

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 27, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 998,298.42
TOTAL TRANSFERS BETWEEN FUNDS	\$ 140,217.50
TOTAL NURSING HOME UPL EXPENSES	\$ 1,164,342.32
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 38,017.97
GRAND TOTAL DISBURSEMENTS APPROVED August 27, 2025	\$ 2,340,876.21

APPROVED

AUG 27 2025

CALHOUN COUNTY  
COMMISSIONERS COURT

**MEMORIAL MEDICAL CENTER**  
**COMMISSIONERS COURT APPROVAL LIST FOR ---August 27, 2025**

**PAYABLES AND PAYROLL**

8/21/2025 Weekly Payables	371,144.41
8/21/2025 Patient Refunds	120.00
8/25/2025 McKesson-340B Prescription Expense	50.30
8/25/2025 Amerisource Bergen-340B Prescription Expense	145.78
8/25/2025 Amerisource Bergen-340B Prescription Expense	1,296.16
8/25/2025 Amerisource Bergen-340B Prescription Expense	789.95
8/25/2025 Amerisource Bergen-340B Prescription Expense	709.56
8/25/2025 Payroll Liabilities-Payroll Taxes	122,920.74
8/25/2025 Payroll	391,394.85
<b>Prosperity Electronic Bank Payments</b>	
8/25/2025 90 Degree Benefits - employee insurance claims	38,318.37
8/25/2025 HPHG - August health insurance premium payment	67,055.90
8/21/2025 Sales Tax - July 2025	2,455.65
8/25/2025 Pay Plus-Patient Claims Processing Fee	1,896.75

<b>TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS</b>	<b>\$</b>	<b>998,298.42</b>
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**TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES**

8/21/2025 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	3,812.74
8/21/2025 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	122,894.35
8/21/2025 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	13,510.41

<b>TOTAL TRANSFERS BETWEEN FUNDS</b>	<b>\$</b>	<b>140,217.50</b>
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**NURSING HOME UPL EXPENSES**

8/25/2025 Nursing Home UPL-Cantex Transfer	248,694.67
8/25/2025 Nursing Home UPL-Nexion Transfer	159,028.59
8/25/2025 Nursing Home UPL-Tuscany Transfer	575,150.67
8/25/2025 Nursing Home UPL-HSL Transfer	181,468.39

<b>TOTAL NURSING HOME UPL EXPENSES</b>	<b>\$</b>	<b>1,164,342.32</b>
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**INTER-GOVERNMENT TRANSFERS**

8/25/2025 UC IGT	38,017.97
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<b>TOTAL INTER-GOVERNMENT TRANSFERS</b>	<b>\$</b>	<b>38,017.97</b>
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<b>GRAND TOTAL DISBURSEMENTS APPROVED August 27, 2025</b>	<b>\$</b>	<b>2,340,876.21</b>
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AUG 21 2025

MEMORIAL MEDICAL CENTER

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08/21/2025

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AP Open Invoice List

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CALHOUN COUNTY, TEXAS

Due Dates Through: 09/11/2025

Vendor#	Vendor Name	Class	Pay Code								
13180	✓ ADVANCED STERILIZATION PRODUCT										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 8020918349		08/06/202	08/08/202	08/20/202			200.81	0.00	0.00	200.81 ✓
		Cassette Disp. Box									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	13180	ADVANCED STERILIZATION PRODUCT						200.81	0.00	0.00	200.81
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
	✓ 1HD36Q6FKX1J		08/13/202	08/07/202	09/06/202			151.52	0.00	0.00	151.52 ✓
		Shave Sheer, Mat, Peanut Ball									
	✓ 11F61VWNPP1X		08/14/202	08/10/202	09/09/202			217.37	0.00	0.00	217.37 ✓
		SUPPLIES									
	✓ 1JPFFGQ6YXJH		08/14/202	08/11/202	09/10/202			59.43	0.00	0.00	59.43 ✓
		Door Stopper (1)									
	✓ 1RPC1PG9MX6N		08/14/202	08/12/202	09/11/202			38.24	0.00	0.00	38.24 ✓
		SUPPLIES									
		Shave Cauton Sign (4)									
		Storage Bins									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES						466.56	0.00	0.00	466.56
Vendor#	Vendor Name	Class	Pay Code								
A2271	✓ ARTHREX, INC	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 924813482		08/20/202	08/14/202	08/20/202			940.00	0.00	0.00	940.00 ✓
		Aspirating Irrigator (4)									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	A2271	ARTHREX, INC						940.00	0.00	0.00	940.00
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
	✓ 112179620		08/20/202	08/07/202	09/01/202			5,759.11	0.00	0.00	5,759.11 ✓
		Hardware / System billing									
	✓ 4587432		08/20/202	08/14/202	09/08/202			1,484.00	0.00	0.00	1,484.00 ✓
		Service Contract 8/3 - 9/12/25									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC						7,243.11	0.00	0.00	7,243.11
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
	✓ 908487368		08/20/202	08/13/202	08/20/202			1,381.15	0.00	0.00	1,381.15 ✓
		Card Mkr 14 Plus									
	✓ 908492307		08/20/202	08/14/202	08/15/202			2,191.15	0.00	0.00	2,191.15 ✓
		Multikal Prem. Assay									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC						3,572.30	0.00	0.00	3,572.30
Vendor#	Vendor Name	Class	Pay Code								
B1800	✓ BRIGGS HEALTHCARE	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ B491052		08/20/202	08/11/202	08/20/202			223.45	0.00	0.00	223.45 ✓
		X-Ray Register Book									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE						223.45	0.00	0.00	223.45

Vendor#	Vendor Name		Class	Pay Code						
10541 ✓	CARESFIELD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	2000307222		08/06/202	08/05/202	09/04/202		47.60	0.00	0.00	47.60 ✓
✓	200030834		08/06/202	08/08/202	09/07/202		508.30	0.00	0.00	508.30 ✓
	" " , Safety Blood Collection Needles									
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	10541	CARESFIELD					555.90	0.00	0.00	555.90
Vendor#	Vendor Name		Class	Pay Code						
12768 ✓	CHEMAQUA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	9267134		08/20/202	08/10/202	08/20/202		635.24	0.00	0.00	635.24 ✓
	Water Treatment									
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	12768	CHEMAQUA					635.24	0.00	0.00	635.24
Vendor#	Vendor Name		Class	Pay Code						
C1730 ✓	CITY OF PORT LAVACA			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	081325AA		08/21/202	08/13/202	08/13/202		90.52	0.00	0.00	90.52 ✓
✓	081325AAA		08/21/202	08/13/202	08/13/202		42.80	0.00	0.00	42.80 ✓
✓	081325BA		08/21/202	08/13/202	08/13/202		150.35	0.00	0.00	150.35 ✓
	701 N. Virginia St. 815 N. Virginia St. 1014 N. Virginia St.									
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA					283.67	0.00	0.00	283.67
Vendor#	Vendor Name		Class	Pay Code						
11720 ✓	CLINICAL COMPUTER SYSTEMS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	OBC0T00002564		08/01/202	07/18/202	07/18/202		385.00	0.00	0.00	385.00 ✓
	Pitro Cure Belly Bands									
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	11720	CLINICAL COMPUTER SYSTEMS INC					385.00	0.00	0.00	385.00
Vendor#	Vendor Name		Class	Pay Code						
C1166 ✓	COASTAL OFFICE SLOUTONS			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	OEQT329241		08/20/202	08/15/202	08/25/202		3,745.44	0.00	0.00	3,745.44 ✓
	Chairs (12)									
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SLOUTONS					3,745.44	0.00	0.00	3,745.44
Vendor#	Vendor Name		Class	Pay Code						
14400 ✓	CULINARY CONCESSIONS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	INV310479		07/31/202	07/31/202	09/10/202		34,193.94	0.00	0.00	34,193.94 ✓
	Food Expenses									
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	14400	CULINARY CONCESSIONS LLC					34,193.94	0.00	0.00	34,193.94
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
✓	5338460		08/20/202	06/17/202	06/17/202		262.40	0.00	0.00	262.40 ✓
✓	5354135		08/20/202	06/26/202	06/26/202		34.65	0.00	0.00	34.65 ✓
✓	5425904		08/20/202	07/26/202	07/26/202		34.65	0.00	0.00	34.65 ✓
	Water 9" Mixed Bed									

✓	5461932		08/20/202	07/31/202	07/31/202		650.00	0.00	0.00	650.00	✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		12044	CULLIGAN ULTRAPURE INC.				981.70	0.00	0.00	981.70	
Vendor#	Vendor Name		Class		Pay Code						
D1200	✓ DETAR HOSPITAL		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	✓ DTR2507017		08/20/202	08/07/202	08/07/202		821.45	0.00	0.00	821.45	✓
	JULY 2025										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		D1200	DE TAR HOSPITAL				821.45	0.00	0.00	821.45	
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	
	✓ 8039920		08/14/202	08/11/202	09/05/202		553.43	0.00	0.00	553.43	✓
	SUPPLIES										
	✓ 8040070		08/14/202	08/11/202	09/05/202		582.96	0.00	0.00	582.96	✓
	SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10368	DEWITT POTH & SON				1,136.39	0.00	0.00	1,136.39	
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	
	✓ MMC081525		08/20/202	08/15/202	08/16/202		200,948.73	0.00	0.00	200,948.73	✓
	Physician Services										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10789	DISCOVERY MEDICAL NETWORK INC				200,948.73	0.00	0.00	200,948.73	
Vendor#	Vendor Name		Class		Pay Code						
15832	✓ EVERON										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	✓ 159363828		08/20/202	08/03/202	09/01/202		58.43	0.00	0.00	58.43	✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		15832	EVERON				58.43	0.00	0.00	58.43	
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	
	✓ 907161593		08/20/202	08/11/202	09/05/202		9.00	0.00	0.00	9.00	✓
	Filter / Cartridge										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		S0501	EVOQUA WATER TECHNOLOGIES LLC				9.00	0.00	0.00	9.00	
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	
	✓ 2757137		08/01/202	08/05/202	08/30/202		772.82	0.00	0.00	772.82	✓
	Supplies										
	✓ 2910714		08/20/202	08/12/202	09/06/202		10.98	0.00	0.00	10.98	✓
	"										
	✓ 2973941		08/20/202	08/14/202	09/08/202		630.90	0.00	0.00	630.90	✓
	"										
	✓ 2973942		08/20/202	08/14/202	09/08/202		6,192.84	0.00	0.00	6,192.84	✓
	"										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		F1400	FISHER HEALTHCARE				7,607.54	0.00	0.00	7,607.54	
Vendor#	Vendor Name		Class		Pay Code						



