MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 17, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	531,905.16
TOTAL TRANSFERS BETWEEN FUNDS	$	111,153.15
TOTAL NURSING HOME UPL EXPENSES	$	385,589.96
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED September 17, 2025	$	1,028,648.27

APPROVED

SEP 17 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 17, 2025

PAYABLES AND PAYROLL			
9/11/2025	Weekly Payables	495,982.16	
9/12/2025	Critical - Morris & Dickson	12,964.21	
9/15/2025	Nicholaus Lozano - Payroll check to replace returned direct deposit	1,271.00	
9/15/2025	McKesson-340B Prescription Expense	101.03	
9/15/2025	Amerisource Bergen-340B Prescription Expense	134.04	
9/15/2025	Amerisource Bergen-340B Prescription Expense	294.22	
	Prosperity Electronic Bank Payments		
9/15/2025	90 Degree Benefits - employee insurance claims	7,977.14	
9/15/2025	Sales Tax - August 2025	2,437.59	
9/15/2025	Pay Plus-Patient Claims Processing Fee	1,515.17	
9/15/2025	Credit Card Processing Fee	9,228.60	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 531,905.16**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
9/11/2025	MMC Operating to Fort bend-Correction of insurance payment deposited into MMC Operating in error	141.00	
9/11/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	51,945.07	
9/11/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	57,520.64	
9/11/2025	MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	1,546.44	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 111,153.15**
NURSING HOME UPL EXPENSES			
9/15/2025	Nursing Home UPL-Cantex Transfer	58,298.26	
9/15/2025	Nursing Home UPL-Nexion Transfer	34,779.30	
9/15/2025	Nursing Home UPL-HMG Transfer	18,133.89	
9/15/2025	Nursing Home UPL-Tuscany Transfer	98,333.35	
9/15/2025	Nursing Home UPL-HSL Transfer	174,769.44	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
9/15/2025	Gulfpointe to MMC - Claim owed to MMC	1,275.72	
TOTAL NURSING HOME UPL EXPENSES			**$ 385,589.96**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED September 17, 2025			**$ 1,028,648.27**

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5129		09/03/202	09/02/202	10/02/202			199.00	0.00	0.00	199.00

Tasha Norman - Practioner Cred.

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	199.00	0.00	0.00	199.00

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
083125		09/03/202	09/03/202	09/28/202			1,892.13	0.00	0.00	1,892.13

Supplies

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	1,892.13	0.00	0.00	1,892.13

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV2467		08/31/202	09/20/202	09/20/202			1,400.00	0.00	0.00	1,400.00

RFID Fee

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

Vendor#	Vendor Name	Class	Pay Code
13180	ADVANCED STERILIZATION PRODUCT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8020929816		09/10/202	08/30/202	09/10/202			10,588.00	0.00	0.00	10,588.00

Supplies

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13180	ADVANCED STERILIZATION PRODUCT	10,588.00	0.00	0.00	10,588.00

Vendor#	Vendor Name	Class	Pay Code
14028	AMAZON CAPITAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
16LKHKNQ6WNK		08/27/202	08/27/202	09/26/202			11.59	0.00	0.00	11.59

Calculator Ribbon 12pk

179MWLCD34FW		08/28/202	08/28/202	09/27/202			33.94	0.00	0.00	33.94

Fabric Scissors

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	45.53	0.00	0.00	45.53

Vendor#	Vendor Name	Class	Pay Code
A2218	AQUA BEVERAGE COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
16307		08/31/202	08/31/202	09/25/202			12.00	0.00	0.00	12.00

Water

123066		09/09/202	06/03/202	06/28/202			83.50	0.00	0.00	83.50
136536		09/09/202	07/16/202	08/10/202			73.00	0.00	0.00	73.00
153078		09/09/202	07/31/202	08/25/202			12.00	0.00	0.00	12.00
160913		09/09/202	08/27/202	09/21/202			73.00	0.00	0.00	73.00
163584		09/09/202	08/31/202	09/25/202			12.00	0.00	0.00	12.00

160910A		09/11/202	08/27/202	09/21/202		31.00	0.00	0.00	31.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	296.50	0.00	0.00	296.50

Vendor# 14088 Vendor Name: AZALEA HEALTH — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
129322	Monthly Processing + Support Fees 9/2025	08/31/202	09/01/202	09/01/202			712.80	0.00	0.00	712.80

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14088	AZALEA HEALTH	712.80	0.00	0.00	712.80

Vendor# 17600 Vendor Name: [redacted] — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CHABAR0001		09/11/202	03/09/202	03/09/202			117.45	0.00	0.00	117.45

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17600	[redacted]	117.45	0.00	0.00	117.45

Vendor# B1150 Vendor Name: BAXTER HEALTHCARE — Class: W — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
84489103	Lease Billing	09/10/202	09/02/202	09/27/202			3,071.40	0.00	0.00	3,071.40
84490785		09/10/202	09/02/202	09/27/202			631.20	0.00	0.00	631.20
84495400		09/10/202	09/03/202	09/28/202			195.36	0.00	0.00	195.36
84502852	Anesthesia Set / Measet Sterile Water / Sodium Chloride	09/10/202	09/04/202	09/29/202			92.74	0.00	0.00	92.74

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	3,990.70	0.00	0.00	3,990.70

Vendor# M2485 Vendor Name: BAYER HEALTHCARE — Class: M — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6011691565	Supplies	09/10/202	11/04/202	05/23/202			877.74	0.00	0.00	877.74

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	877.74	0.00	0.00	877.74

Vendor# B1220 Vendor Name: BECKMAN COULTER INC — Class: M — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4590143	SERVICE CONTRACT	08/31/202	09/02/202	09/27/202			7,370.00	0.00	0.00	7,370.00
112223121		09/10/202	09/03/202	09/28/202			864.76	0.00	0.00	864.76
112224563	Supplies	09/10/202	09/03/202	09/28/202			2,276.48	0.00	0.00	2,276.48
4590218	Service Contract	09/10/202	09/03/202	09/28/202			1,484.00	0.00	0.00	1,484.00
112224052	Cell Control	09/10/202	09/03/202	09/28/202			1,504.27	0.00	0.00	1,504.27
112225182	Mineral Oil	09/10/202	09/03/202	09/28/202			75.00	0.00	0.00	75.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	13,574.51	0.00	0.00	13,574.51

Vendor# Vendor Name — Class — Pay Code

11072 BIO-RAD LABORATORIES, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
908531133		09/10/202	08/29/202	09/10/202			253.59	0.00	0.00	253.59

Pediatric 2 kit

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11072	BIO-RAD LABORATORIES, INC	253.59	0.00	0.00	253.59

Vendor# 14753 Vendor Name: BIOMERIEUX, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1213577120		09/10/202	08/20/202	09/06/202			8,815.88	0.00	0.00	8,815.88
1213588065		09/10/202	09/05/202	09/10/202			15,134.69	0.00	0.00	15,134.69

BioFire Panel Tests

" " /Filmarray panel Tests

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14753	BIOMERIEUX, INC	23,950.57	0.00	0.00	23,950.57

Vendor# C1048 Vendor Name: CALHOUN COUNTY — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
53565451	SHELL ENERGY	08/31/202	08/27/202	09/26/202			747.12	0.00	0.00	747.12
53567642	SHELL ENERGY	08/31/202	08/27/202	09/26/202			8.28	0.00	0.00	8.28
53535814	SHELL ENERGY	08/31/202	08/27/202	09/26/202			8.28	0.00	0.00	8.28
53565014	SHELL ENERGY	08/31/202	08/27/202	09/26/202			18.90	0.00	0.00	18.90
53566245	SHELL ENERGY	08/31/202	08/27/202	09/26/202			35,944.92	0.00	0.00	35,944.92
53565020	SHELL ENERGY	08/31/202	08/27/202	09/26/202			1,972.40	0.00	0.00	1,972.40
090225		09/10/202	09/02/202	09/02/202			248.00	0.00	0.00	248.00

101 N. Virginia St

815 N. Virginia St

815 N. Virginia St

Hospital St DDL

Hospital St

1016 N. Virginia St

State Checks Unclaimed property Calhoun County

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1048	CALHOUN COUNTY	38,947.90	0.00	0.00	38,947.90

Vendor# 14120 Vendor Name: CALHOUN COUNTY EMS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202508		08/31/202	09/04/202	09/29/202			3,080.00	0.00	0.00	3,080.00

August 2025

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

Vendor# C1325 Vendor Name: CARDINAL HEALTH 414, INC. — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003945959		09/09/202	08/31/202	09/25/202			456.05	0.00	0.00	456.05

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1325	CARDINAL HEALTH 414, INC.	456.05	0.00	0.00	456.05

Vendor# 10541 Vendor Name: CARESFIELD — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
200030883		08/20/202	08/12/202	09/11/202			381.70	0.00	0.00	381.70
200031016		08/24/202	08/29/202	09/28/202			278.40	0.00	0.00	278.40
558804		08/27/202	08/29/202	09/28/202			220.70	0.00	0.00	220.70

Supplies

" " "

" "

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10541	CARESFIELD					880.80	0.00	0.00	880.80

Vendor#	Vendor Name	Class	Pay Code
13264	CERVEY, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37288		09/03/202	09/02/202	09/27/202			2,150.00	0.00	0.00	2,150.00
	FEES 340B									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13264	CERVEY, LLC	2,150.00	0.00	0.00	2,150.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202536		08/31/202	09/02/202	09/02/202			63,847.42	0.00	0.00	63,847.42
	CRNA Coverage 8/2025									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER	63,847.42	0.00	0.00	63,847.42

Vendor#	Vendor Name	Class	Pay Code
10212	CLINICAL PATHOLOGY LABS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17656073125		08/31/202	07/31/202	07/31/202			17,919.62	0.00	0.00	17,919.62
	Testing									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS	17,919.62	0.00	0.00	17,919.62

Vendor#	Vendor Name	Class	Pay Code
C1166	COASTAL OFFICE SOLUTONS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OEQT331531		08/26/202	08/22/202	09/01/202			326.07	0.00	0.00	326.07
	Floor Pads/Can Liners									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	326.07	0.00	0.00	326.07

