### **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



AUG 2 7 2025

CALHOUR COUNTY COMMISSIONERS COURT

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

\$	38,017.97
.97	
\$	1,164,342.3
8.39	
0.67	
8.59	
4.67	
\$	140,217.5
0.41	
4.35	
2.74	
2.74	
\$	998,298.4
.75	
3.37	
.85	
.56	
DOM: A	
7.00	
5 5 9 9 6 4	4.41 9.00 9.30 5.78 6.16 9.95 9.56 0.74 4.85 8.37 5.90 5.65 5.75

#### RECEIVED BY THE COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER AUG 2 1 2025 08/21/2025 0 AP Open Invoice List 11:10 ap\_open\_invoice.template Due Dates Through: 09/11/2025 CALHOUN COUNTY, TEXAS Vendor# Vendor Name Class Pay Code ADVANCED STERILIZATION PRODUCT No-Pay Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Net Gross Discount 8020918349 08/06/202 08/08/202 08/20/202 200.81 0.00 0.00 200.81 WSLAME DISP. WOOX Vendor Totals: Number No-Pav Net Name Gross Discount 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 x. May, beanux Ball 1F61VWNPP1X 0.00 217.37 217,37 0.00 SUPPLIES 1JPFFGQ6YXJH 0.00 59.43 59.43 0.00 SUPPLIES 1RPC1PG9MX6N 38.24 38.24 . 0.00 0.00 SUPPLIES or age 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 J ARTHREX, INC W Invoice# Due Dt Check Dt Pay Comment Tran Dt Inv Dt Gross Discount No-Pay Net 924813482 08/20/202 08/14/202 08/20/202 940.00 0.00 0.00 940.00 NZDIONINO Vendor Totals: Number Name Discount No-Pay Net Gross A2271 ARTHREX, INC. 940.00 0.00 0.00 940.00 Vendor# / Vendor Name Class Pay Code B1220 J BECKMAN COULTER INC M Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net 112179620 /20/202 08/07/202 09/01/202 5,759.11 0.00 0.00 5,759.11 4587432 0.00 0.00 1,484.00 . 012125 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 J BIO-RAD LABORATORIES, INC Tran Dt Inv Dt Invoice# Comment Due Dt Check Dt Pay Discount Gross No-Pay Net 908487368 1,381.15 0.00 0.00 1,381.15 908492307 08/14/202 08/15/202 2.191.15 0.00 0.00 2,191.15 -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 Pay Code Class B1800 → BRIGGS HEALTHCARE M Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Discount Gross No-Pay Net B491052 08/20/202 08/11/202 08/20/202 223.45 0.00 0.00 223,45 Vendor Totals: Number Name Gross Discount No-Pay Net B1800 **BRIGGS HEALTHCARE** 

223.45

0.00

0.00

223.45

THE RESERVE	Vendor Name				Class	Pay Code					
0541	CARESFIELD										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	2000307222		08/06/202	08/05/20	02 09/04/20	2	47.60	0.00	0.00	47.60	/
1	200030834		<b>X\U</b> 08/06/202	00/08/20	<b>YVY Y7</b> 02 09/07/20	ood Tubes	508.30	0.00	0.00	508.30	1
			ls.	1.	Mich	Blood WI		201100			
	Vendor Totals:	Number	Name	1	Juper	J POLOGIC COLL	Gross	Discount	No-Pay	Net	
	2 3 12 2 2 2 2	10541	CARESFIELD				555.90	0.00	0.00	555.90	
endor#	Vendor Name				Class	Pay Code					
2768	CHEMAQUA					4.00					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	9267134		08/20/202	2 08/10/20	02 08/20/20	The second secon	635.24	0.00	0.00	635.24	1
~			wal	VXV	earme	av.					1
	Vendor Totals:	Number	Name	OI III	MALLIN	K	Gross	Discount	No-Pay	Net	
		12768	CHEMAQUA				635.24	0.00	0.00	635.24	
endor#	Vendor Name				Class	Pay Code					
1730	CITY OF POR	T LAVACA	(		W	A. C. C.					
	Invoice#	Comment		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	081325AA				02 08/13/20	Section of the sectio	90,52	0.00	0,00	90.52	1
			701 N	Vice	ginia	4					
1	081325AAA		08/21/202	08/13/20	02 08/13/20	2	42,80	0,00	0.00	42.80	1
~			8151		ainio	. X2					
1	081325BA		08/21/202		02 08/13/20	2	150.35	0.00	0.00	150.35	
			1014			ia A.					Ĝ
	Vendor Totals:	Number	Name	10.1	2	ii C i i ·	Gross	Discount	No-Pay	Net	
		C1730	CITY OF POR	T LAVAC	A		283.67	0.00	0.00	283.67	
endor#	Vendor Name				Class	Pay Code					
1720	CLINICAL CO	MPUTER S	SYSTEMS INC								
	Invoice#	Comment		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	OBCT0000256	54	08/01/202	07/18/20	02 07/18/20		385.00	0.00	0.00	385.00	9
			MINO	Cure	BON	y band					1
				7.	.00.	A LEXILIAN			PART E		
	Vendor Totals:	Number	Name			0	Gross	Discount	No-Pay	Net	
	Vendor Totals:		Name CLINICAL CO	MPUTER			Gross 385.00	Discount 0.00	No-Pay 0.00	Net 385.00	
endor#	Vendor Totals: Vendor Name			MPUTER			14/12/20				
1		11720	CLINICAL CO	MPUTER	SYSTEMS	INC	14/12/20				
1	Vendor Name	11720	CLINICAL COI		SYSTEMS Class	INC	14/12/20				
1	Vendor Name COASTAL OF	11720 FICE SOLU	CLINICAL COI JTONS Tran Dt	Inv Dt	SYSTEMS Class W	INC Pay Code Check Dt Pay	385.00	0.00	0.00	385.00	
1	Vendor Name COASTAL OF Invoice#	11720 FICE SOLU	CLINICAL COI JTONS Tran Dt 08/20/202	Inv Dt 2 08/15/20	SYSTEMS Class W Due Dt 02 08/25/20	INC Pay Code Check Dt Pay	385.00 Gross	0.00	0.00 No-Pay	385.00 Net	
1	Vendor Name COASTAL OF Invoice#	11720 FICE SOLU Comment	CLINICAL COI JTONS Tran Dt	Inv Dt 2 08/15/20	SYSTEMS Class W Due Dt	INC Pay Code Check Dt Pay	385.00 Gross	0.00	0.00 No-Pay	385.00 Net	_
1	Vendor Name COASTAL OF Invoice# OEQT329241	11720 FICE SOLU Comment Number	CLINICAL CON JTONS Tran Dt 08/20/202	Inv Dt 2 08/15/20 [Y] (	SYSTEMS Class W Due Dt 02 08/25/20	INC Pay Code Check Dt Pay	385.00 Gross 3,745.44	0.00 Discount 0.00	0.00 No-Pay 0,00	385.00 Net 3,745.44	_
1166 1	Vendor Name COASTAL OF Invoice# OEQT329241	11720 FICE SOLU Comment Number	CLINICAL CON JTONS Tran Dt 08/20/202 Chwi Name	Inv Dt 2 08/15/20 [Y] (	SYSTEMS Class W Due Dt 02 08/25/20	INC Pay Code Check Dt Pay	385.00 Gross 3,745.44 Gross	0.00 Discount 0.00 Discount	0.00 No-Pay 0.00 No-Pay	385.00 Net 3,745.44 Net	_
1166 \( \int \) endor#	Vendor Name COASTAL OF Invoice# OEQT329241 Vendor Totals:	11720 FICE SOLU Comment Number C1166	CLINICAL CON JTONS  Tran Dt  08/20/202  Chwi  Name  COASTAL OF	Inv Dt 2 08/15/20 [Y] (	Class W Due Dt 02 08/25/20	INC Pay Code Check Dt Pay 2	385.00 Gross 3,745.44 Gross	0.00 Discount 0.00 Discount	0.00 No-Pay 0.00 No-Pay	385.00 Net 3,745.44 Net	_
1166 J	Vendor Name COASTAL OF Invoice# OEQT329241 Vendor Totals:	11720 FICE SOLU Comment Number C1166	CLINICAL CON JTONS  Tran Dt  08/20/202  Child  Name  COASTAL OF	Inv Dt 2 08/15/20 I <b>Y S</b> ( FICE SOL	Class W Due Dt 02 08/25/20	INC Pay Code Check Dt Pay 2	385.00 Gross 3,745.44 Gross	0.00 Discount 0.00 Discount	0.00 No-Pay 0.00 No-Pay	385.00 Net 3,745.44 Net	1
1166 \( \int \) endor#	Vendor Name COASTAL OF Invoice# OEQT329241 Vendor Totals: Vendor Name CULINARY CO	11720 FIGE SOLU Comment Number C1166	CLINICAL CON JTONS  Tran Dt  08/20/202  Child  Name  COASTAL OFF	Inv Dt 208/15/20 IY S ( FICE SOL	Class W Due Dt 02 08/25/200	INC Pay Code Check Dt Pay 2 Pay Code Check Dt Pay	385.00 Gross 3,745.44 Gross 3,745.44	Discount 0.00 Discount 0.00	0.00 No-Pay 0.00 No-Pay 0.00	385.00 Net 3,745.44 Net 3,745.44	~
1166 J	Vendor Name COASTAL OF Invoice# OEQT329241  Vendor Totals: Vendor Name CULINARY COInvoice#	11720 FIGE SOLU Comment Number C1166	CLINICAL CON JTONS  Tran Dt  08/20/202  Child  Name  COASTAL OFF	Inv Dt 208/15/20 IY S ( FICE SOL	Class W Due Dt D2 08/25/200 LUTONS Class Due Dt D2 09/10/200	INC Pay Code Check Dt Pay 2 Pay Code Check Dt Pay 2	385.00 Gross 3,745.44 Gross 3,745.44	Discount 0.00 Discount 0.00	No-Pay 0,00 No-Pay 0.00	385.00 Net 3,745.44 Net 3,745.44	~
1166 J	Vendor Name COASTAL OF Invoice# OEQT329241  Vendor Totals: Vendor Name CULINARY COInvoice#	11720 FICE SOLU Comment Number C1166  DNCESSIC Comment	CLINICAL CON JTONS  Tran Dt  08/20/202  Child  Name  COASTAL OFF	Inv Dt 208/15/20 IY S ( FICE SOL	Class W Due Dt 12 08/25/20: LUTONS Class Due Dt	INC Pay Code Check Dt Pay 2 Pay Code Check Dt Pay 2	385.00 Gross 3,745.44 Gross 3,745.44	Discount 0.00 Discount 0.00	No-Pay 0,00 No-Pay 0.00	385.00 Net 3,745.44 Net 3,745.44	~
1166 \( \int \)  endor#	Vendor Name COASTAL OF Invoice# OEQT329241 Vendor Totals: Vendor Name CULINARY CO Invoice# INV310479	FICE SOLU Comment Number C1166 DNCESSIC Comment	CLINICAL CON JTONS  Tran Dt  08/20/202  Child  Name  COASTAL OFF	Inv Dt 208/15/20 Ir S ( FICE SOL Inv Dt 207/31/20	Class W Due Dt D2 08/25/200 LUTONS Class Due Dt D2 09/10/200	INC Pay Code Check Dt Pay 2 Pay Code Check Dt Pay 2	385.00 Gross 3,745.44 Gross 3,745.44 Gross 34,193.94	Discount 0.00  Discount 0.00  Discount 0.00	0.00 No-Pay 0.00 No-Pay 0.00	385.00 Net 3,745.44 Net 3,745.44 Net 34,193.94	1
endor# 4400	Vendor Name COASTAL OF Invoice# OEQT329241  Vendor Totals: Vendor Name CULINARY CO Invoice# INV310479  Vendor Totals: Vendor Totals:	FICE SOLU Comment Number C1166 DNCESSIC Comment Number 14400	CLINICAL CON JTONS  Tran Dt  08/20/202  Child  Name  COASTAL OFF  ONS LLC  Tran Dt  07/31/202  Name  CULINARY CO	Inv Dt 208/15/20 Ir S ( FICE SOL Inv Dt 207/31/20	Class W Due Dt D2 08/25/200 LUTONS Class Due Dt D2 09/10/200	INC Pay Code Check Dt Pay 2 Pay Code Check Dt Pay 2	385.00  Gross 3,745.44  Gross 3,745.44  Gross 34,193.94  Gross	Discount 0.00  Discount 0.00  Discount 0.00  Discount	No-Pay 0.00  No-Pay 0.00  No-Pay 0.00  No-Pay	385.00 Net 3,745.44 Net 3,745.44 Net 34,193.94 Net	~
endor# 4400	Vendor Name COASTAL OF Invoice# OEQT329241  Vendor Totals: Vendor Name CULINARY CO Invoice# INV310479  Vendor Totals:	FICE SOLU Comment Number C1166 DNCESSIC Comment Number 14400	CLINICAL CON JTONS  Tran Dt  08/20/202  Child  Name  COASTAL OFF  ONS LLC  Tran Dt  07/31/202  Name  CULINARY CO	Inv Dt 208/15/20 Ir S ( FICE SOL Inv Dt 207/31/20	Class W Due Dt D2 08/25/20 LUTONS Class Due Dt D2 09/10/20 CONS LLC	INC Pay Code Check Dt Pay Pay Code Check Dt Pay 2	385.00  Gross 3,745.44  Gross 3,745.44  Gross 34,193.94  Gross	Discount 0.00  Discount 0.00  Discount 0.00  Discount	No-Pay 0.00  No-Pay 0.00  No-Pay 0.00  No-Pay	385.00 Net 3,745.44 Net 3,745.44 Net 34,193.94 Net	~
endor# 4400	Vendor Name COASTAL OF Invoice# OEQT329241  Vendor Totals: Vendor Name CULINARY CO Invoice# INV310479  Vendor Totals: Vendor Totals:	FICE SOLU Comment Number C1166 DNCESSIC Comment Number 14400	CLINICAL CON JTONS  Tran Dt  08/20/202  Child  Name  COASTAL OFF  07/31/202  Name  CULINARY CO	Inv Dt 208/15/20 Ir S ( FICE SOL Inv Dt 207/31/20 DNCESSI	Class W Due Dt D2 08/25/20 LUTONS Class Due Dt D2 09/10/20 CONS LLC	INC Pay Code Check Dt Pay Pay Code Check Dt Pay 2	385.00  Gross 3,745.44  Gross 3,745.44  Gross 34,193.94  Gross	Discount 0.00  Discount 0.00  Discount 0.00  Discount	No-Pay 0.00  No-Pay 0.00  No-Pay 0.00  No-Pay	385.00 Net 3,745.44 Net 3,745.44 Net 34,193.94 Net	~
endor# 4400	Vendor Name COASTAL OF Invoice# OEQT329241 Vendor Totals: Vendor Name CULINARY CO Invoice# INV310479 Vendor Totals: Vendor Name CULLIGAN UL	FICE SOLU Comment Number C1166  DNCESSIC Comment Number 14400	CLINICAL CON JTONS  Tran Dt  08/20/202  Child  Name  COASTAL OFF  ONS LLC  Tran Dt  07/31/202  Name  CULINARY CO	Inv Dt 208/15/20 If S ( FICE SOL Inv Dt 207/31/20 DNCESSI	Class W Due Dt D2 08/25/200 LUTONS Class Due Dt D2 09/10/200 CONS LLC Class	Pay Code  Check Dt Pay  Pay Code  Check Dt Pay  Pay Code  Check Dt Pay  Check Dt Pay  Check Dt Pay	385.00  Gross 3,745.44  Gross 3,745.44  Gross 34,193.94  Gross 34,193.94	Discount 0.00  Discount 0.00  Discount 0.00  Discount 0.00	0.00  No-Pay 0.00  No-Pay 0.00  No-Pay 0.00	Net 3,745.44 Net 3,745.44 Net 34,193.94 Net 34,193.94	1
endor# 4400	Vendor Name COASTAL OF Invoice# OEQT329241  Vendor Totals: Vendor Name CULINARY CO Invoice# INV310479  Vendor Totals: Vendor Totals: Vendor Name CULLIGAN UL Invoice# 5338460	FICE SOLU Comment Number C1166  DNCESSIC Comment Number 14400	CLINICAL CON  JTONS  Tran Dt  08/20/202  Child  Name  COASTAL OFF  ONS LLC  Tran Dt  07/31/202  Name  CULINARY CO  INC.  Tran Dt  08/20/202	Inv Dt 208/15/20 Ir S ( FICE SOL Inv Dt 207/31/20 DNCESSI Inv Dt 206/17/20	Class W Due Dt D2 08/25/200 LUTONS Class Due Dt D2 09/10/200 Class ONS LLC Class Due Dt	Pay Code  Check Dt Pay  Pay Code  Check Dt Pay  Pay Code  Check Dt Pay  Check Dt Pay  Check Dt Pay	385.00  Gross 3,745.44  Gross 3,745.44  Gross 34,193.94  Gross 34,193.94	Discount 0.00  Discount 0.00  Discount 0.00  Discount 0.00	No-Pay 0.00  No-Pay 0.00  No-Pay 0.00  No-Pay 0.00	Net 3,745.44 Net 3,745.44 Net 34,193.94 Net 34,193.94	1
endor# 4400	Vendor Name COASTAL OF Invoice# OEQT329241  Vendor Totals: Vendor Name CULINARY CO Invoice# INV310479  Vendor Totals: Vendor Name CULLIGAN ULI Invoice#	FICE SOLU Comment Number C1166  DNCESSIC Comment Number 14400	CLINICAL CON  JTONS  Tran Dt  08/20/202  Child  Name  COASTAL OFF  ONS LLC  Tran Dt  07/31/202  Name  CULINARY CO  INC.  Tran Dt  08/20/202	Inv Dt 208/15/20 (FICE SOL	Class W Due Dt D2 08/25/20 LUTONS Class Due Dt D2 09/10/20 Class Due Dt D2 09/10/20 Class Due Dt D2 06/17/20	Pay Code  Check Dt Pay  Pay Code  Check Dt Pay  Pay Code  Check Dt Pay  Check Dt Pay  Check Dt Pay  Check Dt Pay	385.00  Gross 3,745.44  Gross 3,745.44  Gross 34,193.94  Gross 34,193.94	Discount 0.00  Discount 0.00  Discount 0.00  Discount 0.00	No-Pay 0.00  No-Pay 0.00  No-Pay 0.00  No-Pay 0.00	Net 3,745.44 Net 3,745.44 Net 34,193.94 Net 34,193.94	1
/endor# /endor#	Vendor Name COASTAL OF Invoice# OEQT329241  Vendor Totals: Vendor Name CULINARY CO Invoice# INV310479  Vendor Totals: Vendor Totals: Vendor Name CULLIGAN UL Invoice# 5338460	FICE SOLU Comment Number C1166  DNCESSIC Comment Number 14400	CLINICAL CON  JTONS  Tran Dt  08/20/202  Child  Name  COASTAL OFF  ONS LLC  Tran Dt  07/31/202  Name  CULINARY CO  INC.  Tran Dt  08/20/202	Inv Dt 208/15/20 (FICE SOL	Class W Due Dt D2 08/25/200 LUTONS Class Due Dt D2 09/10/200 Class ONS LLC Class Due Dt	Pay Code  Check Dt Pay  Pay Code  Check Dt Pay  Pay Code  Check Dt Pay  Check Dt Pay  Check Dt Pay  Check Dt Pay	385.00  Gross 3,745.44  Gross 3,745.44  Gross 34,193.94  Gross 34,193.94  Gross 262.40	Discount 0.00  Discount 0.00  Discount 0.00  Discount 0.00  Discount 0.00	0.00  No-Pay 0.00  No-Pay 0.00  No-Pay 0.00  No-Pay 0.00	385.00 Net 3,745.44 Net 3,745.44 Net 34,193.94 Net 34,193.94 Net 262.40	1