W1300	✓	GRAINGER	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	9595340960		08/20/202	08/04/202	08/29/202			449.36	0.00	0.00	449.36	✓
		Pipe										
✓	9596964313		08/20/202	08/05/202	08/30/202			168.60	0.00	0.00	168.60	✓
		Bi-pin										
✓	9597484493		08/20/202	08/06/202	08/31/202			114.92	0.00	0.00	114.92	✓
		Single pin										
✓	9604214297		08/20/202	08/12/202	09/06/202			-168.60	0.00	0.00	-168.60	✓
		Credit										
✓	9604991522		08/20/202	08/12/202	09/06/202			195.00	0.00	0.00	195.00	✓
		Bi-pin										
✓	9604608126		08/20/202	08/12/202	09/06/202			168.60	0.00	0.00	168.60	✓
		..										
✓	9604214313		08/20/202	08/12/202	09/06/202			-195.00	0.00	0.00	-195.00	✓
		Credit										
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	W1300	GRAINGER						732.88	0.00	0.00	732.88	
Vendor#	Vendor Name		Class		Pay Code							
11984	✓	GUERBET, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	0092597686		08/20/202	08/14/202	08/20/202			350.00	0.00	0.00	350.00	✓
		Dokarem										
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	11984	GUERBET, LLC						350.00	0.00	0.00	350.00	
Vendor#	Vendor Name		Class		Pay Code							
15348	✓	HEALTH EQUITY										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	N1HDGGE		08/20/202	06/05/202	06/05/202			301.00	0.00	0.00	301.00	✓
		June 2025										
✓	YCV20KG		08/20/202	07/04/202	07/04/202			294.75	0.00	0.00	294.75	✓
		July 2025										
✓	PAKFD7T		08/20/202	08/06/202	08/06/202			286.25	0.00	0.00	286.25	✓
		Aug. 2025										
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	15348	HEALTH EQUITY						882.00	0.00	0.00	882.00	
Vendor#	Vendor Name		Class		Pay Code							
14976	✓	INOVALON PROVIDER INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	25M0085576		08/20/202	07/08/202	07/08/202			773.76	0.00	0.00	773.76	✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	14976	INOVALON PROVIDER INC.						773.76	0.00	0.00	773.76	
Vendor#	Vendor Name		Class		Pay Code							
L0700	✓	LABCORP OF AMERICA HOLDINGS	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	84466995		08/20/202	08/02/202	08/27/202			82.00	0.00	0.00	82.00	✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	L0700	LABCORP OF AMERICA HOLDINGS						82.00	0.00	0.00	82.00	
Vendor#	Vendor Name		Class		Pay Code							
10371	✓	LOFTIN EQUIPMENT COMPANY										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	00065188		08/13/202	08/07/202	08/13/202			2,356.25	0.00	0.00	2,356.25	✓
		Generator Check										
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	

	10371	LOFTIN EQUIPMENT COMPANY					2,356.25	0.00	0.00	2,356.25
Vendor#	Vendor Name		Class	Pay Code						
13268	✓ LONE STAR COMMUNICATIONS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 159123		08/20/202	02/18/202	03/20/202		1,818.60	0.00	0.00	1,818.60 ✓
	Part repair									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		13268	LONE STAR COMMUNICATIONS, INC				1,818.60	0.00	0.00	1,818.60
Vendor#	Vendor Name		Class	Pay Code						
15200	✓ MANAGED CARE PARTNERS INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 6811		08/20/202	09/01/202	09/01/202		515.00	0.00	0.00	515.00 ✓
	Professional Fee Sept. 2025									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		15200	MANAGED CARE PARTNERS INC.				515.00	0.00	0.00	515.00
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
	✓ 24141955		08/06/202	08/05/202	08/20/202		437.24	0.00	0.00	437.24 ✓
	Pump set / Cervical collar									
	✓ 24141975		08/06/202	08/05/202	08/20/202		93.47	0.00	0.00	93.47 ✓
	Supplies									
	✓ 24171362		08/20/202	08/12/202	08/27/202		31.28	0.00	0.00	31.28 ✓
	Applicator									
	✓ 24171881		08/20/202	08/12/202	08/27/202		236.76	0.00	0.00	236.76 ✓
	Irrigator									
	✓ 24180313		08/20/202	08/13/202	08/28/202		93.47	0.00	0.00	93.47 ✓
	Supplies									
	✓ 24201798		08/20/202	08/18/202	09/02/202		1,549.11	0.00	0.00	1,549.11 ✓
	CVC kit									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				2,441.33	0.00	0.00	2,441.33
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
	✓ 2371823742		08/01/202	05/22/202	06/16/202		26.72	0.00	0.00	26.72 ✓
	Supplies									
	✓ 2381864525		08/06/202	07/30/202	08/24/202		5,938.77	0.00	0.00	5,938.77 ✓
	✓ 2382825813		08/06/202	08/05/202	08/30/202		326.13	0.00	0.00	326.13 ✓
	✓ 2382840627		08/06/202	08/06/202	08/31/202		49.64	0.00	0.00	49.64 ✓
	✓ 2383730587		08/12/202	08/12/202	09/06/202		55.97	0.00	0.00	55.97 ✓
	✓ 2384038489		08/20/202	08/13/202	09/07/202		842.12	0.00	0.00	842.12 ✓
	✓ 2384038490		08/20/202	08/13/202	09/07/202		1,005.28	0.00	0.00	1,005.28 ✓
	✓ 2384038487		08/20/202	08/13/202	09/07/202		4.60	0.00	0.00	4.60 ✓
	✓ 2384038482		08/20/202	08/13/202	09/07/202		47.74	0.00	0.00	47.74 ✓
	✓ 2384036557		08/20/202	08/13/202	09/07/202		-1.31	0.00	0.00	-1.31 ✓
	✓ 2384038480		08/20/202	08/13/202	09/07/202		14.03	0.00	0.00	14.03 ✓

✓	2384038484	08/20/202 08/13/202 09/07/202	44.08	0.00	0.00	44.08	✓
<i>Supplies</i>							
✓	2384038479	08/20/202 08/13/202 09/07/202	16.14	0.00	0.00	16.14	✓
✓	2384038478	08/20/202 08/13/202 09/07/202	1,001.30	0.00	0.00	1,001.30	✓
✓	2384038488	08/20/202 08/13/202 09/07/202	2,611.62	0.00	0.00	2,611.62	✓
✓	2384038481	08/20/202 08/13/202 09/07/202	99.13	0.00	0.00	99.13	✓
✓	2384137541	08/20/202 08/14/202 09/08/202	332.53	0.00	0.00	332.53	✓
✓	2384330421	08/20/202 08/15/202 09/09/202	61.30	0.00	0.00	61.30	✓
Vendor Totals: Number Name							
	M2470	MEDLINE INDUSTRIES INC	12,475.79	0.00	0.00	12,475.79	
Vendor#	Vendor Name	Class	Pay Code				
M2621	✓ MMC AUXILIARY GIFT SHOP	W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
✓ 081425		08/20/202	08/14/202	08/14/202			
							✓
Vendor Totals: Number Name							
	M2621	MMC AUXILIARY GIFT SHOP	253.44	0.00	0.00	253.44	
Vendor#	Vendor Name	Class	Pay Code				
13548	✓ NACOGDOCHES TRANSCRIPTION						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
✓ 8816		08/20/202	08/19/202	08/29/202			
<i>August 2025</i>							
Vendor Totals: Number Name							
	13548	NACOGDOCHES TRANSCRIPTION	69.02	0.00	0.00	69.02	
Vendor#	Vendor Name	Class	Pay Code				
12388	✓ NATIONAL FARM LIFE INSURANCE						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
✓ 4551004		08/20/202	08/14/202	08/14/202			
							✓
Vendor Totals: Number Name							
	12388	NATIONAL FARM LIFE INSURANCE	5,489.90	0.00	0.00	5,489.90	
Vendor#	Vendor Name	Class	Pay Code				
12096	✓ NEOGENOMICS LABORATORIES						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
✓ 9175466		08/20/202	07/31/202	07/31/202			
							✓
Vendor Totals: Number Name							
	12096	NEOGENOMICS LABORATORIES	4,065.00	0.00	0.00	4,065.00	
Vendor#	Vendor Name	Class	Pay Code				
O1500	✓ OLYMPUS AMERICA INC	M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
✓ 38477583		08/12/202	08/11/202	09/05/202			
<i>Combo Cleaning Brush</i>							
✓ 38462031		08/20/202	06/27/202	07/22/202			
							✓
Vendor Totals: Number Name							
	O1500	OLYMPUS AMERICA INC	1,270.00	0.00	0.00	1,270.00	
Vendor#	Vendor Name	Class	Pay Code				
17956	✓ ONE PHYSICS LLC						



Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ OP004904		08/20/202	08/12/202	09/11/202			900.00	0.00	0.00	900.00 ✓
<b>Ram Audit</b>										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
17956		ONE PHYSICS LLC					900.00	0.00	0.00	900.00
Vendor#	Vendor Name		Class	Pay Code						
10152 ✓	PARTSSOURCE, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 05901296		08/20/202	08/07/202	09/06/202			158.70	0.00	0.00	158.70 ✓
<b>Cell Replacement Kit</b>										
✓ 05907002		08/20/202	08/11/202	09/10/202			1,172.44	0.00	0.00	1,172.44 ✓
<b>Assembly, Board, Circuit Card</b>										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
10152		PARTSSOURCE, LLC					1,331.14	0.00	0.00	1,331.14
Vendor#	Vendor Name		Class	Pay Code						
10372 ✓	PRECISION DYNAMICS CORP (PDC)									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9359349151A		08/01/202	06/24/202	07/24/202			20.23	0.00	0.00	20.23 ✓
<b>Supplies</b>										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
10372		PRECISION DYNAMICS CORP (PDC)					20.23	0.00	0.00	20.23
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
✓ 301524		08/20/202	08/20/202	09/04/202			142.65	0.00	0.00	142.65 ✓
<b>Single Sided 24 x 36</b>										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
11251		RAPID PRINTING LLC					142.65	0.00	0.00	142.65
Vendor#	Vendor Name		Class	Pay Code						
10699 ✓	SIGN AD, LTD.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 316417		08/20/202	08/16/202	08/26/202			425.00	0.00	0.00	425.00 ✓
<b>Advertising Lease 8/27 - 9/23/25</b>										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
10699		SIGN AD, LTD.					425.00	0.00	0.00	425.00
Vendor#	Vendor Name		Class	Pay Code						
17852 ✓	SINGLETON ASSOCIATES PA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 5159		08/20/202	06/27/202	06/27/202			420.02	0.00	0.00	420.02 ✓
<b>Formosa Examination</b>										
✓ 59611		08/20/202	07/17/202	07/17/202			10.91	0.00	0.00	10.91 ✓
<b>Leadrift Examination</b>										
✓ 5319		08/20/202	07/17/202	07/17/202			11.00	0.00	0.00	11.00 ✓
<b>Dow Union Carbide Examination</b>										
✓ 5160		08/20/202	07/17/202	07/17/202			160.30	0.00	0.00	160.30 ✓
<b>Formosa Examination</b>										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
17852		SINGLETON ASSOCIATES PA					602.23	0.00	0.00	602.23
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
✓ 107052999		08/20/202	08/15/202	09/09/202			3,218.00	0.00	0.00	3,218.00 ✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
11296		SOUTH TEXAS BLOOD & TISSUE CEN					3,218.00	0.00	0.00	3,218.00
Vendor#	Vendor Name		Class	Pay Code						