Vendor#	Vendor Name	Class	Pay Code
12044	CULLIGAN ULTRAPURE INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
08312025		09/09/202	08/31/202	09/22/202			34.65	0.00	0.00	34.65

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12044	CULLIGAN ULTRAPURE INC.	34.65	0.00	0.00	34.65

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV21419		09/10/202	10/05/202	09/10/202			611.98	0.00	0.00	611.98
	Contrast/Transfer Set/Trays									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM ASSEMBLIES, INC	611.98	0.00	0.00	611.98

Vendor#	Vendor Name	Class	Pay Code
11368	CYRACOM LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2025058472		09/10/202	08/31/202	09/30/202			275.38	0.00	0.00	275.38
	Interpretation Services									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	275.38	0.00	0.00	275.38

Vendor#	Vendor Name	Class	Pay Code
D1200	DETAR HOSPITAL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DTR2508016		09/09/202	09/02/202	09/02/202			637.86	0.00	0.00	637.86

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	D1200	DETAR HOSPITAL	637.86	0.00	0.00	637.86

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8060380		08/29/202	08/27/202	09/21/202			243.11	0.00	0.00	243.11
8049660	SUPPLIES	09/10/202	08/20/202	09/14/202			72.87	0.00	0.00	72.87
8064900	SUPPLIES	09/10/202	09/03/202	09/28/202			503.40	0.00	0.00	503.40

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	819.38	0.00	0.00	819.38

Vendor#	Vendor Name	Class	Pay Code
11011	DIAMOND HEALTHCARE CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20056692		08/31/202	09/01/202	09/26/202			19,166.67	0.00	0.00	19,166.67
IN20056691		09/03/202	09/01/202	09/26/202			31,508.43	0.00	0.00	31,508.43

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP	50,675.10	0.00	0.00	50,675.10

Vendor#	Vendor Name	Class	Pay Code
14832	DR JOHN CLINTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090525	OB CHARGES	08/31/202	09/05/202	09/05/202			1,500.00	0.00	0.00	1,500.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14832	DR JOHN CLINTON	1,500.00	0.00	0.00	1,500.00

Vendor#	Vendor Name	Class	Pay Code
14924	DR. TIMU KWI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090525	OB CHARGES	08/31/202	09/05/202	09/05/202			6,600.00	0.00	0.00	6,600.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14924	DR. TIMU KWI	6,600.00	0.00	0.00	6,600.00

Vendor#	Vendor Name	Class	Pay Code
17628	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
ADADUS0002		09/10/202	02/20/202	09/11/202			26.02	0.00	0.00	26.02

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17628	[redacted]	26.02	0.00	0.00	26.02

Vendor#	Vendor Name	Class	Pay Code
15240	ECLINICAL WORKS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0003318481A		08/31/202	09/01/202	10/01/202			451.25	0.00	0.00	451.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15240	ECLINICAL WORKS LLC	451.25	0.00	0.00	451.25

Vendor#	Vendor Name	Class	Pay Code
11091	ECOLAB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6354540921		09/09/202	09/01/202	10/01/202			235.78	0.00	0.00	235.78

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11091	ECOLAB	235.78	0.00	0.00	235.78

Vendor# 14508 — Vendor Name: EITAN GROUP NORTH AMERICA, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN1073703		09/10/202	09/05/202	09/10/202			378.48	0.00	0.00	378.48

Microbore

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14508	EITAN GROUP NORTH AMERICA, INC	378.48	0.00	0.00	378.48

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
44685		09/09/202	09/15/202	09/25/202			40,062.50	0.00	0.00	40,062.50
	PHYS SERVICES 1-15TH									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2067426890		09/09/202	08/31/202	09/30/202			10.99	0.00	0.00	10.99

Credit Reporting

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11944	EQUIFAX WORKFORCE SOLUTIONS	10.99	0.00	0.00	10.99

Vendor# 10042 — Vendor Name: ERBE USA INC SURGICAL SYSTEMS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37198601		09/10/202	07/15/202	09/10/202			169.50	0.00	0.00	169.50

Erbe#10

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	169.50	0.00	0.00	169.50

Vendor# 10689 — Vendor Name: FASTHEALTH CORPORATION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
09A25MMC		09/08/202	09/01/202	09/16/202			545.00	0.00	0.00	545.00

Website monthly invoice

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION	545.00	0.00	0.00	545.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
893386631		09/10/202	07/24/202	08/18/202			61.18	0.00	0.00	61.18
894049631		09/10/202	07/31/202	08/25/202			43.31	0.00	0.00	43.31
	FREIGHT									
895533160		09/10/202	08/14/202	09/08/202			49.04	0.00	0.00	49.04
896184268		09/10/202	08/21/202	09/15/202			63.90	0.00	0.00	63.90
	FREIGHT									
897989268		09/10/202	09/04/202	09/29/202			13.32	0.00	0.00	13.32
	FREIGHT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	230.75	0.00	0.00	230.75

Vendor# 14336 — Vendor Name: FIRETRON, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
293412		08/29/202	08/28/202	09/27/202			2,680.00	0.00	0.00	2,680.00

Quoted Fire Alarm Services ITArea

287107		08/29/202	08/29/202	09/28/202		593.94	0.00	0.00	593.94

Installed new horn strobe mank. office

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14336	FIRETRON, INC	3,273.94	0.00	0.00	3,273.94

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3253584		09/02/202	08/27/202	09/21/202			210.20	0.00	0.00	210.20
2508904		09/10/202	07/24/202	08/18/202			936.44	0.00	0.00	936.44
3221020	SUPPLIES	09/10/202	08/26/202	09/20/202			1,432.82	0.00	0.00	1,432.82
3344967	SUPPLIES	09/10/202	09/02/202	09/27/202			186.68	0.00	0.00	186.68
3344964	"	09/10/202	09/02/202	09/27/202			704.44	0.00	0.00	704.44
3344966	"	09/10/202	09/02/202	09/27/202			258.45	0.00	0.00	258.45
3376493	"	09/10/202	09/03/202	09/28/202			1,362.44	0.00	0.00	1,362.44
3376492	"	09/10/202	09/03/202	09/28/202			79.36	0.00	0.00	79.36
3409276	"	09/10/202	09/04/202	09/29/202			6,031.68	0.00	0.00	6,031.68

Supplies

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	11,202.51	0.00	0.00	11,202.51

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6003027833		09/03/202	09/01/202	10/01/202			3,588.58	0.00	0.00	3,588.58
6003027835		09/03/202	09/01/202	10/01/202			2,422.50	0.00	0.00	2,422.50
6003028101		09/03/202	09/01/202	10/01/202			1,044.26	0.00	0.00	1,044.26
6003027834		09/03/202	09/01/202	10/01/202			86.67	0.00	0.00	86.67
6003027841		09/03/202	09/01/202	10/01/202			5,665.83	0.00	0.00	5,665.83
6003027836		09/10/202	09/01/202	10/01/202			61.67	0.00	0.00	61.67

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC	12,869.51	0.00	0.00	12,869.51

Vendor# 15620 — Vendor Name: HHSC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090925		09/10/202	09/09/202	09/09/202			500.00	0.00	0.00	500.00

2nd Phase Inspection Fee for HVAC Project

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15620	HHSC	500.00	0.00	0.00	500.00

Vendor# 15208 — Vendor Name: HOSPITAL CARE CONSULTANTS INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6917		09/08/202	09/15/202	09/25/202			23,663.00	0.00	0.00	23,663.00

PHYS SERVICES 1-15TH

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15208	HOSPITAL CARE CONSULTANTS INC.	23,663.00	0.00	0.00	23,663.00

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6636		08/31/202	08/31/202	09/20/202			15,227.45	0.00	0.00	15,227.45

Adelpin Novosad

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	15,227.45	0.00	0.00	15,227.45

Vendor#	Vendor Name	Class	Pay Code
12228	INNOVATIVE STERILIZATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
34621		09/10/202	09/02/202	09/01/202			1,108.70	0.00	0.00	1,108.70

filter processing kit

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12228	INNOVATIVE STERILIZATION	1,108.70	0.00	0.00	1,108.70

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
25M0112506		08/31/202	09/05/202	09/05/202			773.76	0.00	0.00	773.76

Schedule & OSM module Sept 2025

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

Vendor#	Vendor Name	Class	Pay Code
11200	IRON MOUNTAIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
KMKZ463		09/09/202	06/30/202	07/30/202			1,760.29	0.00	0.00	1,760.29
KRHP288		09/09/202	08/31/202	09/30/202			2,007.18	0.00	0.00	2,007.18

Shred Service

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN	3,767.47	0.00	0.00	3,767.47

Vendor#	Vendor Name	Class	Pay Code
17616	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MCKJAC0001		09/10/202	02/21/197	09/11/202			166.00	0.00	0.00	166.00

Patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17616	[redacted]	166.00	0.00	0.00	166.00

Vendor#	Vendor Name	Class	Pay Code
17604	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WILLAN0001A		09/11/202	03/09/202	03/09/202			9.68	0.00	0.00	9.68
WILLAN0001		09/11/202	03/27/202	03/27/202			55.90	0.00	0.00	55.90

Patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17604	[redacted]	65.58	0.00	0.00	65.58

Vendor#	Vendor Name	Class	Pay Code
W1372	JOHN B WRIGHT LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090525		08/31/202	09/05/202	09/05/202			4,200.00	0.00	0.00	4,200.00

Pediatric Services Aug. 2025

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1372	JOHN B WRIGHT LLC	4,200.00	0.00	0.00	4,200.00

