MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 20, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	611,201.62
TOTAL TRANSFERS BETWEEN FUNDS	$	168,276.68
TOTAL NURSING HOME UPL EXPENSES	$	394,426.75
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED August 20, 2025	$	1,173,905.05

APPROVED

AUG 20 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 20, 2025

PAYABLES AND PAYROLL			
8/14/2025	Weekly Payables	540,328.04	
8/18/2025	McKesson-340B Prescription Expense	499.88	
8/18/2025	Amerisource Bergen-340B Prescription Expense	337.32	
8/18/2025	Amerisource Bergen-340B Prescription Expense	4,490.10	
	Prosperity Electronic Bank Payments		
8/18/2025	90 Degree Benefits - employee insurance claims	53,985.71	
8/18/2025	Pay Plus-Patient Claims Processing Fee	2,126.96	
8/18/2025	Credit Card Leasing Fee	285.82	
8/18/2025	Credit Card Processing Fee	8,974.79	
8/18/2025	Enhanced Analysis - Lockbox Fee	173.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 611,201.62**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
8/14/2025	MMC Operating to Fort bend-Correction of insurance payment deposited into MMC Operating in error	154.30	
8/14/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	52,481.23	
8/14/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	112,548.96	
8/14/2025	MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	3,092.19	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 168,276.68**
NURSING HOME UPL EXPENSES			
8/18/2025	Nursing Home UPL-Cantex Transfer	12,281.60	
8/18/2025	Nursing Home UPL-Nexion Transfer	24,506.05	
8/18/2025	Nursing Home UPL-Tuscany Transfer	113,449.00	
8/18/2025	Nursing Home UPL-HSL Transfer	243,878.07	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
8/18/2025	Tuscany to MMC - Claim owed to MMC	312.03	
TOTAL NURSING HOME UPL EXPENSES			**$ 394,426.75**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED August 20, 2025			**$ 1,173,905.05**

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
5049	PRACTIONER ENROLLMENT (4 X 300 = 1,200)	08/14/202	08/01/202	09/01/202			1,200.00	0.00	0.00	1,200.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	1,200.00	0.00	0.00	1,200.00

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
9163566814		08/06/202	08/04/202	08/29/202			3,558.58	0.00	0.00	3,558.58
5518299756	OXYGEN (Oxygen)	08/12/202	07/31/202	08/25/202			637.76	0.00	0.00	637.76

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	4,196.34	0.00	0.00	4,196.34

Vendor#	Vendor Name	Class	Pay Code
17768	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
HERKIN0001A	PT REFUND	08/14/202	03/26/202	03/26/202			25.00	0.00	0.00	25.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17768	[redacted]	25.00	0.00	0.00	25.00

Vendor#	Vendor Name	Class	Pay Code
14028	AMAZON CAPITAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1LQC74P7GGNG	SUPPLIES (Lab Blinds Coraless Shades)	07/21/202	07/19/202	08/18/202			101.52	0.00	0.00	101.52
1J1HKMQFRDX1	(Scrub brush / Sponge)	08/05/202	07/31/202	08/30/202			124.00	0.00	0.00	124.00
17K449J3FX3Q		08/05/202	08/01/202	08/31/202			465.56	0.00	0.00	465.56
16PRDQ7WMTQT	(Mono Dot Matrix Printer)	08/05/202	08/02/202	09/01/202			131.59	0.00	0.00	131.59
1XV71NYCMNNC	(Thermometer / Warning Sign Water Filters/Tile Cleaner/ Labels)	08/06/202	08/05/202	09/04/202			581.19	0.00	0.00	581.19

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	1,403.86	0.00	0.00	1,403.86

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20260518	CAR LIGHT REPLACEMENT 1/14/25	08/12/202	08/06/202	08/06/202			110.00	0.00	0.00	110.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15456	AMERITEX ELEVATOR SERVICES INC	110.00	0.00	0.00	110.00

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
073125	WATER	07/30/202	07/31/202	08/25/202			43.00	0.00	0.00	43.00
0073125A	WATER	07/30/202	07/31/202	08/25/202			85.00	0.00	0.00	85.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	128.00	0.00	0.00	128.00

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
84320265		08/12/202	07/29/202	08/23/202			525.96	0.00	0.00	525.96
84342401	SUPPLIES	08/12/202	08/02/202	08/27/202			631.20	0.00	0.00	631.20
84341841	Spectrum IQ Service	08/12/202	08/02/202	08/27/202			3,071.40	0.00	0.00	3,071.40
84357108	Lease Billing Infusion Pumps/Software	08/12/202	08/06/202	08/31/202			249.84	0.00	0.00	249.84
84362648	Anesthesia Set / Med Set	08/12/202	08/07/202	09/01/202			69.72	0.00	0.00	69.72
	Sterile Water / Sodium Chloride									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	4,548.12	0.00	0.00	4,548.12

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
112111592		07/09/202	07/03/202	07/28/202			371.94	0.00	0.00	371.94
112115853	LAB SUPPLIES	07/09/202	07/07/202	08/01/202			8,121.42	0.00	0.00	8,121.42
112169051	LAB SUPPLIES	08/05/202	08/03/202	08/28/202			220.63	0.00	0.00	220.63
112170612	LAB SUPPLIES	08/05/202	08/04/202	08/29/202			290.56	0.00	0.00	290.56
112172309	LAB SUPPLIES	08/05/202	08/04/202	08/29/202			1,203.21	0.00	0.00	1,203.21
112172178	Supplies / Cell Control	08/06/202	08/04/202	09/03/202			90.13	0.00	0.00	90.13
112176256	Calibrator	08/12/202	08/06/202	08/31/202			562.57	0.00	0.00	562.57
12170478	LAB SUPPLIES	08/14/202	08/04/202	08/29/202			2,555.42	0.00	0.00	2,555.42
	Supplies									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	13,415.88	0.00	0.00	13,415.88

Vendor#	Vendor Name	Class	Pay Code
14120	CALHOUN COUNTY EMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202507	July 2025	07/31/202	08/04/202	08/29/202			3,080.00	0.00	0.00	3,080.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14120	CALHOUN COUNTY EMS	3,080.00	0.00	0.00	3,080.00

Vendor#	Vendor Name	Class	Pay Code
11295	CALHOUN COUNTY INDIGENT ACCOUN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081225	Indigent Co-pays July 2025	07/01/202	08/12/202	08/13/202			20.00	0.00	0.00	20.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN	20.00	0.00	0.00	20.00

Vendor#	Vendor Name	Class	Pay Code
10541	CARESFIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2000307221A		07/30/202	07/24/202	08/23/202			82.34	0.00	0.00	82.34

SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10541	CARESFIELD	82.34	0.00	0.00	82.34

Vendor#	Vendor Name	Class	Pay Code
17784	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BLACHA0001		08/14/202	03/24/202	03/24/202			95.07	0.00	0.00	95.07
	PT REFUND									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
17784	[redacted]	95.07	0.00	0.00	95.07

Vendor#	Vendor Name	Class	Pay Code
C1600	CITIZENS MEDICAL CENTER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202535		07/30/202	08/07/202	08/07/202			67,609.46	0.00	0.00	67,609.46

CRNA coverage July 2025

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1600	CITIZENS MEDICAL CENTER	67,609.46	0.00	0.00	67,609.46

Vendor#	Vendor Name	Class	Pay Code
17980	CMG TEXAS MEDIA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073125		08/13/202	07/31/202	07/31/202			598.00	0.00	0.00	598.00
	ADVERTISING									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
17980	CMG TEXAS MEDIA LLC	598.00	0.00	0.00	598.00

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
WO777201		08/14/202	08/08/202	08/18/202			296.10	0.00	0.00	296.10
	SUPPLIES									
OEQT327992A		08/14/202	08/08/202	08/18/202			68.42	0.00	0.00	68.42

Gloves

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1166	COASTAL OFFICE SOLUTONS	364.52	0.00	0.00	364.52

Vendor#	Vendor Name	Class	Pay Code
14080	CORROHEALTH, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2022814		07/31/202	07/31/202	08/30/202			1,882.10	0.00	0.00	1,882.10

Coding

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14080	CORROHEALTH, INC.	1,882.10	0.00	0.00	1,882.10

Vendor#	Vendor Name	Class	Pay Code
17776	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
GONISA0002		08/14/202	03/26/202	03/26/202			20.00	0.00	0.00	20.00

Patient Refund

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
17776	[redacted]	20.00	0.00	0.00	20.00

Vendor#	Vendor Name	Class	Pay Code
10006	CUSTOM ASSEMBLIES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV20250		08/05/202	07/31/202	08/30/202			401.71	0.00	0.00	401.71

Contrast transfer set

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10006	CUSTOM ASSEMBLIES, INC	401.71	0.00	0.00	401.71

Vendor#	Vendor Name	Class	Pay Code
11368	CYRACOM LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2025054135		08/06/202	07/31/202	08/30/202			425.81	0.00	0.00	425.81

Interpretation Services

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11368	CYRACOM LLC	425.81	0.00	0.00	425.81

Vendor# 17976 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
REIDAR0001	PT REFUND	08/12/202	08/11/202	08/11/202			36.45	0.00	0.00	36.45

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
17976	[redacted]	36.45	0.00	0.00	36.45

