | 0.00 | 7,497.00 ✓ |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net | |
| | | 17852 | SINGLETON ASSOCIATES PA | | | | 7,497.00 | 0.00 | 0.00 | 7,497.00 | |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | | |
| 12472 | ✓ SOMETHING MORE MEDIA, INC. | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 2248 | | 07/22/202 | 07/22/202 | 08/06/202 | | | 2,525.00 | 0.00 | 0.00 | 2,525.00 ✓ |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net | |
| | | 12472 | SOMETHING MORE MEDIA, INC. | | | | 2,525.00 | 0.00 | 0.00 | 2,525.00 | |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | | |
| 11296 | ✓ SOUTH TEXAS BLOOD & TISSUE CEN | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ I07052120 | | 07/22/202 | 07/15/202 | 08/09/202 | | | 3,277.00 | 0.00 | 0.00 | 3,277.00 ✓ |
| | ✓ CM15386 | | 07/22/202 | 07/15/202 | 08/09/202 | | | -825.00 | 0.00 | 0.00 | -825.00 ✓ |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net | |
| | | 11296 | SOUTH TEXAS BLOOD & TISSUE CEN | | | | 2,452.00 | 0.00 | 0.00 | 2,452.00 | |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | | |
| C1010 | ✓ SPARKLIGHT | | | W | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |

term 8/12 - 9/11/25

Lease Space 1130 - 8/26/25

Onsite Services 6/19, 6/11 + 6/27/25 @ After hours June 2025

| | | | | | | | | | | | | | |
|---------|----------------------------|-------------------------------------|---|-----------|-----------|----------|-----|----------|----------|--------|----------|---|--|
| ✓ | 070125 | | 07/22/202 | 07/01/202 | 07/02/202 | | | 3,596.00 | 0.00 | 0.00 | 3,596.00 | ✓ | |
| | | | <i>815 N. Virginia St 7/11 - 7/31/25</i> | | | | | | | | | | |
| ✓ | 071625 | | 07/22/202 | 07/16/202 | 07/17/202 | | | 134.16 | 0.00 | 0.00 | 134.16 | ✓ | |
| | | | <i>1016 N. Virginia St 7/14 - 8/15/25</i> | | | | | | | | | | |
| | Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net | | |
| | | C1010 SPARKLIGHT | | | | | | 3,730.16 | 0.00 | 0.00 | 3,730.16 | | |
| Vendor# | Vendor Name | | | | | | | Class | Pay Code | | | | |
| S2694 | ✓ | STANFORD VACUUM SERVICE | | | | | | M | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | | |
| | ✓ | 867260 | 07/22/202 | 07/12/202 | | | | 625.00 | 0.00 | 0.00 | 625.00 | ✓ | |
| | | <i>Pump out Grease Trap</i> | | | | | | | | | | | |
| | Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net | | |
| | | S2694 STANFORD VACUUM SERVICE | | | | | | 625.00 | 0.00 | 0.00 | 625.00 | | |
| Vendor# | Vendor Name | | | | | | | Class | Pay Code | | | | |
| S3940 | ✓ | STERIS CORPORATION | | | | | | M | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | | |
| | ✓ | 14035767 | 07/21/202 | 07/09/202 | 08/03/202 | | | 105.11 | 0.00 | 0.00 | 105.11 | ✓ | |
| | ✓ | 14060157 | 07/21/202 | 07/15/202 | 08/09/202 | | | 448.76 | 0.00 | 0.00 | 448.76 | ✓ | |
| | Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net | | |
| | | S3940 STERIS CORPORATION | | | | | | 553.87 | 0.00 | 0.00 | 553.87 | | |
| 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 | | |
| | ✓ | 1242 | 06/30/202 | 07/11/202 | 08/10/202 | | | 6,200.00 | 0.00 | 0.00 | 6,200.00 | ✓ | |
| | | <i>7/11/25</i> | | | | | | | | | | | |
| | Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net | | |
| | | 17248 SUMMIT PAIN AND WELLNESS | | | | | | 6,200.00 | 0.00 | 0.00 | 6,200.00 | | |
| 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 | | |
| | ✓ | 2021407 | 07/22/202 | 07/10/202 | 08/09/202 | | | 146.00 | 0.00 | 0.00 | 146.00 | ✓ | |
| | Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net | | |
| | | T2539 T-SYSTEM, INC | | | | | | 146.00 | 0.00 | 0.00 | 146.00 | | |
| Vendor# | Vendor Name | | | | | | | Class | Pay Code | | | | |
| T2204 | ✓ | TEXAS MUTUAL INSURANCE CO | | | | | | W | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | | |
| | ✓ | 1007147096 | 07/22/202 | 07/21/202 | 08/10/202 | | | 5,220.00 | 0.00 | 0.00 | 5,220.00 | ✓ | |
| | | <i>Payroll report left - 7/1/25</i> | | | | | | | | | | | |
| | Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net | | |
| | | T2204 TEXAS MUTUAL INSURANCE CO | | | | | | 5,220.00 | 0.00 | 0.00 | 5,220.00 | | |
| 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 | | |
| | ✓ | 2921064536 | 07/22/202 | 07/14/202 | 08/08/202 | | | 185.35 | 0.00 | 0.00 | 185.35 | ✓ | |
| | ✓ | 2921064529 | 07/22/202 | 07/14/202 | 08/08/202 | | | 4,068.05 | 0.00 | 0.00 | 4,068.05 | ✓ | |
| | ✓ | 2921064990 | 07/22/202 | 07/17/202 | 08/11/202 | | | 174.81 | 0.00 | 0.00 | 174.81 | ✓ | |
| | ✓ | 2921064909 | 07/22/202 | 07/17/202 | 08/11/202 | | | 182.11 | 0.00 | 0.00 | 182.11 | ✓ | |
| | ✓ | 2921064913 | 07/22/202 | 07/17/202 | 08/11/202 | | | 190.85 | 0.00 | 0.00 | 190.85 | ✓ | |

| | | | | | |
|--------------|-------------------------------|----------|------|------|------------|
| ✓ 2921064903 | 07/22/202 07/17/202 08/11/202 | 253.97 | 0.00 | 0.00 | 253.97 ✓ |
| ✓ 2921064888 | 07/22/202 07/17/202 08/11/202 | 2,862.10 | 0.00 | 0.00 | 2,862.10 ✓ |
| ✓ 2921064917 | 07/22/202 07/17/202 08/11/202 | 175.75 | 0.00 | 0.00 | 175.75 ✓ |

| | | | | | |
|-----------------------|-----------------------|----------|----------|--------|----------|
| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
| U1064 | UNIFIRST HOLDINGS INC | 8,092.99 | 0.00 | 0.00 | 8,092.99 |

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|--------------|-------------------|-----------|-----------|-----------|--------------|
| Vendor# | Vendor Name | Class | Pay Code | | |
| 15444 ✓ | VANDERBILT HEALTH | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay |
| ✓ CI00108377 | | 07/24/202 | 07/01/202 | 07/24/202 | |

Annual Fee July - Sept. 2025

| | | | | | |
|-----------------------|-------------------|--------|----------|--------|--------|
| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
| 15444 | VANDERBILT HEALTH | 450.00 | 0.00 | 0.00 | 450.00 |

| | | | | | |
|----------|-------------|-----------|-----------|-----------|--------------|
| Vendor# | Vendor Name | Class | Pay Code | | |
| 17832 ✓ | VOCA LLC | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay |
| ✓ 40090 | | 07/22/202 | 07/04/202 | 08/03/202 | |

Dave Barnes 6/27, 6/28, + 6/29/25

| | | | | | |
|-----------------------|----------|----------|----------|--------|----------|
| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
| 17832 | VOCA LLC | 3,467.50 | 0.00 | 0.00 | 3,467.50 |

| | | | | | |
|--------------|----------------|-----------|-----------|-----------|--------------|
| Vendor# | Vendor Name | Class | Pay Code | | |
| 11110 ✓ | WERFEN USA LLC | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay |
| ✓ 9111911039 | | 07/01/202 | 07/15/202 | 08/09/202 | |

| | | | | | |
|-----------------------|----------------|----------|----------|--------|----------|
| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
| 11110 | WERFEN USA LLC | 1,571.66 | 0.00 | 0.00 | 1,571.66 |

| | | | | | |
|---------------|------------------------|-----------|-----------|-----------|--------------|
| Vendor# | Vendor Name | Class | Pay Code | | |
| 10556 ✓ | WOUND CARE SPECIALISTS | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay |
| ✓ WCS00007418 | | 07/23/202 | 07/21/202 | 07/21/202 | |

June 2025

| | | | | | |
|-----------------------|------------------------|-----------|----------|--------|-----------|
| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
| 10556 | WOUND CARE SPECIALISTS | 10,975.00 | 0.00 | 0.00 | 10,975.00 |

Report Summary

| | | | | |
|---------------|------------|----------|--------|------------|
| Grand Totals: | Gross | Discount | No-Pay | Net |
| | 201,128.17 | 0.00 | 0.00 | 201,128.17 |

