MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 13, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	1,126,296.97 ✓
TOTAL TRANSFERS BETWEEN FUNDS	$	126,238.14 ✓
TOTAL NURSING HOME UPL EXPENSES	$	410,767.86 ✓
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED August 13, 2025	$	1,663,302.97 ✓

APPROVED

AUG 13 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 13, 2025

PAYABLES AND PAYROLL			
8/8/2025	Weekly Payables	401,483.66	
8/6/2025	Citibank Credit Card-see attached (Erin)	1,656.24	
8/11/2025	McKesson-340B Prescription Expense	40.20	
8/11/2025	Amerisource Bergen-340B Prescription Expense	54.43	
8/11/2025	Amerisource Bergen-340B Prescription Expense	262.76	
8/11/2025	Payroll Liabilities-Payroll Taxes	118,809.04	
8/11/2025	Payroll	376,313.61	
	Prosperity Electronic Bank Payments		
8/11/2025	90 Degree Benefits - employee insurance claims	33,672.19	
8/11/2025	TCDRS July Retirement	191,058.90	
8/11/2025	Pay Plus-Patient Claims Processing Fee	888.07	
8/11/2025	Credit Card Leasing Fee	335.53	
8/11/2025	Credit Card Processing Fee	710.14	
8/11/2025	Authnet Gateway	25.20	
8/11/2025	Health Equity -HSA Contributions	987.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,126,296.97**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
8/8/2025	MMC Operating to Solera-Correction of insurance payment deposited into MMC Operating in error	6,953.77	
8/8/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	7,762.13	
8/8/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	54,862.06	
8/8/2025	MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	56,660.18	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 126,238.14**
NURSING HOME UPL EXPENSES			
8/11/2025	Nursing Home UPL-Cantex Transfer	6,479.15	
8/11/2025	Nursing Home UPL-Nexion Transfer	86,955.50	
8/11/2025	Nursing Home UPL-HMG Transfer	555.84	
8/11/2025	Nursing Home UPL-Tuscany Transfer	181,836.78	
8/11/2025	Nursing Home UPL-HSL Transfer	134,363.07	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
8/11/2025	Gulf Pointe to MMC - Claim owed to MMC	577.52	
TOTAL NURSING HOME UPL EXPENSES			**$ 410,767.86**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED August 13, 2025			**$ 1,663,302.97**

APPROVED

AUG 13 2025

CALHOUN COUNTY
COMMISSIONERS COURT

Vendor#	Vendor Name	Class	Pay Code
11237	3WON, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5037	Practitioner Credentialing	07/31/202	08/01/202	08/25/202			398.00	0.00	0.00	398.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	398.00	0.00	0.00	398.00

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073125	Supplies	08/05/202	07/31/202	08/25/202			1,582.34	0.00	0.00	1,582.34

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	1,582.34	0.00	0.00	1,582.34

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV2428	RFID-Fee	08/06/202	08/20/202	08/20/202			1,400.00	0.00	0.00	1,400.00

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9163493845		08/06/202	07/31/202	08/25/202			2,683.63	0.00	0.00	2,683.63
5518299996	Rental	08/06/202	07/31/202	08/25/202			1,083.75	0.00	0.00	1,083.75
5518300210	Rental	08/06/202	07/31/202	08/25/202			297.56	0.00	0.00	297.56

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	4,064.94	0.00	0.00	4,064.94

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV004472022	Trendelinburg Stabilizer	07/30/202	07/28/202	08/12/202			992.25	0.00	0.00	992.25
RPSV004473826	Electrode Valvbride	08/05/202	07/31/202	08/15/202			150.11	0.00	0.00	150.11

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	1,142.36	0.00	0.00	1,142.36

Vendor#	Vendor Name	Class	Pay Code
14028	AMAZON CAPITAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1JTVRHX6L3X4	Safety Signs, Floor Scraper, Mop Bucket	07/15/202	07/09/202	08/08/202			314.86	0.00	0.00	314.86
1Y4XK61WKM7Y	Mat Roll	07/28/202	06/21/202	07/21/202			-404.58	0.00	0.00	-404.58
1Q7JH1XCQJPC	Key Storage lock Box	07/30/202	07/26/202	08/25/202			59.85	0.00	0.00	59.85
1TTT4XKT4499	Deli Food Containers, Dough Proofing Box	07/30/202	07/28/202	08/27/202			132.92	0.00	0.00	132.92

1KP9PFL7336L	07/30/202 07/29/202 08/28/202			160.82	0.00	0.00	160.82
	Door Push Plate						
1XWMPDKMQNGM	08/06/202 08/06/202 08/07/202			-104.93	0.00	0.00	-104.93
	Door Push Plate						
Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net
14028	AMAZON CAPITAL SERVICES			158.94	0.00	0.00	158.94
Vendor#	Vendor Name		Class	Pay Code			
A2218	AQUA BEVERAGE COMPANY		M				
Invoice#	Comment	Tran Dt Inv Dt Due Dt Check Dt Pay		Gross	Discount	No-Pay	Net
136532		08/06/202 08/04/202 08/15/202		83.50	0.00	0.00	83.50
	5 gl drink / delivery						
Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net
A2218	AQUA BEVERAGE COMPANY			83.50	0.00	0.00	83.50
Vendor#	Vendor Name		Class	Pay Code			
11247	AVENO NETWORKS						
Invoice#	Comment	Tran Dt Inv Dt Due Dt Check Dt Pay		Gross	Discount	No-Pay	Net
16155		08/06/202 08/01/202 08/11/202		4,500.00	0.00	0.00	4,500.00
	Maintenance server / network						
16135	08/06/202 08/01/202 08/11/202			850.00	0.00	0.00	850.00
	Datacenter Hosting and Maint.						
Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net
11247	AVENO NETWORKS			5,350.00	0.00	0.00	5,350.00
Vendor#	Vendor Name		Class	Pay Code			
14088	AZALEA HEALTH						
Invoice#	Comment	Tran Dt Inv Dt Due Dt Check Dt Pay		Gross	Discount	No-Pay	Net
127385		08/07/202 08/01/202 08/01/202		712.80	0.00	0.00	712.80
	Monthly Processing and Support Fees						
Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net
14088	AZALEA HEALTH			712.80	0.00	0.00	712.80
Vendor#	Vendor Name		Class	Pay Code			
B1150	BAXTER HEALTHCARE		W				
Invoice#	Comment	Tran Dt Inv Dt Due Dt Check Dt Pay		Gross	Discount	No-Pay	Net
84296557		07/30/202 07/23/202 08/17/202		569.65	0.00	0.00	569.65
	Supplies						
84307001	07/30/202 07/25/202 08/19/202			165.30	0.00	0.00	165.30
	Supplies						
84315575	07/30/202 07/28/202 08/22/202			69.72	0.00	0.00	69.72
	Supplies						
Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net
B1150	BAXTER HEALTHCARE			804.67	0.00	0.00	804.67
Vendor#	Vendor Name		Class	Pay Code			
M2485	BAYER HEALTHCARE		M				
Invoice#	Comment	Tran Dt Inv Dt Due Dt Check Dt Pay		Gross	Discount	No-Pay	Net
6012100422		08/05/202 07/24/202 08/05/202		877.74	0.00	0.00	877.74
	Supplies						
Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net
M2485	BAYER HEALTHCARE			877.74	0.00	0.00	877.74
Vendor#	Vendor Name		Class	Pay Code			
B1220	BECKMAN COULTER INC		M				
Invoice#	Comment	Tran Dt Inv Dt Due Dt Check Dt Pay		Gross	Discount	No-Pay	Net
112160955		08/05/202 07/29/202 08/23/202		379.78	0.00	0.00	379.78
	Supplies						
112165333	08/05/202 07/31/202 08/25/202			2,597.33	0.00	0.00	2,597.33
	Supplies						
Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net
B1220	BECKMAN COULTER INC			2,977.11	0.00	0.00	2,977.11

Vendor#	Vendor Name				Class	Pay Code				
11072	BIO-RAD LABORATORIES, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	908456328		08/06/202	07/31/202	07/30/202			373.39	0.00	0.00	373.39
		Supplies									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11072	BIO-RAD LABORATORIES, INC					373.39	0.00	0.00	373.39
Vendor#	Vendor Name				Class	Pay Code				
C1048	CALHOUN COUNTY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	53528545		07/31/202	07/28/202	08/25/202			702.17	0.00	0.00	702.17
		Shell Energy - 701 N. Virgina (6/18/25-7/18/25)									
	53527915		07/31/202	07/28/202	08/25/202			18.80	0.00	0.00	18.80
		Shell Energy - Hospital STOPL (6/18/25-7/18/25)									
	53527912		07/31/202	07/28/202	08/25/202			36,517.17	0.00	0.00	36,517.17
		Shell Energy - Hospital St. (6/17/25-7/17/25)									
	53527918		07/31/202	07/28/202	08/25/202			1,906.99	0.00	0.00	1,906.99
		Shell Energy - 1016 N. Virgina st (6/18/25-7/18/25)									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1048	CALHOUN COUNTY					39,145.13	0.00	0.00	39,145.13
Vendor#	Vendor Name				Class	Pay Code				
A1746	CALIBRESCIENTIFIC US, INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	90051471		08/05/202	07/23/202	08/05/202			176.08	0.00	0.00	176.08
		Parts-Fix									
	90052222		08/05/202	07/28/202	08/05/202			337.16	0.00	0.00	337.16
		Parts-Fix									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A1746	CALIBRESCIENTIFIC US, INC					513.24	0.00	0.00	513.24
Vendor#	Vendor Name				Class	Pay Code				
C1325	CARDINAL HEALTH 414, INC.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8003916708		08/05/202	07/31/202	08/25/202			331.36	0.00	0.00	331.36
		Supplies 253.46 weekday delivery (x2) 38.95									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.					331.36	0.00	0.00	331.36
Vendor#	Vendor Name				Class	Pay Code				
10541	CARESFIELD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2000307221		07/30/202	07/24/202	08/23/202			359.90	0.00	0.00	359.90
		Supplies									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10541	CARESFIELD					359.90	0.00	0.00	359.90
Vendor#	Vendor Name				Class	Pay Code				
13264	CERVEY, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	36737		08/06/202	08/04/202	08/15/202			2,150.00	0.00	0.00	2,150.00
		340B Split Monthly Fee/Port Lavaca clinic Split Monthly Fee									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13264	CERVEY, LLC					2,150.00	0.00	0.00	2,150.00
Vendor#	Vendor Name				Class	Pay Code				
13000	CLEARFLY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV731859		08/06/202	08/01/202	08/01/202			1,232.05	0.00	0.00	1,232.05
		Clearphone SIP Trunk/Telephone ##									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	13000	CLEARFLY				1,232.05	0.00	0.00	1,232.05
Vendor#	Vendor Name			Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	OEQT326251		07/21/202	07/18/202	07/28/202		225.83	0.00	0.00	225.83
		Red Can liner / Metrex CaviWipes								
	OE518521		08/05/202	07/08/202	07/18/202		444.44	0.00	0.00	444.44
		Acrylic Polymer Floor Finish								
	OEQT327991		08/06/202	08/01/202	08/11/202		107.25	0.00	0.00	107.25
		gloves / red can liner /								
	WO775651		08/06/202	08/01/202	08/11/202		296.10	0.00	0.00	296.10
		can liner								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		C1166	COASTAL OFFICE SOLUTONS				1,073.62	0.00	0.00	1,073.62
Vendor#	Vendor Name			Class	Pay Code				
13336	COCA COLA SOUTHWEST BEVERAGES								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	48255254008		07/31/202	08/01/202	08/15/202		1,013.87	0.00	0.00	1,013.87
		Supplies								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		13336	COCA COLA SOUTHWEST BEVERAGES				1,013.87	0.00	0.00	1,013.87
Vendor#	Vendor Name			Class	Pay Code				
11030	COMBINED INSURANCE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	080125		07/31/202	08/01/202	08/01/202		501.72	0.00	0.00	501.72
		Insurance								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11030	COMBINED INSURANCE				501.72	0.00	0.00	501.72
Vendor#	Vendor Name			Class	Pay Code				
15116	COMPUGROUP MEDICAL - EMDS INC.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9090116110		07/31/202	07/03/202	07/03/202		11,930.40	0.00	0.00	11,930.40
		eMDS - Hosting Services Per Month								
	9090118246		07/31/202	07/18/202	07/18/202		6,040.12	0.00	0.00	6,040.12
		Additional Users / Storage Usage (April - June)								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		15116	COMPUGROUP MEDICAL - EMDS INC.				17,970.52	0.00	0.00	17,970.52
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
	55000962583		08/05/202	07/30/202	08/25/202		690.96	0.00	0.00	690.96
		COOK Cervical Ripening Balloon w/ stylet								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		C2157	COOPER SURGICAL INC				690.96	0.00	0.00	690.96
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
	073125		07/31/202	07/31/202	07/31/202		684.65	0.00	0.00	684.65
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		12044	CULLIGAN ULTRAPURE INC.				684.65	0.00	0.00	684.65
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
	7978110		07/16/202	06/16/202	07/25/202		569.83	0.00	0.00	569.83
		Office supplies								