Vendor# 10368 Vendor Name DEWITT POTH & SON Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8025370	SUPPLIES	08/14/202	07/31/202	08/25/202			78.91	0.00	0.00	78.91
8027850	SUPPLIES	08/14/202	08/04/202	08/29/202			612.06	0.00	0.00	612.06
8027851	SUPPLIES	08/14/202	08/06/202	08/31/202			7.38	0.00	0.00	7.38
8037790		08/14/202	08/08/202	09/02/202			629.25	0.00	0.00	629.25

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON	1,327.60	0.00	0.00	1,327.60

Vendor# 11011 Vendor Name DIAMOND HEALTHCARE CORP Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20056664	VAN EXPENSES	07/30/202	08/01/202	08/26/202			19,166.67	0.00	0.00	19,166.67
IN20056663	VAN EXPENSES	07/30/202	08/01/202	08/26/202			31,469.51	0.00	0.00	31,469.51

July 2025 CPE

July 2025 Bev Health

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11011	DIAMOND HEALTHCARE CORP	50,636.18	0.00	0.00	50,636.18

Vendor# 14800 Vendor Name DIRECTV ENTERTAINMENT HOLDINGS Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
250812	TV	08/14/202	08/14/202	08/25/202			488.80	0.00	0.00	488.80

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14800	DIRECTV ENTERTAINMENT HOLDINGS	488.80	0.00	0.00	488.80

Vendor# 14832 Vendor Name DR JOHN CLINTON Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080625	OB CHARGES 7/1-7/3/25 & 7/15-7/20/25	07/31/202	08/06/202	08/06/202			3,300.00	0.00	0.00	3,300.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14832	DR JOHN CLINTON	3,300.00	0.00	0.00	3,300.00

Vendor# 15824 Vendor Name DR RICHARD ARROYO DIAZ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080725	ECHO READING FEES	07/31/202	08/07/202	08/07/202			843.57	0.00	0.00	843.57

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15824	DR RICHARD ARROYO DIAZ	843.57	0.00	0.00	843.57

Vendor# Vendor Name Class Pay Code

14924 DR. TIMU KWI

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080625		07/31/202	08/06/202	08/06/202			1,200.00	0.00	0.00	1,200.00
	OB CHARGES 1/28 - 1/31/25									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14924	DR. TIMU KWI	1,200.00	0.00	0.00	1,200.00

Vendor# 11091 Vendor Name: ECOLAB — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6353991015		08/12/202	08/01/202	08/20/202			224.40	0.00	0.00	224.40
	Rental 8/1 - 8/31/25									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11091	ECOLAB	224.40	0.00	0.00	224.40

Vendor# 16352 Vendor Name: [redacted] — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SANELLI0001A		08/14/202	06/03/202	06/03/202			47.84	0.00	0.00	47.84
	PT REFUND									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16352	[redacted]	47.84	0.00	0.00	47.84

Vendor# 11284 Vendor Name: EMERGENCY STAFFING SOLUTIONS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43891		08/01/202	08/15/202	08/25/202			40,062.50	0.00	0.00	40,062.50
	Physician Servies 1-15th									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50

Vendor# 11944 Vendor Name: EQUIFAX WORKFORCE SOLUTIONS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2066953433		07/31/202	07/31/202	08/30/202			21.98	0.00	0.00	21.98
	Credit Reporting									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11944	EQUIFAX WORKFORCE SOLUTIONS	21.98	0.00	0.00	21.98

Vendor# S0501 Vendor Name: EVOQUA WATER TECHNOLOGIES LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907033671		08/12/202	05/16/202	06/10/202			1,727.94	0.00	0.00	1,727.94
	Cartridge 4x									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	1,727.94	0.00	0.00	1,727.94

Vendor# F1100 Vendor Name: FEDERAL EXPRESS CORP. — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
894779356		08/14/202	08/07/202	09/01/202			32.62	0.00	0.00	32.62
	FREIGHT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	32.62	0.00	0.00	32.62

Vendor# 17848 Vendor Name: FEDLOGIC LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1496991746		07/01/202	07/15/202	08/14/202			1,691.25	0.00	0.00	1,691.25
	Employee benefits consulting 3rd pmt									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17848	FEDLOGIC LLC	1,691.25	0.00	0.00	1,691.25

Vendor# Vendor Name — Class — Pay Code

10003 FILTER TECHNOLOGY CO, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
126056	Panels	08/13/202	08/01/202	08/25/202			227.29	0.00	0.00	227.29

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10003	FILTER TECHNOLOGY CO, INC	227.29	0.00	0.00	227.29

Vendor# 13016 Vendor Name: FIRST INSURANCE FUNDING — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080825		08/12/202	08/08/202	08/08/202			3,891.02	0.00	0.00	3,891.02

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13016	FIRST INSURANCE FUNDING	3,891.02	0.00	0.00	3,891.02

Vendor# F1400 Vendor Name: FISHER HEALTHCARE — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2789734	LAB SUPPLIES	08/12/202	08/06/202	08/31/202			648.97	0.00	0.00	648.97
2789735	LAB SUPPLIES	08/12/202	08/06/202	08/31/202			211.61	0.00	0.00	211.61
2789733		08/12/202	08/06/202	08/31/202			438.55	0.00	0.00	438.55
2820935		08/13/202	08/07/202	09/01/202			142.94	0.00	0.00	142.94
2820936		08/13/202	08/07/202	09/01/202			142.94	0.00	0.00	142.94

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
F1400	FISHER HEALTHCARE	1,585.01	0.00	0.00	1,585.01

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6003003908	Logiq S7 expert 8/1 - 8/31/25	08/05/202	08/01/202	08/31/202			1,044.26	0.00	0.00	1,044.26
6003003632	Senoiris connect 8/1 - 8/31/25	08/05/202	08/01/202	08/31/202			86.67	0.00	0.00	86.67
6003003631	SVC- Pristina30 8/1 - 8/31/25	08/05/202	08/01/202	08/31/202			3,588.58	0.00	0.00	3,588.58
6003003634	VScan extend Dual 8/1 - 8/31/25	08/05/202	08/01/202	08/31/202			61.67	0.00	0.00	61.67
6003003633	Mobile Optima/Flashpad Detector 8/1 - 8/31/25	08/05/202	08/01/202	08/31/202			2,422.50	0.00	0.00	2,422.50
6003003638	Revolution evo 8/1 - 8/31/25	08/05/202	08/01/202	08/31/202			5,665.83	0.00	0.00	5,665.83
6003002328	Replace Battery UPS/upgrade firmware	08/06/202	07/31/202	08/30/202			2,211.00	0.00	0.00	2,211.00
6003002336	Tube rotor issues/replacements ordered	08/06/202	07/31/202	08/30/202			9,456.50	0.00	0.00	9,456.50

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12404	GE PRECISION HEALTHCARE, LLC	24,537.01	0.00	0.00	24,537.01

Vendor# 10829 Vendor Name: HEALTHSTREAM, INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0387960	INTRANET MAINT/SUPPORT	08/14/202	07/31/202	08/30/202			4,008.03	0.00	0.00	4,008.03

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10829	HEALTHSTREAM, INC.	4,008.03	0.00	0.00	4,008.03

Vendor#	Vendor Name				Class	Pay Code				
14916	HEWLETT-PACKARD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	100001256873		07/31/202	07/18/202	09/01/202			573.53	0.00	0.00	573.53
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14916	HEWLETT-PACKARD					573.53	0.00	0.00	573.53
Vendor#	Vendor Name				Class	Pay Code				
15208	HOSPITAL CARE CONSULTANTS INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6897		08/12/202	08/15/202	08/25/202			23,663.00	0.00	0.00	23,663.00
		HOSPITAL PHYSICIAN SERVICE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15208	HOSPITAL CARE CONSULTANTS INC.					23,663.00	0.00	0.00	23,663.00
Vendor#	Vendor Name				Class	Pay Code				
10922	HUNTER PHARMACY SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6598		07/30/202	07/31/202	08/20/202			15,416.77	0.00	0.00	15,416.77
		PHARMACY SERVICES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10922	HUNTER PHARMACY SERVICES					15,416.77	0.00	0.00	15,416.77
Vendor#	Vendor Name				Class	Pay Code				
11200	IRON MOUNTAIN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	KPLC427		07/31/202	07/31/202	08/30/202			1,965.06	0.00	0.00	1,965.06
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11200	IRON MOUNTAIN					1,965.06	0.00	0.00	1,965.06
Vendor#	Vendor Name				Class	Pay Code				
W1372	JOHN B WRIGHT LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	080625		07/31/202	08/06/202	08/06/202			7,200.00	0.00	0.00	7,200.00
		OB CHARGES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		W1372	JOHN B WRIGHT LLC					7,200.00	0.00	0.00	7,200.00
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
	080125		08/12/202	08/01/202	08/01/202			546.70	0.00	0.00	546.70
		LOWES CREDIT CARD									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		L1640	LOWE'S BUSINESS ACCT/SYNCB					546.70	0.00	0.00	546.70
Vendor#	Vendor Name				Class	Pay Code				
10972	M G TRUST									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	080125		07/30/202	08/01/202	08/01/202			895.00	0.00	0.00	895.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10972	M G TRUST					895.00	0.00	0.00	895.00
Vendor#	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
	24156113		08/13/202	08/07/202	08/22/202			-93.47	0.00	0.00	-93.47
	24155221		08/13/202	08/07/202	08/22/202			106.69	0.00	0.00	106.69