*APPROVED ON
JUL 24 2025*

*BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS*

*CHK# 209644
209648*

RUN DATE:07/28/25
TIME:15:59

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/30/25 THRU 07/30/25

PAGE 1
GLCKREG

BANK--CHECK-----

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|------|--------|----------|-----------|--------------------------------|
| A/P | 209646 | 07/30/25 | 100.77 | ADVANCED STERILIZATION PRODUCT |
| A/P | 209647 | 07/30/25 | 71.82 | AMAZON CAPITAL SERVICES |
| A/P | 209648 | 07/30/25 | 5,450.00 | ARTHREX, INC |
| A/P | 209649 | 07/30/25 | 564.16 | BECKMAN COULTER INC |
| A/P | 209650 | 07/30/25 | 3,101.49 | BIO-RAD LABORATORIES, INC |
| A/P | 209651 | 07/30/25 | 1,790.00 | CAREFUSION SOLUTIONS, LLC |
| A/P | 209652 | 07/30/25 | 397.54 | CARESFIELD |
| A/P | 209653 | 07/30/25 | 33.95 | CENTRAL DRUG |
| A/P | 209654 | 07/30/25 | 593.69 | CHEMAQUA |
| A/P | 209655 | 07/30/25 | 3,489.72 | CITY OF PORT LAVACA |
| A/P | 209656 | 07/30/25 | 497.40 | CCOPER SURGICAL INC |
| A/P | 209657 | 07/30/25 | 297.05 | CULLIGAN ULTRAPURE INC. |
| A/P | 209658 | 07/30/25 | 494.83 | DEWITT POTTH & SON |
| A/P | 209659 | 07/30/25 | 85,495.50 | DISCOVERY MEDICAL NETWORK INC |
| A/P | 209660 | 07/30/25 | 75.00 | DOWELL PEST CONTROL |
| A/P | 209661 | 07/30/25 | 2,939.00 | ELSEVIER INC. |
| A/P | 209662 | 07/30/25 | 169.50 | ERBE USA INC SURGICAL SYSTEMS |
| A/P | 209663 | 07/30/25 | 58.43 | EVERON |
| A/P | 209664 | 07/30/25 | 125.00 | FASTHEALTH CORPORATION |
| A/P | 209665 | 07/30/25 | 757.78 | FEDERAL EXPRESS CORP. |
| A/P | 209666 | 07/30/25 | 262.46 | FISHER HEALTHCARE |
| A/P | 209667 | 07/30/25 | 168.78 | GRAINGER |
| A/P | 209668 | 07/30/25 | 1,264.30 | J & J HEALTH CARE SYSTEMS, INC |
| A/P | 209669 | 07/30/25 | 1,955.00 | LOFTIN EQUIPMENT COMPANY |
| A/P | 209670 | 07/30/25 | .00 | VOIDED |
| A/P | 209671 | 07/30/25 | 11,777.97 | MEDLINE INDUSTRIES INC |
| A/P | 209672 | 07/30/25 | 1,188.69 | MERCK SHARP & DOHME LLC |
| A/P | 209673 | 07/30/25 | 429.12 | MMC AUXILIARY GIFT SHOP |
| A/P | 209674 | 07/30/25 | .00 | VOIDED |
| A/P | 209675 | 07/30/25 | 15,994.72 | MORRIS & DICKSON CO, LLC |
| A/P | 209676 | 07/30/25 | 73.64 | NACOGDOCHES TRANSCRIPTION |
| A/P | 209677 | 07/30/25 | 2,706.31 | NATIONAL FARM LIFE INSURANCE |
| A/P | 209678 | 07/30/25 | 61.10 | NCS PEARSON, INC. |
| A/P | 209679 | 07/30/25 | 1,751.88 | OLYMPUS AMERICA INC |
| A/P | 209680 | 07/30/25 | 900.00 | ONE PHYSICS LLC |
| A/P | 209681 | 07/30/25 | 842.89 | ORTHO CLINICAL DIAGNOSTICS |
| A/P | 209682 | 07/30/25 | 1,791.67 | RADSOURCE |
| A/P | 209683 | 07/30/25 | 714.52 | REPUBLIC SERVICES, INC. |
| A/P | 209684 | 07/30/25 | 425.00 | SIGN AD, LTD. |
| A/P | 209685 | 07/30/25 | 7,497.00 | SINGLETON ASSOCIATES PA |
| A/P | 209686 | 07/30/25 | 2,525.00 | SOMETHING MORE MEDIA, INC. |
| A/P | 209687 | 07/30/25 | 2,452.00 | SOUTH TEXAS BLOOD & TISSUE CEN |
| A/P | 209688 | 07/30/25 | 3,730.16 | SPARKLIGHT |
| A/P | 209689 | 07/30/25 | 625.00 | STANFORD VACUUM SERVICE |
| A/P | 209690 | 07/30/25 | 553.87 | STERIS CORPORATION |
| A/P | 209691 | 07/30/25 | 6,200.00 | SUMMIT PAIN AND WELLNESS |
| A/P | 209692 | 07/30/25 | 146.00 | T-SYSTEM, INC |
| A/P | 209693 | 07/30/25 | 5,220.00 | TEXAS MUTUAL INSURANCE CO |
| A/P | 209694 | 07/30/25 | 8,092.99 | UNIFIRST HOLDINGS INC |
| A/P | 209695 | 07/30/25 | 450.00 | VANDERBILT HEALTH |

RUN DATE:07/28/25
TIME:15:59

MEMORIAL MEDICAL CENTER
CHECK REGISTER
07/30/25 THRU 07/30/25

PAGE 2
GLCKREG

BANK--CHECK-----

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---------|--------|----------|------------|------------------------|
| A/P | 209696 | 07/30/25 | 3,467.50 | VOCA LLC |
| A/P | 209697 | 07/30/25 | 1,571.66 | WERFEN USA LLC |
| A/P | 209698 | 07/30/25 | 10,975.00 | WOUND CARE SPECIALISTS |
| A/P | 209699 | 07/30/25 | 16,594.20 | GOLDENCREEK HEALTHCARE |
| A/P | 209700 | 07/30/25 | 67.91 | GULF POINTE PLAZA |
| A/P | 209701 | 07/30/25 | 121,897.30 | TUSCANY VILLAGE |
| A/P | 209702 | 07/30/25 | 93.64 | [REDACTED] |
| A/P | 209703 | 07/30/25 | 32.06 | [REDACTED] |
| A/P | 209704 | 07/30/25 | 1,742.00 | [REDACTED] |
| TOTALS: | | | 342,743.97 | |

APPROVED ON

JUL 30 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables

201,128.17 +

Critical - 1,188.69 +

Pat. Records 1,867.70 +

16,594.20 +

NH
Kfers < 67.91 +

121,897.30 +

342,743.97 ◊

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 28 2025

07/28/2025

09:55

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 08/14/2025

0
ap_open_invoice.template

Vendor# Vendor Name
10904 ✓ MERCK SHARP & DOHME LLC

Class Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|-------------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| ✓ 109999629 | | 07/28/202 | 06/24/202 | 06/24/202 | | | 1,188.69 | 0.00 | 0.00 | 1,188.69 ✓ |

| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
|-----------------------|-------------------------|----------|----------|--------|----------|
| 10904 | MERCK SHARP & DOHME LLC | 1,188.69 | 0.00 | 0.00 | 1,188.69 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|----------|----------|--------|----------|
| | 1,188.69 | 0.00 | 0.00 | 1,188.69 |

APPROVED ON

JUL 28 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chris Rogers

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 24 2025

RUN DATE: 07/25/25
TIME: 09:27

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

CALHOUN COUNTY, TEXAS

| PATIENT NUMBER | PAYEE NAME | DATE | AMOUNT | PAY CODE | PAT TYPE | DESCRIPTION | GL NUK |
|-----------------|---------------|--------------|---------|----------|----------|-----------------------|--------|
| ✓ 1593457 | 01 [REDACTED] | ✓ 072425 | 1742.00 | ✓ 2 | | REFUND FOR [REDACTED] | |
| | | TX 77845 | | | | | |
| ✓ 1622364 | 01 [REDACTED] | ✓ 072425 | 32.06 | ✓ 2 | | REFUND FOR [REDACTED] | |
| | | TX 77901 | | | | | |
| ✓ 1636611 | 01 [REDACTED] | ✓ 072425 | 93.64 | ✓ 2 | | REFUND FOR [REDACTED] | |
| | | MO 631952366 | | | | | |
| ARID=0001 TOTAL | | | 1867.70 | | | | |
| TOTAL | | | 1867.70 | | | | |

APPROVED ON

JUL 24 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 209702
209704

MCKESSON

STATEMENT

As of: 07/25/2025

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory:

As of: 07/25/2025 Page: 002
Mail to: Comp: 8000

Customer: 632536
Date: 07/26/2025

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 07/26/2025 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 258.12 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 07/29/2025,
Pay This Amount: 252.96 USD

If Paid After 07/29/2025,
Pay this Amount: 258.12 USD

Due If Paid On Time: USD 252.96
Disc lost if paid late: 5.16
Due If Paid Late: USD 258.12