8021360		07/30/202 07/24/202 08/18/202			552.26	0.00	0.00	552.26
	Office Supplies							
8010310		08/06/202 07/18/202 08/12/202			420.37	0.00	0.00	420.37
	Office Supplies							
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON			1,542.46	0.00	0.00	1,542.46
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
MMC073125		08/07/202	07/31/202	08/01/202		105,743.27	0.00	0.00	105,743.27
	Physcium Services - July 16-31, 2025							
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC			105,743.27	0.00	0.00	105,743.27
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
56041		08/06/202	07/31/202	08/25/202		75.00	0.00	0.00	75.00
	815 N. Virgina							
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL			75.00	0.00	0.00	75.00
Vendor#	Vendor Name			Class	Pay Code			
15824	DR RICHARD ARROYO DIAZ							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
080425		07/31/202	08/04/202	08/04/202		389.34	0.00	0.00	389.34
	(4)x44.89 readings for echos							
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	15824	DR RICHARD ARROYO DIAZ			389.34	0.00	0.00	389.34
Vendor#	Vendor Name			Class	Pay Code			
15240	ECLINICAL WORKS LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
0003306096		07/31/202	08/01/202	08/25/202		452.15	0.00	0.00	452.15
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	15240	ECLINICAL WORKS LLC			452.15	0.00	0.00	452.15
Vendor#	Vendor Name			Class	Pay Code			
16460								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
GUAENCO0002		08/07/202	05/21/202	05/21/202		120.00	0.00	0.00	120.00
	Patient Refund							
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	16460				120.00	0.00	0.00	120.00
Vendor#	Vendor Name			Class	Pay Code			
S0501	EVOQUA WATER TECHNOLOGIES LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
907136062		08/07/202	07/25/202	08/19/202		319.00	0.00	0.00	319.00
	SDI Mixbed, FVCL, chemical surcharge							
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC			319.00	0.00	0.00	319.00
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
08A25MMC		08/06/202	08/01/202	08/16/202		545.00	0.00	0.00	545.00
	Fasthealth Premier Website							
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION			545.00	0.00	0.00	545.00
Vendor#	Vendor Name			Class	Pay Code			

F1400 FISHER HEALTHCARE ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2286919 ✓		07/21/202	07/15/202	08/09/202			15.90	0.00	0.00	15.90 ✓
2666245 ✓	TC BS Agar	08/05/202	07/31/202	08/25/202			13,406.41	0.00	0.00	13,406.41 ✓
2697329 ✓	supplies	08/05/202	08/01/202	08/26/202			424.60	0.00	0.00	424.60 ✓
	Supplies									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
F1400	FISHER HEALTHCARE	13,846.91	0.00	0.00	13,846.91

Vendor# 10599 Vendor Name FORVIS ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2608228 ✓		08/05/202	07/31/202	08/25/202			12,679.00	0.00	0.00	12,679.00 ✓

Preparation of the DY11 Uncompensated Care Final Reconciliation (UC BY 11)

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
10599	FORVIS	12,679.00	0.00	0.00	12,679.00

Vendor# 13060 Vendor Name GENZYME CORPORATION ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7030897578 ✓		08/06/202	07/24/202	08/01/202			868.66	0.00	0.00	868.66 ✓

Supplies

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
13060	GENZYME CORPORATION	868.66	0.00	0.00	868.66

Vendor# 12948 Vendor Name GREAT AMERICA FINANCIAL SVCS ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
39784497 ✓		08/05/202	07/30/202	08/24/202			10,153.40	0.00	0.00	10,153.40 ✓
39784495 ✓	Copiers 6/24-25 – 7/23/25	08/06/202	07/30/202	08/24/202			118.53	0.00	0.00	118.53 ✓

AUGUST LEASE 44.63 Pymt 52.00 Late Payment

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
12948	GREAT AMERICA FINANCIAL SVCS	10,271.93	0.00	0.00	10,271.93

Vendor# G0401 Vendor Name GULF COAST DELIVERY ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073125		07/31/202	07/31/202	07/31/202			50.00	0.00	0.00	50.00 ✓

Reports and slides delivered to Deter @ 25.00 per trip 7/7 & 7/16

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
G0401	GULF COAST DELIVERY	50.00	0.00	0.00	50.00

Vendor# 12380 Vendor Name HEALTH SOLUTIONS DIETETICS ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073125		07/31/202	08/01/202	08/01/202			3,400.00	0.00	0.00	3,400.00 ✓

July 4, July 11, July 18, July 25 @ 850.00 per day (consultant dietitian)

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
12380	HEALTH SOLUTIONS DIETETICS	3,400.00	0.00	0.00	3,400.00

Vendor# 14976 Vendor Name INOVALON PROVIDER INC. ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
25M0099387 ✓		08/06/202	08/06/202	08/25/202			773.76	0.00	0.00	773.76 ✓

Scheduler : USM module 8/1/25 – 8/31/25

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
14976	INOVALON PROVIDER INC.	773.76	0.00	0.00	773.76

Vendor# I1260 Vendor Name INTOXIMETERS INC ✓ Class Pay Code M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
793555	(1) Drygas @ 184.25 Freight 67.00	08/05/202	08/01/202	08/26/202			251.25	0.00	0.00	251.25
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	I1260	INTOXIMETERS INC					251.25	0.00	0.00	251.25

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC082025	ITA Professional fee 7/5 & 7/19 (call back) 1,772.04	08/01/202	08/01/202	08/21/202			43,445.09	0.00	0.00	43,445.09
Vendor Totals:	Number	Name 41,673.03					Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC					43,445.09	0.00	0.00	43,445.09

Vendor#	Vendor Name	Class	Pay Code
10833	JAIME'S AUTO SHOP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
53272	Theraphy Bike Seat Material Replacement	08/06/202	07/19/202	07/19/202			160.00	0.00	0.00	160.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10833	JAIME'S AUTO SHOP					160.00	0.00	0.00	160.00

Vendor#	Vendor Name	Class	Pay Code
L1640	LOWE'S BUSINESS ACCT/SYNCB	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070225	Supplies	08/05/202	07/02/202	07/28/202			550.58	0.00	0.00	550.58
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	L1640	LOWE'S BUSINESS ACCT/SYNCB					550.58	0.00	0.00	550.58

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24070898	Supplies	08/04/202	08/04/202	08/25/202			426.31	0.00	0.00	426.31
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC					426.31	0.00	0.00	426.31

Vendor#	Vendor Name	Class	Pay Code
11203	MEDI-DOSE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0969264	Supplies	07/21/202	07/18/202	07/30/202			323.55	0.00	0.00	323.55
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11203	MEDI-DOSE, INC					323.55	0.00	0.00	323.55

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
2377471289		07/16/202	07/02/202	07/27/202			747.26	0.00	0.00	747.26
2379497087	Supplies	07/21/202	07/15/202	08/09/202			106.78	0.00	0.00	106.78
2379667546	Supplies	07/21/202	07/16/202	08/10/202			70.24	0.00	0.00	70.24
2381755769	Supplies	07/30/202	07/29/202	08/23/202			38.61	0.00	0.00	38.61
2381755771	Supplies	07/30/202	07/29/202	08/23/202			113.71	0.00	0.00	113.71
2381755770	Supplies	07/30/202	07/29/202	08/23/202			140.72	0.00	0.00	140.72
2381789534	Supplies	08/05/202	07/29/202	08/23/202			-88.78	0.00	0.00	-88.78

2381864529	08/05/202	07/30/202	08/24/202	4.34	0.00	0.00	4.34
	Supplies						
2381864528	08/05/202	07/30/202	08/24/202	67.42	0.00	0.00	67.42
	Supplies						
2381864524	08/05/202	07/30/202	08/24/202	3.35	0.00	0.00	3.35
	Supplies						
2381864523	08/05/202	07/30/202	08/24/202	88.78	0.00	0.00	88.78
	Supplies						
2382004234	08/05/202	07/30/202	08/24/202	-52.08	0.00	0.00	-52.08
	Supplies						
2381864522	08/05/202	07/30/202	08/24/202	93.53	0.00	0.00	93.53
	Supplies						
2381864527	08/05/202	07/30/202	08/24/202	510.47	0.00	0.00	510.47
	Supplies						
2382211371	08/05/202	08/01/202	08/26/202	52.08	0.00	0.00	52.08
	Supplies						
2381864526	08/06/202	07/30/202	08/24/202	1,750.03	0.00	0.00	1,750.03
	Supplies						
2382840624	08/06/202	08/06/202	08/25/202	2,640.67	0.00	0.00	2,640.67
	Supplies						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	6,287.13	0.00	0.00	6,287.13