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 090125		08/20/202	09/01/202	09/02/202			276.29	0.00	0.00	276.29
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT					276.29	0.00	0.00	276.29
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
✓ 1250000908		08/20/202	08/01/202	08/01/202			3,372.50	0.00	0.00	3,372.50
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	15236	SPECIALTY PROFESSIONAL					3,372.50	0.00	0.00	3,372.50
Vendor#	Vendor Name	Class		Pay Code						
S3940	STERIS CORPORATION	M								
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 14185164		08/20/202	08/13/202	09/07/202			428.68	0.00	0.00	428.68
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION					428.68	0.00	0.00	428.68
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
✓ 20226364		08/20/202	08/10/202	09/09/202			146.00	0.00	0.00	146.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC					146.00	0.00	0.00	146.00
Vendor#	Vendor Name	Class		Pay Code						
T2204	TEXAS MUTUAL INSURANCE CO	W								
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1007225049		08/20/202	08/14/202	09/03/202			10,650.00	0.00	0.00	10,650.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO					10,650.00	0.00	0.00	10,650.00
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
✓ 0025772		08/20/202	08/14/202	08/15/202			3,625.00	0.00	0.00	3,625.00
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						
U1064	UNIFIRST HOLDINGS INC									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2921066630		08/12/202	08/11/202	09/05/202			203.59	0.00	0.00	203.59
UNIFORMS										
✓ 2921062854		08/20/202	06/19/202	07/14/202			2,976.23	0.00	0.00	2,976.23
✓ 2921065666		08/20/202	07/28/202	08/22/202			4,297.76	0.00	0.00	4,297.76
✓ 2921065924		08/20/202	07/31/202	08/25/202			2,932.32	0.00	0.00	2,932.32
✓ 2921066110		08/20/202	08/04/202	08/29/202			4,189.58	0.00	0.00	4,189.58
✓ 2921066458		08/20/202	08/07/202	09/01/202			289.83	0.00	0.00	289.83

✓	2921066480	08/20/202 08/07/202 09/01/202	311.44	0.00	0.00	311.44	✓
✓	2921066486	08/20/202 08/07/202 09/01/202	149.46	0.00	0.00	149.46	✓
✓	2921066442	08/20/202 08/07/202 09/01/202	3,275.79	0.00	0.00	3,275.79	✓
✓	2921066618	08/20/202 08/11/202 09/05/202	3,736.06	0.00	0.00	3,736.06	✓
✓	2921066923	08/20/202 08/14/202 09/08/202	3,252.54	0.00	0.00	3,252.54	✓
✓	2921066966	08/20/202 08/14/202 09/08/202	159.58	0.00	0.00	159.58	✓
✓	2921066937	08/20/202 08/14/202 09/08/202	289.83	0.00	0.00	289.83	✓
✓	2921066960	08/20/202 08/14/202 09/08/202	3,538.69	0.00	0.00	3,538.69	✓
✓	2921066946	08/20/202 08/14/202 09/08/202	201.60	0.00	0.00	201.60	✓
✓	2921066930	08/20/202 08/14/202 09/08/202	110.20	0.00	0.00	110.20	✓

Vendor Totals: Number Name Gross Discount No-Pay Net  
U1064 UNIFIRST HOLDINGS INC 29,914.50 0.00 0.00 29,914.50

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
219999		08/20/202	08/19/202	08/19/202			450.00	0.00	0.00	450.00

Vendor Totals: Number Name Gross Discount No-Pay Net  
V1056 VICTORIA AIR CONDITIONING LTD 450.00 0.00 0.00 450.00

Vendor#	Vendor Name	Class	Pay Code							
17832	VOCA LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
40451		08/20/202	08/01/202	08/23/202			3,467.50	0.00	0.00	3,467.50

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							
I1110 ✓	WERFEN USA LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9111937884		08/20/202	08/11/202	09/05/202			1,794.40	0.00	0.00	1,794.40 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net  
I1110 WERFEN USA LLC 1,794.40 0.00 0.00 1,794.40

Vendor Totals: Number		Name	Gross	Discount	No-Pay	Net
11110		WERFEN USA LLC	3,366.06	0.00	0.00	3,366.06
Vendor#	Vendor Name		Class	Pay Code		
10556	✓ WOUND CARE SPECIALISTS					

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

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10556	WOUND CARE SPECIALISTS	11,225.00	0.00	0.00	11,225.00
Report Summary					
Grand Totals:	Gross	Discount	No-Pay	Net	

Vendor Totals: Number Name Gross Discount No-Pay Net  
10556 WOUND CARE SPECIALISTS 11,225.00 0.00 0.00 11,225.00

APPROVED ON  
Grand Totals: Gross Discount No-Pay Net  
AUG 21 2025 371,144.41 0.00 0.00 371,144.41

Report Summary

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Inv# 210714 - 210120



RUN DATE:08/25/25  
TIME:14:03

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
08/27/25 THRU 08/27/25

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GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	210074	08/27/25	200.81	ADVANCED STERILIZATION PRODUCT
A/P	210075	08/27/25	466.56	AMAZON CAPITAL SERVICES
A/P	210076	08/27/25	940.00	ARTHREX, INC
A/P	210077	08/27/25	7,243.11	BECKMAN COULTER INC
A/P	210078	08/27/25	3,572.30	BIO-RAD LABORATORIES, INC
A/P	210079	08/27/25	223.45	BRIGGS HEALTHCARE
A/P	210080	08/27/25	555.90	CARESFIELD
A/P	210081	08/27/25	635.24	CHEMAQUA
A/P	210082	08/27/25	283.67	CITY OF PORT LAVACA
A/P	210083	08/27/25	385.00	CLINICAL COMPUTER SYSTEMS INC
A/P	210084	08/27/25	3,745.44	COASTAL OFFICE SOLUTIONS
A/P	210085	08/27/25	34,193.94	CULINARY CONCESSIONS LLC
A/P	210086	08/27/25	981.70	CULLIGAN ULTRAPURE INC.
A/P	210087	08/27/25	821.45	DETAR HOSPITAL
A/P	210088	08/27/25	1,136.39	DEWITT POTH & SON
A/P	210089	08/27/25	200,948.73	DISCOVERY MEDICAL NETWORK INC
A/P	210090	08/27/25	58.43	EVERON
A/P	210091	08/27/25	9.00	EVOQUA WATER TECHNOLOGIES LLC
A/P	210092	08/27/25	7,607.54	FISHER HEALTHCARE
A/P	210093	08/27/25	732.88	GRAINGER
A/P	210094	08/27/25	350.00	GUERBET, LLC
A/P	210095	08/27/25	882.00	HEALTH EQUITY
A/P	210096	08/27/25	773.76	INOVALON PROVIDER INC.
A/P	210097	08/27/25	82.00	LABCORP OF AMERICA HOLDINGS
A/P	210098	08/27/25	2,356.25	LOFTIN EQUIPMENT COMPANY
A/P	210099	08/27/25	1,818.60	LONE STAR COMMUNICATIONS, INC
A/P	210100	08/27/25	515.00	MANAGED CARE PARTNERS INC.
A/P	210101	08/27/25	2,441.33	MCKESSON MEDICAL SURGICAL INC
A/P	210102	08/27/25	.00	VOIDED
A/P	210103	08/27/25	.00	VOIDED
A/P	210104	08/27/25	12,475.79	MEDLINE INDUSTRIES INC
A/P	210105	08/27/25	253.44	MMC AUXILIARY GIFT SHOP
A/P	210106	08/27/25	69.02	NACOGDOCHES TRANSCRIPTION
A/P	210107	08/27/25	5,489.90	NATIONAL FARM LIFE INSURANCE
A/P	210108	08/27/25	4,065.00	NEOGENOMICS LABORATORIES
A/P	210109	08/27/25	1,270.00	OLYMPUS AMERICA INC
A/P	210110	08/27/25	900.00	ONE PHYSICS LLC
A/P	210111	08/27/25	1,331.14	PARTSSOURCE, LLC
A/P	210112	08/27/25	20.23	PRECISION DYNAMICS CORP (PDC)
A/P	210113	08/27/25	142.65	RAPID PRINTING LLC
A/P	210114	08/27/25	425.00	SIGN AD, LTD.
A/P	210115	08/27/25	602.23	SINGLETON ASSOCIATES PA
A/P	210116	08/27/25	3,218.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	210117	08/27/25	276.29	SPARKLIGHT
A/P	210118	08/27/25	3,372.50	SPECIALTY PROFESSIONAL
A/P	210119	08/27/25	428.68	STERIS CORPORATION
A/P	210120	08/27/25	146.00	T-SYSTEM, INC
A/P	210121	08/27/25	10,650.00	TEXAS MUTUAL INSURANCE CO
A/P	210122	08/27/25	3,625.00	TEXAS SELECT STAFFING, LLC
A/P	210123	08/27/25	.00	VOIDED

RUN DATE:08/25/25  
TIME:14:03

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
08/27/25 THRU 08/27/25

PAGE 2  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	210124	08/27/25	29,914.50	UNIFIRST HOLDINGS INC
A/P	210125	08/27/25	450.00	VICTORIA AIR CONDITIONING LTD
A/P	210126	08/27/25	3,467.50	VOCA LLC
A/P	210127	08/27/25	3,366.06	WERFEN USA LLC
A/P	210128	08/27/25	11,225.00	WOUND CARE SPECIALISTS
A/P	210129	08/27/25	3,812.74	GOLDENCREEK HEALTHCARE
A/P	210130	08/27/25	13,510.41	LAVACA BAY NURSING AND REHAB
A/P	210131	08/27/25	122,894.35	TUSCANY VILLAGE
A/P	210132	08/27/25	120.00	
TOTALS:			511,481.91	

APPROVED ON

AUG 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Payables 371,144.41 +  
Pat. refund 120.00 +  
3,812.74 +  
NH 122,894.35 +  
Kiers 13,510.41 +  
511,481.91 0