APPROVED ON

JUL 28 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

<>
For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 07/25/2025

Page: 001

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

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

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 07/26/2025

As of: 07/25/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 07/26/2025 ITEMS NOT PAID (✓)

| Billing Date | Due Date | Receivable Number | National Account Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number | |
|---|------------|-------------------|-------------------------------------|-------------|---------------|----------------|-----|--------------|-----|-------------------|--|
| Customer Number 256342 WALMART 1098/MEM MED PHS | | | | | | | | | | | |
| 07/23/2025 | 07/29/2025 | 7581001115 | 243668246 | 115Invoice | 5.16 | 258.12 | | 252.96 | ✓ | 7581001115 | |

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: 258.12 USD

Future Due: 0.00

If Paid By 07/29/2025,
Pay This Amount:

252.96 USD

Due If Paid On Time:
USD 252.96
Disc lost if paid late:

Past Due: 0.00

5.16

Last Payment 34.07
07/07/2025

If Paid After 07/29/2025,
Pay this Amount:

258.12 USD

Due If Paid Late:
USD 258.12

APPROVED ON

JUL 28 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

Served 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: | 138.20 |
| Past Due: | 0.00 |
| Total Due: | 138.20 |
| Account Balance: | 138.20 |

Account Activity

| Document Date | Due Date | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance |
|---------------|------------|------------------|-----------------------|---------------|-----------------|--------------|-----------------|---------|
| 07-21-2025 | 08-01-2025 | 3221363913 | 7010155816 | Invoice | 16.23 | | 0.00 | 16.23 ✓ |
| 07-21-2025 | 08-01-2025 | 3221363914 | 7010155816 | Invoice | 3.62 | | 0.00 | 3.62 ✓ |
| 07-21-2025 | 08-01-2025 | 3221363915 | 7010163344 | Invoice | 21.64 | | 0.00 | 21.64 ✓ |
| 07-21-2025 | 08-01-2025 | 3221363916 | 7010173590 | Invoice | 1.05 | | 0.00 | 1.05 ✓ |
| 07-21-2025 | 08-01-2025 | 3221363917 | 7010162852 | Invoice | 1.61 | | 0.00 | 1.61 ✓ |
| 07-22-2025 | 08-01-2025 | 3221497547 | 7010178780 | Invoice | 4.25 | | 0.00 | 4.25 ✓ |
| 07-23-2025 | 08-01-2025 | 3221640710 | 7010184257 | Invoice | 45.96 | | 0.00 | 45.96 ✓ |
| 07-24-2025 | 08-01-2025 | 3221768228 | 7010192937 | Invoice | 23.04 | | 0.00 | 23.04 ✓ |
| 07-25-2025 | 08-01-2025 | 3221892648 | 7010203968 | Invoice | 20.80 | | 0.00 | 20.80 ✓ |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|---------|-----------|------------|------------|------------|-------------|---------------|
| 138.20 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| Reminders | |
|-------------------|---------------|
| Due Date | Amount |
| 08-01-2025 | 138.20 |
| Total Due: | 138.20 |

APPROVED ON
JUL 28 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

MSE

Served 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: | 1,385.35 |
| Past Due: | 0.00 |
| Total Due: | 1,385.35 |
| Account Balance: | 1,385.35 |

Account Activity

| Document Date | Due Date | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance |
|---------------|------------|------------------|-----------------------|---------------|-----------------|--------------|-----------------|------------|
| 07-21-2025 | 08-01-2025 | 3221343034 | 7010171558 | Invoice | 331.65 | | 0.00 | 331.65 ✓ |
| 07-22-2025 | 08-01-2025 | 3221541920 | 7010183978 | Invoice | 2.47 | | 0.00 | 2.47 ✓ |
| 07-23-2025 | 08-01-2025 | 3221673312 | 7010192649 | Invoice | 5.41 | | 0.00 | 5.41 ✓ |
| 07-24-2025 | 08-01-2025 | 3221802035 | 7010200557 | Invoice | 32.37 | | 0.00 | 32.37 ✓ |
| 07-25-2025 | 08-01-2025 | 3221934144 | 7010209094 | Invoice | 1,013.45 | | 0.00 | 1,013.45 ✓ |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|----------|-----------|------------|------------|------------|-------------|---------------|
| 1,385.35 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

APPROVED ON
JUL 28 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

| Reminders | |
|-------------------|-----------------|
| Due Date | Amount |
| 08-01-2025 | 1,385.35 |
| Total Due: | 1,385.35 |

msc

TOLL FEE PHONE NUMBER: 1-800-555-3453

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

"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"

ENTER:
###

"ENTER YOUR 4-DIGIT PIN"

"MAKE A PAYMENT, PRESS 1"

"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"

★ #

"IF FEDERAL TAX DEPOSIT ENTER 1"

"ENTER 2-DIGIT TAX FILING YEAR"

★

"ENTER 2-DIGIT TAX FILING ENDING MONTH"

★

- 1ST QTR - 03 (MARCH) - Jan, Feb, Mar
- 2ND QTR - 06 (JUNE) - Apr, May, June
- 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept
- 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"
"1 TO CONFIRM"

★ #

"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"

0 #

"ENTER W/CENTS AMOUNT OF MEDICARE"

#

"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"

#

"6-DIGIT SETTLEMENT DATE"
"1 TO CONFIRM"

★

ACKNOWLEDGEMENT NUMBER

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

| PAY PERIOD: BEGIN | 7/11/2025 | VOIDED CK (1) | VOIDED CK (2) | ADDITIONAL CK (1) | ADDITIONAL CK (1) | TOTALS |
|-------------------------|---------------|---------------|---------------|-------------------|-------------------|---------------|
| PAY PERIOD: END | 7/24/2025 | | | | | |
| PAY DATE: | 8/1/2025 | | | | | |
| GROSS PAY: | \$ 565,153.97 | | | \$ - | | \$ 565,153.97 |
| DEDUCTIONS: | | | | | | |
| A/R | \$ 295.00 | | | | | \$ 295.00 |
| ADVANC | | | | | | |
| BOOTS | | | | | | |
| MUTUAL CRITICAL ILLNESS | | | | | | |
| MUTUAL ACCIDENT | | | | | | |
| IRS TAX | | | | | | |
| MUTUAL SHORT TERM DIS | | | | | | |
| MUTUAL VISION | \$ 805.59 | | | | | \$ 805.59 |
| CAFÉ-D | \$ 1,231.61 | | | | | \$ 1,231.61 |
| CAFÉ-H | \$ 29,185.20 | | | | | \$ 29,185.20 |
| | \$ - | | | | | \$ - |
| CAFÉ-P | | | | | | |
| CANCER | | | | | | |
| CHILD | \$ - | | | | | \$ - |
| CLINIC | \$ 25.00 | | | | | \$ 25.00 |
| COMBIN | \$ 250.86 | | | | | \$ 250.86 |
| CREDUN | | | | | | |
| DENTAL | | | | | | |
| DEP-LF | | | | | | |
| MUTUAL TERM LIFE | \$ 1,122.63 | | | | | \$ 1,122.63 |
| MUTUAL HOSP INDEM | \$ 550.50 | | | | | \$ 550.50 |
| FED TAX | \$ 46,277.68 | | | | | \$ 46,277.68 |
| FICA-M | \$ 7,668.64 | | | | | \$ 7,668.64 |
| FICA-O | \$ 32,790.18 | | | | | \$ 32,790.18 |
| FICA-M ADDITIONAL | | | | | | |
| FIRST C | | | | | | |
| FLEX S | \$ 4,163.21 | | | | | \$ 4,163.21 |
| FLX-FE | | | | | | |
| GIFT S | \$ 504.19 | | | | | \$ 504.19 |
| MUTUAL CRITICAL ILLNESS | \$ 895.88 | | | | | \$ 895.88 |
| MUTUAL ACCIDENT | \$ 606.68 | | | | | \$ 606.68 |
| MUTUAL SHORT TERM DIS | \$ 1,776.99 | | | | | \$ 1,776.99 |
| LEGAL | \$ 1,007.35 | | | | | \$ 1,007.35 |
| OTHER | \$ 3,784.02 | | | | | \$ 3,784.02 |
| NATIONAL FARM LIFE | \$ 1,228.83 | | | | | \$ 1,228.83 |
| MED SURCHARGE | | | | | | |
| Blank | | | | | | |
| RELAY | | | | | | |
| REPAY | | | | | | |
| STONEDF | \$ 895.00 | | | | | \$ 895.00 |
| STONE | | | | | | |
| STONE 2 | | | | | | |
| STUDEN | | | | | | |
| TSA-R | \$ 38,230.45 | | | | | \$ 38,230.45 |
| UW/HOS | \$ - | | | | | \$ - |
| TOTAL DEDUCTIONS: | \$ 173,295.49 | \$ - | \$ - | \$ - | \$ - | \$ 173,295.49 |
| NET PAY: | \$ 391,858.48 | \$ - | \$ - | \$ - | \$ - | \$ 391,858.48 |
| TOTAL CAFÉ 125 PLAN: | \$ 36,280.61 | | | | | |
| TAXABLE PAY: | \$ 528,873.36 | \$ 528,873.36 | | | | |

| | % | **CALCULATED** | From MMC Report | Difference |
|---------------------|-------|----------------|-----------------|------------|
| FICA - MED (ER) | 1.45% | \$ 7,668.66 | | |
| FICA - MED (EE) | 1.45% | \$ 7,668.66 | \$ 7,668.64 | \$ 0.02 |
| FICA - SOC SEC (ER) | 0.20% | \$ 32,790.15 | | |
| FICA - SOC SEC (EE) | 0.20% | \$ 32,790.15 | \$ 32,790.18 | \$ (0.03) |
| FED WITHHOLDING | | \$ 46,277.68 | \$ 46,277.68 | |