1	5461932			/31/202 07/31/20	02	650.00	0.00	0.00	650.00	1
	Vendor Totals:	Number	Name	11		Gross	Discount	No-Pay	Net	
	Tall and the second	12044	CULLIGAN ULTRA	APLIRE INC.		981.70	0.00	0.00	981.70	
endor#	Wendor Name		Y Same of the same	Class	Pay Code	200	3433	West ex-	Same	
1200	DETAR HOSP	ITAI		W	, uy cost					
TEGG	Invoice#	Commen	t Tran Dt Inv		Check Dt Pay	Gross	Discount	No-Pay	Net	
1	DTR2507017	Commen		/07/202 08/07/20		821.45	0.00	0.00	821.45	
1	D102307017	JULY 202		UTIZUZ UOTUTIZA	J2	021,40	0.00	0,00	021,70	1
	Vi des Tatals.					0	Steening	Ne Day	Not	
	Vendor Totals:	4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6				Gross	Discount	No-Pay	Net	
		D1200	DETAR HOSPITAL		20.2	821.45	0.00	0.00	821.45	
endor#	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Class	Pay Code					
0368	DEWITT POTI	4 & SON								
9	Invoice#	Commen	t Tran Dt Inv	Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
1	8039920		08/14/202 08/	11/202 09/05/20	02	553.43	0.00	0.00	553.43	1
		SUPPLIE	.S							- 2
1	8040070		08/14/202 08/	11/202 09/05/20	02	582.96	0.00	0.00	582.96	1
		SUPPLIE	S							
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		10368	DEWITT POTH & S	SON		1,136.39	0.00	0.00	1,136.39	
endor#	,Vendor Name			Class	Pay Code					
0789	DISCOVERY	MEDICAL	NETWORK INC		A. A. A. C.					
	Invoice#	Commen		Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	MMC081525	9.4		15/202 08/16/20		200,948.73	0.00	0.00	200,948.73	
1			Maricia	, 0		200,040,75	0.00	0.00	200,0110	1
	Vendor Totals:	Number	Name NIM XII	ym 28	ivices	Gross	Discount	No-Pay	Net	
	vendor rotals.	10789	DISCOVERY MED	UCAL NETWOR	IN INC				200,948.73	
landaett	Variable Name	10769	DISCOVER I MED			200,948.73	0.00	0,00	200,946.73	
1	Vendor Name			Class	Pay Code					
5832 🗸	EVERON	4		2. 2. 2.	3 6. 40 4	8.37	24.77	a.c.	200	
,	Invoice#	Commen			Check Dt Pay	Gross	Discount	No-Pay	Net	
1	159363828		08/20/202 08/	03/202 09/01/20	02	58.43	0.00	0,00	58.43	1
										1
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		15832	EVERON			58.43	0.00	0.00	58.43	
endor#	Vendor Name			Class	Pay Code					
0501	EVOQUA WAT	TER TECH	NOLOGIES LLC							
	Invoice#	Comment	t Tran Dt Inv	Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	907161593		08/20/202 08/	11/202 09/05/20		9.00	0.00	0.00	9.00	1
*			viller							1
	Vendor Totals:	Number	Name	1 Counting	Mo	Gross	Discount	No-Pay	Net	
		S0501	EVOQUA WATER	TECHNOLOGII	ES LLC	9.00	0.00	0.00	9.00	
endor#	Vendor Name			Class	Pay Code	-135	277	4625	14.17	
	FISHER HEAL	THCARE		M	4 -1 xxxx					
× 350 / 5	Invoice#	Comment	Tran Dt Inv		Check Dt Pay	Gross	Discount	No-Pay	Net	
. 1	2757137	254minim		05/202 08/30/20	and the second of the second of the second	772.82	0.00	0.00	772,82	/
1	2/3/13/				ic.	112.82	0.00	0.00	112.82	
	2910714		20pp11		12	10.00	0.00	0.00	40.00	. 1
4	2010/14			12/202 09/06/20	12	10.98	0.00	0.00	10,98	~
1	0070044		00/00/00000		20.	55g. 63	in the same	200	Section 6 to 1	1
1	2973941			14/202 09/08/20	02	630.90	0.00	0,00	630,90	~
	ataten		1.	1 -						
1	2973942		08/20/202 08/	14/202 09/08/20	02	6,192.84	0.00	0.00	6,192.84	1
			N	1.1						
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		F1400	FISHER HEALTHO	ADE		7,607.54	0.00	0.00	7,607.54	
		1 1400	I TOTAL TILAL THE	ANL		1,001,0	0.00	0.00	1,007,04	

N1300	GRAINGER			М							
* 1000	Invoice#	Comment	Tran Dt		Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	9595340960			08/04/202 08/29		- more management	449.36	0.00	0.00	449.36	1
1	9596964313		08/20/202 Bi	08/05/202 08/30	)/20	2	168.60	0.00	0.00	168.60	1
1	9597484493		08/20/202	08/06/202 08/3		2	114.92	0.00	0.00	114.92	1
J	9604214297			08/12/202 09/0		2	-168.60	0.00	0.00	-168.60	<b>/</b>
1	9604991522		08/20/202	08/12/202 09/06	3/20	2	195.00	0.00	0.00	195.00	~
~	9604608126			08/12/202 09/00	5/20	2	168.60	0.00	0.00	168,60	1
1	9604214313			08/12/202 09/06 LWY	5/20	2	-195.00	0.00	0.00	-195.00	1
	Vendor Totals	Number	Name	COOLI			Gross	Discount	No-Pay	Net	
		W1300	GRAINGER				732.88	0.00	0.00	732.88	
endor# 984 <b>/</b>	Vendor Name GUERBET, LI	.c		Class	3	Pay Code					
1	Invoice#	Comment	Tran Dt	Inv Dt Due	Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	0092597686		08/20/202	08/14/202 08/20	0/20		350.00	0.00	0.00	350.00	
			tony	wem							/
	Vendor Totals:	Number	Name PUN	MINI			Gross	Discount	No-Pay	Net	
		11984	GUERBET, LL	0			350.00	0.00	0.00	350.00	
endor#	Vendor Name			Class	3	Pay Code					
348 🗸	HEALTH EQU	ITY									
	Invoice#	Comment	Tran Dt	Inv Dt Due	Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	N1HDGGE			06/05/202 06/05	5/20		301.00	0.00	0.00	301.00	/
1	YCV20KG		08/20/202	07/04/20207/04	-	2	294.75	0.00	0.00	294.75	1
1	PAKFD7T		MU	08/06/20208/06 11 . 2025	3/20	2	286,25	0.00	0.00	286.25	1
	Vendor Totals:	00,450,040,0					Gross	Discount	No-Pay	Net	
		15348	HEALTH EQUI	TY			882.00	0.00	0.00	882.00	
	Vendor Name			Class	5	Pay Code					
1976	INOVALON P										
	Invoice#	Comment				Check Dt Pay	Gross	Discount	No-Pay	Net	
1	25M0085576	Terror		07/08/202 07/08	3/20	2	773.76	0,00	0.00	773.76	1
	Vendor Totals:		Name	12/No. 12			Gross	Discount	No-Pay	Net	
5,95-32	96.3.7776.4.34.	14976	INOVALON PR				773.76	0.00	0.00	773.76	
1	Vendor Name	الانتانا	المناسف المناسف	Class	3	Pay Code					
700 -	LABCORP OF			М							
1	Invoice#	Comment				Check Dt Pay	Gross	Discount	No-Pay	Net	
1	84466995	Un mari		08/02/202 08/27	/20:	2	82.00	0.00	0.00	82.00	1
	Vendor Totals:			described.			Gross	Discount	No-Pay	Net	
and I would	VP 44 . 0.	L0700	LABCORP OF	AMERICA HOLI			82.00	0.00	0.00	82.00	
371 <b>3</b>	Vendor Name LOFTIN EQUI	PMENT CO	OMPANY	Class		Pay Code					
.15	Invoice#	Comment	Tran Dt	Inv Dt Due I	Ot	Check Dt Pay	Gross	Discount	No-Pay	Net	3.
1	00065188		the second second second	08/07/202 08/13			2,356.25	0.00	0.00	2,356.25	1
-			Co	nerator	1	Checu					2
7	Vendor Totals:					A TATE OF THE STREET	Gross	Discount	No-Pay		