Vendor#	Vendor Name				Class	Pay Code				
17612	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	CARJUL0006		09/10/202	02/21/202	09/11/202			120.00	0.00	0.00	120.00
	Vendor Totals:	Number	Name	Patient refund				Gross	Discount	No-Pay	Net
		17612	[redacted]					120.00	0.00	0.00	120.00
Vendor#	Vendor Name				Class	Pay Code				
17608	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MARMAS0002		09/10/202	08/31/202	09/11/202			19.00	0.00	0.00	19.00
	Vendor Totals:	Number	Name	Patient refund				Gross	Discount	No-Pay	Net
		17608	[redacted]					19.00	0.00	0.00	19.00
Vendor#	Vendor Name				Class	Pay Code				
17636	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	SONKM0002		09/10/202	02/20/202	09/11/202			10.66	0.00	0.00	10.66
	Vendor Totals:	Number	Name	Patient refund				Gross	Discount	No-Pay	Net
		17636	[redacted]					10.66	0.00	0.00	10.66
Vendor#	Vendor Name				Class	Pay Code				
L0700	LABCORP OF AMERICA HOLDINGS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	83945447		09/10/202	06/28/202	07/23/202			84.00	0.00	0.00	84.00
	84724761		09/10/202	08/30/202	09/24/202			66.00	0.00	0.00	66.00
	Vendor Totals:	Number	Name	Lab testing				Gross	Discount	No-Pay	Net
		L0700	LABCORP OF AMERICA HOLDINGS					150.00	0.00	0.00	150.00
Vendor#	Vendor Name				Class	Pay Code				
17620	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MENLIS0001		09/10/202	02/21/202	09/11/202			35.00	0.00	0.00	35.00
	Vendor Totals:	Number	Name	Patient refund				Gross	Discount	No-Pay	Net
		17620	[redacted]					35.00	0.00	0.00	35.00
Vendor#	Vendor Name				Class	Pay Code				
L1640	LOWE'S BUSINESS ACCT/SYNCB				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	090225		09/10/202	09/02/202	09/28/202			916.69	0.00	0.00	916.69
	Vendor Totals:	Number	Name	Supplies				Gross	Discount	No-Pay	Net
		L1640	LOWE'S BUSINESS ACCT/SYNCB					916.69	0.00	0.00	916.69
Vendor#	Vendor Name				Class	Pay Code				
10972	M G TRUST									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	090925		08/31/202	09/09/202	09/09/202			5.70	0.00	0.00	5.70
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10972	M G TRUST					5.70	0.00	0.00	5.70
Vendor#	Vendor Name				Class	Pay Code				
17968	MALONE SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2053504A		09/04/202	08/14/202	09/28/202			7,068.60	0.00	0.00	7,068.60

Shireen Poreya Labor Nurse

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17968	MALONE SOLUTIONS	7,068.60	0.00	0.00	7,068.60

Vendor# M1511 — Vendor Name: MARKETLAB, INC — Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN02574177	Glucose Supplies	09/10/202	09/03/202	09/10/202			238.48	0.00	0.00	238.48

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	238.48	0.00	0.00	238.48

Vendor# 17648 — Vendor Name: [redacted] — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RESKAY0001	removed - no invoice	09/10/202	03/27/202	09/11/202			~~20.00~~	0.00	0.00	~~20.00~~

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17648	[redacted]	~~20.00~~	0.00	0.00	~~20.00~~

Vendor# M1950 — Vendor Name: MARTIN PRINTING CO — Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
80809	Business Cards	09/10/202	09/04/202	09/04/202			1,040.00	0.00	0.00	1,040.00
80660A	Pres. Pads	09/11/202	09/04/202	09/04/202			62.00	0.00	0.00	62.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO	1,102.00	0.00	0.00	1,102.00

Vendor# M2178 — Vendor Name: MCKESSON MEDICAL SURGICAL INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24265768	Supplies, freight #40	09/10/202	08/29/202	09/13/202			79.34	0.00	0.00	79.34
24276416	Syringes	09/10/202	09/03/202	09/18/202			73.65	0.00	0.00	73.65
24282405	Swash	09/10/202	09/03/202	09/18/202			235.95	0.00	0.00	235.95
24288145	Dilvent / Cleaner	09/10/202	09/04/202	09/19/202			67.69	0.00	0.00	67.69
24302244	Applicator	09/10/202	09/05/202	09/20/202			43.23	0.00	0.00	43.23

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	499.86	0.00	0.00	499.86

Vendor# 11141 — Vendor Name: MEDICAL DATA SYSTEMS, INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
205993	Collection Fees	09/09/202	08/31/202	09/25/202			2,049.95	0.00	0.00	2,049.95
205992	" "	09/09/202	08/31/202	09/25/202			1,971.07	0.00	0.00	1,971.07

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	4,021.02	0.00	0.00	4,021.02

Vendor# 10613 — Vendor Name: MEDIMPACT HEALTHCARE SYS, INC. — Class: A/P

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090925	Claims payment	09/10/202	09/09/202	09/09/202			25.36	0.00	0.00	25.36

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	25.36	0.00	0.00	25.36

Vendor#	Vendor Name				Class	Pay Code				
M2470	MEDLINE INDUSTRIES INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2377471295		09/10/202	07/02/202	07/27/202			4,748.90	0.00	0.00	4,748.90
	2380838556	SUPPLIES	09/10/202	07/23/202	08/17/202			7,408.70	0.00	0.00	7,408.70
	2380838544	SUPPLIES	09/10/202	07/23/202	08/17/202			113.71	0.00	0.00	113.71
	2386742777	SUPPLIES	09/10/202	09/01/202	09/26/202			106.78	0.00	0.00	106.78
	2386836612		09/10/202	09/03/202	09/28/202			24.41	0.00	0.00	24.41
	2386836610		09/10/202	09/03/202	09/28/202			72.75	0.00	0.00	72.75
	2386836607		09/10/202	09/03/202	09/28/202			60.66	0.00	0.00	60.66
	2386836608		09/10/202	09/03/202	09/28/202			570.10	0.00	0.00	570.10
	2386836613		09/10/202	09/03/202	09/28/202			32.11	0.00	0.00	32.11
	2386836611		09/10/202	09/03/202	09/28/202			72.03	0.00	0.00	72.03
	2386836614		09/10/202	09/03/202	09/28/202			9.60	0.00	0.00	9.60
	2387059660		09/10/202	09/04/202	09/29/202			546.54	0.00	0.00	546.54
	2387059662		09/10/202	09/04/202	09/29/202			105.95	0.00	0.00	105.95
	2387059661		09/10/202	09/04/202	09/29/202			1,691.48	0.00	0.00	1,691.48
	2387430204		09/10/202	09/05/202	09/30/202			294.17	0.00	0.00	294.17
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC					15,857.89	0.00	0.00	15,857.89
Vendor#	Vendor Name				Class	Pay Code				
10963	MEMORIAL MEDICAL CLINIC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	090825		08/31/202	09/09/202	09/09/202			895.00	0.00	0.00	895.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC					895.00	0.00	0.00	895.00
Vendor#	Vendor Name				Class	Pay Code				
M2621	MMC AUXILIARY GIFT SHOP				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	080425		09/11/202	09/11/202	09/11/202			214.27	0.00	0.00	214.27
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP					214.27	0.00	0.00	214.27
Vendor#	Vendor Name				Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	3808642		09/09/202	09/03/202	09/13/202			1,013.25	0.00	0.00	1,013.25
	3810055		09/09/202	09/03/202	09/13/202			29.11	0.00	0.00	29.11

Gift Shop Sales

3810053	09/09/202 09/03/202 09/13/202	97.92	0.00	0.00	97.92
3808645	09/09/202 09/03/202 09/13/202	3,375.57	0.00	0.00	3,375.57
3808646	09/09/202 09/03/202 09/13/202	83.86	0.00	0.00	83.86
3808644	09/09/202 09/03/202 09/13/202	540.40	0.00	0.00	540.40
3808643	09/09/202 09/03/202 09/13/202	17.72	0.00	0.00	17.72
3810054	09/09/202 09/03/202 09/13/202	23.74	0.00	0.00	23.74
3815629	09/09/202 09/04/202 09/14/202	675.95	0.00	0.00	675.95
3815628	09/09/202 09/04/202 09/14/202	83.30	0.00	0.00	83.30
3823014	09/09/202 09/07/202 09/17/202	176.84	0.00	0.00	176.84
3823015	09/09/202 09/07/202 09/17/202	3,419.41	0.00	0.00	3,419.41
3823013	09/09/202 09/07/202 09/17/202	674.71	0.00	0.00	674.71
3821554	09/09/202 09/07/202 09/17/202	7,121.91	0.00	0.00	7,121.91

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	17,333.69	0.00	0.00	17,333.69

Vendor# 15224 Vendor Name: MUTUAL OF OMAHA — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
001940484060		08/31/202	09/01/202	09/01/202			22,414.07	0.00	0.00	22,414.07

emp. insurance

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15224	MUTUAL OF OMAHA	22,414.07	0.00	0.00	22,414.07

Vendor# 17596 Vendor Name: [redacted] — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SALNIC0002		09/11/202	03/09/202	03/09/202			~~52.00~~	0.00	0.00	~~52.00~~

remove - no invoice

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17596	[redacted]	~~52.00~~	0.00	0.00	~~52.00~~

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
38621776		09/10/202	09/07/202	10/02/202			1,125.00	0.00	0.00	1,125.00

Service Contract

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	1,125.00	0.00	0.00	1,125.00

Vendor# 11155 Vendor Name: PARAREV — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2024328		09/09/202	09/01/202	10/01/202			3,084.00	0.00	0.00	3,084.00
2024329		09/09/202	09/01/202	10/01/202			950.00	0.00	0.00	950.00

Revenue Int. program / Data Maint.