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
SC8560		07/31/202	07/28/202	08/07/202			24.80	0.00	0.00	24.80
SC8561		07/31/202	07/28/202	08/07/202			66.08	0.00	0.00	66.08
SC8562		07/31/202	07/28/202	08/07/202			289.51	0.00	0.00	289.51
SC8559		07/31/202	07/28/202	08/07/202			279.81	0.00	0.00	279.81
3680144		07/31/202	07/30/202	08/09/202			274.71	0.00	0.00	274.71
		Supplies								
3681257		07/31/202	07/30/202	08/09/202			202.11	0.00	0.00	202.11
		Supplies								
3681787		07/31/202	07/30/202	08/09/202			540.40	0.00	0.00	540.40
		supplies								
3681256		07/31/202	07/30/202	08/09/202			53.94	0.00	0.00	53.94
		Supplies								
3683824		07/31/202	07/31/202	08/10/202			221.37	0.00	0.00	221.37
		Supplies								
3685950		07/31/202	07/31/202	08/10/202			7,622.16	0.00	0.00	7,622.16
		Supplies								
3683822		07/31/202	07/31/202	08/10/202			206.12	0.00	0.00	206.12
		Supplies								
3685949		07/31/202	07/31/202	08/10/202			201.18	0.00	0.00	201.18
		Supplies								
CM35240		07/31/202	07/31/202	08/10/202			-15.44	0.00	0.00	-15.44
		Supplies								
3692818		07/31/202	08/03/202	08/13/202			9,649.89	0.00	0.00	9,649.89
		Supplies								
3692817		07/31/202	08/03/202	08/13/202			101.23	0.00	0.00	101.23
		Supplies								

3688274		08/06/202	08/01/202	08/11/202	5,563.24	0.00	0.00	5,563.24
	Supplies							
3696890		08/06/202	08/04/202	08/14/202	884.55	0.00	0.00	884.55
	Supplies							
3696889		08/06/202	08/04/202	08/14/202	823.95	0.00	0.00	823.95
	Supplies							
3703099		08/06/202	08/05/202	08/15/202	2,380.28	0.00	0.00	2,380.28
	Supplies							
0060933		08/06/202	08/05/202	08/15/202	8,601.50	0.00	0.00	8,601.50
	Supplies							
3703098		08/06/202	08/05/202	08/15/202	1,233.22	0.00	0.00	1,233.22
	Supplies							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	39,204.61	0.00	0.00	39,204.61

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8801276260		08/05/202	07/25/202	08/24/202			273.16	0.00	0.00	273.16
	Supplies 178.55 Freight/Delivery 94.61									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	273.16	0.00	0.00	273.16

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
8803		08/06/202	08/04/202	08/14/202			24.22	0.00	0.00	24.22
	Transcription 19.46 Late fee 4.76									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	24.22	0.00	0.00	24.22

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070125		07/31/202	07/01/202	07/01/202			1,000.00	0.00	0.00	1,000.00
	Telemedicine Reimbursement - July 2025									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
38412026		08/05/202	07/29/202	08/23/202			204.60	0.00	0.00	204.60
	Supplies									
38412025		08/05/202	07/29/202	08/23/202			201.88	0.00	0.00	201.88
	Supplies									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	406.48	0.00	0.00	406.48

Vendor#	Vendor Name	Class	Pay Code
10152	PARTSSOURCE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
05871791		08/05/202	07/18/202	08/17/202			32.70	0.00	0.00	32.70
	Uud Acid Buffers 8.52 Shipping 24.18									
05876894		08/05/202	07/21/202	08/20/202			3,404.85	0.00	0.00	3,404.85
	Kit, ADV1 Edge Dosing PM 3,346.47 Shipping 58.38									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC	3,437.55	0.00	0.00	3,437.55

Vendor#	Vendor Name	Class	Pay Code
S0905	PERFORMANCE HEALTH	M	

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

	IN99010641		08/05/202	07/31/202	08/25/202		144.24	0.00	0.00	144.24

Supplies

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0905	PERFORMANCE HEALTH	144.24	0.00	0.00	144.24

Vendor#	Vendor Name	Class	Pay Code
11932	PRESS GANEY ASSOCIATES, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN000716554		07/31/202	07/31/202	08/25/202			2,952.47	0.00	0.00	2,952.47

Apex Basic- Hospital

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11932	PRESS GANEY ASSOCIATES, INC.	2,952.47	0.00	0.00	2,952.47

Vendor#	Vendor Name	Class	Pay Code
15196	PROVATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INVPVM64172		08/05/202	08/01/202	08/25/202			2,059.20	0.00	0.00	2,059.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15196	PROVATION	2,059.20	0.00	0.00	2,059.20

Vendor#	Vendor Name	Class	Pay Code
10896	QIAGEN INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
999761914		07/30/202	07/24/202	08/23/202			374.91	0.00	0.00	374.91

Positive/Negative Controls 300.00 shipping 74.91

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10896	QIAGEN INC	374.91	0.00	0.00	374.91

Vendor#	Vendor Name	Class	Pay Code
11251	RAPID PRINTING LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
28008A		08/07/202	03/07/202	03/22/202			70.31	0.00	0.00	70.31

Business Cards 67.00 Mile Fees 3.31

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	70.31	0.00	0.00	70.31

Vendor#	Vendor Name	Class	Pay Code
10936	SIEMENS FINANCIAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
56382500066994		08/06/202	07/30/202	08/19/202			1,350.66	0.00	0.00	1,350.66

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES	1,350.66	0.00	0.00	1,350.66

Vendor#	Vendor Name	Class	Pay Code
S2001	SIEMENS MEDICAL SOLUTIONS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116761190		07/31/202	07/24/202	08/18/202			3,507.72	0.00	0.00	3,507.72

Luminos Agile Max

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC	3,507.72	0.00	0.00	3,507.72

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM15465		07/31/202	07/31/202	08/25/202			-3,390.00	0.00	0.00	-3,390.00

Supplies credited

I07052531		07/31/202	07/31/202	08/25/202			7,902.00	0.00	0.00	7,902.00

Supplies

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	4,512.00	0.00	0.00	4,512.00

Vendor#	Vendor Name	Class	Pay Code

12288 SPBS CLINICAL EQUIPMENT SRVC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV050000825	Full service contract	08/05/202	08/01/202	08/02/202			9,836.92	0.00	0.00	9,836.92

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12288	SPBS CLINICAL EQUIPMENT SRVC	9,836.92	0.00	0.00	9,836.92

Vendor# 15236 Vendor Name: SPECIALTY PROFESSIONAL — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1250000669	Amber Helzer 5/16-5/18/25	07/31/202	05/30/202	05/30/202			3,515.00	0.00	0.00	3,515.00
1250000710A	Amber Helzer 5/28-5/29/25	07/31/202	06/06/202	06/06/202			2,256.25	0.00	0.00	2,256.25
1250000728A	Amber Helzer 5/30-6/3/25	07/31/202	06/13/202	06/13/202			4,607.50	0.00	0.00	4,607.50
1250000757A	Amber Helzer 6/9-6/11/25	07/31/202	06/20/202	06/20/202			3,372.50	0.00	0.00	3,372.50
1250000806A	Amber Helzer 6/24-6/26/25	07/31/202	07/04/202	07/04/202			3,467.50	0.00	0.00	3,467.50
1250000828A	Amber Helzer 6/27-6/29/25	07/31/202	07/11/202	07/11/202			3,372.50	0.00	0.00	3,372.50
1250000856A	Amber Helzer 7/7-7/9/25	07/31/202	07/18/202	07/18/202			3,420.00	0.00	0.00	3,420.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15236	SPECIALTY PROFESSIONAL	24,011.25	0.00	0.00	24,011.25

Vendor# 10094 Vendor Name: ST DAVIDS HEALTHCARE — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCPL202506	JUNE FEE	07/31/202	07/30/202	07/30/202			375.00	0.00	0.00	375.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10094	ST DAVIDS HEALTHCARE	375.00	0.00	0.00	375.00

Vendor# 10845 Vendor Name: STAPLES — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6038440900		08/05/202	07/31/202	08/05/202			141.09	0.00	0.00	141.09
6038440901	Batteries Toner	08/05/202	07/31/202	08/25/202			394.15	0.00	0.00	394.15

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10845	STAPLES	535.24	0.00	0.00	535.24

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9209864470		07/30/202	07/25/202	08/24/202			5,208.74	0.00	0.00	5,208.74
9209903049	LigaSure Blunt Tip/Impact 5190 Freight 18.74 INRPLS HP Set w/coaxial High	08/07/202	07/31/202	07/31/202			249.19	0.00	0.00	249.19

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10735	STRYKER SALES, LLC	5,457.93	0.00	0.00	5,457.93

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0025734A	Shavonne Jeschke 7/18/-7/20/25	07/31/202	07/31/202	08/01/202			3,600.00	0.00	0.00	3,600.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net