		10371 LC	FTIN EQUIPMENT COMPA		2,356.25	0.00	0.00	2,356.25	
	Vendor Name		Class	s Pay Code					
3268	LONE STAR C	COMMUNICA	TIONS, INC						
	Invoice#	Comment	Tran Dt Inv Dt Due	Dt Check Dt Pay	Gross	Discount	No-Pay	Net	
1	159123		08/20/202 02/18/202 03/20	0/202	1,818.60	0.00	0.00	1,818.60	1
			me Part Yepair	(				V	/
	Vendor Totals:	Number Na	ime 1-00.1 (Quoi		Gross	Discount	No-Pay	Net	
		13268 LC	ONE STAR COMMUNICATION	NS, INC	1,818.60	0.00	0.00	1,818.60	
1	Vendor Name		Class	s Pay Code					
5200	MANAGED CA	RE PARTNE	RS INC.						
,	Invoice#	Comment	Tran Dt Inv Dt Due	Dt Check Dt Pay	Gross	Discount	No-Pay	Net	
1	6811		08/20/202 09/01/202 09/01		515.00	0.00	0.00	515.00	1
			Professional.	Tel Sept.	2025			7	-
	Vendor Totals:		ime		Gross	Discount	No-Pay	Net	
		15200 M	ANAGED CARE PARTNERS		515.00	0.00	0.00	515.00	
/endor#	Yendor Name		Class	Pay Code					
M2178	MCKESSON N	MEDICAL SUF	RGICAL INC						
,	Invoice#	Comment	Tran Dt Inv Dt Due I	E. Salin J. Schools and Strategic Sec.	Gross	Discount	No-Pay	Net	1
J	24141955		08/06/202 08/05/202 08/20	hand of the	437.24	0.00	0.00	437.24	1
			08/06/202 08/05/202 08/20	cervical a	llar				
1	24141975		08/06/202 08/05/202 08/20	0/202	93.47	0,00	0.00	93.47	/
,			Supplies						
1	24171362		08/20/202 08/12/202 08/27	7/202	31.28	0.00	0.00	31.28	1
i			NONDINARIA						
1	24171881		08/20/202 08/12/202 08/27	7/202	236.76	0.00	0.00	236.76	V
<u>)</u>			miguor						
1	24180313		08/20/202 08/13/202 08/28	3/202	93.47	0.00	0.00	93.47	1
			Supplies			4.34.6			
1	24201798		08/20/202 08/18/202 09/02	2/202	1,549.11	0.00	0.00	1,549.11	/
			CNC KIX						
	Vendor Totals:		ime		Gross	Discount	No-Pay	Net	
		M2178 M	CKESSON MEDICAL SURG		2,441.33	0.00	0.00	2,441.33	
1	Vendor Name	- Trong - Trong	Class	Pay Code					
12470√	MEDLINE IND				5.5	- Land	and the same of		
1		Comment	Tran Dt Inv Dt Due I		Gross	Discount	No-Pay	Net	_ 7
1	2371823742		08/01/202 05/22/202 06/16	5/202	26.72	0.00	0.00	26.72	1
	Charles and the same		Jupplies					A Astronomy	
1	2381864525		08/06/202 07/30/202 08/24		5,938.77	0.00	0,00	5,938,77	~
7	backtabe. S.		4					A frame and	
1	2382825813		08/06/202 08/05/202 08/30		326.13	0.00	0.00	326.13	1
			A		44.04	5,450	10.50	35.46	
1	2382840627		08/06/202 08/06/202 08/31		49.64	0.00	0.00	49.64	1
4			The state of the s		4-2-2-5	29.25	2.73	100	1
1	2383730587		08/12/202 08/12/202 09/06		55.97	0.00	0.00	55.97	4
	and reserved				VI. 20 0 0	62.5	340	4.74.10.7	
1	2384038489		08/20/202 08/13/202 09/07		842.12	0.00	0.00	842.12	<b>V</b>
	0004000400		and the state of t		2 000 00		2 21	, 400 10	,
1	2384038490		08/20/202 08/13/202 09/07	7/202	1,005,28	0.00	0.00	1,005.28	1
.3	2204020402		TO THE ROOM OF THE PERSON		4.24	6.55	2.44	144	1
1	2384038487		08/20/202 08/13/202 09/07	7/202	4.60	0.00	0.00	4.60	1
1	000 4000 400					10V21	1,2,27	ogar)	/
1	2384038482		08/20/202 08/13/202 09/07	//202	47.74	0.00	0.00	47.74	1
1	000400000		00/00/000 00/4 0/000 00/05		lates.	42.24	w.zb	2.20	
1	2384036557		08/20/202 08/13/202 09/07		-1.31	0.00	0.00	-1.31	1
1	2204000400		A0 100 1000 00 14 0 1000 00 107	*,	2742	12,63	2023	10.20	
1	2384038480		08/20/202 08/13/202 09/07		14.03	0.00	0.00	14.03	1
			b L	~4					

1	2384038484				02 09/07/20	2	44.08	0.00	0.00	44.08	1
1	2384038479		50pp 08/20/20		02 09/07/20	2	16.14	0.00	0.00	16.14	1
											2
1	2384038478		08/20/20	2 08/13/20	02 09/07/20 • •	2	1,001.30	0.00	0.00	1,001.30	1
1	2384038488		08/20/20	2 08/13/20	02 09/07/20		2,611.62	0.00	0.00	2,611.62	1
1	2384038481			2 08/13/20	02 09/07/20	2	99.13	0.00	0.00	99.13	1
1	2384137541			2 08/14/20	02 09/08/20	2	332.53	0.00	0.00	332.53	1
	0004000404		00/00/00	n 00 (4 F (0)			04.00	2.00	0.00	61.00	,
1	2384330421		08/20/20	2 08/15/20	02 09/09/20		61.30	0.00	0.00	61.30	1
	Vendor Totals:	Number	Name		,	1	Gross	Discount	No-Pay	Net	
	vendor rotais.	M2470	MEDLINE IND	LISTRIES	SINC		12,475.79	0.00	0.00	12,475.79	
Vendor#	Vendor Name	W2470	MEDLINE INC	OSTRIES	Class	Pay Code	12,475.75	0.00	0.00	12,415,15	
M2621	MMC AUXILIA	RY GIFT	SHOP		W	ray code					
	Invoice#	Commen		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	081425		08/20/20	2 08/14/20	02 08/14/20	The second second second	253.44	0.00	0.00	253.44	1
	Vendor Totals:	Number	Mama				Crean	Discount	No Pau	Net	
	venuor rotais:	M2621	Name MMC AUXILIA	DV CIET	CHOB		Gross 253.44	0.00	No-Pay 0.00	253.44	
Vendor#	Vendor Name	WIZOZI	WING AUXILIA	in r dir i	Class	Pay Code	233,44	0.00	0.00	255.44	
	NACOGDOCH	IES TRAN	ISCRIPTION		0,000	, a, coac					
444	Invoice#	Commen		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	/8816		08/20/20	2 08/19/20	208/29/20	The strain of th	69.02	0.00	0.00	69.02	1
	Vendor Totals:	Number	Name	7084	0000	)	Gross	Discount	No-Pay	Net	
		13548	NACOGDOCH	HES TRAI	NSCRIPTIO	N.	69.02	0.00	0,00	69.02	
Vendor#	Vendor Name				Class	Pay Code					
12388	NATIONAL FA	RM LIFE	INSURANCE								
	Invoice#	Comment	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	4551004		08/20/20	2 08/14/20	02 08/14/20:	2	5,489.90	0.00	0.00	5,489.90	1
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		12388	NATIONAL FA	ARM LIFE	INSURAN	CE	5,489.90	0.00	0.00	5,489.90	
Vendor# 12096 J	Vendor Name NEOGENOMI	CC LABOR	PATORIES		Class	Pay Code					
12080 4	Invoice#	Comment		Inv. Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	9175466	Commen			02 07/31/20:		4,065.00	0.00	0.00	4,065.00	
~			03/23/23	- 5115114	2E 0770 17E0		1,000.00	0.00	0.00	4,000.00	1
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		12096	NEOGENOMI	CS LABO	RATORIES	8	4,065.00	0.00	0.00	4,065.00	
Vendor#	Vendor Name				Class	Pay Code					
O1500 J	OLYMPUS AN	MERICA IN	IC		M						
	Invoice#	Comment	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
1	38477583		08/12/202	2 08/11/20 <b>\</b>	02 09/05/20:	ina R	145.00	0.00	0.00	145.00	1
V	38462031		08/20/202	2 06/27/20	02 07/22/20:	2.110	1,125.00	0.00	0.00	1,125.00	1
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
							C. 000	_,0000111			
		O1500	OLYMPUS AN	IERICA II	VC.		1.270.00	0.00	0.00	1.270.00	
Vendor#	Vendor Name	O1500	OLYMPUS AN	MERICA II	VC Class	Pay Code	1,270.00	0.00	0.00	1,270.00	

1	Invoice#	Comment	Tran Dt In	v Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
J	OP004904		08/20/20208	8/12/202 09/11/20		900.00	0.00	0.00	900.00
	Vendor Totals:	: Number	Name	Nom		Gross	Discount	No-Pay	Net
	Carden Some		ONE PHYSICS LI	rc		900.00	0.00	0.00	900.00
	Vendor Name			Class	Pay Code				
10152	/ PARTSSOUR		1	10 1 6 72	AGE AGENCY	42.1	W. 27	En many	LD-1
1	Invoice#	Comment				Gross	Discount	No-Pay	Net
J	05901296			8/07/20209/06/20 (	A	158.70	0.00	0.00	158.70
1	05907002				nent kit	1,172.44	0.00	0.00	1,172.44
			PISSON	Now, B	ourd, Circu	rix Curd			
	Vendor Totals:		Name		172 424 A	Gross	Discount	No-Pay	Net
	94 (4114)		PARTSSOURCE,		W 15144	1,331.14	0.00	0.00	1,331.14
Vendor# 10372	Vendor Name PRECISION D		CORP (PDC)	Class	Pay Code				
	Invoice#	Comment	Tran Dt Inv	v Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	9359349151A		08/01/202 06	6/24/202 07/24/20	02	20.23	0.00	0.00	20.23
	Vendor Totals:	Number	JUppli	ies		Cenna	Disperent	No Day	Not
	Vendor Totala.		Name PRECISION DYN	IAMICS CORP (	PDO	Gross 20.23	Discount 0.00	No-Pay 0.00	Net 20.23
Vendor#	Vendor Name		FREOIGIOITETT	Class	Pay Code	20.20	0.00	0,00	EU.ES
11251	RAPID PRINT			40.000	, uj 0000				
1000	Invoice#	Comment	Tran Dt Inv	v Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
J	301524			3/20/202 09/04/20		142,65	0,00	0.00	142.65
1			lingle	Sided.	24 X 34	(4)			
	Vendor Totals:	. Number	Name	a i vacco	U-12	Gross	Discount	No-Pay	Net
			RAPID PRINTING	à LLC		142.65	0.00	0.00	142.65
Vendor# 10699	Vendor Name SIGN AD, LTD			Class	Pay Code				
	Invoice#	Comment	Tran Dt Inv	v Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	316417			3/16/202 08/26/20		425.00	0.00	0.00	425.00
	Vder Totale	Manakas	Howert	1 sing 1	lease 812	27 - 912 Gross		N. Day	Med
	Vendor Totals:		SIGN AD, LTD.	J	25-7-7-7	Gross 425.00	Discount	No-Pay	Net
Vendor#	Vendor Name	10099 ,	SIGN AD, LID.	Class	Pay Code	425.UU	0.00	0.00	425.00
	SINGLETON A	ASSOCIAT'	ES PA	Diago	Fay Code				
		Comment		v Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	5159			6/27/202 06/27/20		420.02	0,00	0.00	420.02
~			FORM	1	univation				7.3
1	59611		08/20/20207	777202 07/17/20	02	10.91	0.00	0.00	10.91
			1'eadr	A RXO	imination	n			
1	5319		08/20/20207	/17/202 07/17/20	02	11.00	0.00	0.00	11.00
1	(Stage		Dom O	mon La	rbide exa	minatio	$\cap$	Ze dela	505.50
7	5160		08/20/202 07/	717/20207/17/20	mination	160.30	0.00	0.00	160,30
	Vendor Totals:	Number	Name	/300 00.		Gross	Discount	No-Pay	Net
	No. of the last of	17852	SINGLETON ASS	OCIATES PA		602.23	0.00	0.00	602.23
/	Vendor Name	- or taking		Class	Pay Code				
11296	SOUTH TEXAS			Carried Carried	100 000	- 50	The same		-
1		Comment	Tran Dt Inv		Check Dt Pay	Gross	Discount	No-Pay	Net
1	107052999		08/20/202 08/	3/15/202 09/09/20	)2	3,218.00	0.00	0.00	3,218.00
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS B	LOOD & TISSUI	E CEN	3,218.00	0.00	0.00	3,218.00
Vandar#	Vendor Name			Class	Pay Code				