RUN DATE: 08/21/25  
TIME: 11:13

RECEIVED BY THE  
COUNTY AUDITOR ON  
AUG 21 2025

MEMORIAL MEDICAL CENTER  
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1  
APCDEDIT

PATIENT NUMBER	PAYEE NAME CALHOUN COUNTY, TEXAS	DATE	AMOUNT	PAY PAT CODE TYPE DESCRIPTION	GL NUM
✓ 6005845 01	[REDACTED]	082125	120.00	✓ 5 REFUND FOR [REDACTED]	
	TX	77979			

ARID=0001 TOTAL 120.00

TOTAL 120.00

APPROVED ON

AUG 21 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Chx 210132



# STATEMENT

As of: 08/22/2025

Page: 001

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

As of: 08/22/2025 Page: 001

Mail to: Comp: 8000

CARR: MCK INITIATED ACH DEBIT  
AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only  
USA

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

CARR: MCK INITIATED ACH DEBIT  
AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only  
USA ✓

DC: 8115

Territory: 7001

Customer Location:

Customer: 820405

Date: 08/23/2025

Cust: 820405 PLEASE CHECK ANY  
Date: ITEMS NOT PAID ↓

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/21/2025	08/26/2025	7586182579	B2508-055-221929	115Invoice	0.09	4.27		✓ 4.18		7586182579	
08/22/2025	08/26/2025	7586413914	B2508-055-222267	115Invoice	0.10	5.18		✓ 5.08		7586413914	

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

## OTAL

uture Due: 0.00 Subtotals: 9.45 USD  
ast Due: 0.00 If Paid By 08/26/2025  
Pay This Amount: 9.26 USD  
ast Payment: 499.88 If Paid After 08/26/2025  
8/18/2025 Pay This Amount: 9.45 USD  
otal Discount: 0.19

Due If Paid On Time: 9.26  
USD  
Disc lost if paid late: 0.19  
USD  
Due if paid late: 9.45  
USD

*msd*

9 \* 26 +  
31 \* 58 +  
3 \* 14 +  
6 \* 32 +  
50 \* 30 =

APPROVED ON

AUG 25 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

# STATEMENT

As of: 08/22/2025

Page: 001

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

As of: 08/22/2025 Page: 001

Mail to: Comp: 8000

CARR: MCK INITIATED ACH DEBIT  
AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only  
USA

DC: 8115

Territory: 7001

Customer Location:

Customer: 835438

Date: 08/23/2025

Cust: 835438 PLEASE CHECK ANY  
Date: ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/20/2025	08/26/2025	7586079596	4341525	115Invoice	0.64	32.22		✓ 31.58		7586079596	

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

## TOTAL

Future Due: 0.00 Subtotals: 32.22 USD  
Past Due: 0.00 If Paid By 08/26/2025  
Past Payment: 499.88 Pay This Amount: 31.58 USD  
8/18/2025 If Paid After 08/26/2025 32.22 USD  
Pay This Amount:  
Total Discount: 0.64

Due If Paid On Time: 31.58

USD

0.64

Disc lost if paid late: USD

32.22

Due if paid late:

USD

APPROVED ON

AUG 25 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

# STATEMENT

As of: 08/22/2025

Page: 001

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

As of: 08/22/2025 Page: 001

Mail to: Comp: 8000

CARR: MCK INITIATED ACH DEBIT  
AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only  
USA

DC: 8115

Territory: 7001

Customer Location:

Customer: 835437

Date: 08/23/2025

Cust: 835437 PLEASE CHECK ANY  
Date: ITEMS NOT PAID ↓

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/20/2025	08/26/2025	7586096310	4339401	115Invoice	0.06	3.20		✓ 3.14		7586096310	

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

## TOTAL

Future Due: 0.00 Subtotals: 3.20 USD  
Past Due: 0.00 If Paid By 08/26/2025  
Past Payment: 499.88 Pay This Amount: 3.14 USD  
8/18/2025 If Paid After 08/26/2025 3.20 USD  
Pay This Amount:  
Total Discount: 0.06

Due If Paid On Time: 3.14  
USD  
Disc lost if paid late: 0.06  
USD  
Due if paid late: 3.20  
USD

APPROVED ON

AUG 25 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



Company: 8000

# STATEMENT

As of: 08/22/2025

Page: 001

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

As of: 08/22/2025 Page: 001

Mail to: Comp: 8000

CARR: MCK INITIATED ACH DEBIT  
AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only  
USA

DC: 8115

Territory: 7001

Customer Location:

Customer: 835430

Date: 08/23/2025

Cust: 835430 PLEASE CHECK ANY  
Date: ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/20/2025	08/26/2025	7585971975	4340713	115Invoice	0.13	6.45		✓ 6.32		7585971975	

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

## TOTAL

Future Due: 0.00 Subtotals: 6.45 USD  
Past Due: 0.00 If Paid By 08/26/2025  
Past Payment: 499.88 Pay This Amount: 6.32 USD  
8/18/2025 If Paid After 08/26/2025  
Total Discount: 0.13 Pay This Amount: 6.45 USD

Due If Paid On Time: 6.32  
USD  
Disc lost if paid late: 0.13  
Due if paid late: 6.45  
USD

APPROVED ON

AUG 25 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

DEA: RA0289276  
866-451-9655

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

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

**Customer Number**

100135284 / 037028186

**Terms**

Sat - Fri Due in 7 days

**Summary**

Not Yet Due:	0.00
Current:	145.78
Past Due:	0.00
Total Due:	145.78
Account Balance:	145.78

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-18-2025	08-29-2025	3224126320	7010372302	Invoice	41.84		0.00	41.84 ✓
08-18-2025	08-29-2025	3224126321	7010381761	Invoice	28.29		0.00	28.29 ✓
08-18-2025	08-29-2025	3224126322	7010390912	Invoice	16.28		0.00	16.28 ✓
08-19-2025	08-29-2025	3224266337	7010396199	Invoice	32.81		0.00	32.81 ✓
08-21-2025	08-29-2025	3224533693	7010411196	Invoice	5.38		0.00	5.38 ✓
08-22-2025	08-29-2025	3224672092	7010416830	Invoice	8.86		0.00	8.86 ✓
08-22-2025	08-29-2025	3224672093	7010416721	Invoice	12.32		0.00	12.32 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
145.78	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON  
AUG 25 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

**Reminders**

Due Date	Amount
08-29-2025	145.78
<b>Total Due:</b>	<b>145.78</b>

✓ *[Signature]*



## STATEMENT

Statement Number: 70380338  
Date: 08-22-2025

1 of 1

**Serviced By:**  
AMERISOURCEBERGEN DRUG CORP  
501 PATRIOT PARKWAY  
ROANOKE TX 76262-6336  
  
DEA: RA0316958  
866-451-9655**Customer:**  
WALGREENS CENTRAL FILL #21373 340B  
MEMORIAL MEDICAL CENTER  
4100 DALE EARNHARDT WAY 200  
NORTHLAKE TX 76262-2389**Remit To:**  
AMERISOURCEBERGEN  
PO Box 978740  
DALLAS TX 75397-8740**Customer Number**

100566356 / 100566356

**Terms**

Sat - Fri Due in 7 days

**Summary**

Not Yet Due:	0.00
Current:	1,296.16
Past Due:	0.00
Total Due:	1,296.16
Account Balance:	1,296.16

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-18-2025	08-29-2025	3224105507	7010381342	Invoice	12.31		0.00	12.31 ✓
08-19-2025	08-29-2025	3224312019	7010403562	Invoice	488.21		0.00	488.21 ✓
08-21-2025	08-29-2025	3224574020	7010416696	Invoice	25.87		0.00	25.87 ✓
08-22-2025	08-29-2025	3224704128	7010423466	Invoice	769.77		0.00	769.77 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,296.16	0.00	0.00	0.00	0.00	0.00	0.00

**Reminders**

Due Date	Amount
08-29-2025	1,296.16
<b>Total Due:</b>	<b>1,296.16</b>

1 msc





## STATEMENT

Statement Number: 70374280  
Date: 08-22-2025

1 of 1

Served By:

AMERISOURCEBERGEN DRUG CORP  
12577 STATELINE ROAD  
OLIVE BRANCH MS 38654DEA: RA0504743  
866-451-9655

Customer:

ACCREDITO MEMPHIS 340B  
MEMORIAL MEDICAL CENTER  
1620 CENTURY CENTER PKWY #109  
MEMPHIS TN 38134-8849

Remit To:

AMERISOURCEBERGEN  
POST OFFICE  
PO Box 29808  
NEW YORK NY 10087-9808

## Customer Number

100302028 / 100302028

## Terms

Sat - Fri Due in 7 days

## Summary

Not Yet Due:	0.00
Current:	789.95
Past Due:	0.00
Total Due:	789.95
Account Balance:	789.95

## Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-19-2025	08-29-2025	3224251330	B0818014213346	Invoice	789.95		0.00	789.95

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
789.95	0.00	0.00	0.00	0.00	0.00	0.00

## Reminders

Due Date	Amount
08-29-2025	789.95
Total Due:	789.95

✓ MSZ

**TOLL FREE PHONE NUMBER: 1-800-555-3453**

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

<input type="checkbox"/> "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ### <input type="text"/>
<input type="checkbox"/> "ENTER YOUR 4-DIGIT PIN"	<input type="text"/>
<input type="checkbox"/> "MAKE A PAYMENT, PRESS 1"	<input type="text" value="1"/>
<input type="checkbox"/> "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ <input type="text" value="941"/> #
<input type="checkbox"/> "IF FEDERAL TAX DEPOSIT ENTER 1"	<input type="text" value="1"/>
<input type="checkbox"/> "ENTER 2-DIGIT TAX FILING YEAR"	★ <input type="text" value="25"/>
<input type="checkbox"/> "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ <input type="text" value="09"/>
1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	
<input type="checkbox"/> "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ <input type="text" value="\$ 122,920.74"/> #
"1 TO CONFIRM"	<input type="text" value="1"/>
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 <input type="text" value="\$ 63,763.64"/> #
"ENTER W/CENTS AMOUNT OF MEDICARE"	<input type="text" value="\$ 14,912.50"/> #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	<input type="text" value="\$ 44,244.60"/> #
<input type="checkbox"/> "6-DIGIT SETTLEMENT DATE"	★ <input type="text"/>
"1 TO CONFIRM"	<input type="text" value="1"/>
<input type="checkbox"/> ACKNOWLEDGEMENT NUMBER	<input type="text"/>

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


## REVISED 3/18/2014

"ENTER VOID CKS AS NEGATIVE NUMBERS"

[illegible]