Hospital Price Transparency Quarterly

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11155	PARAREV	4,034.00	0.00	0.00	4,034.00

Vendor#	Vendor Name	Class	Pay Code
S0905	PERFORMANCE HEALTH	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN99113233		08/28/202	08/29/202	09/23/202			35.33	0.00	0.00	35.33

Supplies

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0905	PERFORMANCE HEALTH	35.33	0.00	0.00	35.33

Vendor#	Vendor Name	Class	Pay Code
14764	PL-CPR, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
376		09/09/202	09/04/202	09/04/202			60.00	0.00	0.00	60.00
382		09/11/202	09/04/202	09/04/202			60.00	0.00	0.00	60.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14764	PL-CPR, LLC	120.00	0.00	0.00	120.00

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9359856406		09/10/202	08/30/202	09/29/202			222.42	0.00	0.00	222.42

Supplies

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	222.42	0.00	0.00	222.42

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN000720695		08/31/202	08/31/202	09/30/202			2,952.47	0.00	0.00	2,952.47

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

Vendor#	Vendor Name	Class	Pay Code
18084	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MARVAL0002		09/11/202	02/24/202	09/11/202			40.00	0.00	0.00	40.00

Patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18084	[redacted]	40.00	0.00	0.00	40.00

Vendor#	Vendor Name	Class	Pay Code
S1700	SHARN INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN02573259		09/10/202	09/02/202	09/10/202			78.75	0.00	0.00	78.75

eyeguard 50pairs

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S1700	SHARN INC	78.75	0.00	0.00	78.75

Vendor#	Vendor Name	Class	Pay Code
17624	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PHISTA0001		09/10/202	02/20/202	09/11/202			192.03	0.00	0.00	192.03

patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17624	[redacted]	192.03	0.00	0.00	192.03

Vendor#	Vendor Name	Class	Pay Code
17644	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
FARKEN0001		09/10/202	03/27/202	09/11/202			40.00	0.00	0.00	40.00

patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17644	[redacted]	40.00	0.00	0.00	40.00

Vendor#	Vendor Name	Class	Pay Code
10845	STAPLES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6041309427		09/10/202	08/31/202	09/10/202			477.07	0.00	0.00	477.07
	Supplies - Dis. Wipes / Batteries / Dis. Spray									
6041309428		09/10/202	08/31/202	09/10/202			77.90	0.00	0.00	77.90
	Supplies - Batteries									
6041309426		09/10/202	08/31/202	09/10/202			183.12	0.00	0.00	183.12
	Supplies - Lexmark Color									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10845	STAPLES	738.09	0.00	0.00	738.09

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9210115044		08/27/202	08/25/202	09/24/202			343.95	0.00	0.00	343.95
	Box of Letter Size									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SALES, LLC	343.95	0.00	0.00	343.95

Vendor#	Vendor Name	Class	Pay Code
T2539	T-SYSTEM, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2023525A		08/30/202	08/31/202	09/30/202			6,130.42	0.00	0.00	6,130.42
	August 2025									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC	6,130.42	0.00	0.00	6,130.42

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0025860		08/31/202	09/04/202	09/05/202			3,625.00	0.00	0.00	3,625.00
	AGENCY STAFFING Shawn Jeschke 8/30/25									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10758	TEXAS SELECT STAFFING, LLC	3,625.00	0.00	0.00	3,625.00

Vendor#	Vendor Name	Class	Pay Code
13616	TRIOSE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TRI249060		09/10/202	08/04/202	08/19/202			246.75	0.00	0.00	246.75
	FREIGHT									
TRI250732		09/10/202	08/21/202	09/05/202			66.78	0.00	0.00	66.78
	SUPPLIES									
TRI251253		09/10/202	08/27/202	09/11/202			140.57	0.00	0.00	140.57
	FREIGHT									
TRI252017		09/10/202	09/04/202	09/19/202			430.72	0.00	0.00	430.72
	FREIGHT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC	884.82	0.00	0.00	884.82

Vendor#	Vendor Name	Class	Pay Code
15872	TYPENEX MEDICAL LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
25088251		09/10/202	08/27/202	09/10/202			521.02	0.00	0.00	521.02
	Blood Dispenser (4)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15872	TYPENEX MEDICAL LLC	521.02	0.00	0.00	521.02

Vendor#	Vendor Name	Class	Pay Code
11001	ULINE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
197221737		09/10/202	08/27/202	09/26/202			1,174.92	0.00	0.00	1,174.92

Supplies. Chairs

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11001	ULINE	1,174.92	0.00	0.00	1,174.92

Vendor# U1064 Vendor Name: UNIFIRST HOLDINGS INC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921068111		09/03/202	09/01/202	09/26/202			268.33	0.00	0.00	268.33
2921068108	UNIFORM	09/03/202	09/01/202	09/26/202			4,277.67	0.00	0.00	4,277.67
2921068645	UNIFORMS	09/09/202	09/04/202	09/29/202			3,714.97	0.00	0.00	3,714.97
2921068462		09/09/202	09/04/202	09/29/202			247.10	0.00	0.00	247.10
2921068478		09/09/202	09/04/202	09/29/202			289.83	0.00	0.00	289.83
2921068450		09/09/202	09/04/202	09/29/202			3,494.79	0.00	0.00	3,494.79
2921068492		09/09/202	09/04/202	09/29/202			185.47	0.00	0.00	185.47
2921068499	UNIFORM	09/10/202	09/04/202	09/04/202			168.19	0.00	0.00	168.19

Laundry

Laundry

Laundry

Uniforms

Laundry

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	12,646.35	0.00	0.00	12,646.35

Vendor# U1056 Vendor Name: UNIFORM ADVANTAGE — Class: W — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SIV16723035		08/01/202	06/04/202	06/19/202			129.12	0.00	0.00	129.12

Uniform

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	129.12	0.00	0.00	129.12

Vendor# 11085 Vendor Name: US IMPLANT SOLUTIONS — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
025/41284		09/10/202	08/29/202	08/29/202			7,540.00	0.00	0.00	7,540.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11085	US IMPLANT SOLUTIONS	7,540.00	0.00	0.00	7,540.00

Vendor# U2000 Vendor Name: US POSTAL SERVICE — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091125		09/11/202	09/11/202	09/11/202			126.00	0.00	0.00	126.00

BOX

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE	126.00	0.00	0.00	126.00

Vendor# 17832 Vendor Name: VOCA LLC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
40894		08/31/202	08/29/202	09/28/202			3,562.50	0.00	0.00	3,562.50
40998	AGENCY STAFFING RADIOLOGY	08/31/202	09/05/202	09/05/202			3,515.00	0.00	0.00	3,515.00

Dave Barnes Avg. 2025

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17832	VOCA LLC	7,077.50	0.00	0.00	7,077.50

Vendor#	Vendor Name				Class	Pay Code				
12548	WAGEWORKS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0825TR116685		08/31/202	08/29/202	08/29/202			131.25	0.00	0.00	131.25
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12548	WAGEWORKS, INC					131.25	0.00	0.00	131.25
Vendor#	Vendor Name				Class	Pay Code				
I1110	WERFEN USA LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9111958461	LAB SUPPLIES	08/29/202	08/29/202	09/23/202			9,093.41	0.00	0.00	9,093.41
	9111960393	"	09/10/202	09/02/202	09/27/202			331.80	0.00	0.00	331.80
	9111962772	"	09/10/202	09/03/202	09/28/202			132.30	0.00	0.00	132.30
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC					9,557.51	0.00	0.00	9,557.51

Cobra emp.

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	496,054.16	0.00	0.00	496,054.16

APPROVED ON

SEP 11 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#210385 - 210422 / 210484 - 210539

496,054.16 +
20.00 - pg 10. removed - no check req.
52.00 - pg 12. " "
495,982.16 ◇

RECEIVED BY THE COUNTY AUDITOR ON

SEP 12 2025

CALHOUN COUNTY, TEXAS

09/12/2025
10:13

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/12/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10536	MORRIS & DICKSON CO, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3826506		09/12/202	09/08/202	09/12/202			15.97	0.00	0.00	15.97
0065518		09/12/202	09/08/202	09/12/202			674.97	0.00	0.00	674.97
3824922		09/12/202	09/08/202	09/12/202			6,523.41	0.00	0.00	6,523.41
3826505		09/12/202	09/08/202	09/12/202			4,910.60	0.00	0.00	4,910.60
3834097		09/12/202	09/09/202	09/12/202			117.73	0.00	0.00	117.73
3834098		09/12/202	09/09/202	09/12/202			123.95	0.00	0.00	123.95
3837838		09/12/202	09/10/202	09/12/202			511.00	0.00	0.00	511.00
3838028		09/12/202	09/10/202	09/12/202			86.58	0.00	0.00	86.58

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	12,964.21	0.00	0.00	12,964.21

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	12,964.21	0.00	0.00	12,964.21