DIDIDI	CDADICUOUS			1977					
C1010	SPARKLIGHT		The Br. In	W D D.	Observe Da Design	Cura	Discount	No Dou	Net
,	Invoice# 090125	Comment			Check Dt Pay	Gross 276.29	Discount 0.00	No-Pay 0.00	276.29
1	090125		The Property of the April 19	9/01/202 09/02/20		101,000	0.00	0.00	2/0.29
		A Laboration of	Jervice	8/16-	9/15/2		Diseases	Ne Devi	Not
	Vendor Totals		Name			Gross	Discount	No-Pay	Net 076.00
	200 2004.000	44.4	SPARKLIGHT	2450.00	Carlotte State	276,29	0.00	0.00	276.29
	Vendor Name		School	Class	Pay Code				
15236	SPECIALTY F					212.0		Ye. H.	No.
	Invoice#	Comment			Check Dt Pay	Gross	Discount	No-Pay	Net
1	1250000908		08/20/202 08	3/01/202 08/01/20		3,372.50	0,00	0.00	3,372.50
	dar strong and	Access 1	HMber	Helze	(	2000	DENTITY OF	Sin Lord	1860
	Vendor Totals		Name			Gross	Discount	No-Pay	Net
		15236	SPECIALTY PRO	A 21 A 2 (22)	S. Charles	3,372.50	0.00	0.00	3,372.50
	Vendor Name	3		Class	Pay Code				
S3940 🎝	STERIS COR			М					325
	Invoice#	Comment			Check Dt Pay	Gross	Discount	No-Pay	Net
1	14185164		08/20/202 08	3/13/202 09/07/20	12	428.68	0.00	0.00	428.68
2									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		S3940	STERIS CORPOR	RATION		428.68	0.00	0.00	428.68
/endor#	Vendor Name			Class	Pay Code				
T2539√	T-SYSTEM, IN	1C		W					
	Invoice#	Comment	Tran Dt In	v Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	20226364		08/20/202 08	3/10/202 09/09/20	)2	146.00	0.00	0.00	146.00
7			Dan d	Dias	Shiden				
	Vendor Totals	Number	Name	2.00	2.50-0	Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC			146.00	0.00	0.00	146,00
/endor#	Vendor Name			Class	Pay Code				
T2204 J	TEXAS MUTU	JAL INSUR	ANCE CO	W					
	, Invoice#	Comment		v Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1007225049		08/20/202 08	3/14/202 09/03/20		10,650.00	0.00	0.00	10,650.00
~						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	Vendor Totals	Number	Name Policy	V		Gross	Discount	No-Pay	Net
			TEXAS MUTUAL		3	10,650.00	0.00	0.00	10,650.00
/endor#	Vendor Name		The state of the s	Class	Pay Code		14.400		The state
	TEXAS SELE		NG, LLC	1, 177	- 10.2000				
27.20	Invoice#	Comment		v Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	0025772			3/14/202 08/15/20		3,625.00	0.00	0.00	3,625.00
4	W. C. C.		Λ	~			377	127751	1,000
	Vendor Totals:	: Number	Jhwh	Jesch	ice	Gross	Discount	No-Pay	Net
			TEXAS SELECT	STAFFING LLC		3,625.00	0.00	0.00	3,625,00
/endor#	Vendor Name	10,00		Class	Pay Code	0,020.00	0.00	0.00	5,025,00
J1064_ /	UNIFIRST HO	LDINGS IN	IC.	0,200	,				
1007	Invoice#	Comment		v Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	2921066630	Seminetti		3/11/202 09/05/20		203.59	0.00	0.00	203.59
4		UNIFORM			8	200.00	0.00	0.00	200.00
1	2921062854	Sim Only		5/19/202 07/14/20	12	2,976.23	0.00	0.00	2,976.23
7	_02.002007		1 (11/10)		-	2,010,20	0.00	0.00	2,010.20
1	2921065666		1.00	OV Section Control of the control of	12	1 207 76	0.00	0.00	1 207 76
1	2921000000			/28/202 08/22/20	14	4,297,76	0.00	0.00	4,297.76
	9091066004		20000	165	20	0.000.00	0.00	0.00	0.000.00
	2921065924			131/202 08/25/20	12	2,932.32	0.00	0.00	2,932.32
1			11100	nes			20%	0.72	37.520.00
1								0.00	4 100 50
1	2921066110		08/20/20208	0/04/202 08/29/20	02	4,189.58	0.00	0.00	4,189.58
1			08/20/202 08 SUPPI	3/04/202 08/29/20 Ii ES					
1 1 1	2921066110 2921066458		08/20/202 08 SUPPI	0/04/202 08/29/20 11 US 0/07/202 09/01/20		4,189.58 289.83	0.00	0.00	289.83

J	2921066480		08/20/202 08/07	/202 09/01/20	02	311.44	0.00	0.00	311.44 🗸
1	2921066486		08/20/202 08/07	) /202 09/01/20	02	149.46	0.00	0.00	149,46 🗸
1	2921066442		08/20/202 08/07			3,275.79	0.00	0.00	3,275.79
1	2921066618		08/20/202 08/11			3,736.06	0.00	0.00	3,736.06 🗸
1	2921066923		500116 08/20/202 08/14		02	3,252.54	0.00	0.00	3,252.54 🗸
1	2921066966		08/20/202 08/14	/202 09/08/20	02	159.58	0.00	0.00	159.58 🗸
1	2921066937		08/20/202 08/14	/202 09/08/20	02 (WOdy)	289.83	0.00	0.00	289.83 🗸
1	2921066960		08/20/202 08/14 Suppli		22	3,538,69	0.00	0.00	3,538.69
J	2921066946		08/20/202 08/14	the same of the same of the same of	02	201.60	0.00	0.00	201,60 🗸
1	2921066930		08/20/20208/14		02	110.20	0.00	0.00	110.20
	Vendor Totals:	Number	Name	M		Gross	Discount	No-Pay	Net
	veridor rotais.			O INC		29,914.50			29,914.50
	in a in	U1064	UNIFIRST HOLDING	W. 10. 10.	Service .	29,914.50	0.00	0.00	29,914,50
	Vendor Name	00000	allume cus	Class	Pay Code				
V1056 🗸	VICTORIA AIF	CONDIT		W					
	Invoice#	Commen	t Tran Dt Inv Di	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	219999		08/20/202 08/19	A STATE OF THE STA	on Uini(	450.00	0.00	0.00	450,00 🗸
	Vendor Totals:	Number	Name		o, . O	Gross	Discount	No-Pay	Net
		V1056	VICTORIA AIR CON	DITIONING L	TD	450.00	0.00	0.00	450.00
Vendor# 17832 -	Vendor Name VOCA LLC			Class	Pay Code				
	Invoice#	Commen	t Tran Dt Inv Di	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	40451		08/20/202 08/01		02	3,467.50	0.00	0.00	3,467.50
	Advanced Control	S	Name DOVE V	mune?	5	Acres 1	Sec. 15.		~
	Vendor Totals:		Name	00	1	Gross	Discount	No-Pay	Net
		17832	VOCA LLC			3,467.50	0.00	0.00	3,467.50
Vendor#	Vendor Name WERFEN USA	LLC		Class	Pay Code				
	Invoice#	Commen	t Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	9111937884		08/20/202 08/11			1,794.40	0.00	0.00	1,794.40
1	9111943285		08/20/202 08/15	/202 09/09/20	2026	1,571.66	0.00	0.00	1,571.66 🗸
	Vendor Totals:	Number	Name CU NIO	701 81	2000	Gross	Discount	No-Pay	Net
	V-1435(3.3408)	11110	WERFEN USA LLC			3,366.06	0.00	0.00	3,366.06
Vendor#	Vendor Name	01017		Class	Pay Code	0,000.00	0.00	0.00	0,000.00
10556	WOUND CAR	E SPECIA	LISTS						
	Invoice#	Commen	t Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	WCS00007449	)	08/20/202 08/11	/202 09/09/20		11,225.00	0.00	0.00	11,225.00
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	The second second	10556	WOUND CARE SPEC	CIALISTS		11,225.00	0.00	0.00	11,225.00
APPD	IOVED ON		and the same of the same		ort Summary	V-W-1982			A CANAL SERVICE
Grand To	tals:		Gross		Discount	No-F	'av	Ne	t
	2 1 2025		371,144.41		0.00	0.0	4.3	371,14	
1.00	1 2023		94.14.3353		0.00	0.0	•	a/1,14	नाम ।

MEMORIAL MEDICAL CENTER

CHECK REGISTER

08/27/25 THRU 08/27/25

PAGE 1 GLCKREG

CODE	NOMBER	DATE	AMOUNT	PATEE
*****	*****	*******	********	************
A/P	210074	08/27/25	200.81	ADVANCED STERILIZATION PRODUCT
		08/27/25		AMAZON CAPITAL SERVICES
		08/27/25		ARTHREX, INC
		08/27/25		BECKMAN COULTER INC
		08/27/25		BIO-RAD LABORATORIES, INC
		08/27/25		
		08/27/25		CARESFIELD
		08/27/25		CHEMAQUA
		08/27/25	283.67	CITY OF PORT LAVACA
			385.00	CLINICAL COMPUTER SYSTEMS INC
A/P	210084	08/27/25	3,745.44	COASTAL OFFICE SOLUTONS
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
		08/27/25		
		08/27/25		
A/P	210091	08/27/25	9.00	
A/P	210092	08/27/25	7,607.54	EVOQUA WATER TECHNOLOGIES LLC FISHER HEALTHCARE
		08/27/25	732.88	GRAINGER
		08/27/25		GUERBET, LLC
		08/27/25		HEALTH EQUITY
		08/27/25		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
		08/27/25		MANAGED CARE PARTNERS INC.
		08/27/25		
		08/27/25		VOIDED
		08/27/25		VOIDED
A/P		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		08/27/25		SPECIALTY PROFESSIONAL
A/P	210119	08/27/25	428.68	STERIS CORPORATION
A/P		08/27/25		
A/P		08/27/25		TEXAS MUTUAL INSURANCE CO
A/P		08/27/25		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

PAGE 2 GLCKREG

08/27/25 THRU 08/27/25 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		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		
TOTAL	S:		511,481.91		

APPROVED ON AUG 2 7 2025

CALHOUN COUNTY, TEXAS

Payables 371 , 144 . 41 + Pat. refund 120.00 + 511:481.91 ◊

RUN DATE: 08/21/25 TIME: 11:13 RECEIVED BY THE COUNTY AUDITOR ON

AUG 2 1 2025

MEMORIAL MEDICAL CENTER

EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1 APCDEDIT

PATIENT PAY PAT PAYEE NAMEALHOUN COUNTY, TEXAS NUMBER GL NUM DATE AMOUNT CODE TYPE DESCRIPTION 6005845 03 082125 120.00 🗸 5 REFUND FOR TX 77979 ARID=0001 TOTAL TOTAL 120.00

APPROVED ON

AUG 2 1 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Un wx 210132

#### MCKESSON

Company: 8000

USA

Billing Date 08/21/2025 08/22/2025 F column legend:

Empowering Healthcare

HEB PHCY WHSE/MEM MED PHS

MEMORIAL MEDICAL CENTER

PORT LAVACA TX 77979

815 N VIRGINIA ST

**STATEMENT** 

CARR: MCK INITIATED ACH DEBIT

Statement for information only

USA

AMT DUE REMITTED VIA ACH DEBIT

As of: 08/22/2025

Customer Location:

DC:

Territory:

Customer:

Date:

Page: 001

to ensure proper creat 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

Cust: 820405

PLEASE CHECK ANY

							Date:		ITEMS NOT PAID
Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P	Amount (net)	P	Receivable Number
08/26/2025	7586182579	B2508-055-221929	115Invoice	0.09	4.27		4.18		7586182579
08/26/2025	7586413914	B2508-055-222267	115Invoice	0.10	5.18		5.08		7586413914

8115

7001

820405

F = Future Due Item,

blank = Current Due Item

OTAL

'ast Due:

uture Due:

0.00

0.00

P = Past Due Item.