Rental 9/1 - 9/30/25

Shred

July 2025

Supplies

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	13.22	0.00	0.00	13.22

Vendor#	Vendor Name	Class	Pay Code
10613	MEDIMPACT HEALTHCARE SYS, INC.	A/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080825		07/30/202	08/08/202	08/08/202			14.61	0.00	0.00	14.61

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	14.61	0.00	0.00	14.61

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
2379667540		07/01/202	07/16/202	08/10/202			50.63	0.00	0.00	50.63
	LAB SUPPLIES									
2379667542		07/21/202	07/16/202	08/10/202			125.00	0.00	0.00	125.00
	SUPPLIES									
2379667544		07/21/202	07/16/202	08/10/202			657.99	0.00	0.00	657.99
	LAB SUPPLIES									
2380838542		07/30/202	07/23/202	08/17/202			515.93	0.00	0.00	515.93
	LAB SUPPLIES									
2380838554		07/30/202	07/23/202	08/17/202			19,557.29	0.00	0.00	19,557.29
	LAB SUPPLIES									
2380838541		07/30/202	07/23/202	08/17/202			501.25	0.00	0.00	501.25
	SUPPLIES									
2382601499		08/05/202	08/04/202	08/29/202			52.08	0.00	0.00	52.08
2382840620		08/06/202	08/06/202	08/31/202			221.24	0.00	0.00	221.24
2382840618		08/06/202	08/06/202	08/31/202			69.74	0.00	0.00	69.74
2382840621		08/06/202	08/06/202	08/31/202			16.14	0.00	0.00	16.14
2371631919		08/11/202	05/21/202	06/15/202			5,132.96	0.00	0.00	5,132.96
	SUPPLIES									
2383021279		08/12/202	08/06/202	08/31/202			-52.08	0.00	0.00	-52.08
	LAB SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	26,848.17	0.00	0.00	26,848.17

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080125		07/30/202	08/01/202	08/01/202			25.00	0.00	0.00	25.00
	PAYROLL DEDUCT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	25.00	0.00	0.00	25.00

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
080725		08/12/202	08/07/202	08/07/202			214.94	0.00	0.00	214.94
	PAYROLL DEDUCT FOR GIFT SH(									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	214.94	0.00	0.00	214.94

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
3691317		08/12/202	08/03/202	08/13/202			10.95	0.00	0.00	10.95

		PHARMACY INVENTORY								
	3707213		08/12/202	08/06/202	08/16/202		83.48	0.00	0.00	83.48
		PHARMACY INVENTORY								
	3707214		08/12/202	08/06/202	08/16/202		275.08	0.00	0.00	275.08
		PHARMACY INVENTORY								
	3712099		08/12/202	08/07/202	08/17/202		209.74	0.00	0.00	209.74
		PHARMACY INVENTORY								
	3710320		08/12/202	08/07/202	08/17/202		3,500.44	0.00	0.00	3,500.44
	3709820		08/12/202	08/07/202	08/17/202		706.10	0.00	0.00	706.10
		PHARMACY INVENTORY								
	3712098		08/12/202	08/07/202	08/17/202		36.74	0.00	0.00	36.74
		PHARMACY INVENTORY								
	3718919		08/12/202	08/10/202	08/20/202		319.24	0.00	0.00	319.24
		PHARMACY INVENTORY								
	3717603		08/12/202	08/10/202	08/20/202		34.72	0.00	0.00	34.72
		PHARMACY INVENTORY								
	3718918		08/12/202	08/10/202	08/20/202		37.06	0.00	0.00	37.06
		PHARMACY INVENTORY								
	3717606		08/12/202	08/10/202	08/20/202		1,169.12	0.00	0.00	1,169.12
		PHARMACY INVENTORY								
	3717604		08/12/202	08/10/202	08/20/202		218.44	0.00	0.00	218.44
		PHARMACY INVENTORY								
	3724237		08/12/202	08/11/202	08/21/202		34.32	0.00	0.00	34.32
	3724238		08/12/202	08/11/202	08/21/202		60.08	0.00	0.00	60.08

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	6,695.51	0.00	0.00	6,695.51

Vendor#	Vendor Name	Class	Pay Code
11155	PARAREV		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2023172		08/12/202	08/01/202	08/31/202			3,084.00	0.00	0.00	3,084.00

Revenue Integrity Program

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11155	PARAREV	3,084.00	0.00	0.00	3,084.00

Vendor#	Vendor Name	Class	Pay Code
10152	PARTSSOURCE, LLC		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	05876078		08/05/202	07/21/202	08/20/202			1,607.07	0.00	0.00	1,607.07
		LAB SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC	1,607.07	0.00	0.00	1,607.07

Vendor#	Vendor Name	Class	Pay Code
12480	PRO ENERGY PARTNERS LLC		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	25070600		07/31/202	07/31/202	08/25/202			2,626.26	0.00	0.00	2,626.26
		NATURAL GAS JULY EXPENSE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LLC	2,626.26	0.00	0.00	2,626.26

Vendor#	Vendor Name	Class	Pay Code
17772	[redacted]		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	FLEAR0001		08/14/202	03/26/202	03/26/202			52.02	0.00	0.00	52.02
		PT REFUND									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	17772 [redacted]						52.02	0.00	0.00	52.02
Vendor#	Vendor Name			Class	Pay Code					
12436	SHANNA O'DONNELL, FNP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	081225		08/14/202	08/12/202	08/12/202			699.55	0.00	0.00	699.55
		CME REIMBURSEMENT 32nd Annual Pediatric Conf. 7/25-7/26/25									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12436	SHANNA O'DONNELL, FNP					699.55	0.00	0.00	699.55
Vendor#	Vendor Name			Class	Pay Code					
17932	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	ASLSHE0001		08/14/202	06/03/202	08/14/202			77.36	0.00	0.00	77.36
		PT REFUND									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17932	[redacted]					77.36	0.00	0.00	77.36
Vendor#	Vendor Name			Class	Pay Code					
S1800	SHERWIN WILLIAMS			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	073125		08/12/202	08/01/202	08/16/202			2,630.67	0.00	0.00	2,630.67
		PAINT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS					2,630.67	0.00	0.00	2,630.67
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
	246073125001		07/30/202	08/04/202	08/04/202			5,587.38	0.00	0.00	5,587.38
		RAD SERVICES JUN 2025									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17852	SINGLETON ASSOCIATES PA					5,587.38	0.00	0.00	5,587.38
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
	2251		08/12/202	08/12/202	08/20/202			2,525.00	0.00	0.00	2,525.00
		ADVERTISING									
	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					
15236	SPECIALTY PROFESSIONAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1240001624		07/30/202	12/06/202	12/06/202			2,232.50	0.00	0.00	2,232.50
		AGENCY STAFFING - Amber Helzer 11/26-11/27/25									
	1250000443		07/30/202	04/04/202	04/04/202			3,491.25	0.00	0.00	3,491.25
		Amber Helzer 3/22, 3/23, & 3/24/25									
	1250000479		07/30/202	04/11/202	04/11/202			3,420.00	0.00	0.00	3,420.00
		Amber Helzer 4/1, 4/2, & 4/3/25									
	1250000870		07/30/202	07/25/202	07/25/202			2,256.25	0.00	0.00	2,256.25
		AGENCY STAFFING Amber Helzer 7/14 & 7/15/25									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15236	SPECIALTY PROFESSIONAL					11,400.00	0.00	0.00	11,400.00
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
	1263		08/01/202	08/04/202	09/03/202			3,160.00	0.00	0.00	3,160.00
		RVU's 8/1/25									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17248	SUMMIT PAIN AND WELLNESS					3,160.00	0.00	0.00	3,160.00

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
	2022354		07/31/202	07/31/202	08/30/202			6,130.42	0.00	0.00	6,130.42
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC					6,130.42	0.00	0.00	6,130.42
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
	1007199655		07/31/202	08/06/202	08/26/202			5,420.00	0.00	0.00	5,420.00
		WORKER COMP INSUR 7/1 - 8/1/25									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		T2204	TEXAS MUTUAL INSURANCE CO					5,420.00	0.00	0.00	5,420.00
Vendor#	Vendor Name				Class	Pay Code				
10758	TEXAS SELECT STAFFING, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0025743		07/31/202	08/07/202	08/08/202			3,625.00	0.00	0.00	3,625.00
		CONTRACT STAFFING Shawn Jeschke 8/2/25									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10758	TEXAS SELECT STAFFING, LLC					3,625.00	0.00	0.00	3,625.00
Vendor#	Vendor Name				Class	Pay Code				
S1801	TRACI SHEFCIK				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	081325		08/14/202	08/13/202	08/13/202			129.00	0.00	0.00	129.00
		RN/ APRN RENEWAL									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S1801	TRACI SHEFCIK					129.00	0.00	0.00	129.00
Vendor#	Vendor Name				Class	Pay Code				
11067	TRIZETTO PROVIDER SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	35FK082500		08/14/202	08/01/202	08/26/202			1,740.75	0.00	0.00	1,740.75
		Patient Statements / Smart Solutions 8/25									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11067	TRIZETTO PROVIDER SOLUTIONS					1,740.75	0.00	0.00	1,740.75
Vendor#	Vendor Name				Class	Pay Code				
C2510	TRUBRIDGE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	T2506171378		08/12/202	06/17/202	07/12/202			84,293.93	0.00	0.00	84,293.93
		Business Services / Trust Fee Hospital (June)									
	T2507171378		08/13/202	07/17/202	08/11/202			74,219.68	0.00	0.00	74,219.68
											July Half Pmt
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C2510	TRUBRIDGE					158,513.61	0.00	0.00	158,513.61
Vendor#	Vendor Name				Class	Pay Code				
10885	TTUHSC - HEALTH.EDU									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2509425		08/01/202	08/01/202	08/31/202			6,570.52	0.00	0.00	6,570.52
		Annual Services 9/25 - Start Date									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10885	TTUHSC - HEALTH.EDU					6,570.52	0.00	0.00	6,570.52
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
	2921065965		07/31/202	07/31/202	08/25/202			145.45	0.00	0.00	145.45
		Supplies									