APPROVED ON

SEP 12 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 210453

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	210385	09/17/25	199.00	3WON, LLC
A/P	210386	09/17/25	1,892.13	ACE HARDWARE 15521
A/P	210387	09/17/25	1,400.00	ACUTE CARE INC
A/P	210388	09/17/25	10,588.00	ADVANCED STERILIZATION PRODUCT
A/P	210389	09/17/25	45.53	AMAZON CAPITAL SERVICES
A/P	210390	09/17/25	296.50	AQUA BEVERAGE COMPANY
A/P	210391	09/17/25	712.80	AZALEA HEALTH
A/P	210392	09/17/25	117.45	[redacted]
A/P	210393	09/17/25	3,990.70	BAXTER HEALTHCARE
A/P	210394	09/17/25	877.74	BAYER HEALTHCARE
A/P	210395	09/17/25	13,574.51	BECKMAN COULTER INC
A/P	210396	09/17/25	253.59	BIO-RAD LABORATORIES, INC
A/P	210397	09/17/25	23,950.57	BIOMERIEUX, INC
A/P	210398	09/17/25	38,947.90	CALHOUN COUNTY
A/P	210399	09/17/25	3,080.00	CALHOUN COUNTY EMS
A/P	210400	09/17/25	456.05	CARDINAL HEALTH 414, INC.
A/P	210401	09/17/25	880.80	CARESFIELD
A/P	210402	09/17/25	2,150.00	CERVEY, LLC
A/P	210403	09/17/25	63,847.42	CITIZENS MEDICAL CENTER
A/P	210404	09/17/25	17,919.62	CLINICAL PATHOLOGY LABS
A/P	210405	09/17/25	326.07	COASTAL OFFICE SOLUTONS
A/P	210406	09/17/25	34.65	CULLIGAN ULTRAPURE INC.
A/P	210407	09/17/25	611.98	CUSTOM ASSEMBLIES, INC
A/P	210408	09/17/25	275.38	CYRACOM LLC
A/P	210409	09/17/25	637.86	DETAR HOSPITAL
A/P	210410	09/17/25	819.38	DEWITT POTH & SON
A/P	210411	09/17/25	50,675.10	DIAMOND HEALTHCARE CORP
A/P	210412	09/17/25	1,500.00	DR JOHN CLINTON
A/P	210413	09/17/25	6,600.00	DR. TIMU KWI
A/P	210414	09/17/25	26.02	[redacted]
A/P	210415	09/17/25	451.25	ECLINICAL WORKS LLC
A/P	210416	09/17/25	235.78	ECOLAB
A/P	210417	09/17/25	378.48	EITAN GROUP NORTH AMERICA, INC
A/P	210418	09/17/25	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	210419	09/17/25	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	210420	09/17/25	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	210421	09/17/25	545.00	FASTHEALTH CORPORATION
A/P	210422	09/17/25	230.75	FEDERAL EXPRESS CORP.
A/P	210423	09/17/25	.00	FIRETRON, INC
A/P	210424	09/17/25	.00	FISHER HEALTHCARE
A/P	210425	09/17/25	.00	GE PRECISION HEALTHCARE, LLC
A/P	210426	09/17/25	.00	HHSC
A/P	210427	09/17/25	.00	HOSPITAL CARE CONSULTANTS INC.
A/P	210428	09/17/25	.00	HUNTER PHARMACY SERVICES
A/P	210429	09/17/25	.00	INNOVATIVE STERILIZATION
A/P	210430	09/17/25	.00	INOVALON PROVIDER INC.
A/P	210431	09/17/25	.00	IRON MOUNTAIN
A/P	210432	09/17/25	.00	[redacted]
A/P	210433	09/17/25	.00	[redacted]
A/P	210434	09/17/25	.00	JOHN B WRIGHT LLC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	210435	09/17/25	.00	[redacted]
A/P	210436	09/17/25	.00	
A/P	210437	09/17/25	.00	
A/P	210438	09/17/25	.00	LABCORP OF AMERICA HOLDINGS
A/P	210439	09/17/25	.00	[redacted]
A/P	210440	09/17/25	.00	LOWE'S BUSINESS ACCT/SYNCB
A/P	210441	09/17/25	.00	M G TRUST
A/P	210442	09/17/25	.00	MALONE SOLUTIONS
A/P	210443	09/17/25	.00	MARKETLAB, INC
A/P	210444	09/17/25	.00	MARTIN PRINTING CO
A/P	210445	09/17/25	.00	MCKESSON MEDICAL SURGICAL INC
A/P	210446	09/17/25	.00	MEDICAL DATA SYSTEMS, INC.
A/P	210447	09/17/25	.00	MEDIMPACT HEALTHCARE SYS, INC.
A/P	210448	09/17/25	.00	VOIDED
A/P	210449	09/17/25	.00	MEDLINE INDUSTRIES INC
A/P	210450	09/17/25	.00	MEMORIAL MEDICAL CLINIC
A/P	210451	09/17/25	.00	MMC AUXILIARY GIFT SHOP
A/P	210452	09/17/25	.00	VOIDED
A/P	210453	09/17/25	30,297.90	MORRIS & DICKSON CO, LLC
A/P	210454	09/17/25	30,297.90CR	MUTUAL OF OMAHA
A/P	210455	09/17/25	.00	OLYMPUS AMERICA INC
A/P	210456	09/17/25	.00	PARAREV
A/P	210457	09/17/25	.00	PERFORMANCE HEALTH
A/P	210458	09/17/25	.00	PL-CPR, LLC
A/P	210459	09/17/25	.00	PRECISION DYNAMICS CORP (PDC)
A/P	210460	09/17/25	.00	PRESS GANEY ASSOCIATES, INC.
A/P	210461	09/17/25	.00	[redacted]
A/P	210462	09/17/25	.00	SHARN INC
A/P	210463	09/17/25	.00	[redacted]
A/P	210464	09/17/25	.00	
A/P	210465	09/17/25	.00	STAPLES
A/P	210466	09/17/25	.00	STRYKER SALES, LLC
A/P	210467	09/17/25	.00	T-SYSTEM, INC
A/P	210468	09/17/25	.00	TEXAS SELECT STAFFING, LLC
A/P	210469	09/17/25	.00	TRIOSE, INC
A/P	210470	09/17/25	.00	TYPENEX MEDICAL LLC
A/P	210471	09/17/25	.00	ULINE
A/P	210472	09/17/25	.00	UNIFIRST HOLDINGS INC
A/P	210473	09/17/25	.00	UNIFORM ADVANTAGE
A/P	210474	09/17/25	.00	US IMPLANT SOLUTIONS
A/P	210475	09/17/25	.00	US POSTAL SERVICE
A/P	210476	09/17/25	.00	VOCA LLC
A/P	210477	09/17/25	.00	WAGEWORKS, INC
A/P	210478	09/17/25	.00	WERFEN USA LLC
A/P	210479	09/17/25	141.00	FORTBEND HEALTHCARE CENTER
A/P	210480	09/17/25	51,945.07	GOLDENCREEK HEALTHCARE
A/P	210481	09/17/25	1,546.44	LAVACA BAY NURSING AND REHAB
A/P *	210482	09/17/25	57,520.64	TUSCANY VILLAGE
A/P	210484	09/17/25	3,273.94	FIRETRON, INC
A/P	210485	09/17/25	11,202.51	FISHER HEALTHCARE
A/P	210486	09/17/25	12,869.51	GE PRECISION HEALTHCARE, LLC

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	210487	09/17/25	500.00	HHSC
A/P	210488	09/17/25	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	210489	09/17/25	15,227.45	HUNTER PHARMACY SERVICES
A/P	210490	09/17/25	1,108.70	INNOVATIVE STERILIZATION
A/P	210491	09/17/25	773.76	INOVALON PROVIDER INC.
A/P	210492	09/17/25	3,767.47	IRON MOUNTAIN
A/P	210493	09/17/25	166.00	[redacted]
A/P	210494	09/17/25	65.58	[redacted]
A/P	210495	09/17/25	4,200.00	JOHN B WRIGHT LLC
A/P	210496	09/17/25	120.00	[redacted]
A/P	210497	09/17/25	19.00	[redacted]
A/P	210498	09/17/25	10.66	[redacted]
A/P	210499	09/17/25	150.00	LABCORP OF AMERICA HOLDINGS
A/P	210500	09/17/25	35.00	[redacted]
A/P	210501	09/17/25	916.69	LOWE'S BUSINESS ACCT/SYNCB
A/P	210502	09/17/25	5.70	M G TRUST
A/P	210503	09/17/25	7,068.60	MALONE SOLUTIONS
A/P	210504	09/17/25	238.48	MARKETLAB, INC
A/P	210505	09/17/25	1,102.00	MARTIN PRINTING CO
A/P	210506	09/17/25	499.86	MCKESSON MEDICAL SURGICAL INC
A/P	210507	09/17/25	4,021.02	MEDICAL DATA SYSTEMS, INC.
A/P	210508	09/17/25	25.36	MEDIMPACT HEALTHCARE SYS, INC.
A/P	210509	09/17/25	.00	VOIDED
A/P	210510	09/17/25	15,857.89	MEDLINE INDUSTRIES INC
A/P	210511	09/17/25	895.00	MEMORIAL MEDICAL CLINIC
A/P	210512	09/17/25	214.27	MMC AUXILIARY GIFT SHOP
A/P	210513	09/17/25	.00	VOIDED
A/P	210514	09/17/25	30,297.90	MORRIS & DICKSON CO, LLC
A/P	210515	09/17/25	22,414.07	MUTUAL OF OMAHA
A/P	210516	09/17/25	1,125.00	OLYMPUS AMERICA INC
A/P	210517	09/17/25	4,034.00	PARAREV
A/P	210518	09/17/25	35.33	PERFORMANCE HEALTH
A/P	210519	09/17/25	120.00	PL-CPR, LLC
A/P	210520	09/17/25	222.42	PRECISION DYNAMICS CORP (PDC)
A/P	210521	09/17/25	2,952.47	PRESS GANEY ASSOCIATES, INC.
A/P	210522	09/17/25	40.00	[redacted]
A/P	210523	09/17/25	78.75	SHARN INC
A/P	210524	09/17/25	192.03	[redacted]
A/P	210525	09/17/25	40.00	[redacted]
A/P	210526	09/17/25	738.09	STAPLES
A/P	210527	09/17/25	343.95	STRYKER SALES, LLC
A/P	210528	09/17/25	6,130.42	T-SYSTEM, INC
A/P	210529	09/17/25	3,625.00	TEXAS SELECT STAFFING, LLC
A/P	210530	09/17/25	884.82	TRIOSE, INC
A/P	210531	09/17/25	521.02	TYPENEX MEDICAL LLC
A/P	210532	09/17/25	1,174.92	ULINE
A/P	210533	09/17/25	12,646.35	UNIFIRST HOLDINGS INC
A/P	210534	09/17/25	129.12	UNIFORM ADVANTAGE
A/P	210535	09/17/25	7,540.00	US IMPLANT SOLUTIONS
A/P	210536	09/17/25	126.00	US POSTAL SERVICE
A/P	210537	09/17/25	7,077.50	VOCA LLC

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	210538	09/17/25	131.25	WAGEWORKS, INC
A/P	210539	09/17/25	9,557.51	WERFEN USA LLC
TOTALS:			620,099.52	

APPROVED ON

SEP 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables
495,982.16 +
Corticeu 12,964.21 +
141.00 +
NH 51,945.07 +
Xpers 57,520.64 +
1,546.44 +
620,099.52 ◇

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/12/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 09/12/2025

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

As of: 09/12/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 09/12/2025 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 103.09 USD

Future Due:	0.00			**Due If Paid On Time:** USD	101.03
Past Due:	0.00	**If Paid By 09/16/2025, Pay This Amount:**	101.03 USD	**Disc lost if paid late:**	2.06
Last Payment 08/07/2017	2,451.97	**If Paid After 09/16/2025, Pay this Amount:**	103.09 USD	**Due If Paid Late:** USD	103.09

APPROVED ON
SEP 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

2.36 +
11.50 +
87.17 +
101.03 ◇

CO 9/15/25

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/12/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 09/12/2025