Subtotals:

9.45

9.26

USD

08/23/2025

Due If Paid On Time:

9.26

USD

USD

0.19

ast Payment: 8/18/2025

499.88

If Paid After 08/26/2025

If Paid By 08/26/2025

Pay This Amount:

Pay This Amount:

9.45 USD

USD

Disc lost if paid late:

Due if paid late:

USD 9.45

otal Discount:

0.19

APPROVED ON

AUG 25 2025

31 + 58 + 3 - 14 + 6 . 32 +

50.30 0

9 . 26 +

For AR Inquiries please contact 800-867-0333

MSKESSON

Empowering Healthcare

STATEMENT

Company: 8000

CVS PHCY 7475/MEM MC 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

As of: 08/22/2025

**Customer Location:** 

8115

7001

835438

08/23/2025

Page: 001

to ensure proper creat 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

Cust: 835438

PLEASE CHECK ANY ITEMS NOT PAID

								Date:		ITEMS NOT P
Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P	Amount (net)	P	Receivable Number
08/20/2025	08/26/2025	7586079596	4341525	115Invoice	0.64	32.22	1	31.58		7586079596

DC:

Territory:

Customer:

Date:

	10000	4341323	Transocce	0.64	32.22	31.58	7586079596
F column legend:	P = Past Due Item,	F = Future Due Item,	blank = Current Due Item				
OTAL							
uture Due:	0.00	Subtotals:	32.22	USD		If Paid On Time:	31.58
ast Due:	0.00	If Paid By 08/26/2	2025		USD		0.64 WW
ast Payment:	499.88	Pay This Amount:	31.58	USD	Disc	lost if paid late:	USD 32.22
8/18/2025		If Paid After 08/2	ALCOHOL: ACCOUNT	USD	Due	if paid late:	
otal Discount:	0.64	Pay This Amount:			USD		

APPROVED ON

AUG 25 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

MCKESSON

Company: 8000

USA

Billing

Date

Empawering Healthcare

CVS PHCY 7416/MEM MC PHS

Due

Date

MEMORIAL MEDICAL CENTER

PORT LAVACA TX 77979

815 N VIRGINIA ST

**STATEMENT** 

CARR: MCK INITIATED ACH DEBIT

Statement for information only

USA

Receivable

Number

AMT DUE REMITTED VIA ACH DEBIT

Order

Reference

As of: 08/22/2025

**Customer Location:** 

8115

7001

835437

Cash

Discount

08/23/2025

DC:

Territory:

Customer:

Date:

Description

Page: 001

Amount

(gross)

10 ensure proper cream 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

atement for informat

USA

Cust: 835437

PLEASE CHECK ANY

OOA

	Date:		II EWIS NOT F	T
P	Amount	Р	Receivable	
F	(net)	F	Number	
	,			

08/20/2025	08/26/2025	7586096	310	4339401	115Invoice		0.06	3.20	✓ 3.14	7586096310
F column legend:	P = Past	Due Item,	F = Futu	re Due Item,	blank = Current Due	ltem				
OTAL										
uture Due:	O	0.00	\$	Subtotals:	F. 3	3.20	USD	Due US	If Paid On Time:	3.14
ast Due:	0	0.00	21	f Paid By 08/26/202	5			117	71000	0.06
			F	Pay This Amount:	3	3.14	USD	Dise	lost if paid late:	USD
ast Payment:	4	199.88								3.20
8/18/2025			li li	f Paid After 08/26/2	025	3.20	USD	Due	if paid late:	
			F	Pay This Amount:				USI		
otal Discount:	0	.06								

APPROVED ON

AUG 25 2025

CALHOUN COUNTY TEXAS

### MSKESSON

Company: 8000

USA

Empowering Healthcare

**STATEMENT** 

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

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

DC:

8115

Territory: 7001 **Customer Location:** Customer: 835430

As of: 08/22/2025

Date:

08/23/2025

Page: 001

to ensure proper creat 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

835430 Cust:

PLEASE CHECK ANY

ITEMS NOT PAID Date:

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount P (gross) 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				
OTAL							
uture Due:	0.00	Subtotals:	6.45	USD	Due If Paid On Time: USD	6.32	SV.
ast Due:	0.00	If Paid By 08/26/2	025			0.13	
		Pay This Amount:	6.32	USD	Disc lost if paid late:	USD	
ast Payment:	499.88					6.45	
8/18/2025		If Paid After 08/26	6.45	USD	Due if paid late:		
		Pay This Amount:			USD		
otal Discount:	0.13						

APPROVED ON

AUG 25 2025



STATEMENT

Statement Number: 70364020 Date: 08-22-2025

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

DEA: RA0289276 866-451-9655

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

**Customer Number** 100135284 / 037028186 Terms Sat - Fri Due in 7 days

**AMERISOURCEBERGEN** PO Box 905223 **CHARLOTTE NC 28290-5223** 

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

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	E	Balance
08-18-2025	08-29-2025	3224126320	7010372302	Invoice	41.84		0.00	1	41.84
08-18-2025	08-29-2025	3224126321	7010381761	Invoice	28.29		0.00	1	28.29
08-18-2025	08-29-2025	3224126322	7010390912	Invoice	16.28		0.00	1	16.28
08-19-2025	08-29-2025	3224266337	7010396199	Invoice	32.81		0.00	1	32.81
08-21-2025	08-29-2025	3224533693	7010411196	Invoice	5.38		0.00	1	5.38
08-22-2025	08-29-2025	3224672092	7010416830	Invoice	8.86		0.00	1	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

APPROVED ON AUG 2 5 2025

CALHOUN COUNTY, TEXAS

Reminders **Due Date** Amount 08-29-2025 Total Due:

145.78 J w

Processing Number 0000007000477907

# STATEMENT

Statement Number: Date: 08-22-2025

70380338

AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336

DEA: RA0316958 866-451-9655

Account Antivity

Serviced By:

Customer:

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

100566356 / 100566356

Terms

Sat - Fri Due in 7 days

Remit To:

AMERISOURCEBERGEN PO Box 978740 DALLAS TX 75397-8740 
 Summary
 0.00

 Not Yet Due:
 0.00

 Current:
 1,296,16

 Past Due:
 0.00

 Total Due:
 1,296,16

 Account Balance:
 1,296,16

ACCOUNT A	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	1	12.31
08-19-2025	08-29-2025	3224312019	7010403562	Invoice	488.21		0.00	1	488.21
08-21-2025	08-29-2025	3224574020	7010416696	Invoice	25.87		0.00	1	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.

Reminders	
Due Date	Amount
08-29-2025	1,296.16
Total Due:	1,296.16



Processing Number 0x8000000437555 Decement Type Ecolomer Statement 20750473054.

## STATEMENT

Statement Number: 70374280 Date: 08-22-2025

AMERISOURCEBERGEN DRUG CORP 12577 STATELINE ROAD OLIVE BRANCH MS 38654

DEA: RA0504743 866-451-9655

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

Terms

**Customer Number** 

100302028 / 100302028

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

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

**Account Activity** 

Processing Number 0000007000436461

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	1	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



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

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

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

941 REC/TAX DEPOS	SITF	OR	MMC PAYR		ITER VOID CKS AS	NEDATIVE	MINIGEDEN				RE	VISED	3/18/2014
PAY PERIOD: BEGIN PAY PERIOD: END PAY DATE:			8/8/2025 8/21/2025 8/29/2025		DED CK (1)		DED CK (2)	ADD	DITIONAL	CK (1)	ADDITIONAL	CK (1)	TOTALS
GROSS PAY:		s	514,223.47					\$		40.0		5	514,223.47
			314,223.41										014,220,41
DEDUCTIONS:			84000										The state of
A/R ADVANC BOOTS		\$	415.06									5 5	415.06
MUTUAL CRITICAL ILLNESS MUTUAL ACCIDENT												\$	-
IRS TAX MUTUAL SHORT TERM DIS MUTUAL VISION CAFÉ-D												\$ \$ \$	
CAFÉ-H												S	- 1
		S	-									\$	
91020		\$	*									\$	
CAFÉ-P CANCER				91								\$	
CHILD		5	3.1									\$	- 1
CLINIC		S	25.00									15	25.00
COMBIN			20,00									\$	
CREDUN		\$	18									s	
DENTAL		\$										\$	
DEP-LF												\$	
MUTUAL TERM LIFE MUTUAL HOSP INDEM												\$	
FED TAX		\$	44,244.60									\$	44,244.60
FICA-M		\$	7,456.25									\$	7,456.25
FICA-O		\$	31,881.82									\$	31,881.82
FIGA-M ADDITIONAL												\$	
FIRST C												5	-
FLEX S FLX-FE		\$										\$	
GIFT S		5	209.43									Š	209.43
MUTUAL CRITICAL ILLNESS MUTUAL ACCIDENT		*										\$	
MUTUAL SHORT TERM DIS LEGAL OTHER		s	4,104.58									\$	4,104.58
NATIONAL FARM LIFE MED SURCHARGE Blank RELAY			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									s s s	
REPAY STONEDF STONE STONE 2												* * * *	Ě
STUDEN												\$	
TSA-R		\$	34,491.88									\$	34,491.88
UWIHOS		\$										\$	
TOTAL DEDUCTIONS:		_			MATCH REPORT		MATCH REPORT		ULD MATCE	REPORT			122,828.62
NET PAY:		\$	391,394.85	\$		\$		5	025102-327		\$	- \$	391,394.85
TOTAL CAFÉ 125 PLAN:		\$	ALLD MATCH REPORT		ss Exempt:		MATCH REPORT	" VSHO	ULD MATCH	REPORT	"SHOULD MATC	HREPORT	
TAXABLE PAY:		\$	E44 000 47			_							
TAXABLE PAT:			514,223.47 CALCULATED**	=	514,223.47	_	<b>V</b>	7	Familia		EICA C	0.0	Exempt Ami
FICA - MED (ER)	1 45%	\$	7,456.24	-rom	MMC Report	U	<u>ference</u>		empi	yees o	ver FICA-S	S Cap:	
FICA - MED (EE)	1.45%	5	7,456.24	S	7,456.25	S	(0.01	)					
FICA - SOC SEC (ER)	6 20%	\$	31,881,86		(1,63126)		(-)	1					
FICA - SOC SEC (EE)	8 20%	S	31,881.86	\$	31,881.82	\$	0.04		Payco	de S -	Employee F	Reimb.:	
FED WITHHOLDING		\$	44,244.60	5	44,244.60								~~~~~
		_									1	TOTAL: \$	
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	PRE	PARED B	Y:				Andrie Flo	ores
FED WITHHOLDING		\$	44,244.60		\$44,244.60	PRE	ARED D	ATE	:			8/25/20:	25
TOTAL TAX:		\$	122,920.80		122,920.74		0.06					-	and the same of th

Page 109 P2REG

### Final Summary

1	REGULAR PAY-S1	9685.50	N		N	N		229329.31	A/R	385.06 A/R2	30.00 A/R3	
1	REGULAR PAY-S1	2023.00					N	101102.42		AWARDS		
1	REGULAR PAY-S1	2.25					Y	132.57	BOOTS			
1	REGULAR PAY-S1							7601.67	CAPE-2			
2		2361.25						65715.31			CAFE-D	
2	REGULAR PAY-S2	122.50						5120.83				
3	REGULAR PAY-S3	1502.00								CAPE-P		
3	REGULAR PAY-S3	133,00	7.4					5666.83				
3	REGULAR PAY-S3	2.00					N	136.59				
4	CALL BACK PAY	15.00	N	1				735.41				
4	CALL BACK PAY	8.00								1000	44244.60 FICA-M	7456.25
4	CALL BACK PAY	2.00						88.00		31881.82 FIRSTC	FLEX S	
C	CALL PAY	2499.75						4999.50		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						603.75	GTL	HOSP-I	HSA	
D	DOUBLE TIME	8.25	N	3	N	N		680.63	ID TFT	IRSTAX	LEAF	
E	EXTRA WAGES		N		N	N	N	-556.59	LEGAL	MASA	MEALS	4104.58
E	EXTRA WAGES		N	1	N	N	N			MISC	MISC/	327-101-7
I	INSERVICE	44.50	N	1	N	N		1430.48	MMCSHR	MCOACC	WOOTLL	
K	EXTENDED-ILLNESS-BANK	318.50						9862.72	MODIND	MOOLIF	MOOSTD	
P	PAID-TIME-OFF	147.65	N		N	N	N	5021,67	MCOVIS	NATEML	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	SUNSTO	
									SUNVIS	SURCHG	TSA-1	
									TSA-2	TSA-C	TSA-P	
									TSA-R	34491.88 TUTION	UNIFOR	
									UW/HGS			