2921066113		08/06/202	08/04/202	08/29/202	185.35	0.00	0.00	185.35
	Uniforms - employees							
2921066451		08/12/202	08/07/202	09/01/202	70.05	0.00	0.00	70.05
2921066475		08/12/202	08/07/202	09/01/202	177.92	0.00	0.00	177.92
	UNIFORM - employees							
2921066464		08/12/202	08/07/202	09/01/202	201.60	0.00	0.00	201.60
	~~UNIFORM~~ Supplies							
2921066470		08/12/202	08/07/202	09/01/202	220.51	0.00	0.00	220.51
	~~UNIFORM~~							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	1,000.88	0.00	0.00	1,000.88

Vendor#	Vendor Name	Class	Pay Code
12400	UPDOX LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00601466	FAX FEES	08/12/202	07/31/202	07/31/202			653.34	0.00	0.00	653.34

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12400	UPDOX LLC	653.34	0.00	0.00	653.34

Vendor#	Vendor Name	Class	Pay Code
U2001	US POSTAL SERVICE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080625	POSTAGE	08/12/202	08/06/202				2,200.00	0.00	0.00	2,200.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U2001	US POSTAL SERVICE	2,200.00	0.00	0.00	2,200.00

Vendor#	Vendor Name	Class	Pay Code
17780	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MEDMAR0005	PT REFUND	08/14/202	03/24/202	03/24/202			40.00	0.00	0.00	40.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17780	[redacted]	40.00	0.00	0.00	40.00

Vendor#	Vendor Name	Class	Pay Code
Z1005	ZIMMER US, INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9003702541		08/12/202	08/01/202	08/11/202			644.00	0.00	0.00	644.00
	Surgery Supplies									
9003702393	SURGERY SUPPLIES	08/12/202	08/01/202	08/12/202			644.00	0.00	0.00	644.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	Z1005	ZIMMER US, INC.	1,288.00	0.00	0.00	1,288.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	540,328.04	0.00	0.00	540,328.04

APPROVED ON

AUG 14 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#209994-
210068

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	209994	08/20/25	1,200.00	3WON, LLC
A/P	209995	08/20/25	4,196.34	AIRGAS USA, LLC - CENTRAL DIV
A/P	209996	08/20/25	25.00	[redacted]
A/P	209997	08/20/25	1,403.86	AMAZON CAPITAL SERVICES
A/P	209998	08/20/25	110.00	AMERITEX ELEVATOR SERVICES INC
A/P	209999	08/20/25	128.00	AQUA BEVERAGE COMPANY
A/P	210000	08/20/25	4,548.12	BAXTER HEALTHCARE
A/P	210001	08/20/25	13,415.88	BECKMAN COULTER INC
A/P	210002	08/20/25	3,080.00	CALHOUN COUNTY EMS
A/P	210003	08/20/25	20.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	210004	08/20/25	82.34	CARESFIELD
A/P	210005	08/20/25	95.07	[redacted]
A/P	210006	08/20/25	67,609.46	CITIZENS MEDICAL CENTER
A/P	210007	08/20/25	598.00	CMG TEXAS MEDIA LLC
A/P	210008	08/20/25	364.52	COASTAL OFFICE SOLUTONS
A/P	210009	08/20/25	1,882.10	CORROHEALTH, INC.
A/P	210010	08/20/25	20.00	[redacted]
A/P	210011	08/20/25	401.71	CUSTOM ASSEMBLIES, INC
A/P	210012	08/20/25	425.81	CYRACOM LLC
A/P	210013	08/20/25	36.45	[redacted]
A/P	210014	08/20/25	1,327.60	DEWITT POTH & SON
A/P	210015	08/20/25	50,636.18	DIAMOND HEALTHCARE CORP
A/P	210016	08/20/25	488.80	DIRECTV ENTERTAINMENT HOLDINGS
A/P	210017	08/20/25	3,300.00	DR JOHN CLINTON
A/P	210018	08/20/25	843.57	DR RICHARD ARROYO DIAZ
A/P	210019	08/20/25	1,200.00	DR. TIMU KWI
A/P	210020	08/20/25	224.40	ECOLAB
A/P	210021	08/20/25	47.84	[redacted]
A/P	210022	08/20/25	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	210023	08/20/25	21.98	EQUIFAX WORKFORCE SOLUTIONS
A/P	210024	08/20/25	1,727.94	EVOQUA WATER TECHNOLOGIES LLC
A/P	210025	08/20/25	32.62	FEDERAL EXPRESS CORP.
A/P	210026	08/20/25	1,691.25	FEDLOGIC LLC
A/P	210027	08/20/25	227.29	FILTER TECHNOLOGY CO, INC
A/P	210028	08/20/25	3,891.02	FIRST INSURANCE FUNDING
A/P	210029	08/20/25	1,585.01	FISHER HEALTHCARE
A/P	210030	08/20/25	24,537.01	GE PRECISION HEALTHCARE, LLC
A/P	210031	08/20/25	4,008.03	HEALTHSTREAM, INC.
A/P	210032	08/20/25	573.53	HEWLETT-PACKARD
A/P	210033	08/20/25	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	210034	08/20/25	15,416.77	HUNTER PHARMACY SERVICES
A/P	210035	08/20/25	1,965.06	IRON MOUNTAIN
A/P	210036	08/20/25	7,200.00	JOHN B WRIGHT LLC
A/P	210037	08/20/25	546.70	LOWE'S BUSINESS ACCT/SYNCB
A/P	210038	08/20/25	895.00	M G TRUST
A/P	210039	08/20/25	13.22	MCKESSON MEDICAL SURGICAL INC
A/P	210040	08/20/25	14.61	MEDIMPACT HEALTHCARE SYS, INC.
A/P	210041	08/20/25	.00	VOIDED
A/P	210042	08/20/25	26,848.17	MEDLINE INDUSTRIES INC
A/P	210043	08/20/25	25.00	MEMORIAL MEDICAL CLINIC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	210044	08/20/25	214.94	MMC AUXILIARY GIFT SHOP
A/P	210045	08/20/25	6,695.51	MORRIS & DICKSON CO, LLC
A/P	210046	08/20/25	3,084.00	PARAREV
A/P	210047	08/20/25	1,607.07	PARTSSOURCE, LLC
A/P	210048	08/20/25	2,626.26	PRO ENERGY PARTNERS LLC
A/P	210049	08/20/25	52.02	[redacted]
A/P	210050	08/20/25	699.55	SHANNA O'DONNELL, FNP
A/P	210051	08/20/25	77.36	[redacted]
A/P	210052	08/20/25	2,630.67	SHERWIN WILLIAMS
A/P	210053	08/20/25	5,587.38	SINGLETON ASSOCIATES PA
A/P	210054	08/20/25	2,525.00	SOMETHING MORE MEDIA, INC.
A/P	210055	08/20/25	11,400.00	SPECIALTY PROFESSIONAL
A/P	210056	08/20/25	3,160.00	SUMMIT PAIN AND WELLNESS
A/P	210057	08/20/25	6,130.42	T-SYSTEM, INC
A/P	210058	08/20/25	5,420.00	TEXAS MUTUAL INSURANCE CO
A/P	210059	08/20/25	3,625.00	TEXAS SELECT STAFFING, LLC
A/P	210060	08/20/25	129.00	TRACI SHEFCIK
A/P	210061	08/20/25	1,740.75	TRIZETTO PROVIDER SOLUTIONS
A/P	210062	08/20/25	158,513.61	TRUBRIDGE
A/P	210063	08/20/25	6,570.52	TTUHSC - HEALTH.EDU
A/P	210064	08/20/25	1,000.88	UNIFIRST HOLDINGS INC
A/P	210065	08/20/25	653.34	UPDOX LLC
A/P	210066	08/20/25	2,200.00	US POSTAL SERVICE
A/P	210067	08/20/25	40.00	[redacted]
A/P	210068	08/20/25	1,288.00	ZIMMER US, INC.
A/P	210069	08/20/25	154.30	FORTBEND HEALTHCARE CENTER
A/P	210070	08/20/25	52,481.23	GOLDENCREEK HEALTHCARE
A/P	210071	08/20/25	3,092.19	LAVACA BAY NURSING AND REHAB
A/P	210072	08/20/25	112,548.96	TUSCANY VILLAGE
TOTALS:			708,604.72	

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Payables 540.328.04 +
154.30 +
NH 52.481.23 +
Xfers 112.548.96 +
3.092.19 +
708.604.72 ◊

McKESSON

Company: 8000

STATEMENT

As of: 08/15/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 08/16/2025

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 08/15/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 08/16/2025 **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: 510.08 USD