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

As of: 09/12/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 09/12/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
09/10/2025	09/16/2025	7589810308	4391437	115Invoice	0.05	2.41		2.36	✓	7589810308	

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

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

Subtotals: 2.41 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 46.56
09/01/2025

If Paid By 09/16/2025,
Pay This Amount: 2.36 USD

If Paid After 09/16/2025,
Pay this Amount: 2.41 USD

Due If Paid On Time:
USD 2.36

Disc lost if paid late:
0.05

Due If Paid Late:
USD 2.41

APPROVED ON
SEP 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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McKESSON

STATEMENT

Company: 8000

As of: 09/12/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 09/12/2025

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

✓

As of: 09/12/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 09/12/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 632536 Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
09/11/2025	09/16/2025	7589916297	B2509-055-227417	115Invoice	0.23	11.73		11.50	✓	7589916297	

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

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

Subtotals: 11.73 USD

Future Due:	0.00	If Paid By 09/16/2025, Pay This Amount:	11.50 USD	Due If Paid On Time: USD	11.50
Past Due:	0.00			Disc lost if paid late:	0.23
Last Payment 09/08/2025	591.81	If Paid After 09/16/2025, Pay this Amount:	11.73 USD	Due If Paid Late: USD	11.73

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SEP 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/12/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 190813
Date: 09/12/2025

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

As of: 09/12/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 09/12/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
09/09/2025	09/16/2025	7589571921	HEB340B697	115Invoice	1.78	88.95		87.17	✓	7589571921	

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

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

Subtotals: 88.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 591.81
09/08/2025

If Paid By 09/16/2025,
Pay This Amount: 87.17 USD

If Paid After 09/16/2025,
Pay this Amount: 88.95 USD

Due If Paid On Time:
USD 87.17

Disc lost if paid late:
1.78

Due If Paid Late:
USD 88.95

APPROVED ON
SEP 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 70497588
Date: 09-12-2025

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	134.04
Past Due:	0.00
Total Due:	134.04
Account Balance:	134.04

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-08-2025	09-19-2025	3226142119	7010511222	Invoice	23.44		0.00	23.44
09-08-2025	09-19-2025	3226142330	7010520433	Invoice	16.07		0.00	16.07
09-08-2025	09-19-2025	3226142331	7010526627	Invoice	0.91		0.00	0.91
09-11-2025	09-19-2025	3226577273	7010543209	Invoice	2.46		0.00	2.46
09-12-2025	09-19-2025	3226724005	7010551455	Invoice	91.16		0.00	91.16

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
134.04	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
09-12-2025	(2,067.91)

APPROVED ON
SEP 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
09-19-2025	134.04
Total Due:	134.04

CO 9/15/25

AmerisourceBergen

STATEMENT

Statement Number: 70513931
Date: 09-12-2025

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

DEA: RA0316958
866-451-9655

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

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

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	294.22
Past Due:	0.00
Total Due:	294.22
Account Balance:	294.22

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-08-2025	09-19-2025	3226126794	7010526476	Invoice	14.09		0.00	14.09
09-09-2025	09-19-2025	3226334855	7010537755	Invoice	256.59		0.00	256.59
09-11-2025	09-19-2025	3226621932	7010549822	Invoice	6.22		0.00	6.22
09-12-2025	09-19-2025	3226759618	7010558987	Invoice	17.32		0.00	17.32

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
294.22	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
09-19-2025	294.22
Total Due:	294.22

APPROVED ON
SEP 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

9/15/25

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVECD	CVSTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
6148	76351	2	58	3	2025	234001436	0	9/8/2025	$187.17	1	CONCORD MEDICAL GROUP OF TEXAS PLL	P	189	0	[redacted]		ERD	F	8/15/2025	8/15/2025	465400615
6151	76351	3	79	0	2025	238001260	0	9/8/2025	$8.83	1	HOUSTON METHODIST LABORATORY SERVICES	P	185	0	[redacted]		LAB	F	4/24/2025	4/24/2025	472979550
6153	76351	3	76	0	2025	238000204	0	9/8/2025	$31.63	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	7/21/2025	7/21/2025	741680498
6156	76351	3	36	0	2025	233001015	0	9/8/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	8/18/2025	8/18/2025	742605670
6157	76351	3	57	0	2025	234001446	0	9/8/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	360	0	[redacted]		POV	F	8/19/2025	8/19/2025	742605670
6160	76351	3	22	0	2025	237000182	0	9/8/2025	$220.55	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0	[redacted]		OVS	F	3/4/2025	3/4/2025	300520570
6161	76351	3	79	0	2025	246001107	0	9/8/2025	$309.76	9	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	30	1	[redacted]		EX30	F	8/18/2025	8/18/2025	591031071
6162	76351	3	79	0	2025	247000250	0	9/8/2025	$321.98	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	8/4/2025	8/4/2025	741680498
6163	76351	3	18	0	2025	241001007	0	9/8/2025	$361.15	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	604	0	[redacted]		CASE	F	8/7/2025	8/7/2025	271837628
6174	76360	2	35	0	2025	238001265	0	9/8/2025	$73.53	1	TMH PHYSICIAN ASSOCIATES PLLC	P	188	0	[redacted]		HV	F	7/23/2025	7/23/2025	300520570
6175	76360	2	35	0	2025	238001815	0	9/8/2025	$104.70	1	INPATIENT HOSPTIALISTS TEXAS MEDICAL	P	188	0	[redacted]		HV	F	7/23/2025	7/23/2025	830594617
6176	76360	2	35	0	2025	238002804	0	9/8/2025	$109.67	1	TMH PHYSICIAN ASSOCIATES PLLC	P	177	0	[redacted]		OV	F	6/18/2025	6/18/2025	300520570
6177	76360	2	35	0	2025	238001809	0	9/8/2025	$158.77	1	INPATIENT HOSPTIALISTS TEXAS MEDICAL	P	188	0	[redacted]		HV	F	7/22/2025	7/22/2025	830594617
6178	76360	2	35	0	2025	246001089	0	9/8/2025	$467.78	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0	[redacted]		INVC	F	5/27/2025	5/27/2025	591031071
6179	76360	2	35	0	2025	247001129	0	9/8/2025	$1,934.22	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0	[redacted]		INVC	F	5/23/2025	5/23/2025	591031071
6180	76360	2	35	0	2025	247001131	0	9/8/2025	$2,002.86	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0	[redacted]		INVC	F	7/3/2025	7/3/2025	591031071
6181	76360	3	43	0	2025	240000537	0	9/8/2025	$1.86	1	MATTHEW EBERLY	P	431	0	[redacted]		SFS	F	12/4/2024	12/4/2024	863759949
6182	76360	3	34	7	2025	247001128	0	9/8/2025	$24.83	9	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	30	1	[redacted]		EX30	F	9/26/2024	9/26/2024	591031071
6192	76360	3	134	0	2025	245000115	0	9/8/2025	$135.00	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	180	0	[redacted]		XRDR	F	7/31/2025	7/31/2025	741831291
6193	76360	2	21	1	2025	237000472	0	9/8/2025	$303.85	1	VICTORIA NEPHROLOGY ASSOCIATES	P	466	0	[redacted]		DI	F	7/29/2025	7/29/2025	453050693
6194	76360	3	118	0	2025	241000410	0	9/8/2025	$321.98	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]		CAT	F	7/25/2025	7/25/2025	741680498
6195	76360	3	3	0	2025	238000066	0	9/8/2025	$468.00	1	DANIEL G HERRERA MD	P	379	0	[redacted]		SMNI	F	6/6/2025	6/8/2025	861395398
6196	76370	3	44	0	2025	245000092	0	9/8/2025	$297.74	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0	[redacted]		OVS	F	8/6/2025	8/6/2025	300520570
									$7,977.14												

CQ
9/15/25

APPROVED ON

SEP 15 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Sep 8, 2025 - Sep 14, 2025

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
9/12/2025	PAY PLUS ACHTrans 87823248 101000690478665 P	- 3rd Party Payor Fee	995.62	901866
9/12/2025	HEALTHEQUITY INC HealthEqui 1356888 91000017	- EmpDeduct/Employer Contribut	1,047.00	901867
9/12/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2,067.91	901868
9/12/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	363,574.25	901869
9/11/2025	PAY PLUS ACHTrans 87638185 101000699028009 P	- 3rd Party Payor Fee	6.30	901870
9/10/2025	PAY PLUS ACHTrans 87415105 101000697584507 P	- 3rd Party Payor Fee	66.51	901871
9/10/2025	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	1,103.25	901872
9/10/2025	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	6,469.44	901873
9/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	212.67	901874
9/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	860.85	
9/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	57.92	
9/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	1,477.57	
9/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	150.15	
9/9/2025	PAY PLUS ACHTrans 87086602 101000696212192 P	- 3rd Party Payor Fee	180.53	
9/9/2025	MCKESSON DRUG AUTO ACH ACH06680306 910000194	- 340B Drug Program Expense	591.81	
9/9/2025	HPHG LLC MEM. PT LA MemMedCtr PtLav 11312265	- Health Insurance Premium Payment	32,443.70	
9/9/2025	HPHG LLC MEM PT LAV MemMedCtr PtLav 11312265	- Health Insurance Premium Payment	55,994.84	
9/9/2025	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Premium Payment	7,977.14	
9/8/2025	PAY PLUS ACHTrans 86785772 101000694556598 P	- 3rd Party Payor Fee	266.21	
			475,543.67	

Caitlin Clevenger, Controller
Memorial Medical Center
September 15, 2025

* Approved on 9.10.25
** Approved on 9.03.25

995.62 +
6.30 +
66.51 +
180.53 +
266.21 +
1,515.17 ◊

6,469.44 +
212.67 +
860.85 +
57.92 +
1,477.57 +
150.15 +
9,228.60 ◊

1,515.17 +
9,228.60 +
10,743.77 ◊

Pay Plus

Proc. Fee

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT – ESTIMATED ACHS

Date	Description		Amount
9/10/2025	COMPTROLLER.TEXAS.GOV	SALES TAX	2,437.59
			2,437.59