979   PAPEL   2   11   9   NO. 20   2000-2006   9   41/1000   9   41/100	5796	76351	1	1	0	2025 225001748	0	8/18/2025	\$24,293.89	1 TRUESCRIPTS MANAGEMENT SERVICE LLC	Þ	517	0	PCS	WENG	7/28/2025	8/10/2025 464
1982   1882   2   3   3   2   285   20050000   0   141/2005   0   1   2005/2006   0   1   2005/2006   0   1   2005/2006   0   1   2005/2006   0   1   2005/2006   0   1   2005/2006   0   1   2005/2006   0											- 5		- 0				TA TAKE THE TAKE
25			4							and the second s	0.0		- 4				12/27/2024 27
10   10   10   10   10   10   10   10										- 100000-100-100-100-100-100-100-100-100	P		0	CH	F	10/25/2024	10/25/2024 56
10										1 AMERICAN SPECIALTY HEALTH CLEARINGHOUSE	P	313	0	CH	F	12/6/2024	12/6/2024 56
10			2	33			0	0/18/2025	584.75	1 AMERICAN SPECIALTY HEALTH CLEARINGHOUSE	P.	313	0	CH	F	12/23/2024	12/23/2024 50
196	602	76351	.2	13	D	2025 225001097	0	8/18/2025	\$134.82	1 BAYLOR COLLEGE OF MEDICINE	P	457	O.	ovs	É	7/40/2025	7/30/2025 30
Color	603	76351	2	13	0	2025 224000623	0	8/18/2025			D		0				6/4/2025 8
150   150   1	804	76351					· n	8/19/2025			N.	2.72	0		4.		77 14
1885   1981   3   30   30   30   30   30   30   30	807								45-mm								10/14/2024 5
1909   2019   20						946414250416629					P		0		F		1/23/2025 2
100   26.55   1   14   2.502   2000/160   0   Milizardo   2.505   1   W.C.AM SWINSTELL CATTO   1.500   0   0.000   1.164/2005   1.164											P		0	AUDT	F	12/26/2024	12/26/2024 2
140					0	2025 226001488	0	8/18/2025	52.05	1 VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0	AUDT	F	1/7/7025	1/7/2025 2
11. 1 19.1. 2			3	64	0	2025 226001496	0	8/18/2025	\$2.05	1 VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0	AUDT	F		12/27/2024 2
10.00   10.0	811	76151	3	18	0	2025 226001441	0	8/18/2025	52.15	I VIP CARE SERVICES LLC ATTN: HPCMS	p	507	0	AUDT			1/24/2025 2
19	812	76351	3	20	0	2075 276001442	0				0		0				6/14/2024 2
148	615		4					-10-21-20-2			-						74 - 14
1967   1965   1   37   2   205   27000181   0   1711/1075   34.5   1   1   1   1   1   1   1   1   1	816									ELPOTECHICA CONTROL CONTROL STRUCTURE STRUCTUR	P		0				7/30/2024 2
10.0   10.0										The state of the s	þ		0		F	77.7	11/18/2024 2
1985   2   65   1   2005   2006-2006   0   2007   2006-2006   0											P		0	AUDT	F	1/20/2025	1/20/2025 7
19   19   19   19   19   19   19   19			3		D	2025 23000046B	0	8/18/2025	54 61	1 VIP CARE SERVICES LLC ATTN: HPCMS	P	846	0	INVC	F	6/17/2024	6/17/2024 2
120   7058	619	76351	3	65	1	2025 226001457	D	8/18/2025	510.94	1 VIP CARE SERVICES ILC ATTN: HPCMS	P	503	O.	AUDT			12/27/2024 2
121   151   151   1	822	76351	3	47	0	2025 226001509	0				n		n		1		11/29/2024 2
1942   1945   3   64   2   2015   25000165   0   9417/205   351   1   VPCAM SIMPLES LICATINI PROPS   99   0   MILE   1971/206   1971/205   1971   1971   1971/206   1971/205   1971   1971/206   1971/205   1971   1971   1971/206   1971/205	823	75351	3	74	0	2025 226001463	. 0								200		
202   10.05							7.0										17/18/2024 2
1809   1815   1   31   1   2   2072   20000085   0   81/8/2005   3   3   3   0   2072   20000085   0   81/8/2005   3   3   3   3   3   3   2   2072   20000085   0   81/8/2005   3   4   4   2   2072   200000085   0   81/8/2005   3   4   4   2   2072   200000085   0   81/8/2005   3   4   4   2   2072   200000085   0   81/8/2005   3   4   4   2   2072   200000000   0   81/8/2005   3   4   4   2   2072   200000000   0   81/8/2005   3   4   4   2   2072   200000000   0   81/8/2005   3   4   4   2   2   2072   200000000   0   81/8/2005   3   4   4   2   2   2   2   2   2   2   2	-										6		.0		F		1/7/2025 2
100   101											P		0	INLP	F	7/15/2074	12/16/2024 2
11   15   15   15   15   15   15   15						A COLD A 2-27-5-10-10-10-10-10-10-10-10-10-10-10-10-10-	0	8/18/2025	565.89	1 PORT LAVACA CUNIC ASSOCIATES	P	177 -	0	VO	F		6/27/7025 7
142   7655			3				D	6/18/2025	\$65,89	I PORT LAVACA CLINIC ASSOCIATES	P	177	0	ov	F		8/7/2025 7
148   1695   3   45   0   2025   250000100   0   1747/2025   177   0   0   0   1747/2025   177   0   0   0   1747/2025   177   0   0   0   1747/2025   177   0   0   0   1747/2025   177   0   0   0   1747/2025   177   0   0   0   1747/2025   177   0   0   0   1747/2025   177   0   0   0   1747/2025   177   0   0   0   1747/2025   177   0   0   0   1747/2025   177   0   0   0   0   1747/2025   177   0   0   0   1747/2025   177   0   0   0   0   1747/2025   177   0   0   0   0   1747/2025   177   0   0   0   0   1747/2025   177   0   0   0   0   0   0   0   0   0	832	76351	3	64	2	2025 726000180	0			1 CHILDRENS PHYSICIAN SERVICES SOUTH TEXAS	P		0	TELLA	F		6/16/2025 7
195   Mel S	834	76351	3	67							D		a di		40		3/4/2025 7
18									200				3	7(4)11			
140   140	139					- control of the cont				a process to the contract of t			0		+		6/27/2025 7
14											P		0	OVS	F	7/10/2025	7/10/2025 2
144   1431   3   73   2   7005   20000094   0   M/14/703   5113   9   0   0   0   1   0   0   0   0   0   0				7.76		The second secon				a and a state of the state of t	P	127	0	OV	F	3/21/2025	3/21/2025 7
15					0		0	8/18/2025	5111 33	1 UT PHYSICIANS	P	177	0	DV	+	3/4/2025	3/4/2025 7
145   7632	144	76351	3	73	2	2025 230000041	D	8/18/2025	\$113.49	9 CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	30		EXAM			6/4/2025 5
14	145	76351	3	43	3		0	A/18/2025	\$149.26						Transition in		5/6/2025 B
149   149   3   45   0   1023   125000169   0   MAT/015   5541.25   1   1   1   1   1   1   1   1   1	846		1.3	73				of and annual						END			and the second of the
10.5   10.5	147										P			VE			7/2/2025 7
1852   7635											P		D	100	F	6/27/2025	6/27/2025 7
155 (753) 3 4 69 1 2015 20001009 0 MIX/0203 5383-50 1 WE COME SPRINGS LICENTIN NEWS									100 miles	1 SINGLETON ASSOCIATES PA	P	324	0	CAT	E	6/3/2025	6/3/2025 7
13.5   1.5							0	8/18/2025	\$369.40	1 ESS OF PORT LAVACA LLC	P	189	D.	EAD		4/27/2025	4/27/2025 8
1			3		1	2025 226001089	D	8/18/2025	5387.50	1 VIP CARE SERVICES LLC ATTN: HPCMS	P	604	0	CASE	F		7/11/2025 2
155	855	76351	3	7.2	0	2025 226001104	0	8/18/2025	5426.25	1 VIP CARE SERVICES LLC ATTN: HPCMS	p	604	0	CASE			7/31/2025 2
10.00   2   29   0   70.05   250.01451   6   1/1.1/1.015   5.1.5   1.0   1/1.1/1.015   1.0   1	858	76351						9/18/3035					- 2		-		145545555
15.5   1.5	966									The state of the s			2				7/16/2025 7
REF   TO   1	167									The state of the s		1555	0			11446.00	6/5/2024 2
First			200								P.		0	AUDT	E	1/3/2025	1/6/2025 7
171   76460   2   111   1   2025 225000142   0   8/14/2015 \$103.80   1   CHILDRENS PHYSICIAN SERVICES   P   752   0   THES   F   6/15/2015   1/17/20	-		-						533.76	1 HOUSTON RADIOLOGY ASSOCIATED	P	163	0	RAD	F	5/7/2025	5/7/2025 7
172								8/18/2025		1 HOUSTON RADIOLOGY ASSOCIATED	P	183	0	RAD	F	5/5/2025	5/5/2025 7
272   26.560   2   72   9   9   2025 725001099   9   87/87/2025 \$347.50   1 VIP CARE ERPIVES LIC ATTH. HEMSS   P   80   0   CASE   F   77/1/2025   76.75   7	71	76360	2	111	1	2025 225000182	0	8/18/2025	\$103.80	1 CHILDRENS PHYSICIAN SERVICES	P	752	0	THIS			6/25/2025 7
729 76360 2 35 0 2025 22/001460 0 AMA/2025 5808 61 9 CIGNA HALTH AND LIFE INSURANCE COMPANY P 30 1 CR30 F 5/1/2025 5/1/2	172	76360	2	72	o-	2025 276001099	0	8/18/2025	\$387.50		P		-				7/1/2025 2
18	75		2		0			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							1		
17   16450   3   32   6   2025 226001469   0   8/18/2025   50.40   1 VIP CARE SERVICES LIC ATTH: HPCMS   P   591   0   MINP   F   6/27/2024   7/28/2025   7/28/2	76	76360				1.000 E. C.							-		,		5/1/2025 5
		17777						The state of the s			P	31.0	9	SFS		7/17/2025	7/17/2025 7
18. / 6360 3 1 0 7025 226001440 0 8/18/2025 52.05 1 VIP CARE SERVICES LIC ATTN: HPCMS P 501 0 MINP F 7/39/2024 8/36/2025 7/36/36 3 90 0 2025 227001891 0 8/18/2025 52.05 1 VIP CARE SERVICES LIC ATTN: HPCMS P 591 0 MINP F 6/34/2024 8/36/36 3 10 0 2025 226001442 0 8/18/2025 52.05 1 VIP CARE SERVICES LIC ATTN: HPCMS P 591 0 MINP F 6/34/2024 8/36/36 3 10 0 2025 226001492 0 8/38/2025 52.15 1 VIP CARE SERVICES LIC ATTN: HPCMS P 501 0 MINP F 6/34/2024 8/36/36 3 70 0 2025 226001492 0 8/38/2025 52.15 1 VIP CARE SERVICES LIC ATTN: HPCMS P 501 0 MINP F 1/39/2025 8/36/36 3 70 0 2025 226001492 0 8/38/2025 52.15 1 VIP CARE SERVICES LIC ATTN: HPCMS P 501 0 MINP F 1/39/2025 8/36/36 3 70 0 2025 226001492 0 8/38/2025 52.15 1 VIP CARE SERVICES LIC ATTN: HPCMS P 501 0 MINP F 1/39/2025 8/36/36 3 21 1 2025 226001492 0 8/38/2025 52.35 1 VIP CARE SERVICES LIC ATTN: HPCMS P 501 0 MINP F 1/39/2025 8/36/36 2 1 1 2025 226001492 0 8/38/2025 54.36 1 VIP CARE SERVICES LIC ATTN: HPCMS P 501 0 MINP F 1/39/2025 8/36/36 2 1 1 2025 226001492 0 8/38/2025 54.36 1 VIP CARE SERVICES LIC ATTN: HPCMS P 502 0 MINP F 1/39/2025 8/36 2 1 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 MINP F 1/39/2025 8/36 2 1 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 MINP F 1/39/2025 8/36 2 VIP CARE SERVICES LIC ATTN: HPCMS P 502 0 MINP F 1/39/2025 8/36 2 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 MINP F 1/39/2025 8/36 2 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 MINP F 1/39/2025 8/36 2 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 MINP F 1/39/2025 8/36 2 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 MINP F 1/39/2025 8/36 2 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 MINP F 1/39/2025 8/36 2 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 MINP F 1/39/2025 8/36 2 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 MINP F 1/39/2025 8/36 2 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 MINP F 1/39/2025 8/36 2 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 MINP F 1/39/2025 8/36 2 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 MINP F 1/39/2025 8/36 2 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 MINP F 1/39/2025 8/36 2 VIP CARE SE	3.0										P	79-7	0	INLP	F	6/27/2024	1/25/2025 2
79 76360 1 26 0 205 216001444 0 8718/2025 52.05 1 VIP CARE SERVICES LIC ATTH: HPCMS P 591 0 MILP F 5/9/2024 80 7/3400 3 90 0 2005 226001497 0 8/18/2025 52.05 1 VIP CARE SERVICES LIC ATTH: HPCMS P 591 0 MILP F 6/14/2024 81 76360 3 119 0 2025 226001497 0 8/18/2025 52.11 1 VIP CARE SERVICES LIC ATTH: HPCMS P 501 0 AUDT F 1/14/2025 82 76360 3 70 0 7025 226001497 0 8/18/2025 52.15 1 VIP CARE SERVICES LIC ATTH: HPCMS P 501 0 AUDT F 1/14/2025 82 76360 3 70 0 7025 226001497 0 8/18/2025 52.15 1 VIP CARE SERVICES LIC ATTH: HPCMS P 501 0 AUDT F 1/8/2025 82 76360 3 21 1 7025 226001497 0 8/18/2025 52.15 1 VIP CARE SERVICES LIC ATTH: HPCMS P 501 0 AUDT F 1/8/2025 82 76360 3 21 1 7025 226001497 0 8/18/2025 82 76 76 76 76 76 76 76 76 76 76 76 76 76		A. Carrier		-			0		\$2.05	1 VIP CARE SERVICES LLC ATTN: HPCMS	P	503	0	AUDT	#		7/29/2024 2
10	79	76360	3	26	0	2025 226001444	0	8/16/2025	\$2.05	1 VIP CARE SERVICES LLC ATTN: HPCMS	P		of	INLE	F		1/15/2025 2
## 76360 3 119 0 2075 226001492 0 8/18/2025 52.11 1 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 AUDIT F 1/14/2025 88 76360 3 70 0 2075 226001497 0 8/18/2025 52.15 1 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 AUDIT F 6/4/2024 1 6/360 3 30 0 2025 226001497 0 8/18/2025 52.15 1 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 AUDIT F 1/14/2025 1 1/16/360 3 30 0 2025 226001492 0 8/18/2025 52.15 1 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 AUDIT F 1/14/2025 1 1/16/360 3 30 0 2025 226001432 0 8/18/2025 52.15 1 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 AUDIT F 1/14/2024 1 1/16/360 3 30 0 2025 227001713 0 8/18/2025 54.30 1 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 AUDIT F 1/14/2025 1 1/16/360 3 1 1/16 0 2025 227001713 0 8/18/2025 54.30 1 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 AUDIT F 1/14/2025 1 1/16/360 3 1 1/16 0 2025 227001890 0 9/14/2025 54.30 1 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 AUDIT F 1/14/2025 1 1/16/360 3 1 1/16 0 2025 227001890 0 9/14/2025 54.30 1 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 AUDIT F 1/14/2025 1 1/16/360 3 1 1/16 0 2025 227001890 0 9/14/2025 54.30 1 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 AUDIT F 1/14/2025 1 1/14/2025 1 1/16/360 3 1 1/16 0 2025 227001890 0 9/14/2025 50.24 1 VIP CARE SERVICES LIC ATTN: HPCMS P 503 0 AUDIT F 1/14/2025 1 1/14/202	80	76360	3		0				-				0	100	1		1/13/2025 2
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198 76360 3 52 0 2025 226000049 0 8/18/2025 519.10 1 PENEZ ORTHOPPICIS PILC P 457 0 CVS F 7/24/2025 99 76360 3 70 0 2025 22600046 0 8/18/2025 520.00 1 VICTORIA WOMENS CLINIC ASSOCIATES P 172 0 AB F 7/724/2025 90 76360 3 14 0 2025 223000352 D 8/18/2025 526.06 1 PENEZ ORTHOPPICIS PILC P 457 D CVS F 5/16/2025 91 76360 3 63 L 2025 224000167 D 8/18/2025 530.78 1 SINGLETOR ASSOCIATES P 189 D END F 6/23/2025 91 76360 3 71 1 2025 224000436 D 8/18/2025 531.61 1 SINGLETOR ASSOCIATES PA P 189 D END F 6/23/2025			. 9			The first and an expense.							D.				6/28/2025 7
199 7680 1 70 0 2075 210001046 D 8/18/2025 520 00 1 VICTORIA WORKING CLINIC ASSOCIATES P 172 D AB F 7/73/2025 D 7/6560 3 14 0 2025 2130000552 D 8/18/2025 526 06 1 PERZ CHINOPEDICS PLLC F 457 D DV3 F 5/16/2025 D 7/6560 3 14 0 2025 2130000552 D 8/18/2025 526 06 1 PERZ CHINOPEDICS PLLC F 457 D DV3 F 5/16/2025 D 7/6560 3 7/1 1 2025 2240000456 D 8/18/2025 531 61 1 SINGLETON ASSOCIATES PA P 189 D END F 6/73/2025 D 7/6560 3 7/1 1 2025 2240000456 D 8/18/2025 531 61 1 SINGLETON ASSOCIATES PA P 189 D END F 6/73/2025		2000	1								P.		0		1	20.00	1/7/2025 2
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DI 76160 \$ 6.3 \$ 2025 224000167 U 8/18/2075 530,78 1 SINGLETON ASSOCIATES PA P 189 U ERU F 6/23/2025 D2 76360 3 71 1 2025 224000436 O 8/18/2025 531.61 1 SINGLETON ASSOCIATES PA P 189 U ERU F 6/23/2025	00	76360	3	14	0	2025 223000852	0				B .		D				5/16/2025 8
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2 2 203 24000459 0 0/16/2025 53161 1 SINGLEION ASSOCIATES PA P 189 0 END F 6/19/2025			4								-						6/23/2025 7
		24-05	1								6		9		F		6/29/2025 7
1 54 0 2025 276000190 0 8/18/2025 538.75 1 CLINICAL PATHOLOGY LABS, INC P 172 0 AB F 6/27/2025	.4	.0300	1	54	0	2025 226000190	0	8/18/2025	\$38.75	I CLINICAL PATHOLOGY LABS, INC	P	172	0	BA	F	6/27/2025	6/27/2075 7