Future Due:	0.00			**Due If Paid On Time:** USD	499.88
Past Due:	0.00	**If Paid By 08/19/2025, Pay This Amount:**	499.88 USD	**Disc lost if paid late:**	10.20
Last Payment 08/07/2017	2,451.97	**If Paid After 08/19/2025, Pay this Amount:**	510.08 USD	**Due If Paid Late:** USD	510.08

301.97 +
193.99 +
0.62 +
2.99 +
0.31 +
499.88 ◇

APPROVED ON
AUG 18 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 08/15/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 08/16/2025

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

As of: 08/15/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

✓

Cust: 820405 **PLEASE CHECK ANY**
Date: 08/16/2025 **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											
08/14/2025	08/19/2025	7584921518	B2508-055-219723	115Invoice	6.16	308.13		301.97 ✓		7584921518	

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: 308.13 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 39.40
08/11/2025

If Paid By 08/19/2025,
Pay This Amount: 301.97 USD

If Paid After 08/19/2025,
Pay this Amount: 308.13 USD

Due If Paid On Time:
USD 301.97

Disc lost if paid late:
6.16

Due If Paid Late:
USD 308.13

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CALHOUN COUNTY, TEXAS

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McKESSON

STATEMENT

Company: 8000

As of: 08/15/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 08/16/2025

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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As of: 08/15/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 08/16/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
08/14/2025	08/19/2025	7585092824	246347731	115Invoice	3.96	197.95		193.99	✓	7585092824	

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: 197.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 252.96
07/28/2025

If Paid By 08/19/2025,
Pay This Amount: 193.99 USD

If Paid After 08/19/2025,
Pay this Amount: 197.95 USD

Due If Paid On Time:
USD 193.99

Disc lost if paid late:
3.96

Due If Paid Late:
USD 197.95

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AUG 18 2025

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CALHOUN COUNTY, TEXAS

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McKESSON

Company: 8000

STATEMENT

As of: 08/15/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835438
Date: 08/16/2025

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

As of: 08/15/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

✓

Cust: 835438 **PLEASE CHECK ANY**
Date: 08/16/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
08/13/2025	08/19/2025	7584814390	4322967	115Invoice	0.01	0.63		0.62	✓	7584814390	

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

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

Subtotals: 0.63 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 277.50
06/30/2025

If Paid By 08/19/2025,
Pay This Amount: 0.62 USD

If Paid After 08/19/2025,
Pay this Amount: 0.63 USD

Due If Paid On Time:
USD 0.62

Disc lost if paid late:
0.01

Due If Paid Late:
USD 0.63

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AUG 18 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/15/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 08/16/2025

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

As of: 08/15/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 08/16/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
08/13/2025	08/19/2025	7584814880	4321355	115Invoice	0.06	3.05		2.99	✓	7584814880	

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

TOTAL: **Customer Number 835437 CVS PHCY 7416/MEM MC PHS**

Subtotals: 3.05 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 122.03
07/21/2025

If Paid By 08/19/2025,
Pay This Amount: 2.99 USD

If Paid After 08/19/2025,
Pay this Amount: 3.05 USD

Due If Paid On Time:
USD 2.99

Disc lost if paid late:
0.06

Due If Paid Late:
USD 3.05

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AUG 18 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

CVS PHCY 10356/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

✓

As of: 08/15/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835430
Date: 08/16/2025

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

As of: 08/15/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835430 **PLEASE CHECK ANY**
Date: 08/16/2025 **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 835430 CVS PHCY 10356/MEM MC PHS											
08/13/2025	08/19/2025	7584685790	4322877	115Invoice	0.01	0.32		0.31	✓	7584685790	

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

TOTAL: Customer Number 835430 CVS PHCY 10356/MEM MC PHS

Subtotals: 0.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 155.36
05/19/2025

If Paid By 08/19/2025,
Pay This Amount: 0.31 USD

If Paid After 08/19/2025,
Pay this Amount: 0.32 USD

Due If Paid On Time:
USD 0.31

Disc lost if paid late:
0.01

Due If Paid Late:
USD 0.32

APPROVED ON

AUG 18 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 70335826
Date: 08-15-2025

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:	337.32
Past Due:	0.00
Total Due:	337.32
Account Balance:	337.32

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-11-2025	08-22-2025	3223434972	7010326556	Invoice	4.96		0.00	4.96
08-11-2025	08-22-2025	3223434973	7010334159	Invoice	2.44		0.00	2.44
08-11-2025	08-22-2025	3223434974	7010320686	Invoice	1.61		0.00	1.61
08-12-2025	08-22-2025	3223572627	7010342154	Invoice	67.54		0.00	67.54
08-13-2025	08-22-2025	3223710662	7010348280	Invoice	51.83		0.00	51.83
08-14-2025	08-22-2025	3223847340	7010357320	Invoice	81.25		0.00	81.25
08-14-2025	08-22-2025	3223847341	7010357644	Invoice	44.27		0.00	44.27
08-14-2025	08-22-2025	3223847342	7010357671	Invoice	36.96		0.00	36.96
08-15-2025	08-22-2025	3223970217	7010364756	Invoice	46.46		0.00	46.46

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
337.32	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
AUG 18 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
08-22-2025	337.32
Total Due:	337.32

AmerisourceBergen

STATEMENT

Statement Number: 70352191
Date: 08-15-2025

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

DEA: RA0316958
866-451-9655

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

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

Customer Number
100566356 / 100566356
Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	4,490.10
Past Due:	0.00
Total Due:	4,490.10
Account Balance:	4,490.10

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-11-2025	08-22-2025	3223419960	7010327055	Invoice	7.66		0.00	7.66
08-11-2025	08-22-2025	3223419962	7010334405	Invoice	520.52		0.00	520.52
08-12-2025	08-22-2025	3223620211	7010348410	Invoice	1,989.90		0.00	1,989.90
08-13-2025	08-22-2025	3223753092	7010358766	Invoice	265.95		0.00	265.95
08-14-2025	08-22-2025	3223881186	7010364360	Invoice	1,449.48		0.00	1,449.48
08-15-2025	08-22-2025	3224009426	7010371931	Invoice	256.59		0.00	256.59

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
4,490.10	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
AUG 18 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
08-22-2025	4,490.10
Total Due:	4,490.10

CLMNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVRCD	CVETP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
5684	76351	2	33	0	2025	217000465	0	8/11/2025	$7.46	1	CLINICAL PATHOLOGY LABS, INC	P	185	0	[redacted]		LAB	F	6/20/2025	6/20/2025	742554159
5685	76351	2	33	0	2025	219000079	0	8/11/2025	$92.69	1	DERM SURGERY ASSOCIATES PA	P	457	0	[redacted]		OVS	F	6/20/2025	6/20/2025	760514163
5686	76351	2	33	0	2025	217000166	0	8/11/2025	$134.82	1	RCM PHYSICIANS	P	457	0	[redacted]		OVS	F	6/20/2025	6/20/2025	300791563
5687	76351	2	33	0	2025	213001439	0	8/11/2025	$308.28	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	6/4/2025	6/4/2025	741680498
5688	76351	2	33	0	2025	220002113	0	8/11/2025	$348.75	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	604	0	[redacted]		CASE	F	5/12/2025	5/12/2025	271837628
5691	76351	3	49	0	2025	210001322	0	8/11/2025	$28,000.00	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	418	0	[redacted]		RB	F	11/11/2024	11/16/2024	760545192
5692	76351	3	73	1	2025	218000049	0	8/11/2025	$29.49	1	CLINICAL PATHOLOGY LABS, INC	P	172	0	[redacted]		AB	F	6/13/2025	6/13/2025	742554159
5693	76351	3	76	0	2025	213001509	0	8/11/2025	$39.09	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	6/10/2025	6/10/2025	741680498
5694	76351	3	78	0	2025	212000901	0	8/11/2025	$48.36	1	CHC OF SOUTH CENTRAL TEXAS	P	360	0	[redacted]		POV	F	7/28/2025	7/28/2025	741548089
5696	76351	3	15	0	2025	219000047	0	8/11/2025	$59.68	1	CLINICAL PATHOLOGY LABS, INC	P	172	0	[redacted]		AB	F	6/16/2025	6/16/2025	742554159
5697	76351	3	51	0	2025	218000315	0	8/11/2025	$84.23	1	NEW YORK MEDICAL BEHAVIORAL HEALTH SERVI	P	728	0	[redacted]		TELM	F	6/6/2025	6/6/2025	832675429
5699	76351	3	69	1	2025	220000121	0	8/11/2025	$111.60	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	752	0	[redacted]		TELS	F	6/24/2025	6/24/2025	300520570
5701	76351	3	55	0	2025	217000071	0	8/11/2025	$115.81	1	REGIONAL EMPLOYEE ASSISTANCE PROGRAM	P	177	0	[redacted]		OV	F	6/17/2025	6/17/2025	760423386
5702	76351	3	76	0	2025	213000915	0	8/11/2025	$150.16	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	7/21/2025	7/21/2025	741680498
5703	76351	3	76	0	2025	209000730	0	8/11/2025	$176.19	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	7/18/2025	7/18/2025	742208337
5704	76351	3	29	0	2025	217000116	0	8/11/2025	$207.17	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]		CAT	F	6/6/2025	6/6/2025	741680498
5705	76351	3	69	1	2025	217000177	0	8/11/2025	$220.55	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0	[redacted]		OVS	F	6/6/2025	6/6/2025	300520570
5706	76351	3	72	0	2025	218001098	0	8/11/2025	$231.50	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	177	0	[redacted]		OV	F	7/30/2025	7/30/2025	300520570
5707	76351	3	15	0	2025	220000680	0	8/11/2025	$241.29	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]		AB	F	6/23/2025	6/23/2025	741680498
5708	76351	3	25	0	2025	220000770	0	8/11/2025	$241.29	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]		AB	F	6/23/2025	6/23/2025	741680498
5712	76351	3	10	0	2025	218001066	0	8/11/2025	$318.24	1	CITIZENS MEDICAL PROFESSIONALS	P	172	0	[redacted]		AB	F	6/25/2025	6/25/2025	471158090
5713	76351	3	3	0	2025	211000776	0	8/11/2025	$321.98	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	7/19/2025	7/19/2025	741680498
5714	76351	3	69	1	2025	213001518	0	8/11/2025	$321.98	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]		CAT	F	6/11/2025	6/11/2025	741680498
5721	76351	3	69	1	2025	216000675	0	8/11/2025	$812.50	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	604	0	[redacted]		CASE	F	6/6/2025	6/19/2025	271837628
5730	76360	2	35	0	2025	213001175	0	8/11/2025	$15,000.00	1	HOUSTON METHODIST HOSPITAL	P	418	0	[redacted]		RB	F	5/4/2025	5/14/2025	741180155
5731	76360	2	11	0	2025	213001437	0	8/11/2025	$21.71	1	MELISSA A KAINER ERWIN MD PA	P	177	0	[redacted]		OV	F	6/10/2025	6/10/2025	200802489
5732	76360	2	35	0	2025	217000190	0	8/11/2025	$33.76	1	DAVID R MARKER	P	183	0	[redacted]		RAD	F	5/4/2025	5/4/2025	741688740
5733	76360	2	35	0	2025	217000161	0	8/11/2025	$35.08	1	DAVID R MARKER	P	183	0	[redacted]		RAD	F	5/4/2025	5/4/2025	741688740
5734	76360	2	11	0	2025	211000742	0	8/11/2025	$64.10	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0	[redacted]		AB	F	7/25/2025	7/25/2025	742605670
5735	76360	2	35	0	2025	217000160	0	8/11/2025	$160.30	1	HOUSTON RADIOLOGY ASSOCIATED	P	183	0	[redacted]		RAD	F	5/4/2025	5/4/2025	741688740
5736	76360	2	35	0	2025	219000438	0	8/11/2025	$180.34	1	METHODIST PATHOLOGY ASSOCIATES	P	185	0	[redacted]		LAB	F	5/1/2025	5/1/2025	371520288
5737	76360	2	35	0	2025	213001544	0	8/11/2025	$221.16	1	HOUSTON RADIOLOGY ASSOCIATED	P	324	0	[redacted]		CAT	F	4/1/2025	4/1/2025	741688740
5738	76360	2	35	0	2025	213001546	0	8/11/2025	$303.86	1	HOUSTON RADIOLOGY ASSOCIATED	P	183	0	[redacted]		RAD	F	5/4/2025	5/4/2025	741688740
5739	76360	2	72	0	2025	216000676	0	8/11/2025	$387.50	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	604	0	[redacted]		CASE	F	6/7/2025	6/10/2025	271837628
5743	76360	2	35	0	2025	216000674	0	8/11/2025	$658.75	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	604	0	[redacted]		CASE	F	6/6/2025	6/12/2025	271837628
5744	76360	2	72	0	2025	220002116	0	8/11/2025	$658.75	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	604	0	[redacted]		CASE	F	5/2/2025	5/20/2025	271837628
5745	76360	2	35	0	2025	217000192	0	8/11/2025	$830.48	1	HOUSTON RADIOLOGY ASSOCIATED	P	321	0	[redacted]		MRIO	F	4/1/2025	4/1/2025	741688740
5746	76360	3	53	0	2025	196001045	0	8/11/2025	$20.00	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0	[redacted]		AB	F	7/9/2025	7/9/2025	741831291
5747	76360	3	68	0	2025	219001501	0	8/11/2025	$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	8/4/2025	8/4/2025	742605670
5749	76360	3	21	0	2025	203000813	0	8/11/2025	$52.41	1	PODIATRY ASSOCIATES OF VICTORIA	P	457	0	[redacted]		OVS	F	7/18/2025	7/18/2025	200719703
5752	76360	3	74	0	2025	205000816	0	8/11/2025	$59.94	1	ADU SPORTS MEDICINE CLINIC	P	177	0	[redacted]		OV	F	7/22/2025	7/22/2025	273335355
5753	76360	3	94	0	2025	219001473	0	8/11/2025	$59.94	1	ADU SPORTS MEDICINE CLINIC	P	177	0	[redacted]		OV	F	8/5/2025	8/5/2025	273335355
5755	76360	3	49	2	2025	199001546	0	8/11/2025	$65.87	1	MICHELLE M CUMMINS	P	457	0	[redacted]		OVS	F	7/2/2025	7/2/2025	742951453
5756	76360	3	32	0	2025	216000090	0	8/11/2025	$71.56	1	TMH PHYSICIAN ASSOCIATES PLLC	P	457	0	[redacted]		OVS	F	6/9/2025	6/9/2025	300520570
5757	76360	3	119	0	2025	217001477	0	8/11/2025	$75.87	1	COASTAL SKIN CARE & WELLNESS CENTER	P	177	0	[redacted]		OV	F	3/17/2025	3/17/2025	742068224
5758	76360	3	21	1	2025	216000673	0	8/11/2025	$77.50	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	604	0	[redacted]		CASE	F	6/9/2025	6/27/2025	271837628
5759	76360	3	21	1	2025	220002110	0	8/11/2025	$77.50	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	604	0	[redacted]		CASE	F	5/22/2025	5/22/2025	271837628
5760	76360	3	120	3	2025	195000714	0	8/11/2025	$84.23	1	HEADWAY COLORADO BEHAVIORAL HEALTH SERVI	P	728	0	[redacted]		TELM	F	7/7/2025	7/7/2025	861747274
5763	76360	3	21	1	2025	211000775	0	8/11/2025	$100.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	7/25/2025	7/25/2025	742605670
5764	76360	3	81	0	2025	218000064	0	8/11/2025	$104.58	1	SABEEN NAJAM MD PA	P	177	0	[redacted]		OV	F	6/23/2025	6/23/2025	271402471
5765	76360	3	119	2	2025	216000100	0	8/11/2025	$108.19	1	COASTAL SKIN CARE & WELLNESS CENTER	P	457	0	[redacted]		OVS	F	3/14/2025	3/14/2025	742068224
5767	76360	3	52	0	2025	217000167	0	8/11/2025	$120.58	1	PEREZ ORTHOPEDICS, PLLC	P	457	0	[redacted]		OVS	F	6/14/2025	6/14/2025	874798289
5768	76360	3	119	0	2025	218001117	0	8/11/2025	$124.18	1	NOE R. OLVERA, MD, PA	P	457	0	[redacted]		OVS	F	2/12/2025	2/12/2025	262712038
5771	76360	3	131	0	2025	192001313	0	8/11/2025	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	6/26/2025	6/26/2025	815248556
5772	76360	3	31	0	2025	213001521	0	8/11/2025	$196.72	1	TMH PHYSICIAN ASSOCIATES PLLC	P	484	0	[redacted]		OPXS	F	6/18/2025	6/18/2025	300520570
5776	76360	3	71	1	2025	220000676	0	8/11/2025	$303.85	1	VICTORIA NEPHROLOGY ASSOCIATES	P	466	0	[redacted]		DI	F	6/10/2025	6/10/2025	453050693
5781	76360	3	30	1	2025	213001519	0	8/11/2025	$511.00	1	ORTHOLONESTAR PLLC	P	468	0	[redacted]		ORH	F	6/6/2025	6/6/2025	842136648
5793	76370	3	44	0	2025	219000402	0	8/11/2025	$172.35	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0	[redacted]		OVS	F	6/27/2025	6/27/2025	300520570
5794	76370	3	9	0	2025	217000199	0	8/11/2025	$241.29	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]		AB	F	6/16/2025	6/16/2025	741680498
									$53,985.71												

M82

APPROVED ON

AUG 18 2025

[redacted]

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Aug 11, 2025 - Aug 17, 2025

Date	Bank Description	MMC Notes	Amount
8/15/2025	Enhanced Analysis Ch	-Bank Fees	173.00
8/15/2025	PAY PLUS ACHTrans 82969461 101000690449072 P	- 3rd Party Payor Fee	750.36
8/15/2025	HEALTHEQUITY INC HealthEqui 1356888 91000011	- EmpDeduct/Employer Contribut	987.00 *
8/15/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	317.19 *
8/15/2025	TEXAS COUNTY DRS RECEIVABLE 0419 21000029371	- Retirement Funding	191,058.90 *
8/15/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	376,313.61 *
8/15/2025	FDMS FDMS PYMT 052-1737276-000 4100012808814	- Credit Card Machine Lease Fee	120.09
8/15/2025	FDMS FDMS PYMT 052-2100911-000 4100012810549	- Credit Card Machine Lease Fee	45.64
8/15/2025	FDMS FDMS PYMT 052-1743548-000 4100012809973	- Credit Card Machine Lease Fee	80.06
8/15/2025	FDMS FDMS PYMT 052-1743547-000 4100012809133	- Credit Card Machine Lease Fee	40.03
8/14/2025	PAY PLUS ACHTrans 82718123 101000698922610 P	- 3rd Party Payor Fee	925.27
8/13/2025	PAY PLUS ACHTrans 82515995 101000697292947 P	- 3rd Party Payor Fee	355.12
8/12/2025	PAY PLUS ACHTrans 82297931 101000695937245 P	- 3rd Party Payor Fee	79.08
8/12/2025	MCKESSON DRUG AUTO ACH ACH06648294 910000112	- 340B Drug Program Expense	39.40 *
8/11/2025	PAY PLUS ACHTrans 82095702 101000694553835 P	- 3rd Party Payor Fee	17.13
8/11/2025	HPHG LLC ACHmemoria MemMedCtr PtLav 11312265	- Health Insurance Claim Payments	3,336.00 **
8/11/2025	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	5,741.37
8/11/2025	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	78.23
8/11/2025	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	853.15
8/11/2025	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	1,882.69
8/11/2025	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	214.85
8/11/2025	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	204.50
			583,612.67