"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

TAXABLE PAY:	\$	514,223.47	\$	514,223.47
--------------	----	------------	----	------------

		<b>**CALCULATED**</b>	<b>From MMC Report</b>	<b>Difference</b>
FICA - MED (ER)	1.45%	\$ 7,456.24		
FICA - MED (EE)	1.45%	\$ 7,456.24	\$ 7,456.25	\$ (0.01)
FICA - SOC SEC (ER)	6.20%	\$ 31,881.86		
FICA - SOC SEC (EE)	6.20%	\$ 31,881.86	\$ 31,881.82	\$ 0.04
FED WITHHOLDING		\$ 44,244.60	\$ 44,244.60	

**Paycode S - Employee Reimb.:**

TAX DEPOSIT:		\$	122,920.80	\$	122,920.74
FICA - MEDICARE	2.90%	\$	14,912.48		\$14,912.50
FICA - SOCIAL SECURITY	12.40%	\$	63,763.72		\$63,763.64
FED WITHHOLDING		\$	44,244.60		\$44,244.60
TOTAL TAX:		\$	122,920.80		\$122,920.74

PREPARED DATE:

Andrie Flores

8/25/2025

Run Date: 08/22/25  
Time: 15:48

MEMORIAL MEDICAL CENTER  
Payroll Register { Bi-Weekly }  
Pay Period 08/08/25 - 08/21/25 Run# 1

Page 109  
P2REG

Final Summary

*-- Pay Code Summary -----*					*-- Deductions Summary -----*				
PayCd	Description	Hrs	OT	SH	WB	HO	CB	Gross	Code Amount
1	REGULAR PAY-S1	9665.50	N	N	N			229329.31	A/R 385.06
1	REGULAR PAY-S1	2023.00	N	N	N	N		101102.42	AWARDS BCBSVI
1	REGULAR PAY-S1	2.25	N	N	N	Y		132.57	BOOTS CAFE H CAFE-1
1	REGULAR PAY-S1	229.00	Y	N	N			7601.67	CAPE-2 CAFE-3 CAFE-4
2	REGULAR PAY-S2	2361.25	N	N	N			65715.31	CAPE-5 CAFE-C CAFE-D
2	REGULAR PAY-S2	122.50	Y	N	N			5120.83	CAPE-F CAFE-H CAFE-I
3	REGULAR PAY-S3	1502.00	N	N	N			52265.14	CAPE-L CAFE-P CANCER
3	REGULAR PAY-S3	133.00	Y	N	N			5666.83	CHILC CLINIC 25.00 COMBIN
3	REGULAR PAY-S3	2.00	Y	N	N	N		136.59	CREDUM DD ADV DENTAL
4	CALL BACK PAY	15.00	N	1	N	N	Y	735.41	DEP-LF DIS-LF EAT
4	CALL BACK PAY	8.00	N	2	N	N	Y	350.81	EATCSH FEDTAX 44244.60 FICA-M 7456.25
4	CALL BACK PAY	2.00	N	3	N	N	Y	88.00	FICA-O 31881.82 FIRSTC FLEX S
C	CALL PAY	2499.75	N	1	N	N		4999.50	FLX FE FORT D FUTA
D	DOUBLE TIME	21.00	N	1	N	N		1017.72	GIFT S 209.43 GRANT GRP-IN
D	DOUBLE TIME	7.50	N	2	N	N		603.75	GTL HOSP-I HSA
D	DOUBLE TIME	8.25	N	3	N	N		680.63	ID TFF INSTAX LEAP
E	EXTRA WAGES		N	N	N	N		-556.59	LEGAL MASA MEALS 4104.58
E	EXTRA WAGES		N	1	N	N	N	1848.50	METVIS MISC MISC/
I	INSERVICE	44.50	N	1	N	N		1430.48	MMCSHR MOOACC MOOILL
K	EXTENDED-ILLNESS-BANK	318.50	N	1	N	N		9862.72	MOOIND MOOLIF MOOSTD
P	PAID-TIME-OFF	147.65	N	N	N	N		5021.67	MOOVIS NATFML OTHER
P	PAID-TIME-OFF	707.00	N	1	N	N		20418.20	PHI PHI*** PR FIN
X	CALL PAY 2	110.00	N	1	N	N		220.00	RELAY REPAY SAMS
Z	CALL PAY 3	144.00	N	1	N	N		432.00	SCRUBS SIGNON ST-TX
									STONDF STONE STONE2
									STUDEN SUNACC SUNILL
									SUNIND SUNLIF SUNSTD
									SUNVIS SURCHG TSA-1
									TSA-2 TSA-C TSA-P
									TSA-R 34491.88 TUTION UNIFOR
									UN/HGS

\*----- Grand Totals: 20093.65 ----- | Gross: 514223.47 | Deductions: 122828.62 | Net: 391394.85 | CC  
| Checks Count:- FT 194 PT 12 Other 49 Female 230 Male 24 Credit OverAmt 16 ZeroNet Term Total: 254 |  
\*-----



	CLMNT	CLMNC	CLMNS	CMTD	SUM	CLMNT	PATN	MATU	CMV	TRNAM	LASTNAM	COI	DQY	FQAMT	TITLE	MMYY
5796	76351	1	1	0	2025	225001748	0	8/18/2025	\$24,293.89	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0		
5797	76351	2	33	0	2025	226001476	0	8/18/2025	\$2.05	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	591	0		
5798	76351	2	33	0	2025	226001402	0	8/18/2025	\$84.25	1	AMERICAN SPECIALTY HEALTH CLEARINGHOUSE	P	313	0		
5799	76351	2	33	0	2025	226001403	0	8/18/2025	\$84.25	1	AMERICAN SPECIALTY HEALTH CLEARINGHOUSE	P	313	0		
5800	76351	2	33	0	2025	226001404	0	8/18/2025	\$84.25	1	AMERICAN SPECIALTY HEALTH CLEARINGHOUSE	P	313	0		
5802	76351	2	33	0	2025	225001097	0	8/18/2025	\$134.82	1	BAYLOR COLLEGE OF MEDICINE	P	457	0		
5803	76351	2	33	0	2025	224000623	0	8/18/2025	\$149.26	1	ESS OF PORT LAVACA LLC	P	189	0		
5804	76351	2	33	0	2025	226001401	0	8/18/2025	\$163.54	1	AMERICAN SPECIALTY HEALTH CLEARINGHOUSE	P	313	0		
5807	76351	3	69	1	2025	226001518	0	8/18/2025	\$0.87	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	591	0		
5808	76351	3	43	3	2025	226001473	0	8/18/2025	\$2.05	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5809	76351	3	69	0	2025	226001488	0	8/18/2025	\$2.05	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5810	76351	3	64	0	2025	226001496	0	8/18/2025	\$2.05	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5811	76351	3	18	0	2025	226001441	0	8/18/2025	\$2.15	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5812	76351	3	20	0	2025	226001442	0	8/18/2025	\$2.15	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5813	76351	3	39	0	2025	226001489	0	8/18/2025	\$2.15	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5816	76351	3	11	0	2025	226001421	0	8/18/2025	\$3.69	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	591	0		
5817	76351	3	57	2	2025	227001129	0	8/18/2025	\$4.30	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5818	76351	3	49	0	2025	230000468	0	8/18/2025	\$4.61	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	846	0		
5819	76351	3	65	1	2025	226001457	0	8/18/2025	\$10.94	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5822	76351	3	47	0	2025	226001509	0	8/18/2025	\$30.15	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5823	76351	3	24	0	2025	226001463	0	8/18/2025	\$35.57	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5824	76351	3	65	0	2025	226001458	0	8/18/2025	\$37.87	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5825	76351	3	64	2	2025	226001516	0	8/18/2025	\$61.51	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	591	0		
5830	76351	3	31	0	2025	270000465	0	8/18/2025	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0		
5831	76351	3	39	0	2025	224001593	0	8/18/2025	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0		
5832	76351	3	64	2	2025	226000180	0	8/18/2025	\$66.45	1	CHILDRENS PHYSICIAN SERVICES SOUTH TEXAS	P	728	0		
5834	76351	3	67	0	2025	225000105	0	8/18/2025	\$78.86	1	UT PHYSICIANS	P	484	0		
5835	76351	3	57	2	2025	270000463	0	8/18/2025	\$87.40	1	CHRISTUS TRINITY CLINIC	P	177	0		
5839	76351	3	74	0	2025	226000184	0	8/18/2025	\$96.83	1	HEATH AND WELLNESS SOLUTIONS PA	P	457	0		
5840	76351	3	62	0	2025	223000155	0	8/18/2025	\$111.33	1	UT PHYSICIANS	P	177	0		
5841	76351	3	62	0	2025	225000109	0	8/18/2025	\$111.33	1	UT PHYSICIANS	P	177	0		
5844	76351	3	73	2	2025	230000441	0	8/18/2025	\$113.49	9	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	30	1		
5845	76351	3	43	3	2025	225000416	0	8/18/2025	\$149.26	1	ESS OF PORT LAVACA LLC	P	189	0		
5847	76351	3	73	0	2025	224000157	0	8/18/2025	\$192.94	1	SCOTT & WHITE CLINIC	P	172	0		
5851	76351	3	45	0	2025	225000108	0	8/18/2025	\$241.29	1	SINGLETON ASSOCIATES PA	P	172	0		
5852	76351	3	45	0	2025	219000100	0	8/18/2025	\$354.85	1	SINGLETON ASSOCIATES PA	P	324	0		
5853	76351	3	62	2	2025	226000176	0	8/18/2025	\$369.40	1	ESS OF PORT LAVACA LLC	P	189	0		
5855	76351	3	79	1	2025	226000108	0	8/18/2025	\$387.50	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	604	0		
5855	76351	3	72	0	2025	2260001104	0	8/18/2025	\$426.25	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	604	0		
5858	76351	3	72	0	2025	224001391	0	8/18/2025	\$1,558.54	1	CITIZENS MEDICAL CENTER	P	448	0		
5866	76360	2	29	0	2025	226001451	0	8/18/2025	\$2.15	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5867	76360	2	111	1	2025	226001440	0	8/18/2025	\$4.17	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5868	76360	2	35	0	2025	219000118	0	8/18/2025	\$33.76	1	HOUSTON RADIOLOGY ASSOCIATED	P	163	0		
5869	76360	2	35	0	2025	218000071	0	8/18/2025	\$35.08	1	HOUSTON RADIOLOGY ASSOCIATED	P	183	0		
5871	76360	2	111	1	2025	225000182	0	8/18/2025	\$103.50	1	CHILDRENS PHYSICIAN SERVICES	P	752	0		
5872	76360	2	72	0	2025	226001099	0	8/18/2025	\$387.50	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	604	0		
5875	76360	2	35	0	2025	226001460	0	8/18/2025	\$808.61	9	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	30	1		
5876	76360	2	114	0	2025	206001186	0	8/18/2025	\$2,739.00	1	VICTORIA EYE CENTER	P	431	0		
5877	76360	3	32	6	2025	226001469	0	8/18/2025	\$0.40	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	591	0		
5878	76360	3	1	0	2025	226001436	0	8/18/2025	\$2.05	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5879	76360	3	76	0	2025	226001444	0	8/18/2025	\$2.05	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	591	0		
5880	76360	3	90	0	2025	227001917	0	8/18/2025	\$2.05	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	591	0		
5881	76360	3	119	0	2025	226001492	0	8/18/2025	\$2.11	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5887	76360	3	80	1	2025	225001728	0	8/18/2025	\$2.15	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5883	76360	3	70	0	2025	226001437	0	8/18/2025	\$2.15	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5884	76360	3	30	0	2025	226001462	0	8/18/2025	\$2.15	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5886	76360	3	21	1	2025	226001432	0	8/18/2025	\$4.30	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5887	76360	3	126	0	2025	227001713	0	8/18/2025	\$4.30	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5888	76360	3	94	0	2025	227001890	0	8/18/2025	\$4.34	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5889	76360	3	43	0	2025	226001486	0	8/18/2025	\$6.41	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5890	76360	3	65	0	2025	224000170	0	8/18/2025	\$8.24	1	SINGLETON ASSOCIATES PA	P	181	0		
5891	76360	3	45	0	2025	226001495	0	8/18/2025	\$9.01	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5892	76360	3	13	0	2025	225001737	0	8/18/2025	\$9.94	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	591	0		
5893	76360	3	83	0	2025	227001660	0	8/18/2025	\$11.43	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	591	0		
5894	76360	3	80	0	2025	223000218	0	8/18/2025	\$12.38	1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	189	0		
5895	76360	3	127	0	2025	227001791	0	8/18/2025	\$13.26	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		
5898	76360	3	52	0	2025	226000449	0	8/18/2025	\$19.10	1	PEREZ ORTHOPEDICS PLLC	P	457	0		
5899	76360	3	70	0	2025	210001046	0	8/18/2025	\$20.00	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0		
5900	76360	3	14	0	2025	228000052	0	8/18/2025	\$26.06	1	PEREZ ORTHOPEDICS PLLC	P	457	0		
5901	76360	3	63	1	2025	224000167	0	8/18/2025	\$30.38	1	SINGLETON ASSOCIATES PA	P	189	0		
5902	76360	3	71	1	2025	224000436	0	8/18/2025	\$31.61	1	SINGLETON ASSOCIATES PA	P	189	0		
5903	76360	3	53	0	2025	225000190	0	8/18/2025	\$38.75	1	CLINICAL PATHOLOGY LABS, INC	P	172	0		