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL: \$ -

| | | | |
|------------------------|---------------|---------------|--------------|
| TAX DEPOSIT: | \$ 127,195.30 | \$ 127,195.32 | |
| FICA - MEDICARE | 2.90% | \$ 15,337.32 | \$ 15,337.28 |
| FICA - SOCIAL SECURITY | 12.40% | \$ 65,580.30 | \$ 65,580.36 |
| FED WITHHOLDING | | \$ 46,277.68 | \$ 46,277.68 |
| TOTAL TAX: | \$ 127,195.30 | \$ 127,195.32 | \$ (0.02) |

PREPARED BY: Andrie Flores
 PREPARED DATE: 7/28/2025

Final Summary

| *-- Pay Code Summary | | | | | | *-- Deductions Summary | | | |
|--|-----------------------|---------|----|----|----------|------------------------|-----------------------|----------------|--------------------------------|
| PayCd | Description | Hrs | OT | SH | WE HO CB | Gross | Code | Amount | |
| 1 | REGULAR PAY-S1 | 9660.00 | N | N | N | 229574.32 | A/R | 295.00 | A/R2 A/R3 |
| 1 | REGULAR PAY-S1 | 1946.75 | N | N | N | 97370.77 | ADVANC | | AWARDS BCBSVI |
| 1 | REGULAR PAY-S1 | 238.50 | Y | N | N | 9138.93 | BOOTS | | CAPE H CAFE-1 |
| 2 | REGULAR PAY-S2 | 2527.75 | N | N | N | 68366.10 | CAPE-2 | | CAPE-3 CAFE-4 |
| 2 | REGULAR PAY-S2 | 79.50 | Y | N | N | 2968.89 | CAPE-5 | | CAPE-C CAFE-D 1231.61 |
| 3 | REGULAR PAY-S3 | 1418.50 | N | N | N | 48154.62 | CAPE-F | | CAPE-H 29185.20 CAFE-I |
| 3 | REGULAR PAY-S3 | 165.50 | Y | N | N | 8325.37 | CAPE-L | | CAPE-P CANCER |
| 4 | CALL BACK PAY | 22.25 | N | 1 | N | 1060.48 | CHILD | | CLINIC 25.00 COMBIN 250.86 |
| 4 | CALL BACK PAY | 15.25 | N | 2 | N | 770.53 | CREDUN | | DD ADV DENTAL |
| 4 | CALL BACK PAY | 2.00 | N | 3 | N | 103.87 | DEP-LF | | DIS-LF EAT |
| 4 | CALL BACK PAY | .75 | Y | 2 | N | 54.86 | EATCSH | | FEDTAX 46277.68 FICA-M 7668.64 |
| C | CALL PAY | 2158.00 | N | 1 | N | 4316.00 | FICA-O | 32790.18 | FIRSTC FLEX S 3726.21 |
| D | DOUBLE TIME | 77.75 | N | 1 | N | 5912.81 | FLX FE | | PORT D FUTA |
| D | DOUBLE TIME | 50.75 | N | 2 | N | 4355.60 | GIFT S | 504.19 | GRANT GRP-IN |
| D | DOUBLE TIME | 33.75 | N | 3 | N | 2923.46 | GTL | | HOSP-I HSA 437.00 |
| D | DOUBLE TIME | 4.75 | Y | 1 | N | 499.63 | ID TFT | | IRSTAX LEAF |
| D | DOUBLE TIME | 4.25 | Y | 2 | N | 617.36 | LEGAL | 261.85 | MASA 745.50 MEALS 3769.02 |
| D | DOUBLE TIME | 7.00 | Y | 3 | N | 900.69 | METVIS | | MISC |
| E | EXTRA WAGES | | N | N | N | 25288.98 | MMCSHR | | MOOACC 606.68 MOOILL 895.88 |
| E | EXTRA WAGES | | N | 1 | N | 12.00 | MOOIND | 550.50 | MOOLIP 1122.63 MOOSTD 1776.99 |
| E | EXTRA WAGES | | N | 1 | N | 1418.50 | MOOVIS | 805.59 | NATPML 1228.81 OTHER |
| F | FUNERAL LEAVE | 16.00 | N | 1 | N | 400.00 | PHI | | PHI*** PR FIN |
| I | INSERVICE | 16.00 | N | 1 | N | 699.68 | RELAY | | REPAY SAMS |
| I | INSERVICE | 4.00 | Y | 1 | N | 262.38 | SCRUBS | | SIGNON ST-TX |
| K | EXTENDED-ILLNESS-BANK | 68.75 | N | N | N | 2980.31 | STONDF | 895.06 | STONE STONE2 |
| K | EXTENDED-ILLNESS-BANK | 238.00 | N | 1 | N | 5758.19 | STUDEN | | SUNACC SUNILL |
| P | PAID-TIME-OFF | 156.85 | N | N | N | 2972.80 | SUNIND | | SUNLIF SUNSTD |
| P | PAID-TIME-OFF | 1265.51 | N | 1 | N | 37263.84 | SUNVIS | | SURCHG TSA-1 |
| X | CALL PAY 2 | 238.00 | N | 1 | N | 476.00 | TSA-2 | | TSA-C TSA-P |
| Z | CALL PAY 3 | 144.00 | N | 1 | N | 432.00 | TSA-R | 38230.45 | TUTION UNIFOR 15.00 |
| t | PHONE & DATA | | N | N | N | 1775.90 | UW/HOS | | |
| *----- Grand Totals: 20560.11 ----- | | | | | | Gross: 565153.97 | Deductions: 173295.49 | Net: 391858.48 | |
| Checks Count:- FT 199 PT 15 Other 43 Female 233 Male 23 Credit | | | | | | OverAmt 19 | ZeroNet | Term | Total: 256 |

MSC

| CHKNO | GRPN | LOCNO | EMPNO | DEPN | CLMPRE | CLMNO | CLMSUF | CHKDT | AMT | CLMTP | PAYEE | PAYTD | CVGCD | CVGTP | FIRSTNAME | LASTNAME | CODE | VOID | FROMDT | THRU DT | PRVNO |
|-------|-------|-------|-------|------|--------|-----------|--------|-----------|-------------|-------|--|-------|-------|-------|-----------|----------|------|------|------------|------------|-----------|
| 5557 | 76351 | 1 | 1 | 0 | 2025 | 197001174 | 0 | 7/21/2025 | \$25,524.19 | 1 | TRUESCRIPTS MANAGEMENT SERVICE LLC | P | 517 | 0 | | | PCS | F | 6/30/2025 | 7/13/2025 | 464334244 |
| 5561 | 76351 | 3 | 49 | 0 | 2025 | 181001169 | 0 | 7/21/2025 | \$86.09 | 1 | TEXAS INPATIENT CONSULTANTS | P | 188 | 0 | | | HV | F | 11/14/2024 | 11/14/2024 | 900633851 |
| 5563 | 76351 | 3 | 49 | 0 | 2025 | 181001177 | 0 | 7/21/2025 | \$148.39 | 1 | TEXAS INPATIENT CONSULTANTS | P | 188 | 0 | | | HV | F | 11/15/2024 | 11/16/2024 | 900633851 |
| 5564 | 76351 | 3 | 35 | 0 | 2025 | 183001025 | 0 | 7/21/2025 | \$150.00 | 1 | VICTORIA WOMENS CLINIC ASSOCIATES | P | 172 | 0 | | | AB | F | 6/18/2025 | 6/18/2025 | 741831291 |
| 5584 | 76360 | 2 | 114 | 0 | 2025 | 178000605 | 0 | 7/21/2025 | \$2,739.00 | 1 | VICTORIA EYE CENTER | P | 431 | 0 | | | SFS | F | 6/19/2025 | 6/19/2025 | 742208337 |
| 5585 | 76360 | 3 | 44 | 1 | 2025 | 182000733 | 0 | 7/21/2025 | \$41.16 | 1 | PORT LAVACA CLINIC | P | 177 | 0 | | | OV | F | 6/26/2025 | 6/26/2025 | 742605670 |
| 5586 | 76360 | 3 | 134 | 0 | 2025 | 178000604 | 0 | 7/21/2025 | \$47.04 | 1 | VICTORIA WOMENS CLINIC ASSOCIATES | P | 184 | 0 | | | LBDR | F | 6/13/2025 | 6/13/2025 | 741831291 |
| 5588 | 76360 | 3 | 7 | 0 | 2025 | 192000805 | 0 | 7/21/2025 | \$59.68 | 1 | CLINICAL PATHOLOGY LABS, INC | P | 172 | 0 | | | AB | F | 5/23/2025 | 5/23/2025 | 742554159 |
| 5590 | 76360 | 3 | 31 | 0 | 2025 | 178000608 | 0 | 7/21/2025 | \$65.89 | 1 | KHIEM VU DO PA | P | 360 | 0 | | | POV | F | 6/18/2025 | 6/18/2025 | 451261253 |
| 5591 | 76360 | 3 | 43 | 1 | 2025 | 184000908 | 0 | 7/21/2025 | \$65.89 | 1 | KHIEM VU DO PA | P | 177 | 0 | | | OV | F | 6/30/2025 | 6/30/2025 | 451261253 |
| 5592 | 76360 | 3 | 49 | 2 | 2025 | 189001050 | 0 | 7/21/2025 | \$65.89 | 1 | AMERICAN REGIONAL HEALTH CENTER | P | 177 | 0 | | | OV | F | 7/1/2025 | 7/1/2025 | 742640162 |
| 5593 | 76360 | 3 | 91 | 1 | 2025 | 181001160 | 0 | 7/21/2025 | \$66.31 | 1 | UT PHYSICIANS | P | 177 | 0 | | | OV | F | 3/20/2025 | 3/20/2025 | 760459500 |
| 5594 | 76360 | 3 | 120 | 3 | 2025 | 189001051 | 0 | 7/21/2025 | \$74.23 | 1 | HEADWAY COLORADO BEHAVIORAL HEALTH SERVI | P | 752 | 0 | | | TELS | F | 7/1/2025 | 7/1/2025 | 861747274 |
| 5605 | 76360 | 3 | 134 | 0 | 2025 | 184001990 | 0 | 7/21/2025 | \$165.51 | 1 | VICTORIA WOMENS CLINIC ASSOCIATES | P | 177 | 0 | | | OV | F | 6/24/2025 | 6/24/2025 | 741831291 |
| 5606 | 76360 | 3 | 53 | 0 | 2025 | 184001992 | 0 | 7/21/2025 | \$200.24 | 1 | VICTORIA WOMENS CLINIC ASSOCIATES | P | 180 | 0 | | | XRDR | F | 6/27/2025 | 6/27/2025 | 741831291 |
| 5613 | 76360 | 3 | 70 | 0 | 2025 | 184000922 | 0 | 7/21/2025 | \$459.15 | 1 | VICTORIA WOMENS CLINIC ASSOCIATES | P | 180 | 0 | | | XRDR | F | 6/23/2025 | 6/23/2025 | 741831291 |