/ Michelle Cumberland August 18, 2025
Michelle Cumberland, CFO
Memorial Medical Center

*Approved on 8.13.25
**Approved on 8.06.25

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	Amount
		-

August 18, 2025
Michelle Cumberland, CFO
Memorial Medical Center

APPROVED ON
AUG 18 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

583,612.67 +
987.00 -
317.19 -
191,058.90 -
376,313.61 -
39.40 -
3,336.00 -
11,560.57 ◊
11,560.57 -
0.00 ◊

CPSI "

173.00 +
173.00 ◊ Ana. Fee
750.36 +
925.27 +
355.12 +
79.08 + pay plus
17.13 +
2,126.96 ◊
120.09 +
45.64 +
80.06 + Lease Fee
40.03 +
285.82 ◊
5,741.37 +
78.23 +
853.15 + prof.
1,882.69 + Fee
214.85 +
204.50 +
8,974.79 ◊
173.00 +
2,126.96 +
285.82 +
8,974.79 +
11,560.57 ◊

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 14 2025

08/14/2025
12:13

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/05/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080725		08/14/202	08/07/202	09/05/202			154.30	0.00	0.00	154.30

ins. pmt dep into mmc dpt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	154.30	0.00	0.00	154.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	154.30	0.00	0.00	154.30

APPROVED ON

AUG 14 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 210069

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 14 2025

CALHOUN COUNTY, TEXAS

08/14/2025 MEMORIAL MEDICAL CENTER 0
12:13 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 09/05/2025

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
✓	081225		08/14/202	08/12/202	09/05/202			395.45	0.00	0.00	395.45 ✓
		ins. pmt. dep. into mmc opt in error									
✓	081225A		08/14/202	08/12/202	09/05/202			1,467.20	0.00	0.00	1,467.20 ✓
✓	081325		08/14/202	08/13/202	09/05/202			507.68	0.00	0.00	507.68 ✓
✓	081325A		08/14/202	08/13/202	09/05/202			50,110.90	0.00	0.00	50,110.90 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	52,481.23	0.00	0.00	52,481.23

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	52,481.23	0.00	0.00	52,481.23

APPROVED ON

AUG 14 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#210070

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 14 2025

CALHOUN COUNTY, TEXAS

08/14/2025
12:13

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/05/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
13004	TUSCANY VILLAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080725B	ins. pmt. dep. into mmc opt in error	08/14/202	08/07/202	09/05/202			12,480.00	0.00	0.00	12,480.00
080725A		08/14/202	08/07/202	09/05/202			8,086.12	0.00	0.00	8,086.12
080725		08/14/202	08/07/202	09/05/202			5,876.83	0.00	0.00	5,876.83
080825A		08/14/202	08/08/202	09/05/202			4,518.13	0.00	0.00	4,518.13
080825		08/14/202	08/08/202	09/05/202			21,787.91	0.00	0.00	21,787.91
080825B		08/14/202	08/08/202	09/05/202			150.00	0.00	0.00	150.00
080825C		08/14/202	08/08/202	09/05/202			4,399.50	0.00	0.00	4,399.50
081125		08/14/202	08/11/202	09/05/202			44,513.43	0.00	0.00	44,513.43
081325		08/14/202	08/13/202	09/05/202			10,737.04	0.00	0.00	10,737.04

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	112,548.96	0.00	0.00	112,548.96

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	112,548.96	0.00	0.00	112,548.96

APPROVED ON

AUG 14 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#210072

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 14 2025

CALHOUN COUNTY, TEXAS

08/14/2025 MEMORIAL MEDICAL CENTER 0
12:12 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 09/05/2025

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
081325		08/14/202	08/13/202	09/05/202			3,092.19	0.00	0.00	3,092.19

Inv. put charges into mmc dpt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	3,092.19	0.00	0.00	3,092.19

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,092.19	0.00	0.00	3,092.19

APPROVED ON

AUG 14 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#210071

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/18/2025

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	34.21	1,272.66			1,326.70	1226.7
						Bank Balance	1,326.70	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Adjust Balance/Transfer Amt	**1,226.70**	
Broadmoor		5,677.82	5,577.82	-		-	100.00	0
						Bank Balance	100.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	-	
Crescent		120.21	-	-			120.21	0
						Bank Balance	120.21	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**20.21**	
Fort Bend		1,001.33	901.33	1,379.02			1,479.02	**1,379.02**
						Bank Balance	1,479.02	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**1,379.02**	
Solera at W Houston		1,566.50	61.45	8,270.83			9,775.88	**9,675.88**
						Bank Balance	9,775.88	
						Variance	-	
						Leave in Balance	100.00	

1,226.70 + *t.West Houston / Fort Bend / Broadmoor:*
1,379.02 +
9,675.88 +
12,281.60 ◊

	Adjust Balance/Transfer Amt	**9,675.88**
TOTAL TRANSFERS		**12,281.60**

Approved:
Michelle Cumberland, CFO **8/18/2025**

APPROVED ON
AUG 18 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.

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/15/2025	Enhanced Analysis Ch	34.21	-		-
8/15/2025	HNB - ECHO HCCLAIMPMT 746003411 440000213261	-	1,272.66		1,272.66
					-
					-
					-
		34.21	**1,272.66**	-	**1,272.66**

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/13/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	5,577.82	-		-
					-
					-
					-
					-
					-
		5,577.82	-	-	-

Crescent

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
	No Activity				-
					-
					-
					-
					-
					-
					-
		-	-	-	-

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/13/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	901.33	-		-
8/12/2025	NOVITAS SOLUTION HCCLAIMPMT 675663 420000117	-	1,379.02		1,379.02
					-
					-
					-
					-
					-
					-
		901.33	**1,379.02**	-	**1,379.02**

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/15/2025	Enhanced Analysis Ch	61.45	-		-
8/13/2025	Deposit	-	6,953.77		6,953.77
8/11/2025	NOVITAS SOLUTION HCCLAIMPMT 676310 420000173	-	1,317.06		1,317.06
					-
					-
					-
					-
		61.45	**8,270.83**	-	**8,270.83**

TOTALS			
	10,922.51	-	**10,922.51**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,861,570.53	$1,834,888.17	$1,861,570.53	$2,458,421.62
*4381 MEMORIAL MEDICAL / NH ASHFORD	$1,326.70	$1,326.70	$1,326.70	$88.25
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$120.21	$120.21	$120.21	$120.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$9,775.88	$9,775.88	$9,775.88	$9,837.33
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,479.02	$1,479.02	$1,479.02	$1,479.02
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$24,835.84	$25,060.84	$24,835.84	$24,042.84
*4551 CAL CO INDIGENT HEALTHCARE	$337.10	$337.10	$337.10	$337.10
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$677.52	$677.52	$677.52	$677.52
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$244,228.05	$262,623.49	$244,228.05	$233,986.66
*3407 MMC -NH TUSCANY VILLAGE	$113,861.03	$446,924.51	$113,861.03	$105,361.03
*2998 MMC -MONEY MARKET FUND	$68,623.91	$68,623.91	$68,623.91	$68,623.91
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$46,721.82	$46,721.82	$46,721.82	$10,559.76
Total Balance	**$2,373,757.61**	**$2,698,759.17**	**$2,373,757.61**	**$2,913,735.25**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/18/2025

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		87,285.29	86,955.50	24,506.05		-	24,835.84	24,506.05
						Bank Balance	24,835.84	
						Variance	-	
						Leave in Balance	100.00	
						July Interest	229.79	
						Aug Interest		
						Sept Interest		
						Adjust Balance/Transfer Amt	24,506.05	