5905	76360	3	51	1	2025	224000154	0	8/18/2025	\$57.93	1 SINGLETON ASSOCIATES PA	P	324	0		CAT	F	6/23/2025	6/23/2025	741680498
5914	76360	3	23	0	2025	226000447	0	8/18/2025	\$65.89	1 PORT LAVACA CLINIC ASSOCIATES	P	177	0		OV	F	7/18/2025	7/18/2025	742605670
5916	76360	3	120	3	2025	202000992	0	8/18/2025	\$84.23	1 HEADWAY COLORADO BEHAVIORAL HEALTH SERVI	P	728	0		TELM	F	7/15/2025	7/15/2025	861747274
5917	76360	3	120	3	2025	209000751	0	8/18/2025	\$84.23	1 HEADWAY COLORADO BEHAVIORAL HEALTH SERVI	P	728	0		TELM	F	7/12/2025	7/12/2025	861747274
5918	76360	3	120	3	2015	216000363	0	8/18/2025	\$84.23	1 HEADWAY COLORADO BEHAVIORAL HEALTH SERVI	P	728	0		TELM	F	7/29/2025	7/29/2025	861747274
5925	76360	3	91	1	2025	223000062	0	8/18/2025	\$101.33	1 UT PHYSICIANS	P	457	0		OVS	F	6/19/2025	6/19/2025	760459500
5931	76360	3	3	0	2025	216000025	0	8/18/2025	\$149.26	1 ESS OF PORT LAVACA LLC	P	189	0		ERD	F	5/13/2025	5/13/2025	815248556
5932	76360	3	3	0	2025	223000366	0	8/18/2025	\$149.26	1 ESS OF PORT LAVACA LLC	P	189	0		ERD	F	6/3/2025	6/3/2025	815248556
5935	76360	3	53	0	2025	220001455	0	8/18/2025	\$180.24	1 VICTORIA WOMENS CLINIC ASSOCIATES	P	180	0		XRDR	F	7/30/2025	7/30/2025	741831291
5937	76360	3	92	0	2025	224000899	0	8/18/2025	\$220.55	1 TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0		OVS	F	3/10/2025	3/10/2025	300520570
5938	76360	3	45	0	2025	223000380	0	8/18/2025	\$241.29	1 SINGLETON ASSOCIATES PA	P	172	0		AB	F	6/30/2025	6/30/2025	741680498
5940	76360	3	28	0	2025	226001448	0	8/18/2025	\$319.42	1 VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0		AUDT	F	4/8/2024	12/31/2024	271837628
5946	76360	3	134	0	2025	199001544	0	8/18/2025	\$473.28	1 VICTORIA WOMENS CLINIC ASSOCIATES	P	184	0		LBDR	F	7/11/2025	7/11/2025	741831291
5955	76360	3	92	0	2025	220000319	0	8/18/2025	\$1,509.97	1 TMH PHYSICIAN ASSOCIATES, PLLC	P	484	0		ODXS	F	4/16/2025	4/16/2025	300520570
5957	76360	5	99	0	2025	224000607	0	8/18/2025	\$216.48	1 ESS OF PORT LAVACA LLC	P	189	0		ERD	F	6/4/2025	6/4/2025	815248556
5959	76370	3	46	0	2025	225000414	0	8/18/2025	\$59.68	1 CLINICAL PATHOLOGY LABS, INC	P	172	0		AB	F	5/2/2025	5/2/2025	742554159
5961	76370	3	42	0	2025	209000720	0	8/18/2025	\$124.66	1 VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0		AB	F	7/17/2025	7/17/2025	741831291
5962	76370	3	44	0	2025	226001307	0	8/18/2025	\$141.83	1 AMIRALI S POPATIA MD	P	457	0		OVS	F	8/4/2025	8/4/2025	760599320

\$38,318.37

*MSL*

APPROVED ON

AUG 25 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



HPHG, LLC dba 90 Degree Benefits

## Monthly Billing for 8/1/2025

MEMORIAL MEDICAL CENTER (Mst Grp: 76350)  
815 N VIRGINIA STREET  
PORT LAVACA, TX 77979

### Master Group Totals

SPEC AGG	167	\$56,416.12	Adjustments	1	(\$228.76)	Total Due
ADMIN FEES	167	\$6,930.50				\$56,187.36
PPO UR	167	\$3,238.13				\$6,930.50
CHIC MGMT FEE		\$700.00				\$3,238.13
						\$700.00

Balance Forward:		\$69,005.96
Payments:	-	\$69,005.96
Adjustments:	+	\$0.00

Beginning Balance:		\$0.00
Current Amount Due:	+	\$67,284.75
Current Adjustments:	+	(\$228.76)
Total Amount Due:		\$67,055.90

*msc* ✓

Description	Medical
EE	95
ES	18
EF	11
EC	43
Mst Total	167

APPROVED ON

AUG 25 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Make Check Payable To: Attn: Revenue Department  
90 Degree Benefits  
PO Box 13246  
Birmingham, AL 35202

Please pay premium as billed. Changes received after billing has processed will be reflected on the next months bill.  
Premium payment is due by the 10th of the month.

**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Aug 18, 2025 - Aug 24, 2025**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten Check" #</u>
8/22/2025	PAY PLUS ACHTrans 84161413 101000697335121 P	- 3rd Party Payor Fee	243.58	901824
8/22/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	5,536.98	901825
8/21/2025	PAY PLUS ACHTrans 83948815 101000696032576 P	- 3rd Party Payor Fee	336.50	901826
8/20/2025	WEBFILE TAX PYMT DD 902/80148518 21000023802	- Sales Tax	2,455.65	901827
8/20/2025	PAY PLUS ACHTrans 83701343 101000694718658 P	- 3rd Party Payor Fee	656.04	901828
8/19/2025	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	- CitiBank Corporate Card Payment	1,656.24 *	901829
8/19/2025	PAY PLUS ACHTrans 83491287 101000693416586 P	- 3rd Party Payor Fee	252.69	901830
8/19/2025	MCKESSON DRUG AUTO ACH ACH06654618 910000117	- 340B Drug Program Expense	499.88 **	901831
8/19/2025	HPHG LLC PT LAVACA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	33,672.19 *	901832
8/18/2025	PAY PLUS ACHTrans 83271662 101000691873870 P	- 3rd Party Payor Fee	407.94	901833
8/18/2025	IRS USATAXPYMT 270563065378452 6103601001699	- Payroll Taxes	118,809.04 *	901834

709.56  
Dir.

164,526.73

August 25, 2025 \* Approved on 8.13.25 cc  
\* \* Approved on 8.20.25 cc

pay plus  
243.58 +  
336.50 +  
656.04 +  
252.69 +  
407.94 +  
1,896.75

**PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS**

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
9/2/2025	- STATE COMTRLR TEXNET	- UC IGT	38,017.97
			38,017.97

**APPROVED ON**

**AUG 25 2025**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

164,526.73 +  
5,536.98 -  
2,455.65 -  
1,656.24 -  
499.88 -  
33,672.19 -  
118,809.04 -  
1,896.75 +  
1,896.75 -  
0.00





Electronic Payment Network




Texas Comptroller of Public Accounts

### Transaction Summary

Transaction Complete  
Trace #:

#### **Texas Health and Human Services Commission Memorial Medical Center Operating County**

Payment Total	\$38,017.97
Bank Routing and Account Number	
Settlement Date	9/2/2025
UC Hospital Amount	\$38,017.97
Entered By	Caitlin Clevenger

 Confirmation: You Have Filed Successfully

## Sales and Use Tax Period Ending 07/31/2025 (2507)

<b>Taxpayer ID:</b> [REDACTED]	<b>Taxpayer Name:</b>	<b>Entered By:</b> Caitlin Clevenger
<b>User ID:</b> [REDACTED]	MEMORIAL MEDICAL CENTER	<b>Email Address:</b>
<b>Reference Number:</b> [REDACTED]	<b>Taxpayer Address:</b>	cclevenger@mmcportlavaca.com
<b>Date and Time of Filing:</b>	815 N VIRGINIA ST PORT LAVACA , TX	<b>Telephone Number:</b> (361) 552-0272
08/19/2025, 03:43:07 PM	77979-3025	
	<b>IP Address:</b> [REDACTED]	