	10758	TEXAS SELECT STAFFING, LLC					3,600.00	0.00	0.00	3,600.00
Vendor#	Vendor Name				Class	Pay Code				
15396	THIRD COAST DISTRIBUTING LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	073125A		08/07/202	07/31/202	07/31/202			118.82	0.00	0.00	118.82
	051053 | 051306				supplies						
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	15396	THIRD COAST DISTRIBUTING LLC						118.82	0.00	0.00	118.82
Vendor#	Vendor Name				Class	Pay Code				
11908	TMS SOUTH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV168709		07/30/202	07/29/202	08/28/202			175.44	0.00	0.00	175.44
		supplies									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11908	TMS SOUTH						175.44	0.00	0.00	175.44
Vendor#	Vendor Name				Class	Pay Code				
13144	TRI WHOLESALE CO.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	~~073125~~		07/31/202	07/31/202	07/31/202			25.99	0.00	0.00	~~25.99~~
		already listed ↓									
	9301124005		08/07/202	07/31/202	07/31/202			25.99	0.00	0.00	25.99
		supplies									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	13144	TRI WHOLESALE CO.						51.98	0.00	0.00	51.98
Vendor#	Vendor Name				Class	Pay Code				
13616	TRIOSE, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	TRI217528		07/31/202	04/09/202	04/24/202			311.24	0.00	0.00	311.24
		Freight Management as of 4/5/25									
	TRI234437		07/31/202	06/18/202	07/03/202			20.43	0.00	0.00	20.43
		Freight Management as of 6/14/25									
	TRI235009		07/31/202	06/24/202	07/09/202			118.26	0.00	0.00	118.26
		Freight Management as of 6/21/25									
	TRI235613		07/31/202	06/30/202	07/15/202			263.50	0.00	0.00	263.50
		Freight Management as of 6/28/25									
	TRI246430		07/31/202	07/09/202	07/24/202			166.64	0.00	0.00	166.64
		Freight Management as of 7/5/25									
	TRI247158		07/31/202	07/16/202	07/31/202			95.68	0.00	0.00	95.68
		Freight Management as of 7/12/25									
	TRI247713		07/31/202	07/22/202	08/06/202			431.17	0.00	0.00	431.17
		Freight Management as of 7/19/25									
	TRI248399		07/31/202	07/29/202	08/13/202			210.75	0.00	0.00	210.75
		Freight Management as of 7/26/25									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC						1,617.67	0.00	0.00	1,617.67
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
	2921065669		07/30/202	07/28/202	08/22/202			185.35	0.00	0.00	185.35
		uniforms - employee									
	2921064922		08/06/202	07/17/202	08/11/202			278.09	0.00	0.00	278.09
		laundry services									
	2921065464		08/06/202	07/24/202	08/18/202			196.73	0.00	0.00	196.73
		supplies									
	2921065466		08/06/202	07/24/202	08/18/202			170.66	0.00	0.00	170.66

2921065471	08/06/202 07/24/202 08/18/202		304.10	0.00	0.00	304.10
	laundry						
2921065533	08/06/202 07/24/202 08/18/202		263.60	0.00	0.00	263.60
	scrub rental						
2921065940	08/06/202 07/31/202 08/25/202		263.60	0.00	0.00	263.60
	Scrub rental						
2921065955	08/06/202 07/31/202 08/25/202		174.42	0.00	0.00	174.42
	laundry						
2921065951	08/06/202 07/31/202 08/25/202		182.11	0.00	0.00	182.11
	cleaning supplies						
2921065930	08/06/202 07/31/202 08/25/202		248.42	0.00	0.00	248.42
	laundry						
2921065960	08/06/202 07/31/202 08/25/202		288.89	0.00	0.00	288.89
	cleaning supplies						
2921065952	08/06/202 07/31/202 08/25/202		190.85	0.00	0.00	190.85
	cleaning supplies						
2921064927	08/07/202 07/17/202 08/11/202		142.66	0.00	0.00	142.66
	laundry						
2921065473	08/07/202 07/24/202 08/18/202		144.12	0.00	0.00	144.12
	laundry						
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC		3,033.60	0.00	0.00	3,033.60

Vendor#	Vendor Name	Class	Pay Code
V0552	VERATHON INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
81185578		07/30/202	07/28/202	08/22/202			467.57	0.00	0.00	467.57

BS Spectrum 440.00 Freight 27.57

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
V0552	VERATHON INC	467.57	0.00	0.00	467.57

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
219763		08/06/202	07/30/202	08/06/202			460.00	0.00	0.00	460.00

labor, service date 7/24/25

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
V1056	VICTORIA AIR CONDITIONING LTD	460.00	0.00	0.00	460.00

Vendor#	Vendor Name	Class	Pay Code
17832	VOCA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
40327		07/30/202	07/25/202	08/24/202			3,467.50	0.00	0.00	3,467.50

Dare Barnes 7/11 - 7/13/25 - Radiology

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
11400	WEST COAST MEDICAL RESOURCES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV131280		08/06/202	07/24/202	08/20/202			870.00	0.00	0.00	870.00

supplies

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11400	WEST COAST MEDICAL RESOURCES	870.00	0.00	0.00	870.00

APPROVED ON

Report Summary

AUG 08 2025

Gross	Discount	No-Pay	Net
401,509.65	0.00	0.00	401,509.65

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tri-Wholesale invoice entered twice.

<25.99>

401,483.66

Check# 208826 - 209004

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	209826	08/13/25	398.00	3WON, LLC
A/P	209827	08/13/25	1,582.34	ACE HARDWARE 15521
A/P	209828	08/13/25	1,400.00	ACUTE CARE INC
A/P	209829	08/13/25	4,064.94	AIRGAS USA, LLC - CENTRAL DIV
A/P	209830	08/13/25	1,142.36	ALIMED INC.
A/P	209831	08/13/25	158.94	AMAZON CAPITAL SERVICES
A/P	209832	08/13/25	83.50	AQUA BEVERAGE COMPANY
A/P	209833	08/13/25	5,350.00	AVENO NETWORKS
A/P	209834	08/13/25	712.80	AZALEA HEALTH
A/P	209835	08/13/25	804.67	BAXTER HEALTHCARE
A/P	209836	08/13/25	877.74	BAYER HEALTHCARE
A/P	209837	08/13/25	2,977.11	BECKMAN COULTER INC
A/P	209838	08/13/25	373.39	BIO-RAD LABORATORIES, INC
A/P	209839	08/13/25	39,145.13	CALHOUN COUNTY
A/P	209840	08/13/25	513.24	CALIBRESCIENTIFIC US, INC
A/P	209841	08/13/25	331.36	CARDINAL HEALTH 414, INC.
A/P	209842	08/13/25	359.90	CARESFIELD
A/P	209843	08/13/25	2,150.00	CERVEY, LLC
A/P	209844	08/13/25	1,232.05	CLEARFLY
A/P	209845	08/13/25	1,073.62	COASTAL OFFICE SOLUTONS
A/P	209846	08/13/25	1,013.87	COCA COLA SOUTHWEST BEVERAGES
A/P	209847	08/13/25	501.72	COMBINED INSURANCE
A/P	209848	08/13/25	17,970.52	COMPUGROUP MEDICAL - EMDS INC.
A/P	209849	08/13/25	690.96	COOPER SURGICAL INC
A/P	209850	08/13/25	684.65	CULLIGAN ULTRAPURE INC.
A/P	209851	08/13/25	1,542.46	DEWITT POTH & SON
A/P	209852	08/13/25	105,743.27	DISCOVERY MEDICAL NETWORK INC
A/P	209853	08/13/25	75.00	DOWELL PEST CONTROL
A/P	209854	08/13/25	389.34	DR RICHARD ARROYO DIAZ
A/P	209855	08/13/25	452.15	ECLINICAL WORKS LLC
A/P	209856	08/13/25	120.00	[redacted]
A/P	209857	08/13/25	319.00	EVOQUA WATER TECHNOLOGIES LLC
A/P	209858	08/13/25	545.00	FASTHEALTH CORPORATION
A/P	209859	08/13/25	13,846.91	FISHER HEALTHCARE
A/P	209860	08/13/25	12,679.00	FORVIS
A/P	209861	08/13/25	868.66	GENZYME CORPORATION
A/P	209862	08/13/25	10,271.93	GREAT AMERICA FINANCIAL SVCS
A/P	209863	08/13/25	50.00	GULF COAST DELIVERY
A/P	209864	08/13/25	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	209865	08/13/25	773.76	INOVALON PROVIDER INC.
A/P	209866	08/13/25	251.25	INTOXIMETERS INC
A/P	209867	08/13/25	43,445.09	ITA RESOURCES INC
A/P	209868	08/13/25	160.00	JAIME'S AUTO SHOP
A/P	209869	08/13/25	550.58	LOWE'S BUSINESS ACCT/SYNCB
A/P	209870	08/13/25	426.31	MCKESSON MEDICAL SURGICAL INC
A/P	209871	08/13/25	323.55	MEDI-DOSE, INC
A/P	209872	08/13/25	.00	VOIDED
A/P	209873	08/13/25	.00	VOIDED
A/P	209874	08/13/25	6,287.13	MEDLINE INDUSTRIES INC
A/P	209875	08/13/25	.00	VOIDED

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	209876	08/13/25	39,204.61	MORRIS & DICKSON CO, LLC
A/P	209877	08/13/25	273.16	MXR IMAGING, INC
A/P	209878	08/13/25	24.22	NACOGDOCHES TRANSCRIPTION
A/P	209879	08/13/25	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	209880	08/13/25	406.48	OLYMPUS AMERICA INC
A/P	209881	08/13/25	3,437.55	PARTSSOURCE, LLC
A/P	209882	08/13/25	144.24	PERFORMANCE HEALTH
A/P	209883	08/13/25	2,952.47	PRESS GANEY ASSOCIATES, INC.
A/P	209884	08/13/25	2,059.20	PROVATION
A/P	209885	08/13/25	374.91	QIAGEN INC
A/P	209886	08/13/25	70.31	RAPID PRINTING LLC
A/P	209887	08/13/25	1,350.66	SIEMENS FINANCIAL SERVICES
A/P	209888	08/13/25	3,507.72	SIEMENS MEDICAL SOLUTIONS INC
A/P	209889	08/13/25	4,512.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	209890	08/13/25	9,836.92	SPBS CLINICAL EQUIPMENT SRVC
A/P	209891	08/13/25	24,011.25	SPECIALTY PROFESSIONAL
A/P	209892	08/13/25	375.00	ST DAVIDS HEALTHCARE
A/P	209893	08/13/25	535.24	STAPLES
A/P	209894	08/13/25	5,457.93	STRYKER SALES, LLC
A/P	209895	08/13/25	3,600.00	TEXAS SELECT STAFFING, LLC
A/P	209896	08/13/25	118.82	THIRD COAST DISTRIBUTING LLC
A/P	209897	08/13/25	175.44	TMS SOUTH
A/P	209898	08/13/25	25.99	TRI WHOLESALE CO.
A/P	209899	08/13/25	1,617.67	TRIOSE, INC
A/P	209900	08/13/25	3,033.60	UNIFIRST HOLDINGS INC
A/P	209901	08/13/25	467.57	VERATHON INC
A/P	209902	08/13/25	460.00	VICTORIA AIR CONDITIONING LTD
A/P	209903	08/13/25	3,467.50	VOCA LLC
A/P	209904	08/13/25	870.00	WEST COAST MEDICAL RESOURCES
A/P	209905	08/13/25	7,762.13	GOLDENCREEK HEALTHCARE
A/P	209906	08/13/25	56,660.18	LAVACA BAY NURSING AND REHAB
A/P	209907	08/13/25	6,953.77	SOLERA WEST HOUSTON
A/P	209908	08/13/25	54,862.06	TUSCANY VILLAGE
TOTALS:			527,721.80	

APPROVED ON

AUG 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 401,483.66 +
6,953.77 +
7,762.13 +
54,862.06 +
56,660.18 +
527,721.80 ◊

NH Xfers

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ERIN CLEVENGER

citi

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

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity

Total Activity	$1,656.24

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

Not an invoice. For your records only.