\$29,958.66

WJL

APPROVED ON

JUL 28 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 | THRU DT | PRVNO |
|-------|-------|-------|-------|-------|--------|-------|-----------|-------------|-------------|-------|-----------------------------|-------|-------|-------|-----------|----------|------|------|----------|-----------|-----------|
| 5556 | 76360 | | 3 | 21 | 1 | 2025 | 192001523 | 0 7/18/2025 | \$20,130.00 | | 1 LIBERTY DIALYSIS VICTORIA | P | | 465 | | | HDI | F | 6/1/2025 | 6/30/2025 | 262438451 |
| | | | | | | | | | \$20,130.00 | | | | | | | | | | | | |

MSC

APPROVED ON
 JUL 28 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 21, 2025 - July 27, 2025**

| <u>Date</u> | <u>Bank Description</u> | <u>MMC Notes</u> | <u>Amount</u> | <u>CPSI "Handwritten Check" #</u> |
|-------------|---|--|-------------------|-----------------------------------|
| 7/25/2025 | WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT | - CitiBank Corporate Card Payment | 1,077.84 * | 901761 |
| 7/25/2025 | PAY PLUS ACHTrans 79095696 101000697801872 P | - 3rd Party Payor Fee | 107.40 | 901762 |
| 7/25/2025 | PAY PLUS ACHTrans 79330382 101000697936993 P | - 3rd Party Payor Fee | 820.70 | 901763 |
| 7/25/2025 | HPHG LLC PORT LAVA MemMedCtr PtLav 113122650 | - Health Insurance Claim Payments | 85,948.32 *** | 901764 |
| 7/25/2025 | AMERISOURCE BERG PAYMENTS 0100007768 21000002 | - 340B Drug Program Expense | 242.50 *** | 901765 |
| 7/24/2025 | HPHG LLC MEMOR PREM MemMedCtr PtLav 11312265 | - Health Insurance Premium Payment | 69,005.96 *** | 901766 |
| 7/24/2025 | ACH CR 0724251178803 | -return of unapproved ACH Funds | (29,958.66) | |
| 7/24/2025 | ACH CR 0724251178801 | -return of unapproved ACH Funds | (20,130.00) | |
| 7/23/2025 | PAY PLUS ACHTrans 78851902 101000695202260 P | - 3rd Party Payor Fee | 46.34 | 901767 |
| 7/23/2025 | HPHG LLC PT LAVACA MemMedCtr PtLav 113122650 | - Health Insurance Claim Payments- (this was returned) | (20,130.00) | 901768 |
| 7/23/2025 | HPHG LLC PORT LAVAC MemMedCtr PtLav 11312265 | - Health Insurance Claim Payments- (this was returned) | (29,958.66) | 901769 |
| 7/22/2025 | WEBFILE TAX PYMT DD 902/79848635 21000026761 | - Sales Tax | 2,174.25 ** | 901770 |
| 7/22/2025 | PAY PLUS ACHTrans 78668665 101000693929381 P | - 3rd Party Payor Fee | 45.33 | 901771 |
| 7/22/2025 | MCKESSON DRUG AUTO ACH ACH06613607 910000121 | - 340B Drug Program Expense | 122.03 ** | 901772 |
| 7/21/2025 | PAY PLUS ACHTrans 78475567 101000692518191 P | - 3rd Party Payor Fee | 75.32 | 901773 |
| 7/21/2025 | IRS USATAXPYMT 270560211176988 6103601001832 | - Payroll Taxes | 134,278.81 * | 901774 |
| | | | 293,944.80 | |

✓ Michelle Cumberland

Michelle Cumberland, CFO
Memorial Medical Center

July 28, 2025

* Approved on 7.16.25 cc
** Approved on 7.23.25 cc
*** Approved on 7.02.25 cc

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

| <u>Date</u> | <u>Description</u> | <u>MMC Notes</u> | <u>Amount</u> |
|-------------|------------------------|---------------------------------------|---------------|
| 7/31/2025 | - STATE COMTRLR TEXNET | ACCRUED NH QIPP IGT- (Updated Amount) | 1,266,053.00 |

293,944.80 +

1,077.84 -

85,948.32 -

242.50 -

69,005.96 -

2,174.25 -

122.03 -

134,278.81 -

1,095.09 +

1,095.09 -

0.00 +

1,266,053.00

pay plus
107.40 +
820.70 +
46.34 +
45.33 +
75.32 +
1,095.09 +

APPROVED ON

JUL 28 2025

BY COUNTY AUDITOR
CATHOLIN COUNTY, TEXAS



Transaction Summary

Transaction Complete
Trace # [REDACTED]

**Texas Health and Human Services Commission
Memorial Medical Center Operating County**
[REDACTED]

| | |
|---------------------------------|-------------------|
| Payment Total | \$1,266,053.00 |
| Bank Routing and Account Number | [REDACTED] |
| Settlement Date | 7/31/2025 |
| QIPP Amount | \$1,266,053.00 |
| Entered By | Caitlin Clevenger |

| Plan | Start Date | EE Per Pay Cost | ER Per Pay Cost |
|--|------------|-----------------|-----------------|
| 2025 Heath Equity Health Savings Account | 1/1/2025 | \$ - | \$ 25.00 |
| 2025 Heath Equity Health Savings Account | 1/1/2025 | \$ - | \$ 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 | \$ - | \$ 25.00 |
| 2025 Heath Equity Health Savings Account | 1/1/2025 | \$ - | \$ 25.00 |
| 2025 Heath Equity Health Savings Account | 1/1/2025 | \$ 137.00 | \$ 25.00 |
| 2025 Heath Equity Health Savings Account | 1/1/2025 | \$ - | \$ 25.00 |
| 2025 Heath Equity Health Savings Account | 1/1/2025 | \$ 25.00 | \$ 25.00 |
| 2025 Heath Equity Health Savings Account | 1/1/2025 | \$ - | \$ 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 | \$ - | \$ 25.00 |
| 2025 Heath Equity Health Savings Account | 1/1/2025 | \$ - | \$ 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 | \$ - | \$ 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 |
| | | \$ 512.00 | \$ 475.00 |
| Total | | \$ 987.00 | |

Memorial Medical Center
Transfer Request

Amount: 1,500,000.00

Date: 7/28/2025

From Account: Prosperity Money Marke [REDACTED]

To Account: Prosperity Operating [REDACTED]

APPROVED ON

JUL 28 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Explanation:

Transfer funds from Prosperity Money Market to Prosperity Operating

Requested by: Caitlin Clevenger

Date: 7/28/2025

Authorized by: *Michelle Cuddeback*

Date: 7/28/25

JUL 24 2025

MEMORIAL MEDICAL CENTER

0

07/24/2025

11:14

AP Open Invoice List

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Due Dates Through: 08/15/2025