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	O	ov	F	7/28/2025	7/28/2025 742605670
5916	76360	3	120	3	2025 202000992	0	8/18/2025	\$84.23	1 HEADWAY COLORADO BEHAVIORAL HEALTH SERVI	P	728	o la	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	O CONTRACTOR	TELM	F	7/22/2025	7/22/2025 861747274
5918	76360	3	120	3	2025 216000363	0	8/18/2025	\$84.23	I HEADWAY COLORADO BEHAVIORAL HEALTH SERVI	P	728	0	TELM	F	7/29/2025	7/29/2025 861747274
5925	76360	3	91	1	2025 2230000G2	0	8/18/2025	\$101.33	1 UT PHYSICIANS	P	457	O THE RESERVE	ovs 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	a	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	7636D	5	99	0	2025 224000607	D	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

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APPROVED ON AUG 2 5 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 \$56,187,36
ADMIN FEES	167	\$6,930.50			.,	\$6,930.50
PPO UR	167	\$3,238.13				\$3,238.13
CHIC MGMT FEE		\$700.00				\$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

uer

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

APPROVED ON AUG 2 5 2025

CALHOUN COUNTY AUDITOR

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

1:656-24 - 199.88 - 33:672:19 - 118:009:04 - 1:896:75 • 1:896:75 • 0.00 •

Date Bank Description 8/22/2025 PAY PLUS ACHTrans 84161413 101000697335121 P 8/22/2025 AMERISOURCE BERG PAYMENTS 0100007768 2100002 8/21/2025 PAY PLUS ACHTrans 83948815 101000696032576 P 8/20/2025 WEBFILE TAX PYMT DD 902/80148518 21000023802 8/20/2025 PAY PLUS ACHTrans 83701343 101000694718658 P 8/19/2025 WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT 8/19/2025 PAY PLUS ACHTrans 83491287 101000693416586 P 8/19/2025 MCKESSON DRUG AUTO ACH ACH06654618 910000117 8/19/2025 HPHG LLC PT LAVACA MemMedCtr Ptlav 113122650	- 3rd Party Payor Fee - 340B Drug Program - 3rd Party Payor Fee - Sales Tax - 3rd Party Payor Fee - CitiBank Corporate - 3rd Party Payor Fee - 340B Drug Program - Health Insurance Cl	Expense  Card Payment  Expense	Amount  243.58  5,536.98  336.50  2,455.65  656.04  1,656.24  252.69  499.88  33,672.19	901824 901825 901826 901827 901827 901828 901829 901830 901831 901832
8/18/2025 PAY PLUS ACHTrans 83271662 101000691873870 P 8/18/2025 IRS USATAXPYMT 270563065378452 6103601001699	- 3rd Party Payor Fee - Payroll Taxes		407.94 118,809.04 ★	901833 901834
Michelle Cumberland, CFO Memorial Medical Center  ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT E	PROSPERITY BANK	Oupproved on 8.13 approved on 8.21	164,526.73 5.25CC	243.58 * 336.50 + 656.04 + 252.69 +
Date  9/2/2025 - STATE COMTRLR TEXNET	-UC IGT	MMC Notes	Amount 38,017.97	407 ° 94 +
Michelle Cumberland, CFO Memorial Medical Center	August 25, 2025  166 - 526 - 73 - 5 - 536 - 98 - 2 - 65 - 65	APPROVED ON  AUG 2 5 2025  BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS	38,017.97	

# **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

Page No: 1 of 1 Run Date: 8/25/2025 Run Time: 10:26:22





# O Confirmation: You Have Filed Successfully

MEMORIAL MEDICAL CENTER

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

Taxpayer ID: User ID Reference Number

Date and Time of Filing:

08/19/2025, 03:43:07 PM

815 N VIRGINIA ST PORT LAVACA, TX 77979-3025

IP Address:

Taxpayer Name:

Taxpayer Address:

Entered By: Caitlin Clevenger

Email Address:

cclevenger@mmcportlavaca.com

Telephone Number: (361) 552-0272

PAYMENT SUMMARY

**Electronic Check** State Amount: \$1,860.34 Local Amount: \$595.31 Amount to Pay: \$2,455.65 Electronic Check: \$2,455.65 **Payment Reference Number** 

Trace Number:

Type of Bank Account: Checking

Accountholder Name:

Memorial Medical Center Operating

Bank Routing Number: **Bank Account Number** 

Payment Effective Date: 08/20/2025

**CREDIT SUMMARY** 

Credits Taken

Are you taking credit to reduce taxes due on this return?

No

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?** 

**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
SubTotal	29,915	29,915	0	29,915	1,869.69	29,915		598.3
Total Tax	for Locations							2,467.99
			Total	Tax Due:				\$2,467.99
			Timely Filing I	Discount:				- \$12.34
			Bala	nce Due:				\$2,455.65
			Pending Pa	ayments:				- \$0.00
		Total Amour	nt Due and P	ayable:	******************************	********		\$2,455.65

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

RECEIVED BY THE COUNTY AUDITOR ON

08/21/2025

10:33

AUG 2 1 2025

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 09/12/2025

Pay Code

ap\_open\_invoice.template

Vendor# Vendor Name

11836 J GOLDENCREEK HEALTHCARE

Invoice# Comment Tran Dt Inv Dt Due Dt 081825 08/20/202 08/18/202 09/12/202

Check Dt Pay

Class

3,812.74 0.00

No-Pay Net 3,812.74 0.00

Ins. pont dep into mone opt

Gross

IN error No-Pay

Vendor Totals: Number Name

11836 GOLDENCREEK HEALTHCARE

Gross 3,812.74 0.00

Discount

Discount

Net 3,812.74

0

Report Summary

Grand Totals: APPROVED ON

Gross 3,812.74 Discount 0.00

No-Pay 0.00

Net 3,812.74

0.00

AUG 2 1 2025

CALHOUN COUNTY TEXAS

Chut 210129

RECEIVED BY THE COUNTY AUDITOR ON

AUG 2 1 777

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 09/12/2025 Pay Code

Class

ap\_open\_invoice.template

٠.

No-Pay

0.00

0

Net

122,894.35

CALHOUN COUNTY, THY AS Vendor# Vendor Name

08/21/2025

10:32

13004 ✓ TUSCANY VILLAGE No-Pay Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount Net Invoice# 37,503.02 37,503.02 0.00 0.00 081425 08/20/202 08/14/202 09/12/202 mmc DPt 10 error port. cles. 0.00 0.00 19,903.02 🗸 08/20/202 08/15/202 09/12/202 19,903.02 081525 8,840.00 🗸 08/20/202 08/15/202 09/12/202 8,840.00 0.00 0.00 081525A 0.00 0.00 8,596.76 081525B 08/20/202 08/15/202 09/12/202 8,596.76 0.00 0.00 10,047.27 081825 08/20/202 08/18/202 09/12/202 10,047.27 08/20/202 08/19/202 09/12/202 27,924.28 0.00 27,924.28 0.00 081925 0.00 0.00 10,080.00 ~ 081925A 08/20/202 08/19/202 09/12/202 10,080.00

Report Summary

Grand Totals:
APPROVED ON

No-Pay Net Gross Discount 122,894.35 0.00 122,894.35 0.00

Gross

122,894.35

Discount

0.00

AUG 2 1 2025

Vendor Totals: Number

13004

Name

TUSCANY VILLAGE

CALHOUN COUNTY TEXAS

(MUX 210131

RECEIVED BY THE COUNTY AUDITOR ON

AUG 2 1 2025

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 09/12/2025

Class Pay Code

Vendor# / Vendor Name

08/21/2025

10:34

92 J	LAVACA BAY NURSIN	IG AND REHAB					
	Invoice# Comme	ent Tran Dt Inv Dt Due D	t Check Dt Pay	Gross	Discount	No-Pay	Net
1	081425	. 08/20/202 08/14/202 09/12/	202	3,108.11	0.00	0.00	3,108.11
1	081525	105. pmt. 000 08/20/202 08/15/202 09/12/		2,775.76	in erro	0.00	2,775.76
		•					
1	081925	08/20/202 08/19/202 09/12/	202	3,108.11	0.00	0.00	3,108.11 🗸
4		*1					
1	080825A	08/21/202 08/08/202 09/12/	202	4,518.43	0.00	0.00	4,518.43
		• (			**		
	Vendor Totals: Number	r Name		Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND F	REHAB	13,510.41	0.00	0.00	13,510.41
		Ba	nort Symposory				