### PAYMENT SUMMARY

<b>Electronic Check</b>	<b>Payment Reference Number:</b> [REDACTED]	<b>Type of Bank Account:</b> Checking
<b>State Amount:</b> \$1,860.34	<b>Trace Number:</b> [REDACTED]	<b>Accountholder Name:</b>
<b>Local Amount:</b> \$595.31		Memorial Medical Center Operating
<b>Amount to Pay:</b> \$2,455.65		<b>Bank Routing Number:</b> [REDACTED]
<b>Electronic Check:</b> \$2,455.65		<b>Bank Account Number:</b> [REDACTED]
		<b>Payment Effective Date:</b> 08/20/2025

### CREDIT SUMMARY

#### Credits Taken

Are you taking credit to reduce taxes due on this return? No

#### Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker Export Certifications? No

### LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	29,915	29,915	0.00	29,915	1,869.69	29,915	0.02	598.3
<b>SubTotal</b>	<b>29,915</b>	<b>29,915</b>	<b>0</b>	<b>29,915</b>	<b>1,869.69</b>	<b>29,915</b>		<b>598.3</b>

**Total Tax for Locations** **2,467.99**

Total Tax Due: **\$2,467.99**

Timely Filing Discount: **- \$12.34**

Balance Due: **\$2,455.65**

Pending Payments: **- \$0.00**

**Total Amount Due and Payable: \$2,455.65**

( State amount due is \$1,860.34 ) ( Local amount due is \$595.31 )

RECEIVED BY THE  
COUNTY AUDITOR ON

AUG 21 2025

08/21/2025

10:33

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap\_open\_invoice.template

CALHOUN COUNTY, TEXAS

Due Dates Through: 09/12/2025

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
081825		08/20/202	08/18/202	09/12/202			3,812.74	0.00	0.00	3,812.74

ins. pmt dep into mmc opt in error ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	3,812.74	0.00	0.00	3,812.74

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,812.74	0.00	0.00	3,812.74

APPROVED ON

AUG 21 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Chk# 210129

AUG 21 2025

MEMORIAL MEDICAL CENTER

08/21/2025

10:32

AP Open Invoice List

0

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CALHOUN COUNTY, TEXAS

Due Dates Through: 09/12/2025

Vendor# Vendor Name

Class Pay Code

13004 ✓ TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 081425		08/20/202	08/14/202	09/12/202			37,503.02	0.00	0.00	37,503.02 ✓
	ins pmt. dep. into mmc opt in error									
✓ 081525		08/20/202	08/15/202	09/12/202			19,903.02	0.00	0.00	19,903.02 ✓
✓ 081525A		08/20/202	08/15/202	09/12/202			8,840.00	0.00	0.00	8,840.00 ✓
✓ 081525B		08/20/202	08/15/202	09/12/202			8,596.76	0.00	0.00	8,596.76 ✓
✓ 081825		08/20/202	08/18/202	09/12/202			10,047.27	0.00	0.00	10,047.27 ✓
✓ 081925		08/20/202	08/19/202	09/12/202			27,924.28	0.00	0.00	27,924.28 ✓
✓ 081925A		08/20/202	08/19/202	09/12/202			10,080.00	0.00	0.00	10,080.00 ✓

Vendor Totals: Number

Name

Gross

Discount

No-Pay

Net

13004

TUSCANY VILLAGE

122,894.35

0.00

0.00

122,894.35

## Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

122,894.35

0.00

0.00

122,894.35

APPROVED ON

AUG 21 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 210131



AUG 21 2025

MEMORIAL MEDICAL CENTER

08/21/2025

10:34

AP Open Invoice List

0

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CALHOUN COUNTY, TEXAS

Due Dates Through: 09/12/2025

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
✓ 081425		08/20/202	08/14/202	09/12/202			3,108.11	0.00	0.00	3,108.11 ✓
✓ 081525		08/20/202	08/15/202	09/12/202			2,775.76	0.00	0.00	2,775.76 ✓
✓ 081925		08/20/202	08/19/202	09/12/202			3,108.11	0.00	0.00	3,108.11 ✓
✓ 080825A		08/21/202	08/08/202	09/12/202			4,518.43	0.00	0.00	4,518.43 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12792 LAVACA BAY NURSING AND REHAB							13,510.41	0.00	0.00	13,510.41

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	13,510.41	0.00	0.00	13,510.41

APPROVED ON

AUG 21 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Chk# 210130

Memorial Medical Center  
Nursing Home UPL  
Weekly Cantex Transfer  
Prosperity Accounts  
8/25/2025

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		1,326.70	1,226.70	1,055.21		1,155.21	1055.21
						Bank Balance	
						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	1,055.21	
Broadmoor		100.00	-	448.71			548.71	448.71
						Bank Balance	548.71	
						Variance	-	
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	448.71	
Crescent		120.21	-	14,361.05			14,481.26	14381.26
						Bank Balance	14,481.26	
						Variance	-	
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	14,381.26	
Fort Bend		1,479.02	1,379.02	1,856.80			1,956.80	1,856.80
						Bank Balance	1,956.80	
						Variance	-	
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	1,856.80	
Solera at W Houston		9,775.88	9,675.88	230,952.69			231,052.69	230,952.69
						Bank Balance	231,052.69	
						Variance	-	
						Leave in Balance	100.00	

APPROVED ON  
AUG 25 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

1,055.21 +  
448.71 +  
14,381.26 +  
1,856.80 +  
230,952.69 +  
248,694.67 =

est Houston / Fort Bend / Broadmoor:

Adjust Balance/Transfer Amt 230,952.69

TOTAL TRANSFERS 248,694.67

Approved:   
Michelle Cumberland, CFO

8/25/2025

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**

8/20/2025 WIRE OUT ASHFORD HEALTH CARE CENTER LTD  
 8/20/2025 MOLINA HEALTHCAR MOLINAACH 01441300 42000015

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
1,226.70 ✓	-		-
-	1,055.21 ✓		1,055.21
			-
			-
1,226.70 ✓	1,055.21 ✓	-	1,055.21

**Broadmoor**

8/20/2025 MOLINA HEALTHCAR MOLINAACH 01441735 42000015

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	448.71 ✓		448.71
			-
			-
			-
-	448.71	-	448.71

**Crescent**

8/20/2025 HNB - ECHO HCCLAIMPMT 746003411 440000255631  
 8/20/2025 HNB - ECHO HCCLAIMPMT 746003411 440000256381

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	11,695.18		11,695.18
-	2,665.87		2,665.87
			-
			-
			-
-	14,361.05 ✓	-	14,361.05

**Fort Bend**

8/22/2025 Deposit  
 8/22/2025 NOVITAS SOLUTION HCCLAIMPMT 675663 420000161  
 8/20/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III  
 8/20/2025 MOLINA HEALTHCAR MOLINAACH 01441421 42000015  
 8/19/2025 NOVITAS SOLUTION HCCLAIMPMT 675663 420000173

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	154.30		154.30
-	903.77		903.77
1,379.02 ✓	-		-
-	479.18		479.18
-	319.55		319.55
			-
			-
			-
1,379.02 ✓	1,856.80 ✓	-	1,856.80

**Solera at West Houston**

8/22/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000161  
 8/21/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000144  
 8/20/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III  
 8/20/2025 MOLINA HEALTHCAR MOLINAACH 01441673 42000015  
 8/20/2025 HNB - ECHO HCCLAIMPMT 746003411 440000255631  
 8/20/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000107

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	71,429.21		71,429.21
-	135,522.63		135,522.63
9,675.88	-		-
-	447.40		447.40
-	875.16		875.16
-	22,678.29		22,678.29
			-
9,675.88	230,952.69	-	230,952.69
			-
	248,674.46	-	248,674.46

TOTALS



# Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,985,191.83	\$2,123,768.65	\$1,985,191.83	\$1,779,992.63
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$1,155.21 ✓ ✓	\$3,120.30	\$1,155.21	\$1,155.21
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$548.71 ✓ ✓	\$1,383.17	\$548.71	\$548.71
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$14,481.26 ✓ ✓	\$14,481.26	\$14,481.26	\$14,481.26
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$231,052.69 ✓ ✓	\$241,221.05	\$231,052.69	\$159,623.48
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$1,956.80 ✓ ✓	\$61,919.40	\$1,956.80	\$898.73
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$159,358.38 ✓	\$159,358.38	\$159,358.38	\$34,428.27
*4551 CAL CO INDIGENT HEALTHCARE	\$4,868.14	\$4,868.14	\$4,868.14	\$337.10
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$148.00 ✓	\$148.00	\$148.00	\$148.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.00 ✓	\$100.00	\$100.00	\$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$181,818.37 ✓	\$181,818.37	\$181,818.37	\$162,145.05
*3407 MMC -NH TUSCANY VILLAGE	\$575,562.70 ✓	\$576,812.25	\$575,562.70	\$458,927.37
*2998 MMC -MONEY MARKET FUND	\$68,623.91	\$68,623.91	\$68,623.91	\$68,623.91
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$11,750.43	\$11,750.43	\$11,750.43	\$11,433.74
<b>Total Balance</b>	<b>\$3,236,616.43</b>	<b>\$3,449,373.31</b>	<b>\$3,236,616.43</b>	<b>\$2,692,843.46</b>

Memorial Medical Center  
Nursing Home UPL  
Weekly Nexion Transfer  
Prosperity Accounts  
8/25/2025

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		24,835.84	24,506.05	159,028.59		159,358.38	159,028.59
					Bank Balance Variance	159,358.38	
					Leave In Balance	100.00	

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

July Interest 229.79  
Aug Interest  
Sept Interest

Adjust Balance/Transfer Amt 159,028.59

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

8/25/2025

APPROVED ON  
AUG 25 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

**Golden Creek**

8/22/2025 Deposit  
 8/22/2025 NOVITAS SOLUTION HCCLAIMPMT 676097 420000161  
 8/22/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2  
 8/21/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43  
 8/21/2025 HNB - ECHO HCCLAIMPMT 746003411 440000294014  
 8/21/2025 HNB - ECHO HCCLAIMPMT 746003411 440000294014  
 8/20/2025 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC  
 8/20/2025 HNB - ECHO HCCLAIMPMT 746003411 440000255631  
 8/20/2025 HNB - ECHO HCCLAIMPMT 746003411 440000255631  
 8/20/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2  
 8/20/2025 Centene Manageme ACH 008765433514 1110000265  
 8/18/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43  
 8/18/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43