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 |
|-------------|--------------------------------------|-----------|-----------|-----------|----------|-----|------------|----------|--------|------------|
| ✓ 071625 ✓ | | 07/24/202 | 07/16/202 | 08/15/202 | | | 628.50 ✓ | 0.00 | 0.00 | 628.50 ✓ |
| ✓ 071825 ✓ | INS. pmt. dep. into mmc opt in error | 07/24/202 | 07/18/202 | 08/15/202 | | | 3,018.90 ✓ | 0.00 | 0.00 | 3,018.90 ✓ |
| ✓ 072125 ✓ | " | 07/24/202 | 07/21/202 | 08/15/202 | | | 1,936.00 ✓ | 0.00 | 0.00 | 1,936.00 ✓ |
| ✓ 072225 ✓ | " | 07/24/202 | 07/22/202 | 08/15/202 | | | 3,505.80 ✓ | 0.00 | 0.00 | 3,505.80 ✓ |
| ✓ 072225A ✓ | " | 07/24/202 | 07/22/202 | 08/15/202 | | | 7,505.00 ✓ | 0.00 | 0.00 | 7,505.00 ✓ |

| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
|-----------------------|------------------------|-----------|----------|--------|-----------|
| 11836 | GOLDENCREEK HEALTHCARE | 16,594.20 | 0.00 | 0.00 | 16,594.20 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|-----------|----------|--------|-----------|
| | 16,594.20 | 0.00 | 0.00 | 16,594.20 |

APPROVED ON

JUL 24 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Check # 2091099

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 24 2025

07/24/2025
11:14

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/15/2025

0
ap_open_invoice.template

Vendor# Vendor Name **CALHOUN COUNTY, TEXAS**
12696 ✓ GULF POINTE PLAZA

Class Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|------------|---------|-----------|-----------|-----------|----------|-----|---------|----------|--------|---------|
| ✓ 072225 ✓ | | 07/24/202 | 07/22/202 | 08/15/202 | | | 67.91 ✓ | 0.00 | 0.00 | 67.91 ✓ |

INS. pmt. dep. into mmc opt in error

| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
|-----------------------|-------------------|-------|----------|--------|-------|
| 12696 | GULF POINTE PLAZA | 67.91 | 0.00 | 0.00 | 67.91 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|-------|----------|--------|-------|
| | 67.91 | 0.00 | 0.00 | 67.91 |

APPROVED ON

JUL 24 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 209700

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 24 2025

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

07/24/2025

11:19

ap_open_invoice.template

Due Dates Through: 08/15/2025

CALHOUN COUNTY, TEXAS

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 |
|-------------|-------------------------|-----------|-----------|-----------|----------|-----|-------------|----------|--------|-------------|
| ✓ 071625 ✓ | | 07/24/202 | 07/16/202 | 08/15/202 | | | 3,978.71 ✓ | 0.00 | 0.00 | 3,978.71 ✓ |
| ✓ 071725 ✓ | ins. pmt. dep. into mmc | 07/24/202 | 07/17/202 | 08/15/202 | | | 13,680.00 ✓ | 0.00 | 0.00 | 13,680.00 ✓ |
| ✓ 071725A ✓ | " | 07/24/202 | 07/17/202 | 08/15/202 | | | 8,025.75 ✓ | 0.00 | 0.00 | 8,025.75 ✓ |
| ✓ 071825 ✓ | " | 07/24/202 | 07/18/202 | 08/15/202 | | | 17,499.88 ✓ | 0.00 | 0.00 | 17,499.88 ✓ |
| ✓ 072125 ✓ | " | 07/24/202 | 07/21/202 | 08/15/202 | | | 2,304.50 ✓ | 0.00 | 0.00 | 2,304.50 ✓ |
| ✓ 072125A ✓ | " | 07/24/202 | 07/21/202 | 08/15/202 | | | 9,360.00 ✓ | 0.00 | 0.00 | 9,360.00 ✓ |
| ✓ 072125B ✓ | " | 07/24/202 | 07/21/202 | 08/15/202 | | | 52,028.08 ✓ | 0.00 | 0.00 | 52,028.08 ✓ |
| ✓ 072125C ✓ | " | 07/24/202 | 07/21/202 | 08/15/202 | | | 10,920.00 ✓ | 0.00 | 0.00 | 10,920.00 ✓ |
| ✓ 072225 ✓ | " | 07/24/202 | 07/22/202 | 08/15/202 | | | 1,777.88 ✓ | 0.00 | 0.00 | 1,777.88 ✓ |
| ✓ 072225A ✓ | " | 07/24/202 | 07/22/202 | 08/15/202 | | | 1,047.50 ✓ | 0.00 | 0.00 | 1,047.50 ✓ |
| ✓ 072225B ✓ | " | 07/24/202 | 07/22/202 | 08/15/202 | | | 1,275.00 ✓ | 0.00 | 0.00 | 1,275.00 ✓ |

Vendor Totals: Number Name
13004 TUSCANY VILLAGE

Gross Discount No-Pay Net
121,897.30 0.00 0.00 121,897.30

Report Summary

Grand Totals: Gross Discount No-Pay Net
121,897.30 0.00 0.00 121,897.30

APPROVED ON

JUL 24 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 209701

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 7/28/2025

| 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 | | 47.01 | - | - | | 47.01 | - |
| | | | | | | Bank Balance | 47.01 |
| | | | | | | Variance | - |
| | | | | | | Leave in Balance | 100.00 |
| <i>Routing Information for Ashford Gardens:</i> | | | | | | | |
| <i>Ashford Health Care Center Ltd Co</i> | | | | | | | |
| <i>JP Morgan Chase Bank</i> | | | | | | | |
| Broadmoor | | 2,293.02 | 2,193.02 | - | | Adjust Balance/Transfer Amt | (52.99) |
| | | | | | | | 100.00 |
| | | | | | | Bank Balance | 100.00 |
| | | | | | | Variance | - |
| | | | | | | Leave in Balance | 100.00 |
| Crescent | | 100.00 | - | - | | Adjust Balance/Transfer Amt | - |
| | | | | | | | 100.00 |
| | | | | | | Bank Balance | 100.00 |
| | | | | | | Variance | - |
| | | | | | | Leave in Balance | 100.00 |
| Fort Bend | | 131.52 | - | 73,082.87 | | Adjust Balance/Transfer Amt | - |
| | | | | | | | 73,214.39 |
| | | | | | | Bank Balance | 73,214.39 |
| | | | | | | 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 | 64,821.08 |
| Solera at W Houston | | 51.40 | - | 278,520.64 | | | 278,572.04 |
| | | | | | | | 278,572.04 |
| | | | | | | Bank Balance | 278,572.04 |
| | | | | | | Variance | - |
| | | | | | | Leave in Balance | 100.00 |
| | | | | | | Claim Payment owed to Tuscan Village | 3,037.72 |
| | | | | | | Adjust Balance/Transfer Amt | 275,434.32 |
| | | | | | | TOTAL TRANSFERS | 340,255.40 |

64,821.08 +
 275,434.32 +
 340,255.40

APPROVED ON
 JUL 28 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY TEXAS

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
 7/28/2025

| | Transfer-Out | Transfer-In | MMC PORTION | | | | NH PORTION |
|--|--------------|--------------------------------------|-------------|-------------|------------|------------------|--------------------------------------|
| | | | QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | |
| Ashford Gardens No Activity | ✓ | ✓ | - | - | - | - | - |
| Breadmoor 7/23/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III | 2,193.02 | ✓ | - | - | - | - | - |
| | 2,193.02 | - | - | - | - | - | - |
| Crescent No Activity | ✓ | ✓ | - | - | - | - | - |
| Fort Bend 7/21/2025 NOVITAS SOLUTION HCLCLAIMPMT 675661 420000140 7/21/2025 Deposit | - | 72,657.87 425.00 | - | - | - | - | 72,657.87 425.00 |
| | - | 73,082.87 | - | - | - | - | 73,082.87 |
| Solera at West Houston 7/24/2025 NOVITAS SOLUTION HCLCLAIMPMT 676310 420000101 7/23/2025 NOVITAS SOLUTION HCLCLAIMPMT 676310 420000169 7/21/2025 Deposit | - | 164,099.12 112,326.52 2,095.00 | - | - | - | - | 164,099.12 112,326.52 2,095.00 |
| | - | 278,520.64 | - | - | - | - | 278,520.64 |
| TOTALS | | 351,603.51 | | | | | 351,603.51 |