Report Summary

Grand Totals:

Gross 13,510.41 Discount 0.00

No-Pay 0.00

Net

13,510.41

0

ap\_open\_invoice.template

APPROVED ON

AUG 2 1 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Chlut 210130

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

1 1 1

	Account	Previous Beginning	4	ACH	Pending		Today's Beginning		formed to Niverina
rsing Home	Number	Balance	Transfer-Out	Transfer-In	Deposits		Balance	Amount to be Trains	Home
shford Gardens		1,326.70	1,226.70	1,055.21		Bank Balance	1,155.21 1,155.21	~	1055.21
						Variance			
						Leave in Balance	100.00		
uting Information for Ash	ford Gardens:								
hford Health Care Center Morgan Chase Bank	Ltd Co								
		1	1	1					
		7	4	~		Adjust Balance/Transfer Amt	1,055.21		
padmoor		100.00		448.71			548.71	1	448.71
						Bank Balance	548.71	4	71002
						Variance			
						Leave in Balance	100.00		
		4	1	4					
		1	7	J					
						Adjust Balance/Transfer Amt	448.71	,	
scent		120.21		14,361.05			14,481.26	1	14381.26
						Bank Balance Variance	14,481.26		
						Leave in Balance	100.00		
		1	1	1					
		7				Adjust Balance/Transfer Amt	14,381.26		
t Bend		1,479.02	1,379.02	1,856.80		Bank Balance	1,956.80 1,956.80	1	1,856.80
						Variance			
						Leave In Balance	100.00		
		1	i						
		1	7	1		Adjust Balance/Transfer Amt	1,856.80		
era at W Houston		9,775.88	9,675.88	220 052 00				J	
Cla at the Houston		3,773.00	3,073.88	230,952.69		Bank Balance	231,052.69 231,052.69		230,952.69
						Variance		APPROVE	ED ON
1.055.	21 +					Leave in Balance	100.00		
448	71 +	est Hauston / For	t Bood (Broade					AUG 25	2025
4 . 381 . 2	26 +	est riod tony i or	r beingy broddin	1007.				BY COLINTY	ALIDITOR
1 . 856 . 8							C	ALHOUN COU	NTY, TEXA
0.952.6						Adjust Balance/Transfer Amt	230,952.69		
					TOTALT	RANSFERS			248,694.67
8 = 694 = 6	0 10								

ord Gardens	Transfer-Out /	Transfer-In	MMC PORTION	NH PORTION
8/20/2025 WIRE OUT ASHFORD HEALTH CARE CENTER LTD 8/20/2025 MOLINA HEALTHCAR MOLINAACH 01441300 42000015	1,226.70	1,055,21	1	1,055.21
6/20/2023 MOLINA REALTHCAR MODINAACH 01441300 42000013		1,055,21	15	1,033.21
	1		1	
	1,226.70	1,055.21	1 .	1,055.21
imoor .	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/20/2025 MOLINA HEALTHCAR MOLINAACH 01441735 42000015		448.71	1	448.71
	1			
	7			
	-	448.71		448.71
	Tuesta Out	T	AMAC DODTION	NILL DODZION
8/20/2025 HNB - ECHO HCCLAIMPMT 746003411 440000255631	<u>Transfer-Out</u>	Transfer-In 11,695.18	MMC PORTION	NH PORTION 11,695.18
8/20/2025 HNB - ECHO HCCLAIMPMT 746003411 440000256381	-	2,665.87		2,665.87
	1			30
	-			
		14,361.05	<b>↓</b>	14,361.05
<u>end</u>	<u>Transfer-Out</u>	Transfer-In	MMC PORTION	NH PORTION
8/22/2025 Deposit	a a	154.30		154.30
8/22/2025 NOVITAS SOLUTION HCCLAIMPMT 675663 420000161 8/20/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	1,379.02	903.77		903.77
8/20/2025 MOLINA HEALTHCAR MOLINAACH 01441421 42000015	4	479.18		479.18
8/19/2025 NOVITAS SOLUTION HCCLAIMPMT 675663 420000173	*	319.55		319.55
				- 4
	j	1		
	1,379.02	1,856.80		1,856.80
at West Houston	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/22/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000161 8/21/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000144	100	71,429.21		71,429.21
8/20/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	9,675.88	135,522.63		135,522.63
8/20/2025 MOLINA HEALTHCAR MOLINAACH 01441673 42000015		447.40		447.40
8/20/2025 HNB - ECHO HCCLAIMPMT 746003411 440000255631 8/20/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000107	2.0	875.16		875.16
5/20/2025 NOVITAS SOCOTION RECLANISIPINI 6/6310 42000010/		22,678.29	)	22,678.29
	9,675.88	230,952.69		230,952.69
TOTALS		248,674.46		248,674.46
		2.5/5/ 1.10		2-10,074.40

# 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 <b>√</b>	\$3,120.30	\$1,155.21	\$1,155.21
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$548.71 <b>√</b>	<b>√</b> \$1,383.17	\$548.71	\$548.71
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$14,481.26 <b>✓</b>	J \$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 <b>√</b>	<b>√</b> \$61,919.40	\$1,956.80	\$898.73
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$159,358.38 <b>V</b>	\$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 <b>√</b>	\$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 <b>√</b>	\$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
Total Balance	\$3,236,616.43	\$3,449,373.31	\$3,236,616.43	\$2,692,843.46

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

Pending Today's Beginning Account Beginning Amount to Be Transferred to Nursing Nursing Home Number Balance Transfer-Out Deposits Balance Home 159,358.38 159,028.59 24,835.84 24,506.05 159,028.59 Bank Balance 159,358.38 Variance Leave in Balance 100.00 July Interest 229.79 Aug Interest Sept Interest Routing Information for Golden Creek: Nexion Health at Golden Creek Wells Fargo Bank, N.A. 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. Michelle Cumberland, CFO

8/25/2025

APPROVED ON AUG 25 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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	<u>Transfer-In</u>	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
. 1	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
4	2,435.36		2,435.36
-	25.00		25.00
	200.00		200.00
1	,	/	
24,506.05	159,028.59		159,028.59

### **Account Name**

\$1,985,191.83		\$2,123,768.65	\$1,985,191.83	\$1,779,992.63
\$1,155.21		\$3,120.30	\$1,155.21	\$1,155.21
\$548.71		\$1,383.17	\$548.71	\$548.71
\$14,481.26		\$14,481.26	\$14,481.26	\$14,481.26
\$231,052.69		\$241,221.05	\$231,052.69	\$159,623.48
\$1,956.80	,,,,,,,	\$61,919.40	\$1,956.80	\$898.73
\$159,358.38	1	\$159,358.38	\$159,358.38	\$34,428.27
\$4,868.14		\$4,868.14	\$4,868.14	\$337.10
\$148.00		\$148,00	\$148.00	\$148.00
\$100.00		\$100.00	\$100.00	\$100.00
\$181,818.37		\$181,818.37	\$181,818.37	\$162,145.05
\$575,562.70		\$576,812.25	\$575,562.70	\$458,927.37
\$68,623.91		\$68,623.91	\$68,623.91	\$68,623.91
\$11,750.43		\$11,750.43	\$11,750.43	\$11,433.74
\$3,236,616.43		\$3,449,373.31	\$3,236,616.43	\$2,692,843.46
	\$1,155.21 \$548.71 \$14,481.26 \$231,052.69 \$1,956.80 \$159,358.38 \$4,868.14 \$148.00 \$100.00 \$181,818.37 \$575,562.70 \$68,623.91 \$11,750.43	\$1,155.21  \$548.71  \$14,481.26  \$231,052.69  \$1,956.80  \$159,358.38  \$4,868.14  \$148.00  \$100.00  \$181,818.37  \$575,562.70  \$68,623.91  \$11,750.43	\$1,155.21 \$3,120.30  \$548.71 \$1,383.17  \$14,481.26 \$14,481.26  \$231,052.69 \$241,221.05  \$1,956.80 \$61,919.40  \$159,358.38 \$159,358.38  \$4,868.14 \$4,868.14  \$148.00 \$148.00  \$100.00 \$100.00  \$181,818.37 \$181,818.37  \$575,562.70 \$576,812.25  \$68,623.91 \$68,623.91  \$11,750.43 \$11,750.43	\$1,155.21 \$3,120.30 \$1,155.21  \$548.71 \$1,383.17 \$548.71  \$14,481.26 \$14,481.26 \$14,481.26  \$231,052.69 \$241,221.05 \$231,052.69  \$1,956.80 \$61,919.40 \$1,956.80  \$159,358.38 \$159,358.38 \$159,358.38  \$4,868.14 \$4,868.14 \$4,868.14  \$148.00 \$148.00 \$148.00  \$100.00 \$100.00 \$100.00  \$181,818.37 \$181,818.37 \$181,818.37  \$575,562.70 \$576,812.25 \$575,562.70  \$68,623.91 \$68,623.91 \$68,623.91  \$11,750.43 \$11,750.43 \$11,750.43

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

8/25/2025		1	./	1					
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
Guif Pointe Plaza- Private Pay		677.52	577.52	48.00			Bank Balance Variance Leave in Balance	148.00	No Transfer
							claim owed to MMC	100.00	V
		J	1	1			Adjust Balance/Transfer Amt	48.00	
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicald		100.00	,				Bank Balance Variance	100.00	1
							Leave in Balance	100.00	X
							Adjust Balance/Transfer Amt		
Routing Information for Gulf Pointe Plaza:					TO	TAL TRANSFER	5		
						/	4.01		
Note: Only balances of over \$5,000 will be t Note 2: Each account has a base balance of							Approved: Michelle Cumberland, CFO		8/25/2025

APPROVED ON

AUG 25 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

	10,20		MMC	
Gulf Pointe Plaza-Private Pay	Transfer-Out /	Transfer-In	PORTION	NH PORTION
8/19/2025 1151	577.52			-
8/19/2025 HNB - ECHO HCCLAIMPMT 746003411 440000214667	•	48.00		48.00
	1	v	/	-
	577.52	48.00	•	48.00
			ммс	
Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	PORTION	NH PORTION
No Activity	<b>√</b>	J		
	•	-	-	-
	577.52	48.00		48.00

A	CCC	uir	IT N	lar	ne

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	J	\$148.00	\$148.00	\$148.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.00	J	\$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
Total Balance	\$3,236,616.43		\$3,449,373.31	\$3,236,616.43	\$2,692,843.46

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

Previous Amount to Be Transferred to Beginning Balance 113,861.03 Today's Beginning Balance 575,562.70 575,562.70 Nursing Home Transfer-Out 113,449.00 Transfer-In 575,150.67 Number Cks Cleared Deposits Nursing Home 575,150.67 Bank Balance Leave in Balance 100.00 Claim owed to MMC 235.20 76.83 Adjust Balance/Transfer Amt 575,150.67 use 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. 8/25/2025

APPROVED ON

AUG 25 2025

CALHOUN COUNTY TEXAS

			MMC	
uscany Village	Transfer-Out	Transfer-In	PORTION	NH PORTION
8/22/2025 Deposit	-	108,030.83		108,030.83
8/22/2025 Merchant Capture Dep	- 4	8,604.50		8,604.50
8/21/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000144	- J	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	4	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
	1	1		
	113,449.00	575,150.67	-	575,150.67

Account Na	ame
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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	1	\$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	J	\$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
Total Balance	\$3,236,616.43		\$3,449,373.31	\$3,236,616.43	\$2,692,843.46

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

Nursing Mome Account Number Balance Transfer-Out Transfer-in Cks Cleared Repayment Today's Beginning Balance
Levaca Bay Nursing and Rehab 244,228.05 243,878.07 181,466.39 Bank Balance 181,818.37

Levaca Bay Nursing and Rehab 100.00

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

Michelle Cumberland, CFO

8/25/2025

Nursing Home 181,468.39

APPROVED ON

AUG 25 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

	1000		MMC	
Lavaca Bay Nursing and Rehab	<u>Transfer-Out</u>	Transfer-In	PORTION	NH PORTION
8/22/2025 Deposit		3,092.19		3,092.19
8/22/2025 HOSPICE OF SOUTH Payments NF 113122650018415		1,217.31		1,217.31
8/22/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2		15,363.82		15,363.82
8/21/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000144		2,521.52		2,521.52
8/21/2025 HUMANA INS CO HCCLAIMPMT 82450526 8300005654		2,065.89		2,065.89
8/20/2025 WIRE OUT REG Leased OpCo LLC	243,878.07			-
8/20/2025 Deposit	•	26,705.15		26,705.15
8/20/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000107	-	105,780.52		105,780.52
8/20/2025 CENTENE CORP HCCLAIMPMT 53101128554569	-	191.50		191.50
8/19/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2		3,232.72		3,232.72
8/19/2025 CENTENE CORP HCCLAIMPMT 53101122874481		2,902.33		2,902.33
8/18/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000114		15,216.34		15,216.34
8/18/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	.1	3,179.10	1	3,179.10
	243,878.07	181,468.39		181,468.39

Acc	count l	Name
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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
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Total Balance	\$3,236,616.43	\$3,449,373.31	\$3,236,616.43	\$2,692,843.46
MONEY MKT 2				