Transfer-Out	Transfer-In	MMC	
		PORTION	NH PORTION
-	52,481.23		52,481.23
-	70,245.07		70,245.07
-	2,203.81		2,203.81
-	2,092.00		2,092.00
- ✓	3,951.51		3,951.51
-	62.86		62.86
24,506.05	-		-
-	12,719.59		12,719.59
-	926.19		926.19
-	11,685.97		11,685.97
-	2,435.36		2,435.36
-	25.00		25.00
- ✓	200.00		200.00
		✓	-
			-
24,506.05	159,028.59	-	159,028.59

## Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,985,191.83	\$2,123,768.65	\$1,985,191.83	\$1,779,992.63
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$1,155.21	\$3,120.30	\$1,155.21	\$1,155.21
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$548.71	\$1,383.17	\$548.71	\$548.71
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$14,481.26	\$14,481.26	\$14,481.26	\$14,481.26
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$231,052.69	\$241,221.05	\$231,052.69	\$159,623.48
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$1,956.80	\$61,919.40	\$1,956.80	\$898.73
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$159,358.38 ✓	\$159,358.38	\$159,358.38	\$34,428.27
*4551 CAL CO INDIGENT HEALTHCARE	\$4,868.14	\$4,868.14	\$4,868.14	\$337.10
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$148.00	\$148.00	\$148.00	\$148.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.00	\$100.00	\$100.00	\$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$181,818.37	\$181,818.37	\$181,818.37	\$162,145.05
*3407 MMC -NH TUSCANY VILLAGE	\$575,562.70	\$576,812.25	\$575,562.70	\$458,927.37
*2998 MMC -MONEY MARKET FUND	\$68,623.91	\$68,623.91	\$68,623.91	\$68,623.91
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$11,750.43	\$11,750.43	\$11,750.43	\$11,433.74
<b>Total Balance</b>	<b>\$3,236,616.43</b>	<b>\$3,449,373.31</b>	<b>\$3,236,616.43</b>	<b>\$2,692,843.46</b>



Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 8/25/2025

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		677.52	577.52	48.00	-		148.00	No Transfer
						Bank Balance	148.00	
						Variance	-	
						Leave in Balance	100.00	
						claim owed to MMC		
						Adjust Balance/Transfer Amt	48.00	
Gulf Pointe Plaza-Medicare/Medicaid		100.00					100.00	
						Bank Balance	100.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	-	
TOTAL TRANSFERS							-	

Routing information for Gulf Pointe Plaza:

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

Approved:   
 Michelle Cumberland, CFO

8/25/2025

APPROVED ON  
 AUG 25 2025  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Gulf Pointe Plaza-Private Pay**

8/19/2025 1151

8/19/2025 HNB - ECHO HCCLAIMPMT 746003411 440000214667

<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC	
		<u>PORTION</u>	<u>NH PORTION</u>
577.52 ✓	-		-
-	48.00		48.00
			-
			-
			-
			-
			-
✓	✓		-
577.52	48.00	-	48.00

**Gulf Pointe Plaza-Medicare/Medicaid**

No Activity

<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC	
		<u>PORTION</u>	<u>NH PORTION</u>
✓			-
	✓		-
-	-	-	-
577.52	48.00	-	48.00

## Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,985,191.83	\$2,123,768.65	\$1,985,191.83	\$1,779,992.63
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$1,155.21	\$3,120.30	\$1,155.21	\$1,155.21
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$548.71	\$1,383.17	\$548.71	\$548.71
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$14,481.26	\$14,481.26	\$14,481.26	\$14,481.26
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$231,052.69	\$241,221.05	\$231,052.69	\$159,623.48
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$1,956.80	\$61,919.40	\$1,956.80	\$898.73
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$159,358.38	\$159,358.38	\$159,358.38	\$34,428.27
*4551 CAL CO INDIGENT HEALTHCARE	\$4,868.14	\$4,868.14	\$4,868.14	\$337.10
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$148.00	✓ \$148.00	\$148.00	\$148.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.00	✓ \$100.00	\$100.00	\$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$181,818.37	\$181,818.37	\$181,818.37	\$162,145.05
*3407 MMC -NH TUSCANY VILLAGE	\$575,562.70	\$576,812.25	\$575,562.70	\$458,927.37
*2998 MMC -MONEY MARKET FUND	\$68,623.91	\$68,623.91	\$68,623.91	\$68,623.91
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$11,750.43	\$11,750.43	\$11,750.43	\$11,433.74
<b>Total Balance</b>	<b>\$3,236,616.43</b>	<b>\$3,449,373.31</b>	<b>\$3,236,616.43</b>	<b>\$2,692,843.46</b>



Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 8/25/2025

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		113,861.03	113,449.00	575,150.67	-	-	575,562.70	575,150.67
						Bank Balance Variance	575,562.70	
						Leave in Balance	100.00	
						Claim owed to MMC	235.20	
						Claim owed to MMC	76.83	
						Adjust Balance/Transfer Amt	575,150.67	

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

8/25/2025

APPROVED ON  
 AUG 25 2025  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Tuscany Village**

	Transfer-Out	Transfer-In	MMC	
			PORTION	NH PORTION
8/22/2025 Deposit	-	108,030.83		108,030.83
8/22/2025 Merchant Capture Dep	-	8,604.50		8,604.50
8/21/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000144	- ✓	38,092.92		38,092.92
8/20/2025 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	113,449.00	-		-
8/20/2025 MOLINA HEALTHCAR MOLINAACH 01441731 42000015	-	670.63		670.63
8/20/2025 HNB - ECHO HCCLAIMPMT 746003411 440000256381	-	10,728.17		10,728.17
8/19/2025 TUSCANY VILLAGE BILL_PAY TUSCANY VILLAGE 210	-	117.60		117.60
8/19/2025 HNB - ECHO HCCLAIMPMT 746003411 440000214785	-	1,111.43		1,111.43
8/19/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000173	-	56,474.11		56,474.11
8/18/2025 Merchant Capture Dep	-	18,257.00		18,257.00
8/18/2025 HNB - ECHO HCCLAIMPMT 746003411 440000251007	-	89,550.44		89,550.44
8/18/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000114	- ✓	243,513.04		243,513.04
		✓		-
				-
	113,449.00	575,150.67	-	575,150.67

## Balances Overview

## Account Name

*4357 MEMORIAL MEDICAL - OPERATING	\$1,985,191.83	\$2,123,768.65	\$1,985,191.83	\$1,779,992.63
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$1,155.21	\$3,120.30	\$1,155.21	\$1,155.21
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$548.71	\$1,383.17	\$548.71	\$548.71
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$14,481.26	\$14,481.26	\$14,481.26	\$14,481.26
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$231,052.69	\$241,221.05	\$231,052.69	\$159,623.48
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$1,956.80	\$61,919.40	\$1,956.80	\$898.73
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$159,358.38	\$159,358.38	\$159,358.38	\$34,428.27
*4551 CAL CO INDIGENT HEALTHCARE	\$4,868.14	\$4,868.14	\$4,868.14	\$337.10
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$148.00	\$148.00	\$148.00	\$148.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.00	\$100.00	\$100.00	\$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$181,818.37	\$181,818.37	\$181,818.37	\$162,145.05
*3407 MMC -NH TUSCANY VILLAGE	\$575,562.70 ✓	\$576,812.25	\$575,562.70	\$458,927.37
*2998 MMC -MONEY MARKET FUND	\$68,623.91	\$68,623.91	\$68,623.91	\$68,623.91
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$11,750.43	\$11,750.43	\$11,750.43	\$11,433.74
<b>Total Balance</b>	<b>\$3,236,616.43</b>	<b>\$3,449,373.31</b>	<b>\$3,236,616.43</b>	<b>\$2,692,843.46</b>



Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSLTransfer  
 Prosperity Accounts  
 8/25/2025

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		244,228.05	243,878.07	181,468.39			181,818.37	181,468.39
						Bank Balance	181,818.37	
						Variance		
						Leave in Balance	100.00	
						July Interest	249.98	

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

Adjust Balance/Transfer Amt 181,468.39  
 Approved:   
 Michelle Cumberland, CFO 8/25/2025

APPROVED ON  
 AUG 25 2025  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Lavaca Bay Nursing and Rehab**

8/22/2025 Deposit  
 8/22/2025 HOSPICE OF SOUTH Payments NF 113122650018415  
 8/22/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2  
 8/21/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000144  
 8/21/2025 HUMANA INS CO HCCLAIMPMT 82450526 8300005654  
 8/20/2025 WIRE OUT REG Leased OpCo LLC  
 8/20/2025 Deposit  
 8/20/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000107  
 8/20/2025 CENTENE CORP HCCLAIMPMT 53101128554569  
 8/19/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2  
 8/19/2025 CENTENE CORP HCCLAIMPMT 53101122874481  
 8/18/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000114  
 8/18/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2

Transfer-Out	Transfer-In	MMC	
		PORTION	NH PORTION
-	3,092.19		3,092.19
-	1,217.31		1,217.31
-	15,363.82		15,363.82
-	2,521.52		2,521.52
- ✓	2,065.89		2,065.89
243,878.07	-		-
-	26,705.15		26,705.15
-	105,780.52		105,780.52
-	191.50		191.50
-	3,232.72		3,232.72
-	2,902.33		2,902.33
-	15,216.34		15,216.34
- ✓	3,179.10		3,179.10
			-
<b>243,878.07</b>	<b>181,468.39</b> ✓	<b>-</b>	<b>181,468.39</b>

## Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,985,191.83	\$2,123,768.65	\$1,985,191.83	\$1,779,992.63
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$1,155.21	\$3,120.30	\$1,155.21	\$1,155.21
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$548.71	\$1,383.17	\$548.71	\$548.71
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$14,481.26	\$14,481.26	\$14,481.26	\$14,481.26
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$231,052.69	\$241,221.05	\$231,052.69	\$159,623.48
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$1,956.80	\$61,919.40	\$1,956.80	\$898.73
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$159,358.38	\$159,358.38	\$159,358.38	\$34,428.27
*4551 CAL CO INDIGENT HEALTHCARE	\$4,868.14	\$4,868.14	\$4,868.14	\$337.10
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$148.00	\$148.00	\$148.00	\$148.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.00	\$100.00	\$100.00	\$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$181,818.37	\$181,818.37	\$181,818.37	\$162,145.05
*3407 MMC -NH TUSCANY VILLAGE	\$575,562.70	\$576,812.25	\$575,562.70	\$458,927.37
*2998 MMC -MONEY MARKET FUND	\$68,623.91	\$68,623.91	\$68,623.91	\$68,623.91
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$11,750.43	\$11,750.43	\$11,750.43	\$11,433.74
<b>Total Balance</b>	<b>\$3,236,616.43</b>	<b>\$3,449,373.31</b>	<b>\$3,236,616.43</b>	<b>\$2,692,843.46</b>