Balances Overview

| Account Name | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL MEDICAL - OPERATING | \$1,213,856.03 | \$1,847,466.66 | \$1,213,856.03 | \$1,182,385.70 |
| *4381 MEMORIAL MEDICAL / NH ASHFORD | \$47.01 ✓ ✓ | \$47.01 | \$47.01 | \$47.01 |
| *4403 MEMORIAL MEDICAL / NH BROADMOOR | \$100.00 ✓ ✓ | \$100.00 | \$100.00 | \$100.00 |
| *4411 MEMORIAL MEDICAL / NH CRESCENT | \$100.00 ✓ ✓ | \$100.00 | \$100.00 | \$100.00 |
| *4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON | \$278,572.04 ✓ ✓ | \$278,572.04 | \$278,572.04 | \$278,572.04 |
| *4446 MEMORIAL MEDICAL / NH FORT BEND | \$73,214.39 ✓ ✓ | \$73,797.95 | \$73,214.39 | \$73,214.39 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$178,040.32 ✓ | \$178,040.32 | \$178,040.32 | \$178,040.32 |
| *4551 CAL CO INDIGENT HEALTHCARE | \$4,849.83 | \$4,849.83 | \$4,849.83 | \$4,849.83 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$116.00 ✓ | \$116.00 | \$116.00 | \$116.00 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$100.00 ✓ | \$100.00 | \$100.00 | \$100.00 |
| *5506 MMC -NH LAVACA BAY NURSING & REHAB | \$235,606.33 ✓ | \$293,771.10 | \$235,606.33 | \$231,265.25 |
| *3407 MMC -NH TUSCANY VILLAGE | \$266,006.97 ✓ | \$266,006.97 | \$266,006.97 | \$266,006.97 |
| *2998 MMC -MONEY MARKET FUND | \$1,566,447.12 | \$1,566,447.12 | \$1,566,447.12 | \$1,566,447.12 |
| *7168 MEMORIAL MEDICAL CENTER MONEY MKT 2 | \$5,109.69 | \$5,109.69 | \$5,109.69 | \$4,487.67 |
| Total Balance | \$3,822,165.73 | \$4,514,524.69 | \$3,822,165.73 | \$3,785,732.30 |

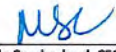
Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 7/28/2025

| 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 | | 186,415.21 | 186,315.21 | 177,940.32 | | 178,040.32 | 177,902.10 |
| | | | | | | Bank Balance | 178,040.32 |
| | | | | | | Variance | - |
| | | | | | | Leave in Balance | 100.00 |
| | | | | | | Claim Owed to MMC | 38.22 |

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

Adjust Balance/Transfer Amt 177,902.10

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

7/28/2025

APPROVED ON
 JUL 28 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek

7/24/2025 HNB - ECHO HCCLAIMPMT 746003411 440000290824
 7/24/2025 NOVITAS SOLUTION HCCLAIMPMT 676097 420000101
 7/23/2025 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 7/23/2025 Deposit
 7/23/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 7/23/2025 HNB - ECHO HCCLAIMPMT 746003411 440000255513
 7/23/2025 NOVITAS SOLUTION HCCLAIMPMT 676097 420000189
 7/22/2025 HNB - ECHO HCCLAIMPMT 746003411 440000217230
 7/21/2025 Deposit

| | | MMC PORTION | | | | | NH PORTION |
|--------------|-------------|-------------|-------------|------------|----------------------|---------|------------|
| Transfer-Out | Transfer-in | QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4 &Lapse | QIPP TI | |
| - | 15,783.32 | - | - | - | - | - | 15,783.32 |
| - | 61,595.86 | - | - | - | - | - | 61,595.86 |
| 186,315.21 | - | - | - | - | - | - | - |
| - | 45,617.70 | - | - | - | - | - | 45,617.70 |
| - | 35.08 | - | - | - | - | - | 35.08 |
| - | 264.63 | - | - | - | - | - | 264.63 |
| - | 21,447.52 | - | - | - | - | - | 21,447.52 |
| - | 21,994.79 | - | - | - | - | - | 21,994.79 |
| - | 11,201.42 | - | - | - | - | - | 11,201.42 |
| - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - |
| 186,315.21 | 177,940.32 | - | - | - | - | - | 177,940.32 |

Balances Overview

| Account Name | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL MEDICAL - OPERATING | \$1,213,856.03 | \$1,847,466.66 | \$1,213,856.03 | \$1,182,385.70 |
| *4381 MEMORIAL MEDICAL / NH ASHFORD | \$47.01 | \$47.01 | \$47.01 | \$47.01 |
| *4403 MEMORIAL MEDICAL / NH BROADMOOR | \$100.00 | \$100.00 | \$100.00 | \$100.00 |
| *4411 MEMORIAL MEDICAL / NH CRESCENT | \$100.00 | \$100.00 | \$100.00 | \$100.00 |
| *4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON | \$278,572.04 | \$278,572.04 | \$278,572.04 | \$278,572.04 |
| *4446 MEMORIAL MEDICAL / NH FORT BEND | \$73,214.39 | \$73,797.95 | \$73,214.39 | \$73,214.39 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$178,040.32 ✓ | \$178,040.32 | \$178,040.32 | \$178,040.32 |
| *4551 CAL CO INDIGENT HEALTHCARE | \$4,849.83 | \$4,849.83 | \$4,849.83 | \$4,849.83 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$116.00 | \$116.00 | \$116.00 | \$116.00 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$100.00 | \$100.00 | \$100.00 | \$100.00 |
| *5506 MMC -NH LAVACA BAY NURSING & REHAB | \$235,606.33 | \$293,771.10 | \$235,606.33 | \$231,265.25 |
| *3407 MMC -NH TUSCANY VILLAGE | \$266,006.97 | \$266,006.97 | \$266,006.97 | \$266,006.97 |
| *2998 MMC -MONEY MARKET FUND | \$1,566,447.12 | \$1,566,447.12 | \$1,566,447.12 | \$1,566,447.12 |
| *7168 MEMORIAL MEDICAL CENTER MONEY MKT 2 | \$5,109.69 | \$5,109.69 | \$5,109.69 | \$4,487.67 |
| Total Balance | \$3,822,165.73 | \$4,514,524.69 | \$3,822,165.73 | \$3,785,732.30 |

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 7/28/2025

| 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 | | 100.00 | - | 16.00 | | | 116.00 | No Transfer |
| | | | | | | Bank Balance | 116.00 | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Adjust Balance/Transfer Amt | 16.00 | |
| Gulf Pointe Plaza-Medicare/Medicaid | | 100.00 | - | - | | | 100.00 | - |
| | | | | | | Bank Balance | 100.00 | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Adjust Balance/Transfer Amt | - | |
| TOTAL TRANSFERS | | | | | | | | |

Routing Information for Gulf Pointe Plaza:

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

Approved: *MSL*
 Michelle Cumberland, CFO

7/28/2025

APPROVED ON

JUL 28 2025

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

7/21/2025 HNB - ECHO HCCLAIMPMT 746003411 440000251857

| Transfer-Out | Transfer-In | MMC PORTION | | | | | NH PORTION |
|--------------|-------------|-------------|------------|------------|--------------------|---------|------------|
| | | QIPP/Comp1 | QIPP/Comp2 | QIPP/Comp3 | QIPP/Comp4 & Lapse | QIPP TI | |
| - | 16.00 | - | - | - | - | - | 16.00 |
| - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - |
| - | 16.00 | - | - | - | - | - | 16.00 |

Gulf Pointe Plaza-Medicare/Medicaid

No Activity

| Transfer-Out | Transfer-In | MMC PORTION | | | | | NH PORTION |
|--------------|-------------|-------------|------------|------------|--------------------|---------|------------|
| | | QIPP/Comp1 | QIPP/Comp2 | QIPP/Comp3 | QIPP/Comp4 & Lapse | QIPP TI | |
| - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - |
| - | 16.00 | - | - | - | - | - | 16.00 |

Balances Overview

| Account Name | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL MEDICAL - OPERATING | \$1,213,856.03 | \$1,847,466.66 | \$1,213,856.03 | \$1,182,385.70 |
| *4381 MEMORIAL MEDICAL / NH ASHFORD | \$47.01 | \$47.01 | \$47.01 | \$47.01 |
| *4403 MEMORIAL MEDICAL / NH BROADMOOR | \$100.00 | \$100.00 | \$100.00 | \$100.00 |
| *4411 MEMORIAL MEDICAL / NH CRESCENT | \$100.00 | \$100.00 | \$100.00 | \$100.00 |
| *4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON | \$278,572.04 | \$278,572.04 | \$278,572.04 | \$278,572.04 |
| *4446 MEMORIAL MEDICAL / NH FORT BEND | \$73,214.39 | \$73,797.95 | \$73,214.39 | \$73,214.39 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$178,040.32 | \$178,040.32 | \$178,040.32 | \$178,040.32 |
| *4551 CAL CO INDIGENT HEALTHCARE | \$4,849.83 | \$4,849.83 | \$4,849.83 | \$4,849.83 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$116.00 | \$116.00 | \$116.00 | \$116.00 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$100.00 | \$100.00 | \$100.00 | \$100.00 |
| *5506 MMC -NH LAVACA BAY NURSING & REHAB | \$235,606.33 | \$293,771.10 | \$235,606.33 | \$231,265.25 |
| *3407 MMC -NH TUSCANY VILLAGE | \$266,006.97 | \$266,006.97 | \$266,006.97 | \$266,006.97 |
| *2998 MMC -MONEY MARKET FUND | \$1,566,447.12 | \$1,566,447.12 | \$1,566,447.12 | \$1,566,447.12 |
| *7168 MEMORIAL MEDICAL CENTER MONEY MKT 2 | \$5,109.69 | \$5,109.69 | \$5,109.69 | \$4,487.67 |
| Total Balance | \$3,822,165.73 | \$4,514,524.69 | \$3,822,165.73 | \$3,785,732.30 |