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
8/18/2025

APPROVED ON
AUG 18 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/15/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	793.00		793.00
8/14/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	916.52		916.52
8/14/2025	AETNA AS01 HCCLAIMPMT 1588075964 51000011678	-	242.45		242.45
8/13/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	86,955.50	-		-
8/13/2025	Deposit	-	7,762.13		7,762.13
8/13/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001156	-	5,115.00		5,115.00
8/13/2025	AETNA AS01 HCCLAIMPMT 1588075964 51000011515	-	1,260.00		1,260.00
8/12/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001349	-	1,794.63		1,794.63
8/12/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001349	-	1,426.00		1,426.00
8/11/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	1,230.00		1,230.00
8/11/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	1,476.60		1,476.60
8/11/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001113	-	2,489.72		2,489.72
					-
		86,955.50	**24,506.05**	**-**	**24,506.05**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,861,570.53	$1,834,888.17	$1,861,570.53	$2,458,421.62
*4381 MEMORIAL MEDICAL / NH ASHFORD	$1,326.70	$1,326.70	$1,326.70	$88.25
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$120.21	$120.21	$120.21	$120.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$9,775.88	$9,775.88	$9,775.88	$9,837.33
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,479.02	$1,479.02	$1,479.02	$1,479.02
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$24,835.84	$25,060.84	$24,835.84	$24,042.84
*4551 CAL CO INDIGENT HEALTHCARE	$337.10	$337.10	$337.10	$337.10
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$677.52	$677.52	$677.52	$677.52
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$244,228.05	$262,623.49	$244,228.05	$233,986.66
*3407 MMC -NH TUSCANY VILLAGE	$113,861.03	$446,924.51	$113,861.03	$105,361.03
*2998 MMC -MONEY MARKET FUND	$68,623.91	$68,623.91	$68,623.91	$68,623.91
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$46,721.82	$46,721.82	$46,721.82	$10,559.76
Total Balance	**$2,373,757.61**	**$2,698,759.17**	**$2,373,757.61**	**$2,913,735.25**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
8/18/2025

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		1,233.36	555.84	-	-	-	-	677.52	No Transfer
							Bank Balance	677.52	
							Variance	-	
							Leave in Balance	100.00	
							claim owed to MMC	577.52	
							Adjust Balance/Transfer Amt	-	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		100.00	-	-		-	-	100.00	-
							Bank Balance	100.00	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	-	
							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:
Michelle Cumberland, CFO 8/18/2025

APPROVED ON
AUG 18 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/13/2025 WIRE OUT HMG Rockport SNF, LP -Commerical	555.84	-		-
				-
				-
				-
				-
				-
				-
				-
	555.84	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
No Activity		-		-
				-
	-	-	-	-
	555.84	-	-	-

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,861,570.53	$1,834,888.17	$1,861,570.53	$2,458,421.62
*4381 MEMORIAL MEDICAL / NH ASHFORD	$1,326.70	$1,326.70	$1,326.70	$88.25
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$120.21	$120.21	$120.21	$120.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$9,775.88	$9,775.88	$9,775.88	$9,837.33
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,479.02	$1,479.02	$1,479.02	$1,479.02
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$24,835.84	$25,060.84	$24,835.84	$24,042.84
*4551 CAL CO INDIGENT HEALTHCARE	$337.10	$337.10	$337.10	$337.10
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$677.52	$677.52	$677.52	$677.52
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$244,228.05	$262,623.49	$244,228.05	$233,986.66
*3407 MMC -NH TUSCANY VILLAGE	$113,861.03	$446,924.51	$113,861.03	$105,361.03
*2998 MMC -MONEY MARKET FUND	$68,623.91	$68,623.91	$68,623.91	$68,623.91
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$46,721.82	$46,721.82	$46,721.82	$10,559.76
Total Balance	**$2,373,757.61**	**$2,698,759.17**	**$2,373,757.61**	**$2,913,735.25**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
8/18/2025

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		181,936.78	181,836.78	113,761.03	-	-	-	113,861.03	113,449.00
							Bank Balance	113,861.03	
							Variance	-	
							Leave in Balance	100.00	
							Claim owed to MMC	235.20	
							Claim owed to MMC	76.83	
							Adjust Balance/Transfer Amt	113,449.00	

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

Approved:
Michelle Cumberland, CFO 8/18/2025

APPROVED ON
AUG 18 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/15/2025	Merchant Capture Dep	-	8,500.00		8,500.00
8/13/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	181,836.78	-		-
8/13/2025	Deposit	-	54,862.06		54,862.06
8/13/2025	HNB - ECHO HCCLAIMPMT 746003411 440000228080	-	21,908.91		21,908.91
8/13/2025	HNB - ECHO HCCLAIMPMT 746003411 440000228317	-	27,233.06		27,233.06
8/11/2025	Merchant Capture Dep	-	1,257.00		1,257.00
					-
					-
					-
					-
					-
					-
					-
					-
		181,836.78	**113,761.03**	**-**	**113,761.03**

Balances Overview

Account Name				
***4357 MEMORIAL MEDICAL - OPERATING**	$1,861,570.53	$1,834,888.17	$1,861,570.53	$2,458,421.62
***4381 MEMORIAL MEDICAL / NH ASHFORD**	$1,326.70	$1,326.70	$1,326.70	$88.25
***4403 MEMORIAL MEDICAL / NH BROADMOOR**	$100.00	$100.00	$100.00	$100.00
***4411 MEMORIAL MEDICAL / NH CRESCENT**	$120.21	$120.21	$120.21	$120.21
***4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON**	$9,775.88	$9,775.88	$9,775.88	$9,837.33
***4446 MEMORIAL MEDICAL / NH FORT BEND**	$1,479.02	$1,479.02	$1,479.02	$1,479.02
***4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE**	$24,835.84	$25,060.84	$24,835.84	$24,042.84
***4551 CAL CO INDIGENT HEALTHCARE**	$337.10	$337.10	$337.10	$337.10
***5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY**	$677.52	$677.52	$677.52	$677.52
***5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID**	$100.00	$100.00	$100.00	$100.00
***5506 MMC -NH LAVACA BAY NURSING & REHAB**	$244,228.05	$262,623.49	$244,228.05	$233,986.66
***3407 MMC -NH TUSCANY VILLAGE**	$113,861.03	$446,924.51	$113,861.03	$105,361.03
***2998 MMC -MONEY MARKET FUND**	$68,623.91	$68,623.91	$68,623.91	$68,623.91
***7168 MEMORIAL MEDICAL CENTER MONEY MKT 2**	$46,721.82	$46,721.82	$46,721.82	$10,559.76
Total Balance	**$2,373,757.61**	**$2,698,759.17**	**$2,373,757.61**	**$2,913,735.25**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
8/18/2025

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		134,713.05	134,363.07	243,878.07				244,228.05	243,878.07
							Bank Balance	244,228.05	
							Variance	-	
							Leave in Balance	100.00	
							July Interest	249.98	
							Adjust Balance/Transfer Amt	243,878.07	

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 8/18/2025

APPROVED ON
AUG 18 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/15/2025	HUMANA INS CO HCCLAIMPMT 81941126 8300005729	-	9,024.08		9,024.08
8/15/2025	HOSPICE OF SOUTH Payments NF 113122650066474	-	1,217.31		1,217.31
8/14/2025	Deposit	-	19,543.53		19,543.53
8/14/2025	HNB - ECHO HCCLAIMPMT 746003411 440000264827	-	6,223.62		6,223.62
8/14/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000150	-	8,622.38		8,622.38
8/13/2025	WIRE OUT REG Leased OpCo LLC	134,363.07	-		-
8/13/2025	Deposit	-	56,660.18		56,660.18
8/13/2025	NDC SWEEP FAC 02330 56009680012321 SWEEP FR	-	1,148.40		1,148.40
8/12/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000117	-	9,728.75		9,728.75
8/12/2025	CENTENE CORP HCCLAIMPMT 53101125274799	-	78,282.18		78,282.18
8/11/2025	Deposit	-	29,202.45		29,202.45
8/11/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000173	-	11,112.31		11,112.31
8/11/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	13,112.88		13,112.88
					-
		134,363.07	**243,878.07**	**-**	**243,878.07**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,861,570.53	$1,834,888.17	$1,861,570.53	$2,458,421.62
*4381 MEMORIAL MEDICAL / NH ASHFORD	$1,326.70	$1,326.70	$1,326.70	$88.25
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$120.21	$120.21	$120.21	$120.21
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$9,775.88	$9,775.88	$9,775.88	$9,837.33
*4446 MEMORIAL MEDICAL / NH FORT BEND	$1,479.02	$1,479.02	$1,479.02	$1,479.02
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$24,835.84	$25,060.84	$24,835.84	$24,042.84
*4551 CAL CO INDIGENT HEALTHCARE	$337.10	$337.10	$337.10	$337.10
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$677.52	$677.52	$677.52	$677.52
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$244,228.05	$262,623.49	$244,228.05	$233,986.66
*3407 MMC -NH TUSCANY VILLAGE	$113,861.03	$446,924.51	$113,861.03	$105,361.03
*2998 MMC -MONEY MARKET FUND	$68,623.91	$68,623.91	$68,623.91	$68,623.91
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$46,721.82	$46,721.82	$46,721.82	$10,559.76
Total Balance	**$2,373,757.61**	**$2,698,759.17**	**$2,373,757.61**	**$2,913,735.25**

Tuscany

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC Operating

Date Requested: 8/18/2025

APPROVED ON
AUG 18 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Check#001191

FOR ACCT USE ONLY

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

AMOUNT: $ 312.03 ✓

G/L NUMBER: 21000007

EXPLANATION: Claim payments sent to Tuscany Joint Prosperity account for MMC Patients.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSL

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MP

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

001191

Date 8-22-25

88-2265/1131

PAY
TO THE ORDER OF MMC Operating

$ 312. 03/100

Three hundred twelve dollars 3 03/100 **DOLLARS**

PROSPERITY BANK®

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR Claim payments

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
TUS	001191	08/22/25	312.03	MMC OPERATING
TOTALS:			312.03	