Caitlin Clevenger, Controller
Memorial Medical Center
September 15, 2025

APPROVED ON
SEP 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

475,543.67 +
1,047.00 –
2,067.91 –
363,574.25 –
1,103.25 –
591.81 –
32,443.70 –
55,994.84 –
7,977.14 –
10,743.77 ◊
10,743.77 –
0.00 ◊

COMPTROLLER.TEXAS.GOV

Menu

Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 08/31/2025 (2508)

Taxpayer ID: [redacted]
User ID: [redacted]
Reference Number: [redacted]
Date and Time of Filing: 09/10/2025, 11:15:22 AM

Taxpayer Name: MEMORIAL MEDICAL CENTER
Taxpayer Address: 815 N VIRGINIA ST PORT LAVACA , TX 77979-3025
IP Address: [redacted]

Entered By: Caitlin Clevenger
Email Address: cclevenger@mmcportlavaca.com
Telephone Number: (361) 552-0272

PAYMENT SUMMARY

Electronic Check
State Amount: $1,846.66
Local Amount: $590.93
Amount to Pay: $2,437.59
Electronic Check: $2,437.59

Payment Reference Number: [redacted]
Trace Number: [redacted]

Type of Bank Account: Checking
Accountholder Name: Prosperity
Bank Routing Number [redacted]
Bank Account Numbe [redacted]
Payment Effective Date: 09/20/2025

CREDIT SUMMARY

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	29,695	29,695	0.00	29,695	1,855.94	29,695	0.02	593.9
SubTotal	**29,695**	**29,695**	**0**	**29,695**	**1,855.94**	**29,695**		**593.9**

Total Tax for Locations **2,449.84**

Total Tax Due:	$2,449.84
Timely Filing Discount:	- $12.25
Balance Due:	$2,437.59
Pending Payments:	- $0.00
Total Amount Due and Payable:	**$2,437.59**

(State amount due is $1,846.66) (Local amount due is $590.93)

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 11 2025

CALHOUN COUNTY, TEXAS

09/11/2025 MEMORIAL MEDICAL CENTER 0
12:04 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 10/03/2025

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090425		09/10/202	09/04/202	10/03/202			141.00	0.00	0.00	141.00

ins. pmt. dep. into mmc dpt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	141.00	0.00	0.00	141.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	141.00	0.00	0.00	141.00

APPROVED ON

SEP 11 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check 210479

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 11 2025

CALHOUN COUNTY, TEXAS

09/11/2025 MEMORIAL MEDICAL CENTER 0
12:03 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 10/03/2025

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090325	INS. pmt. dep. into mmc acct in error	09/10/202	09/03/202	10/03/202			27,703.04	0.00	0.00	27,703.04
090325A		09/10/202	09/03/202	10/03/202			1,107.59	0.00	0.00	1,107.59
090425		09/10/202	09/04/202	10/03/202			6,256.52	0.00	0.00	6,256.52
090425A		09/10/202	09/04/202	10/03/202			1,491.40	0.00	0.00	1,491.40
090425B		09/10/202	09/04/202	10/03/202			1,025.00	0.00	0.00	1,025.00
090425C		09/10/202	09/04/202	10/03/202			4,642.98	0.00	0.00	4,642.98
090525		09/10/202	09/05/202	10/03/202			5,776.01	0.00	0.00	5,776.01
090825		09/10/202	09/08/202	10/03/202			381.03	0.00	0.00	381.03
090925		09/10/202	09/09/202	10/03/202			3,561.50	0.00	0.00	3,561.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	51,945.07	0.00	0.00	51,945.07

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	51,945.07	0.00	0.00	51,945.07

APPROVED ON

SEP 11 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 210480

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 11 2025

CALHOUN COUNTY, TEXAS

09/11/2025 MEMORIAL MEDICAL CENTER 0
12:02 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 10/03/2025

Vendor# Vendor Name Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090325	ins. pmt. dep. into mmc opt in error	09/10/202	09/03/202	10/03/202			4,680.00	0.00	0.00	4,680.00
090425		09/10/202	09/04/202	10/03/202			8,840.00	0.00	0.00	8,840.00
090425B		09/10/202	09/04/202	10/03/202			838.00	0.00	0.00	838.00
090425A		09/10/202	09/04/202	10/03/202			16,120.00	0.00	0.00	16,120.00
090525		09/10/202	09/05/202	10/03/202			1,904.64	0.00	0.00	1,904.64
090525A		09/10/202	09/05/202	10/03/202			5,000.00	0.00	0.00	5,000.00
090825		09/10/202	09/08/202	10/03/202			14,373.00	0.00	0.00	14,373.00
090925		09/10/202	09/09/202	10/03/202			5,765.00	0.00	0.00	5,765.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	57,520.64	0.00	0.00	57,520.64

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	57,520.64	0.00	0.00	57,520.64

APPROVED ON

SEP 11 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Check 20482

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 11 2025

CALHOUN COUNTY, TEXAS

09/11/2025 MEMORIAL MEDICAL CENTER 0
12:03 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 10/03/2025

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090425		09/10/202	09/04/202	10/03/202			1,286.34	0.00	0.00	1,286.34
090925	ins. pmt dep. into mmc acct in error	09/10/202	09/09/202	10/03/202			260.10	0.00	0.00	260.10

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	1,546.44	0.00	0.00	1,546.44

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,546.44	0.00	0.00	1,546.44

APPROVED ON

SEP 11 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 210481

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
9/15/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		101.24	-	-			101.24	0
						Bank Balance	101.24	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Adjust Balance/Transfer Amt	**1.24**	
Broadmoor		102.11	-	-		-	102.11	0
						Bank Balance	102.11	
						Variance	-	
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	**2.11**	
Crescent		104.28	-	-			104.28	0
						Bank Balance	104.28	
						Variance	-	
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	**4.28**	
Fort Bend		125.36	-				125.36	-
						Bank Balance	125.36	
						Variance	-	
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	**25.36**	
Solera at W Houston		8,044.71	7,944.71	58,298.26			58,398.26	**58,298.26**
						Bank Balance	58,398.26	
						Variance	-	
						Leave in Balance	100.00	

APPROVED ON
SEP 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank

Adjust Balance/Transfer Amt **58,298.26**

TOTAL TRANSFERS	**58,298.26**
Approved:	
Caitlin Clevenger, Controller	**45,915.00**

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

J:\NH Weekly Transfers\NH UPL Transfer Summary\2025\NH UPL Transfer Summary 9.15.25

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
		-		-
	-	-		-
	✓	✓		-
		-		-
				-
	-	-	-	-

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
		-		-
	-	-		-
	✓	-		-
		✓ -		-
		-		-
		-		-
	-	-	-	-

Crescent

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
	-	-		-
	-	-		-
	✓	-		-
		✓ -		-
		-		-
		-		-
		-		-
	-	-	-	-

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
		-		-
	-	-		-
		-		-
	-	-		-
	-	-		-
	✓	✓ -		-
		-		-
		-		-
				-
	-	-	-	-

Solera at West Houston

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
	- ✓	57,879.26		57,879.26
9/11/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000173	7,944.71	-		-
9/10/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	-	419.00		419.00
9/10/2025 CIGNA HCCLAIMPMT 1497143259 91000011527346	-			-
	-			-
	- ✓	✓		-
	7,944.71	**58,298.26**	-	**58,298.26**

TOTALS	**58,298.26**	-	**58,298.26**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,850,623.84	$2,199,518.85	$1,850,623.84	$2,153,850.77
*4381 MEMORIAL MEDICAL / NH ASHFORD	$101.24 ✓ ✓	$101.24	$101.24	$101.24
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102.11 ✓ ✓	$102.11	$102.11	$102.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$104.28 ✓ ✓	$104.28	$104.28	$104.28
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$58,398.26 ✓ ✓	$58,398.26	$58,398.26	$58,398.26
*4446 MEMORIAL MEDICAL / NH FORT BEND	$125.36 ✓ ✓	$125.36	$125.36	$125.36
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$35,186.36	$41,875.82	$35,186.36	$31,993.22
*4551 CAL CO INDIGENT HEALTHCARE	$9,010.30	$9,010.30	$9,010.30	$9,010.30
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$19,509.61	$27,848.47	$19,509.61	$19,509.61
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.14	$100.14	$100.14	$100.14
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$245,974.74	$250,932.08	$245,974.74	$139,029.51
*3407 MMC -NH TUSCANY VILLAGE	$98,433.35	$150.832.84	$98,433.35	$96,493.37
*2998 MMC -MONEY MARKET FUND	$68,728.82	$68,728.82	$68,728.82	$68,728.82
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$5,628.85	$5,628.85	$5,628.85	$5,447.85
Total Balance	**$2,392,027.26**	**$2,813,307.42**	**$2,392,027.26**	**$2,582,994.84**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
9/15/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		69,133.78	68,726.72	34,779.30		-	35,186.36	34,779.30
						Bank Balance	35,186.36	
						Variance	-	
						Leave in Balance	100.00	
						July Interest	229.79	
						Aug Interest	77.27	
						Sept Interest		
						Adjust Balance/Transfer Amt	34,779.30	

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

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

Approved:
Caitlin Clevenger, Controller
9/15/2025

APPROVED ON
SEP 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
9/12/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769 17 43	-	1,476.60		1,476.60
9/12/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001814	-	1,426.00		1,426.00
9/12/2025	AETNA AS01 HCCLAIMPMT 1588075964 51000019025	-	290.54		290.54
9/11/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769 17 43	-	1,155.00		1,155.00
9/11/2025	NOVITAS SOLUTION HCCLAIMPMT 676097 420000173	-	4,545.65		4,545.65
9/10/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	68,726.72	-		-
9/9/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769 17 43	-	2,092.00		2,092.00
9/9/2025	HNB - ECHO HCCLAIMPMT 746003411 440000291255	-	2,191.04		2,191.04
9/9/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001481	-	1,794.63		1,794.63
9/9/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001481	-	2,389.29		2,389.29
9/9/2025	Am Health TX PAYMENT 21531 84307030011194	-	9,000.00		9,000.00
9/8/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769 17 43	-	793.00		793.00
9/8/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769 17 43	-	500.00		500.00
9/8/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	7,125.55		7,125.55
					-
					-
		68,726.72	34,779.30	-	34,779.30