Credit Limit	$20,000
Cash Advance Limit	$5,000
Statement Closing Date	08/03/2025
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location				Amount
			********** NOTICE MEMO ITEM(S) LISTED BELOW **********						
07/09	07/07	5912	55436875189261890714565	1	IMPRIMISRX 503B 1824819	LEDGEWOOD	NJ	USA	370.00
07/14	07/11	9399	05134375193600073979732	2	NPDB NPDB.HRSA.GOV N135597784	ROCKVILLE	MD 20852	USA	2.50
07/14	07/11	9399	05134375193600073979815	3	NPDB NPDB.HRSA.GOV N135598369	ROCKVILLE	MD 20852	USA	2.50
07/14	07/12	8999	55432865193203775841617	4	AMA*CREDENTIALING	800-621-8335	IL 60611	USA	44.00
07/21	07/17	3640	52704875199248340138263	5	GRAND HYATT SAN ANTONI 50324535 CHECK IN: 07/15/2025	SAN ANTONIO	TX 78205	USA	571.04
07/30	07/29	3604	55436875211172111820895	6	HILTON GARDEN INN 173128 CHECK IN: 07/29/2025 173128	AUSTIN	TX 78701	USA	156.18
07/30	07/29	4468	55506295210424171709576	7	GO2MARINE	BELLINGHAM	WA 98225	USA	460.02
08/01	07/31	9399	05134375213600068140288	8	NPDB NPDB.HRSA.GOV N136618891	ROCKVILLE	MD 20852	USA	50.00
					********** TOTAL AMOUNT OF MEMO ITEM(S): $1,656.24				

RK
Confirmation # DWR-03618180
PO. 8-19-25

APPROVED ON
AUG 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

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

Account Number XXXX-XXXX-XXXX-6228
Statement Closing Date August 03, 2025

Not an invoice.
For your records only.

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

00010079643

(1)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 8/5/2025

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 1 Physician enroll			2.50
2	—		NPDB - 1 Practitioner enroll			2.50
3	—		AMA - Credentialing - Initial			44.00
4			& Cont. Monitoring			
5	—	7/16-7/17/25	Grand Hyatt - Hotel Stay for			571.04
6			Kyle Daniel - Strac Conference			
7	—	7/31/25	Hilton Garden Inn - Hotel			156.18
8			for Dianne Atkinson - one			
9			night stay - cx'd charge -			
10			cx'd due to CHQ survey Deadline			

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

NOTES:

Charges to Erin's MC

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator Erin S

(2)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 8/5/2025

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
			GO 2 Marine - 2 gal. Kit (34.07)			460.02
			maintenance - will credit taxes			
			NPDB - 20 Practitioners			50.00
			for Renewal			
			Imprimisrx - Phenyl-lido			370.00
8						
9						
10						

2.50 +
2.50 +
44.00 +
571.04 +
156.18 +
460.02 +
50.00 +
370.00 +
1,656.24

Est. Freight _____ Est. Total Cost _____ TOTAL COST $1,656.24

NOTES:

charges to Erin's MC

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____

McKESSON

Company: 8000

STATEMENT

As of: 08/08/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 08/09/2025

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

As of: 08/08/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

✓

Cust: 632536 **PLEASE CHECK ANY**
Date: 08/09/2025 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 40.20 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 08/12/2025, Pay This Amount: 39.40 USD

If Paid After 08/12/2025, Pay this Amount: 40.20 USD

Due If Paid On Time: USD 39.40

Disc lost if paid late: 0.80

Due If Paid Late: USD 40.20 ✓

✓ MR

30.96 +
8.44 +
39.40 ◇
0.63 +
0.17 +
40.20 ◇

APPROVED ON
AUG 11 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 08/08/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 190813
Date: 08/09/2025

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

As of: 08/08/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 08/09/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
08/06/2025	08/12/2025	7583436620	4645238	115Invoice	0.63	31.59		30.96	✓	7583436620	☐

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

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

Subtotals: 31.59 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 31.53
06/23/2025

If Paid By 08/12/2025, Pay This Amount: 30.96 USD

If Paid After 08/12/2025, Pay this Amount: 31.59 USD

Due If Paid On Time: USD 30.96

Disc lost if paid late: 0.63

Due If Paid Late: USD 31.59

APPROVED ON

AUG 11 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/08/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 08/09/2025

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

As of: 08/08/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 08/09/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
08/07/2025	08/12/2025	7583614670	B2508-055-217820	115Invoice	0.17	8.61		8.44	✓	7583614670	

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

TOTAL: Customer Number 820405 HEB PHCY WHSE/MEM MED PHS

Subtotals: 8.61 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 111.70
08/04/2025

If Paid By 08/12/2025,
Pay This Amount: 8.44 USD

If Paid After 08/12/2025,
Pay this Amount: 8.61 USD

Due If Paid On Time:
USD 8.44

Disc lost if paid late:
0.17

Due If Paid Late:
USD 8.61

APPROVED ON

AUG 11 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 70300196
Date: 08-08-2025

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

DEA: RA0316958
866-451-9655

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

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

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	54.43
Past Due:	0.00
Total Due:	54.43
Account Balance:	54.43

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-04-2025	08-15-2025	3222733775	7010272489	Invoice	12.97		0.00	12.97
08-04-2025	08-15-2025	3222733777	7010281324	Invoice	1.80		0.00	1.80
08-05-2025	08-15-2025	3222930410	7010294664	Invoice	2.69		0.00	2.69
08-06-2025	08-15-2025	3223062955	7010302602	Invoice	10.78		0.00	10.78
08-07-2025	08-15-2025	3223192043	7010310951	Invoice	11.50		0.00	11.50
08-07-2025	08-15-2025	3223192044	7010310951	Invoice	3.94		0.00	3.94
08-08-2025	08-15-2025	3223320186	7010318136	Invoice	10.75		0.00	10.75

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
54.43	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
AUG 11 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
08-15-2025	54.43
Total Due:	54.43

AmerisourceBergen

STATEMENT

Statement Number: 70283862
Date: 08-08-2025

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	262.76
Past Due:	0.00
Total Due:	262.76
Account Balance:	262.76

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-04-2025	08-15-2025	3222748518	7010263823	Invoice	60.18		0.00	60.18
08-04-2025	08-15-2025	3222748519	7010273431	Invoice	9.44		0.00	9.44
08-04-2025	08-15-2025	3222749490	7010280809	Invoice	27.60		0.00	27.60
08-06-2025	08-15-2025	3223020180	7010294388	Invoice	0.96		0.00	0.96
08-07-2025	08-15-2025	3223151061	7010304684	Invoice	68.47		0.00	68.47
08-07-2025	08-15-2025	3223151062	7010302558	Invoice	38.35		0.00	38.35
08-08-2025	08-15-2025	3223287666	7010310527	Invoice	42.42		0.00	42.42
08-08-2025	08-15-2025	3223287667	7010310505	Invoice	15.34		0.00	15.34

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
262.76	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
08-15-2025	262.76
Total Due:	262.76

APPROVED ON
AUG 11 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

		####	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	25	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH" 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	★	09	
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 118,809.04	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 62,622.50	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14,645.62	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 41,540.92	#
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

"ENTER VOID CKS AS NEGATIVE NUMBERS"

			VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	7/25/2025						
PAY PERIOD: END	8/7/2025						
PAY DATE:	8/15/2025						
GROSS PAY:	$ 540,586.63				$ -		$ 540,586.63
DEDUCTIONS:							
A/R	$ 419.88						$ 419.88
ADVANC							$ -
BOOTS							$ -
MUTUAL CRITICAL ILLNESS							$ -
MUTUAL ACCIDENT							$ -
IRS TAX							$ -
MUTUAL SHORT TERM DIS							$ -
MUTUAL VISION	$ 785.12						$ 785.12
CAFÉ-D	$ 1,207.49						$ 1,207.49
CAFÉ-H	$ 28,531.81						$ 28,531.81
	$ -						$ -
	$ -						$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$ -						$ -
CLINIC	$ 25.00						$ 25.00
COMBIN	$ 250.86						$ 250.86
CREDUN	$ -						$ -
DENTAL	$ -						$ -
DEP-LF							$ -
MUTUAL TERM LIFE	$ 1,134.88						$ 1,134.88
MUTUAL HOSP INDEM	$ 550.50						$ 550.50
FED TAX	$ 41,540.92						$ 41,540.92
FICA-M	$ 7,322.81						$ 7,322.81
FICA-O	$ 31,311.25						$ 31,311.25
FICA-M ADDITIONAL							$ -
FIRST C							$ -
FLEX S	$ 4,146.55						$ 4,146.55
FLX-FE	$ -						$ -
GIFT S	$ 203.86						$ 203.86
MUTUAL CRITICAL ILLNESS	$ 895.88						$ 895.88
MUTUAL ACCIDENT	$ 595.94						$ 595.94
MUTUAL SHORT TERM DIS	$ 1,744.04						$ 1,744.04
LEGAL	$ 973.40						$ 973.40
OTHER	$ 3,901.92						$ 3,901.92
NATIONAL FARM LIFE	$ 1,267.47						$ 1,267.47
MED SURCHARGE							$ -
Blank							$ -
RELAY							$ -
REPAY							$ -
STONEDF	$ 895.00						$ 895.00
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$ 36,568.44						$ 36,568.44
UW/HOS	$ -						$ -
TOTAL DEDUCTIONS:	$ 164,273.02		$ -	$ -	$ -	$ -	$ 164,273.02
	"SHOULD MATCH REPORT"		"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
NET PAY:	$ 376,313.61		$ -	$ -	$ -	$ -	$ 376,313.61
	"SHOULD MATCH REPORT"		"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
TOTAL CAFÉ 125 PLAN:	$ 35,565.97		**Less Exempt:**				
TAXABLE PAY:	$ 505,020.66		$ 505,020.66				**Exempt Amt:**

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,322.80		
FICA - MED (EE)	1.45%	$ 7,322.80	$ 7,322.81	$ (0.01)
FICA - SOC SEC (ER)	6.20%	$ 31,311.28		
FICA - SOC SEC (EE)	6.20%	$ 31,311.28	$ 31,311.25	$ 0.03
FED WITHHOLDING		$ 41,540.92	$ 41,540.92	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 118,809.08	$ 118,809.04	
FICA - MEDICARE	2.90%	$ 14,645.60	$14,645.62	
FICA - SOCIAL SECURITY	12.40%	$ 62,622.56	$62,622.50	**PREPARED BY:** Sariah Rubio
FED WITHHOLDING		$ 41,540.92	$41,540.92	**PREPARED DATE:** 8/11/2025
TOTAL TAX:		$ 118,809.08	$118,809.04	$ 0.04