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 7/28/2025

| 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 | | 490,083.31 | 489,983.31 | 265,906.97 | - | - | 265,006.97 | 265,906.97 |
| | | | | | | | Bank Balance Variance | 265,006.97 |
| | | | | | | | Leave In Balance | 100.00 |

Adjust Balance/Transfer Amt 265,906.97

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 7/28/2025

APPROVED ON
 JUL 28 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village

| MMC PORTION | | | | |
|-------------|--------------------------|-------------|-------------------|---------|
| QIPP/Comp 1 | QIPP/Comp 2, 3 4 & Lapse | QIPP/Comp 3 | QIPP/Comp 4&Lapse | QIPP TI |

| Transfer-Out | Transfer-In | QIPP/Comp 1 | QIPP/Comp 2, 3 4 & Lapse | QIPP/Comp 3 | QIPP/Comp 4&Lapse | QIPP TI | NH PORTION |
|-------------------|-------------------|-------------|--------------------------|-------------|-------------------|---------|-------------------|
| - | 6,704.00 | - | - | - | - | - | 6,704.00 |
| - | 666.57 | - | - | - | - | - | 666.57 |
| 489,983.31 | - | - | - | - | - | - | - |
| - | 10,474.50 | - | - | - | - | - | 10,474.50 |
| - | 101,162.36 | - | - | - | - | - | 101,162.36 |
| - | 7,427.20 | - | - | - | - | - | 7,427.20 |
| - | 16,259.22 | - | - | - | - | - | 16,259.22 |
| - | 23,049.83 | - | - | - | - | - | 23,049.83 |
| - | 25,470.69 | - | - | - | - | - | 25,470.69 |
| - | 68,777.60 | - | - | - | - | - | 68,777.60 |
| - | 5,915.00 | - | - | - | - | - | 5,915.00 |
| 489,983.31 | 265,906.97 | - | - | - | - | - | 265,906.97 |

Balances Overview

| Account Name | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL MEDICAL - OPERATING | \$1,213,856.03 | \$1,847,466.66 | \$1,213,856.03 | \$1,182,385.70 |
| *4381 MEMORIAL MEDICAL / NH ASHFORD | \$47.01 | \$47.01 | \$47.01 | \$47.01 |
| *4403 MEMORIAL MEDICAL / NH BROADMOOR | \$100.00 | \$100.00 | \$100.00 | \$100.00 |
| *4411 MEMORIAL MEDICAL / NH CRESCENT | \$100.00 | \$100.00 | \$100.00 | \$100.00 |
| *4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON | \$278,572.04 | \$278,572.04 | \$278,572.04 | \$278,572.04 |
| *4446 MEMORIAL MEDICAL / NH FORT BEND | \$73,214.39 | \$73,797.95 | \$73,214.39 | \$73,214.39 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$178,040.32 | \$178,040.32 | \$178,040.32 | \$178,040.32 |
| *4551 CAL CO INDIGENT HEALTHCARE | \$4,849.83 | \$4,849.83 | \$4,849.83 | \$4,849.83 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$116.00 | \$116.00 | \$116.00 | \$116.00 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$100.00 | \$100.00 | \$100.00 | \$100.00 |
| *5506 MMC -NH LAVACA BAY NURSING & REHAB | \$235,606.33 | \$293,771.10 | \$235,606.33 | \$231,265.25 |
| *3407 MMC -NH TUSCANY VILLAGE | \$266,006.97 | \$266,006.97 | \$266,006.97 | \$266,006.97 |
| *2998 MMC -MONEY MARKET FUND | \$1,566,447.12 | \$1,566,447.12 | \$1,566,447.12 | \$1,566,447.12 |
| *7168 MEMORIAL MEDICAL CENTER MONEY MKT 2 | \$5,109.69 | \$5,109.69 | \$5,109.69 | \$4,487.67 |
| Total Balance | \$3,822,165.73 | \$4,514,524.69 | \$3,822,165.73 | \$3,785,732.30 |

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 7/28/2025

| 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 | | 152,783.60 | 152,683.60 | 235,506.33 | | | 235,606.33 | 235,506.33 |
| | | | | | | Bank Balance | 235,606.33 | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |

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.

Adjust Balance/Transfer Amt 235,506.33

Approved: *Msc*
 Michelle Cumberland, CFO

7/28/2025

APPROVED ON
 JUL 28 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY TEXAS

MMC PORTION

Lavaca Bay Nursing and Rehab

7/25/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000127
 7/25/2025 HOSPICE OF SOUTH Payments NF 113122650027782
 7/25/2025 CENTENE CORP HCCLAIMPMT 53101121302883
 7/24/2025 HNB - ECHO HCCLAIMPMT 746003411 440000290830
 7/24/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
 7/23/2025 WIRE OUT REG Leased OpCo LLC
 7/23/2025 Deposit
 7/23/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000169
 7/23/2025 CENTENE CORP HCCLAIMPMT 53101125789862
 7/22/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000140
 7/22/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
 7/21/2025 NDC SWEEP FAC 02330 56009680008721 SWEEP FR
 7/21/2025 Deposit
 7/21/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000194

| Transfer-Out | Transfer-In | QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI | NH PORTION |
|--------------|-------------|------------|-------------|------------|------------------|---------|------------|
| - | 1,649.76 | - | - | - | - | - | 1,649.76 |
| - | 1,217.31 | - | - | - | - | - | 1,217.31 |
| - | 1,474.01 | - | - | - | - | - | 1,474.01 |
| - | 184.47 | - | - | - | - | - | 184.47 |
| - | 2,877.28 | - | - | - | - | - | 2,877.28 |
| 152,683.60 | - | - | - | - | - | - | - |
| - | 19,738.01 | - | - | - | - | - | 19,738.01 |
| - | 12,615.24 | - | - | - | - | - | 12,615.24 |
| - | 57,239.15 | - | - | - | - | - | 57,239.15 |
| - | 90,441.29 | - | - | - | - | - | 90,441.29 |
| - | 838.00 | - | - | - | - | - | 838.00 |
| - | 210.85 | - | - | - | - | - | 210.85 |
| - | 39,396.61 | - | - | - | - | - | 39,396.61 |
| - | 7,624.35 | - | - | - | - | - | 7,624.35 |
| - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - |
| 152,683.60 | 235,506.33 | - | - | - | - | - | 235,506.33 |

Balances Overview

| Account Name | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL MEDICAL - OPERATING | \$1,213,856.03 | \$1,847,466.66 | \$1,213,856.03 | \$1,182,385.70 |
| *4381 MEMORIAL MEDICAL / NH ASHFORD | \$47.01 | \$47.01 | \$47.01 | \$47.01 |
| *4403 MEMORIAL MEDICAL / NH BROADMOOR | \$100.00 | \$100.00 | \$100.00 | \$100.00 |
| *4411 MEMORIAL MEDICAL / NH CRESCENT | \$100.00 | \$100.00 | \$100.00 | \$100.00 |
| *4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON | \$278,572.04 | \$278,572.04 | \$278,572.04 | \$278,572.04 |
| *4446 MEMORIAL MEDICAL / NH FORT BEND | \$73,214.39 | \$73,797.95 | \$73,214.39 | \$73,214.39 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$178,040.32 | \$178,040.32 | \$178,040.32 | \$178,040.32 |
| *4551 CAL CO INDIGENT HEALTHCARE | \$4,849.83 | \$4,849.83 | \$4,849.83 | \$4,849.83 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$116.00 | \$116.00 | \$116.00 | \$116.00 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$100.00 | \$100.00 | \$100.00 | \$100.00 |
| *5506 MMC -NH LAVACA BAY NURSING & REHAB | \$235,606.33 | ✓ \$293,771.10 | \$235,606.33 | \$231,265.25 |
| *3407 MMC -NH TUSCANY VILLAGE | \$266,006.97 | \$266,006.97 | \$266,006.97 | \$266,006.97 |
| *2998 MMC -MONEY MARKET FUND | \$1,566,447.12 | \$1,566,447.12 | \$1,566,447.12 | \$1,566,447.12 |
| *7168 MEMORIAL MEDICAL CENTER MONEY MKT 2 | \$5,109.69 | \$5,109.69 | \$5,109.69 | \$4,487.67 |
| Total Balance | \$3,822,165.73 | \$4,514,524.69 | \$3,822,165.73 | \$3,785,732.30 |

Golden Creek

MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC Operating

Date Requested: 7/28/2025

A _____

Y _____

E _____

E _____

APPROVED ON

JUL 28 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Check # 000239

FOR ACCT USE ONLY

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

AMOUNT: \$ 38.22

G/L NUMBER: 21000007

EXPLANATION: Claim owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [Signature]

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

000239

Date 8-4-25

88-2265/1131

PAY

**TO THE
ORDER OF**

MMC Operating

\$ 38. ²²/₁₀₀

Thirty-eight dollars & ²²/₁₀₀

DOLLARS



**PROSPERITY
BANK**

County Auditor

MP

FOR claim payment

COUNTY PROSPERITY
Security features are included. Details on back.

RUN DATE:08/04/25
TIME:11:06

MEMORIAL MEDICAL CENTER
CHECK REGISTER
08/04/25 THRU 08/04/25

PAGE 1
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

NHG 000239 08/04/25 38.22 MMC OPERATING
TOTALS: 38.22