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,850,623.84	$2,199,518.85	$1,850,623.84	$2,153,850.77
*4381 MEMORIAL MEDICAL / NH ASHFORD	$101.24	$101.24	$101.24	$101.24
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102.11	$102.11	$102.11	$102.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$104.28	$104.28	$104.28	$104.28
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$58,398.26	$58,398.26	$58,398.26	$58,398.26
*4446 MEMORIAL MEDICAL / NH FORT BEND	$125.36	$125.36	$125.36	$125.36
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$35,186.36 ✓	$41,875.82	$35,186.36	$31,993.22
*4551 CAL CO INDIGENT HEALTHCARE	$9,010.30	$9,010.30	$9,010.30	$9,010.30
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$19,509.61	$27,848.47	$19,509.61	$19,509.61
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.14	$100.14	$100.14	$100.14
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$245,974.74	$250,932.08	$245,974.74	$139,029.51
*3407 MMC -NH TUSCANY VILLAGE	$98,433.35	$150,832.84	$98,433.35	$96,493.37
*2998 MMC -MONEY MARKET FUND	$68,728.82	$68,728.82	$68,728.82	$68,728.82
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$5,628.85	$5,628.85	$5,628.85	$5,447.85
Total Balance	**$2,392,027.26**	**$2,813,307.42**	**$2,392,027.26**	**$2,582,994.84**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
9/15/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		1,363.83	1,263.83	19,409.61	-	-		19,509.61	18,133.89
							Bank Balance	19,509.61	
							Variance	-	
							Leave in Balance	100.00	
							Claims owed to MMC	1,275.72	
							Adjust Balance/Transfer Amt	18,133.89	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		100.14	-			-	-	100.14	NO TRANSFER
							Bank Balance	100.14	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	0.14	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	-

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

Approved:
Caitlin Clevenger, Controller 9/15/2025

APPROVED ON
SEP 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
9/11/2025	HNB - ECHO HCCLAIMPMT 746003411 440000271551	0	1433.54		1,433.54
9/10/2025	WIRE OUT HMG Rockport SNF, LP -Commerical	1263.83	0		-
9/10/2025	HNB - ECHO HCCLAIMPMT 746003411 440000231853	0	1934.48		1,934.48
9/9/2025	HNB - ECHO HCCLAIMPMT 746003411 440000291255	0	1630.55		1,630.55
9/8/2025	HNB - ECHO HCCLAIMPMT 746003411 440000233112	0	16		16.00
9/8/2025	HNB - ECHO HCCLAIMPMT 746003411 440000233112	0	91.4		91.40
9/8/2025	HNB - ECHO HCCLAIMPMT 746003411 440000233112	0	14303.64		14,303.64
					-
		1,263.83	**19,409.61**	**-**	**19,409.61**

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
	0	0		-
				-
	-	-	-	-
	1,263.83	**19,409.61**	**-**	**19,409.61**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,850,623.84	$2,199,518.85	$1,850,623.84	$2,153,850.77
*4381 MEMORIAL MEDICAL / NH ASHFORD	$101.24	$101.24	$101.24	$101.24
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102.11	$102.11	$102.11	$102.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$104.28	$104.28	$104.28	$104.28
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$58,398.26	$58,398.26	$58,398.26	$58,398.26
*4446 MEMORIAL MEDICAL / NH FORT BEND	$125.36	$125.36	$125.36	$125.36
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$35,186.36	$41,875.82	$35,186.36	$31,993.22
*4551 CAL CO INDIGENT HEALTHCARE	$9,010.30	$9,010.30	$9,010.30	$9,010.30
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$19,509.61 ✓	✓ $27,848.47	$19,509.61	$19,509.61
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.14	$100.14	$100.14	$100.14
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$245,974.74	$250,932.08	$245,974.74	$139,029.51
*3407 MMC -NH TUSCANY VILLAGE	$98,433.35	$150,832.84	$98,433.35	$96,493.37
*2998 MMC -MONEY MARKET FUND	$68,728.82	$68,728.82	$68,728.82	$68,728.82
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$5,628.85	$5,628.85	$5,628.85	$5,447.85
Total Balance	**$2,392,027.26**	**$2,813,307.42**	**$2,392,027.26**	**$2,582,994.84**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
9/15/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village	[redacted]	177,856.43	177,756.43	98,333.35	-	-	-	98,433.35	98,333.35
							Bank Balance	98,433.35	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 98,333.35

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

Approved:
Caitlin Clevenger, Controller 9/15/2025

APPROVED ON
SEP 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
9/12/2025	HNB - ECHO HCCLAIMPMT 746003411 440000212843	0	1874.1		1,874.10
9/12/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000105	0	65.88		65.88
9/11/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000173	0	13714.79		13,714.79
9/10/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	177756.43	0		-
9/10/2025	Deposit	0	35260.63		35,260.63
9/10/2025	HNB - ECHO HCCLAIMPMT 746003411 440000231522	0	27008.05		27,008.05
9/8/2025	Deposit	0	18535.8		18,535.80
9/8/2025	HNB - ECHO HCCLAIMPMT 746003411 440000233112	0	1874.1		1,874.10
		-			-
		-			-
		-			-
		-			-
					-
					-
		177,756.43	**98,333.35**	**-**	**98,333.35**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,850,623.84	$2,199,518.85	$1,850,623.84	$2,153,850.77
*4381 MEMORIAL MEDICAL / NH ASHFORD	$101.24	$101.24	$101.24	$101.24
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102.11	$102.11	$102.11	$102.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$104.28	$104.28	$104.28	$104.28
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$58,398.26	$58,398.26	$58,398.26	$58,398.26
*4446 MEMORIAL MEDICAL / NH FORT BEND	$125.36	$125.36	$125.36	$125.36
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$35,186.36	$41,875.82	$35,186.36	$31,993.22
*4551 CAL CO INDIGENT HEALTHCARE	$9,010.30	$9,010.30	$9,010.30	$9,010.30
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$19,509.61	$27,848.47	$19,509.61	$19,509.61
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.14	$100.14	$100.14	$100.14
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$245,974.74	$250,932.08	$245,974.74	$139,029.51
*3407 MMC -NH TUSCANY VILLAGE	$98,433.35 ✓	$150,832.84	$98,433.35	$96,493.37
*2998 MMC -MONEY MARKET FUND	$68,728.82	$68,728.82	$68,728.82	$68,728.82
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$5,628.85	$5,628.85	$5,628.85	$5,447.85
Total Balance	**$2,392,027.26**	**$2,813,307.42**	**$2,392,027.26**	**$2,582,994.84**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
9/15/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Lavaca Bay Nursing and Rehab		94,056.29	93,495.46	245,413.91			-	245,974.74	174,769.44
							Bank Balance	245,974.74	
							Variance	-	
							Leave in Balance	100.00	
							Pending payment information	70,644.47	
							July Interest	249.98	
							August Interest	210.85	

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 174,769.44

Approved:
Caitlin Clevenger, Controller 9/15/2025

APPROVED ON
SEP 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
9/12/2025	Deposit	-	27,326.14		27,326.14
9/12/2025	HOSPICE OF SOUTH Payments NF 113122650019605	-	1,721.93		1,721.93
9/12/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	7,477.65		7,477.65
9/12/2025	CENTENE CORP HCCLAIMPMT 53101128703417	-	70,419.51		70,419.51
9/11/2025	HUMANA INS CO HCCLAIMPMT 84035700 8300005722	-	408.58		408.58
9/10/2025	WIRE OUT REG Leased OpCo LLC	93,495.46	-		-
9/10/2025	Deposit	-	17,459.75		17,459.75
9/10/2025	Centene Manageme ACH 008765433514 1110000220	-	70,644.47		70,644.47
9/10/2025	CENTENE CORP HCCLAIMPMT 53101122933623	-	24,524.17		24,524.17
9/9/2025	NDC SWEEP FAC 02330 56009680011901 SWEEP FR	-	25,234.63		25,234.63
9/9/2025	HIC KY HCCLAIMPMT 83872881 42000010644897 45	-	197.08		197.08
		-			-
		-			-
					-
		93,495.46	**245,413.91**	**-**	**245,413.91**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,850,623.84	$2,199,518.85	$1,850,623.84	$2,153,850.77
*4381 MEMORIAL MEDICAL / NH ASHFORD	$101.24	$101.24	$101.24	$101.24
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102.11	$102.11	$102.11	$102.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$104.28	$104.28	$104.28	$104.28
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$58,398.26	$58,398.26	$58,398.26	$58,398.26
*4446 MEMORIAL MEDICAL / NH FORT BEND	$125.36	$125.36	$125.36	$125.36
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$35,186.36	$41,875.82	$35,186.36	$31,993.22
*4551 CAL CO INDIGENT HEALTHCARE	$9,010.30	$9,010.30	$9,010.30	$9,010.30
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$19,509.61	$27,848.47	$19,509.61	$19,509.61
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.14	$100.14	$100.14	$100.14
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$245,974.74 ✓ J	$250,932.08	$245,974.74	$139,029.51
*3407 MMC -NH TUSCANY VILLAGE	$98,433.35	$150,832.84	$98,433.35	$96,493.37
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*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$5,628.85	$5,628.85	$5,628.85	$5,447.85
Total Balance	**$2,392,027.26**	**$2,813,307.42**	**$2,392,027.26**	**$2,582,994.84**

Gulf Pointe

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 9/15/2025

APPROVED ON
SEP 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 001154

FOR ACCT USE ONLY

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

AMOUNT: $ 1,275.72 ✓

G/L NUMBER: 21000007

EXPLANATION: Claim payments paid to Gulf Pointe owed to MMC

REQUESTED BY: Emily Vick

AUTHORIZED BY:

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

MP

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

001154

Date 10/6/25 88-2265/1131

PAY
TO THE ORDER OF mmc Operating $ 1,256.49/100

One thousand, two hundred fifty six dollars 3 49/100 **DOLLARS**

PROSPERITY BANK®

MP

FOR Claims owed to mmc

Security features are included. Details on back.