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9637.75	N		N	N		229528.81
1	REGULAR PAY-S1	1870.00	N		N	N	N	92566.62
1	REGULAR PAY-S1	241.75	Y		N	N		7906.51
2	REGULAR PAY-S2	2566.75	N		N	N		69410.81
2	REGULAR PAY-S2	141.75	Y		N	N		5118.69
3	REGULAR PAY-S3	1502.75	N		N	N		51783.05
3	REGULAR PAY-S3	119.00	Y		N	N		5081.05
4	CALL BACK PAY	20.00	N	1	N	N	Y	953.82
4	CALL BACK PAY	4.00	N	2	N	N	Y	172.00
C	CALL PAY	512.00	N		N	N	N	1024.00
C	CALL PAY	1859.00	N	1	N	N		3718.00
D	DOUBLE TIME	66.50	N	1	N	N		4209.85
D	DOUBLE TIME	32.00	N	2	N	N		2613.45
D	DOUBLE TIME	23.25	N	3	N	N		1893.35
E	EXTRA WAGES		N		N	N	N	8721.15
E	EXTRA WAGES		N	1	N	N	N	2841.60
I	INSERVICE	8.00	N	1	N	N		576.92
J	JURY LEAVE	2.00	N	1	N	N		32.96
K	EXTENDED-ILLNESS-BANK	352.00	N	1	N	N		10286.10
P	PAID-TIME-OFF	274.00	N		N	N	N	6773.71
P	PAID-TIME-OFF	1093.75	N	1	N	N		34637.18
X	CALL PAY 2	202.00	N	1	N	N		404.00
Y	YMCA/CURVES		N		N	N	N	45.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00

Deductions Summary

Code	Amount					
A/R	294.88	A/R2	125.00	A/R3		
ADVANC		AWARDS		BCBSVI		
BOOTS		CAFE H		CAFE-1		
CAFE-2		CAFE-3		CAFE-4		
CAFE-5		CAFE-C		CAFE-D	1207.49	
CAFE-F		CAFE-H	28531.81	CAFE-I		
CAFE-L		CAFE-P		CANCER		
CHILD		CLINIC	25.00	COMBIN	250.86	
CREDUN		DD ADV		DENTAL		
DEP-LF		DIS-LF		EAT		
EATCSH		FEDTAX	41540.92	FICA-M	7322.81	
FICA-O	31311.25	FIRSTC		FLEX S	3684.55	
FLX FE		FORT D		FUTA		
GIFT S	203.86	GRANT		GRP-IN		
GTL		HOSP-I		HSA	462.00	
ID TFT		IRSTAX		LEAF		
LEGAL	241.90	MASA	731.50	MEALS	3901.92	
METVIS		MISC		MISC/		
MMCSHR		MOOACC	595.94	MOOILL	895.88	
MOOIND	550.50	MOOLIF	1134.88	MOOSTD	1744.04	
MOOVIS	785.12	NATFML	1267.47	OTHER		
PHI		PHI***		PR FIN		
RELAY		REPAY		SAMS		
SCRUBS		SIGNON		ST-TX		
STONDF	895.00	STONE		STONE2		
STUDEN		SUNACC		SUNILL		
SUNIND		SUNLIF		SUNSTD		
SUNVIS		SURCHG		TSA-1		
TSA-2		TSA-C		TSA-P		
TSA-R	36568.44	TUTION		UNIFOR		
UW/HOS						

Grand Totals: 20624.25 ------- (Gross: 540586.63 Deductions: 164273.02 Net: 376313.61

Checks Count:- FT 198 PT 13 Other 40 Female 227 Male 23 Credit OverAmt 12 ZeroNet Term Total: 250

CHKNO	APPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVDCD	CVDTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
5644	76351	1	1	0	2025	211001017	0	8/4/2025	$23,618.51	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	[redacted]		PCS	F	7/14/2025	7/27/2025	464334244
5645	76351	1	1	0	2025	209001069	0	8/4/2025	$328.15	1	GLOBAL RX MANAGEMENT LIMITED	P	517	0	[redacted]		PCS	F	4/1/2025	4/15/2025	89173213
5646	76351	2	33	0	2025	190001285	0	8/4/2025	$84.22	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	7/2/2025	7/2/2025	742605670
5647	76351	2	71	0	2025	204000054	0	8/4/2025	$221.60	1	TEXAS SPINE & NEUROSURGERY CENTER	P	457	0	[redacted]		OVS	F	5/23/2025	5/23/2025	320047747
5648	76351	3	73	2	2025	202000055	0	8/4/2025	$14.93	1	SCOTT & WHITE CLINIC	P	189	0	[redacted]		ERD	F	6/9/2025	6/9/2025	742958277
5649	76351	3	73	2	2025	198000041	0	8/4/2025	$15.30	1	SCOTT WHITE CLINIC	P	189	0	[redacted]		ERD	F	6/4/2025	6/4/2025	742958277
5650	76351	3	21	1	2025	205000799	0	8/4/2025	$29.10	1	PORT LAVACA CLINIC	P	177	0	[redacted]		OV	F	7/21/2025	7/21/2025	742605670
5651	76351	3	65	0	2025	192001283	0	8/4/2025	$35.63	1	JACKSON COUNTY MEDICAL CLINIC OF EDNA	P	177	0	[redacted]		OV	F	6/26/2025	6/26/2025	741738475
5652	76351	3	50	0	2025	198000476	0	8/4/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	6/11/2025	6/11/2025	742605670
5653	76351	3	16	1	2025	202000060	0	8/4/2025	$82.32	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	5/27/2025	5/27/2025	741680498
5654	76351	3	74	0	2025	202000030	0	8/4/2025	$82.74	1	SINGLETON ASSOCIATES PA	P	321	0	[redacted]		MRIO	F	5/29/2025	5/29/2025	741680498
5655	76351	3	65	0	2025	202000189	0	8/4/2025	$122.76	1	CLINICAL PATHOLOGY LABS, INC	P	532	0	[redacted]		WLAB	F	6/3/2025	6/3/2025	742554159
5656	76351	3	73	2	2025	198000209	0	8/4/2025	$149.31	1	SCOTT & WHITE CLINIC	P	177	0	[redacted]		OV	F	6/6/2025	6/6/2025	742958277
5657	76351	3	73	2	2025	204000048	0	8/4/2025	$151.00	1	SCOTT & WHITE CLINIC	P	189	0	[redacted]		ERD	F	6/4/2025	6/4/2025	742958277
5658	76351	3	18	0	2025	171001076	0	8/4/2025	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	5/14/2025	5/14/2025	815248556
5660	76360	1	5	0	2025	167000395	0	8/4/2025	$42.20	1	SINGLETON ASSOCIATES PA	P	603	0	[redacted]		US	F	5/30/2025	5/30/2025	741680498
5661	76360	2	35	0	2025	191001170	0	8/4/2025	$63.10	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	188	0	[redacted]		HV	F	5/10/2025	5/10/2025	300520570
5662	76360	2	11	0	2025	192001285	0	8/4/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	7/7/2025	7/7/2025	742605670
5664	76360	2	114	0	2025	192001322	0	8/4/2025	$2,739.00	1	VICTORIA EYE CENTER	P	431	0	[redacted]		SFS	F	7/3/2025	7/1/2025	742208337
5665	76360	2	35	0	2025	204000128	0	8/4/2025	$3,033.66	1	MOIGHAN AMRIKACHI MD	P	185	0	[redacted]		LAB	F	5/1/2025	5/1/2025	371520288
5666	76360	3	94	3	2025	177000042	0	8/4/2025	$11.19	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	5/23/2025	5/23/2025	741680498
5667	76360	3	3	0	2025	202000037	0	8/4/2025	$11.61	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	5/13/2025	5/13/2025	741680498
5668	76360	3	3	0	2025	188000164	0	8/4/2025	$36.15	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	5/13/2025	5/13/2025	741680498
5669	76360	3	130	0	2025	202000018	0	8/4/2025	$42.62	1	SINGLETON ASSOCIATES PA	P	603	0	[redacted]		US	F	5/28/2025	5/28/2025	741680498
5672	76360	3	94	0	2025	191001169	0	8/4/2025	$59.94	1	AYO ADU, MD PLLC	P	177	0	[redacted]		OV	F	7/8/2025	7/8/2025	273335355
5673	76360	3	82	0	2025	191001119	0	8/4/2025	$65.87	1	MICHELLE M CUMMINS	P	457	0	[redacted]		OVS	F	6/30/2025	6/30/2025	742951453
5674	76360	3	123	0	2025	197000383	0	8/4/2025	$92.40	1	MSIWA LLC	P	172	0	[redacted]		AB	F	6/18/2025	6/18/2025	202536458
5675	76360	3	91	1	2025	191001126	0	8/4/2025	$98.69	1	UT PHYSICIANS	P	180	0	[redacted]		XRDR	F	2/6/2025	2/6/2025	760459500
5676	76360	3	71	1	2025	192001319	0	8/4/2025	$130.32	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0	[redacted]		OVS	F	7/2/2025	7/2/2025	260151734
5677	76360	3	123	0	2025	197000381	0	8/4/2025	$132.00	1	MSIWA LLC	P	177	0	[redacted]		AB	F	6/18/2025	6/18/2025	202536458
5678	76360	3	94	3	2025	178000631	0	8/4/2025	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	5/23/2025	5/23/2025	815248556
5680	76360	3	80	0	2025	192001533	0	8/4/2025	$1,629.23	1	CITIZENS MEDICAL CENTER	P	421	0	[redacted]		HOBS	F	6/28/2025	6/29/2025	741698143
5681	76360	5	99	0	2025	211000014	0	8/4/2025	$11.19	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	6/4/2025	6/4/2025	741680498
5683	76370	3	44	0	2025	190001137	0	8/4/2025	$98.47	1	OAKBEND MEDICAL CENTER	P	186	0	[redacted]		HLAB	F	6/23/2025	6/23/2025	760339462
									$33,672.19												

CC

APPROVED ON

AUG 11 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 28, 2025 - Aug 3, 2025

Date	Bank Description	MMC Notes	Amount	
8/8/2025	PAY PLUS ACHTrans 81754433 101000693292296 P	- 3rd Party Payor Fee	388.81	
8/8/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	4,205.69	*
8/7/2025	PAY PLUS ACHTrans 81546987 101000692062054 P	- 3rd Party Payor Fee	216.69	
8/6/2025	PAY PLUS ACHTrans 81253370 101000690392678 P	- 3rd Party Payor Fee	125.87	
8/6/2025	FDMS FDMS PYMT 052-1601830-000 4100012636278	- Credit Card Machine Lease Fee	32.45	
8/5/2025	PAY PLUS ACHTrans 81041325 101000698877117 P	- 3rd Party Payor Fee	75.13	
8/5/2025	MCKESSON DRUG AUTO ACH ACH06633936 910000150	- 340B Drug Program Expense	111.70	*
8/5/2025	FDMS FDMS PYMT 052-2182557-000 4100012078160	- Credit Card Machine Lease Fee	181.77	
8/5/2025	FDMS FDMS PYMT 052-2182545-000 4100012078160	- Credit Card Machine Lease Fee	45.64	
8/5/2025	FDMS FDMS PYMT 052-2000500-000 4100012077283	- Credit Card Machine Lease Fee	75.67	
8/4/2025	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	365.36	
8/4/2025	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95	
8/4/2025	MERCHANT BANKCD FEE 971160910883 91000010092	- Credit Card Processing Fee	9.95	
8/4/2025	MERCHANT BANKCD FEE 971160913887 91000010092	- Credit Card Processing Fee	161.47	
8/4/2025	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	153.41	
8/4/2025	PAY PLUS ACHTrans 80867170 101000696454182 P	- 3rd Party Payor Fee	81.57	
8/4/2025	IRS USATAXPYMT 270561610551672 6103601002069	- Payroll Taxes	127,195.32	**
8/4/2025	AUTHNET GATEWAY BILLING 142846800 1040000174	- 3rd Party Payor Fee	25.20	
			133,471.65	

CPSI "Handwritten

388.81 +
216.69 +
125.87 + pay plus
75.13 +
81.57 +
888.07 ◇ lease Fee
32.45 +
181.77 +
45.64 +
75.67 +
335.53 Proc. Fee
365.36 +
19.95 +
9.95 +
161.47 +
153.41 +
710.14 ◇ Auth net
25.20 +
25.20

888.07 +
335.53 +
710.14 +
25.20 +
1,958.94 ◇

Michelle Cumberland August 11, 2025
Michelle Cumberland, CFO
Memorial Medical Center

* Approved on 8.06.25 cc
** Approved on 7.30.25 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
8/15/2025	TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	191,058.90
			191,058.90

133,471.65 +
4,205.69 −
111.70 −
127,195.32 −
1,958.94 ◇
1,958.94 −
0.00 ◇

Michelle Cumberland August 11, 2025
Michelle Cumberland, CFO
Memorial Medical Center

APPROVED ON
AUG 11 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Date/Time	08-05-2025 / 03:54 PM
Submitted By	cclevenger256
Pay Date	07-31-2025
Employee Deposits	$78,211.31
Employer Contributions	$112,847.59
Group Term Life Premiums	$0.00
Total	$191,058.90
Comments	
Payroll File	July 2025.xlsx

CLOSE PRINT

Plan	Start Date	EE Per Pay Cost	ER Per Pay Cost
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$30.00	$25.00
2025 Heath Equity Health Savings Account	2/1/2025	$5.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$137.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	3/1/2025	$5.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$50.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$175.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$50.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$10.00	$25.00
		$512.00	$475.00
	Total	$987.00	

RECEIVED
AUG 07 2025
Calhoun County Auditor

08/07/2025
12:47

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/29/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073025		07/30/202	07/30/202	08/29/202			40.27	0.00	0.00	40.27
073125	NH pymt deposited into MMC operating in error	07/31/202	07/31/202	08/29/202			1,047.50	0.00	0.00	1,047.50
073125A	"	07/31/202	07/31/202	08/29/202			5,866.00	0.00	0.00	5,866.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	6,953.77	0.00	0.00	6,953.77

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,953.77	0.00	0.00	6,953.77

APPROVED
ON
AUG 08 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 209907

RECEIVED
AUG 07 2025
Calhoun County Auditor

08/07/2025
12:54

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/29/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070725		07/07/202	07/07/202	08/29/202			589.25	0.00	0.00	589.25
	Return NH insurance pymt taken from golden creek in error									
073025		07/30/202	07/30/202	08/29/202			496.66	0.00	0.00	496.66
	NH pymt deposited into MMC operating in error									
073025A		07/30/202	07/30/202	08/29/202			155.73	0.00	0.00	155.73
071525CC		07/31/202	07/15/202	08/29/202			2,765.00	0.00	0.00	2,765.00
	" removed per MMC									
073125B		07/31/202	07/31/202	08/29/202			6,320.00	0.00	0.00	6,320.00
080425		08/04/202	08/04/202	08/29/202			200.49	0.00	0.00	200.49

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	10,527.13	0.00	0.00	10,527.13

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,527.13	0.00	0.00	~~10,527.13~~ $7,762.13

APPROVED
ON
AUG 08 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 209905

RECEIVED
AUG 07 2025
Calhoun County Auditor

08/07/2025
12:46

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/29/2025
Class Pay Code

0
ap_open_invoice.template

Vendor#	Vendor Name	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE											
		073025A		07/31/202	07/30/202	08/29/202			29,912.12	0.00	0.00	29,912.12
			NH pymt deposited into MMC operating in error									
		073025B		07/31/202	07/30/202	08/29/202			1,357.26	0.00	0.00	1,357.26
		073025		07/31/202	07/30/202	08/29/202			3,640.00	0.00	0.00	3,640.00
		073125		07/31/202	07/31/202	08/29/202			7,390.91	0.00	0.00	7,390.91
		080125A		08/01/202	08/01/202	08/29/202			419.00	0.00	0.00	419.00
		080125B		08/01/202	08/01/202	08/29/202			3,293.99	0.00	0.00	3,293.99
		080125		08/01/202	08/01/202	08/29/202			50.00	0.00	0.00	50.00
		080425A		08/04/202	08/04/202	08/29/202			5,175.28	0.00	0.00	5,175.28
		080425		08/04/202	08/04/202	08/29/202			750.00	0.00	0.00	750.00
		080625		08/06/202	08/06/202	08/29/202			2,723.50	0.00	0.00	2,723.50
		080625A		08/06/202	08/06/202	08/29/202			150.00	0.00	0.00	150.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	54,862.06	0.00	0.00	54,862.06

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	54,862.06	0.00	0.00	54,862.06

APPROVED ON
AUG 08 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 209908

RECEIVED
AUG 07 2025
Calhoun County Auditor

08/07/2025
12:47

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/29/2025

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073025		07/30/202	07/30/202	08/29/202			2,285.92	0.00	0.00	2,285.92
073125		07/31/202	07/31/202	08/29/202			5,866.00	0.00	0.00	5,866.00
073125A		07/31/202	07/31/202	08/29/202			209.50	0.00	0.00	209.50
073125B		07/31/202	07/31/202	08/29/202			43,633.18	0.00	0.00	43,633.18
080425		08/04/202	08/04/202	08/29/202			4,665.58	0.00	0.00	4,665.58

NH pymt deposited into mmc in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	56,660.18	0.00	0.00	56,660.18

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	56,660.18	0.00	0.00	56,660.18

APPROVED
ON
AUG 08 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 209906

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/11/2025

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		88.25	-	-			88.25	0
						Bank Balance	88.25	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**(11.75)**	
Broadmoor		126.14	-	5,551.68		-	5,677.82	**5577.82**
						Bank Balance	5,677.82	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**5,577.82**	
Crescent		120.21	-	-			120.21	0
						Bank Balance	120.21	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**20.21**	
Fort Bend		2,421.41	2,321.41	901.33			1,001.33	**901.33**
						Bank Balance	1,001.33	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**901.33**	
Solera at W Houston		13,389.11	13,289.11	1,466.50			1,566.50	-
						Bank Balance	1,566.50	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**1,466.50**	

APPROVED ON
AUG 11 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

West Houston / Fort Bend / Broadmoor:

5,577.82 +
901.33 +
6,479.15 ◊

TOTAL TRANSFERS **6,479.15**

Approved:
Michelle Cumberland, CFO **8/11/2025**

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

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

Broadmoor	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/6/2025 HNB - ECHO HCCLAIMPMT 746003411 440000211844	-	5,551.68					-	5,551.68
							-	-
							-	-
							-	-
							-	-
	-	5,551.68	-	-	-	-	-	5,551.68

Crescent	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
No Activity							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
	-	-	-	-	-	-	-	-

Fort Bend	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/6/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	2,321.41	-					-	-
8/4/2025 NOVITAS SOLUTION HCCLAIMPMT 675663 420000161	-	901.33					-	901.33
							-	-
							-	-
							-	-
							-	-
							-	-
	2,321.41	901.33	-	-	-	-	-	901.33

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
8/6/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	13,289.11	-					-	-
8/4/2025 EIC HCCLAIMPMT 80887931 420000124641B8 45587	-	1,466.50					-	1,466.50
							-	-
							-	-
							-	-
							-	-
	13,289.11	1,466.50	-	-	-	-	-	1,466.50
TOTALS		7,919.51	-	-	-	-	-	7,919.51

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,906,978.39	$2,044,969.23	$1,906,978.39	$1,830,465.83
*4381 MEMORIAL MEDICAL / NH ASHFORD	$88.25	$88.25	$88.25	$88.25
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$5,677.82	$5,677.82	$5,677.82	$5,677.82
*4411 MEMORIAL MEDICAL / NH CRESCENT	$120.21	$120.21	$120.21	$120.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$1,566.50	$2,883.56	$1,566.50	$1,566.50
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,001.33	$1,001.33	$1,001.33	$1,001.33
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$87,285.29	$92,481.61	$87,285.29	$74,285.29
*4551 CAL CO INDIGENT HEALTHCARE	$4,869.05	$4,869.05	$4,869.05	$4,869.05
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,233.36	$1,233.36	$1,233.36	$1,171.50
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$134,713.05	$158,938.24	$134,713.05	$109,449.78
*3407 MMC -NH TUSCANY VILLAGE	$181,936.78	$181,936.78	$181,936.78	$181,936.78
*2998 MMC -MONEY MARKET FUND	$68,623.91	$68,623.91	$68,623.91	$68,623.91
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$7,942.55	$7,942.55	$7,942.55	$7,536.15
Total Balance	**$2,402,136.49**	**$2,570,865.90**	**$2,402,136.49**	**$2,286,892.40**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/11/2025

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		23,566.70	23,236.91	86,955.50		-	87,285.29	86,955.50
						Bank Balance	87,285.29	
						Variance	-	
						Leave in Balance	100.00	
						July Interest	229.79	
						Aug Interest		
						Sept Interest		
						Adjust Balance/Transfer Amt	86,955.50	

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

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

Approved:
Michelle Cumberland, CFO 8/11/2025

APPROVED ON
AUG 11 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
8/8/2025	Am Health TX PAYMENT 21531 84307030006716	-	13,000.00					-	13,000.00
8/7/2025	239	38.22	-					-	-
8/7/2025	Deposit	-	38,728.87					-	38,728.87
8/7/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001568	-	3,201.00					-	3,201.00
8/6/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	23,198.69	-					-	-
8/6/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	3,712.33					-	3,712.33
8/6/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001289	-	5,852.56					-	5,852.56
8/5/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	1,560.18					-	1,560.18
8/5/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001710	-	1,574.00					-	1,574.00
8/5/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001710	-	10,230.00					-	10,230.00
8/4/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	427.00					-	427.00
8/4/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	8,215.00					-	8,215.00
8/4/2025	NOVITAS SOLUTION HCCLAIMPMT 676097 420000161	-	454.56					-	454.56
								-	-
		23,236.91	86,955.50	-	-	-	-	-	86,955.50

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,906,978.39	$2,044,969.23	$1,906,978.39	$1,830,465.83
*4381 MEMORIAL MEDICAL / NH ASHFORD	$88.25	$88.25	$88.25	$88.25
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$5,677.82	$5,677.82	$5,677.82	$5,677.82
*4411 MEMORIAL MEDICAL / NH CRESCENT	$120.21	$120.21	$120.21	$120.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$1,566.50	$2,883.56	$1,566.50	$1,566.50
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,001.33	$1,001.33	$1,001.33	$1,001.33
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$87,285.29	$92,481.61	$87,285.29	$74,285.29
*4551 CAL CO INDIGENT HEALTHCARE	$4,869.05	$4,869.05	$4,869.05	$4,869.05
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,233.36	$1,233.36	$1,233.36	$1,171.50
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$134,713.05	$158,938.24	$134,713.05	$109,449.78
*3407 MMC -NH TUSCANY VILLAGE	$181,936.78	$181,936.78	$181,936.78	$181,936.78
*2998 MMC -MONEY MARKET FUND	$68,623.91	$68,623.91	$68,623.91	$68,623.91
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$7,942.55	$7,942.55	$7,942.55	$7,536.15
Total Balance	**$2,402,136.49**	**$2,570,865.90**	**$2,402,136.49**	**$2,286,892.40**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
8/11/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		1,655.79	1,555.79	1,133.36			-	1,233.36	555.84
							Bank Balance	1,233.36	
							Variance	-	
							Leave in Balance	100.00	
							claim owed to MMC	577.52	
							Adjust Balance/Transfer Amt	555.84	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		168.04	68.04	-		-	-	100.00	-
							Bank Balance	100.00	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	-	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	-

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

Approved:
Michelle Cumberland, CFO 8/11/2025

APPROVED ON
AUG 11 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
8/8/2025 HNB - ECHO HCCLAIMPMT 746003411 440000293042	-	61.86					-	61.86
8/7/2025 HNB - ECHO HCCLAIMPMT 746003411 440000252931	-	24.00					-	24.00
8/6/2025 WIRE OUT HMG Rockport SNF, LP -Commerical	1,555.79	-					-	-
8/5/2025 HNB - ECHO HCCLAIMPMT 746003411 440000274483	-	1,047.50					-	1,047.50
							-	-
							-	-
							-	-
	1,555.79	**1,133.36**	-	-	-	-	-	**1,133.36**

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
8/6/2025 WIRE OUT HMG Rockport SNF, LP - Commerical	68.04	-					-	-
							-	-
	68.04	-	-	-	-	-	-	-
	1,623.83	**1,133.36**	-	-	-	-	-	**1,133.36**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,906,978.39	$2,044,969.23	$1,906,978.39	$1,830,465.83
*4381 MEMORIAL MEDICAL / NH ASHFORD	$88.25	$88.25	$88.25	$88.25
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$5,677.82	$5,677.82	$5,677.82	$5,677.82
*4411 MEMORIAL MEDICAL / NH CRESCENT	$120.21	$120.21	$120.21	$120.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$1,566.50	$2,883.56	$1,566.50	$1,566.50
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,001.33	$1,001.33	$1,001.33	$1,001.33
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$87,285.29	$92,481.61	$87,285.29	$74,285.29
*4551 CAL CO INDIGENT HEALTHCARE	$4,869.05	$4,869.05	$4,869.05	$4,869.05
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,233.36	$1,233.36	$1,233.36	$1,171.50
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$134,713.05	$158,938.24	$134,713.05	$109,449.78
*3407 MMC -NH TUSCANY VILLAGE	$181,936.78	$181,936.78	$181,936.78	$181,936.78
*2998 MMC -MONEY MARKET FUND	$68,623.91	$68,623.91	$68,623.91	$68,623.91
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$7,942.55	$7,942.55	$7,942.55	$7,536.15
Total Balance	**$2,402,136.49**	**$2,570,865.90**	**$2,402,136.49**	**$2,286,892.40**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
8/11/2025

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		180,970.83	180,870.83	181,836.78	-	-		-	181,936.78	181,836.78
							Bank Balance		181,936.78	
							Variance		-	
								Leave in Balance	100.00	

Adjust Balance/Transfer Amt	181,836.78

Approved:
Michelle Cumberland, CFO 8/11/2025

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

APPROVED ON
AUG 11 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp 1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
8/7/2025	Deposit	-	110,093.07					-	110,093.07
8/6/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	180,870.83	-					-	-
8/5/2025	TUSCANY VILLAGE BILL_PAY TUSCANY VILLAGE 210	-	250.00					-	250.00
8/5/2025	HNB - ECHO HCCLAIMPMT 746003411 440000274254	-	1,584.75					-	1,584.75
8/5/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000182	-	51,087.44					-	51,087.44
8/4/2025	HNB - ECHO HCCLAIMPMT 746003411 440000296037	-	2,015.20					-	2,015.20
8/4/2025	HNB - ECHO HCCLAIMPMT 746003411 440000294810	-	2,911.34					-	2,911.34
8/4/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000161	-	13,894.98					-	13,894.98
								-	-
								-	-
								-	-
								-	-
								-	-
								-	-
		180,870.83	181,836.78	-	-	-	-	-	181,836.78

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,906,978.39	$2,044,969.23	$1,906,978.39	$1,830,465.83
*4381 MEMORIAL MEDICAL / NH ASHFORD	$88.25	$88.25	$88.25	$88.25
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$5,677.82	$5,677.82	$5,677.82	$5,677.82
*4411 MEMORIAL MEDICAL / NH CRESCENT	$120.21	$120.21	$120.21	$120.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$1,566.50	$2,883.56	$1,566.50	$1,566.50
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,001.33	$1,001.33	$1,001.33	$1,001.33
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$87,285.29	$92,481.61	$87,285.29	$74,285.29
*4551 CAL CO INDIGENT HEALTHCARE	$4,869.05	$4,869.05	$4,869.05	$4,869.05
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,233.36	$1,233.36	$1,233.36	$1,171.50
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$134,713.05	$158,938.24	$134,713.05	$109,449.78
*3407 MMC -NH TUSCANY VILLAGE	$181,936.78	$181,936.78	$181,936.78	$181,936.78
*2998 MMC -MONEY MARKET FUND	$68,623.91	$68,623.91	$68,623.91	$68,623.91
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$7,942.55	$7,942.55	$7,942.55	$7,536.15
Total Balance	**$2,402,136.49**	**$2,570,865.90**	**$2,402,136.49**	**$2,286,892.40**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
8/11/2025

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	.	135,244.51	134,894.53	134,363.07			-	134,713.05	134,363.07
							Bank Balance	134,713.05	
							Variance	-	
							Leave in Balance	100.00	
							July Interest	249.98	
							Adjust Balance/Transfer Amt	134,363.07	

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 8/11/2025

APPROVED ON
AUG 11 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
8/8/2025	HOSPICE OF SOUTH Payments NF 113122650026235	-	1,664.89					-	1,664.89
8/8/2025	CENTENE CORP HCCLAIMPMT 53101121472387	-	23,598.38					-	23,598.38
8/7/2025	Deposit	-	10,124.50					-	10,124.50
8/7/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000127	-	16,790.32					-	16,790.32
8/6/2025	WIRE OUT REG Leased OpCo LLC	134,894.53	-					-	-
8/6/2025	NDC SWEEP FAC 02330 560096800105S1 SWEEP FR	-	23,946.84					-	23,946.84
8/6/2025	Deposit	-	38,527.08					-	38,527.08
8/6/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000119	-	17,404.62					-	17,404.62
8/4/2025	HEALTH HUMAN SVC HCCLAIMPMT 174600341130162	-	2,306.44					-	2,306.44
								-	-
		134,894.53	134,363.07	-	-	-	-	-	134,363.07

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,906,978.39	$2,044,969.23	$1,906,978.39	$1,830,465.83
*4381 MEMORIAL MEDICAL / NH ASHFORD	$88.25	$88.25	$88.25	$88.25
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$5,677.82	$5,677.82	$5,677.82	$5,677.82
*4411 MEMORIAL MEDICAL / NH CRESCENT	$120.21	$120.21	$120.21	$120.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$1,566.50	$2,883.56	$1,566.50	$1,566.50
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,001.33	$1,001.33	$1,001.33	$1,001.33
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$87,285.29	$92,481.61	$87,285.29	$74,285.29
*4551 CAL CO INDIGENT HEALTHCARE	$4,869.05	$4,869.05	$4,869.05	$4,869.05
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,233.36	$1,233.36	$1,233.36	$1,171.50
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$134,713.05	$158,938.24	$134,713.05	$109,449.78
*3407 MMC -NH TUSCANY VILLAGE	$181,936.78	$181,936.78	$181,936.78	$181,936.78
*2998 MMC -MONEY MARKET FUND	$68,623.91	$68,623.91	$68,623.91	$68,623.91
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$7,942.55	$7,942.55	$7,942.55	$7,536.15
Total Balance	**$2,402,136.49**	**$2,570,865.90**	**$2,402,136.49**	**$2,286,892.40**

✓ Gulf Pointe

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 8/11/2025

APPROVED ON AUG 11 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 001151

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

AMOUNT: $ 577.52

G/L NUMBER: 21000007

EXPLANATION: Claim owed to MMC- was originally withheld from Golden Creek.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MR

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

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY
815 N. VIRGINIA ST.
PORT LAVACA, TX 77979

001151

Date 8-15-25 88-2265/1131

PAY TO THE ORDER OF MMC Operating $ 577.57/100

Five hundred seventy-seven dollars 57/100 DOLLARS

PROSPERITY BANK

FOR claim pymt

Security features are included. Details on back.

BANK--CHECK----------				
CODE	NUMBER	DATE	AMOUNT	PAYEE
GPP	001151	08/15/25	577.52	MMC OPERATING
TOTALS:			577.52	