MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 24, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	1,027,785.79
TOTAL TRANSFERS BETWEEN FUNDS	$	254,338.96
TOTAL NURSING HOME UPL EXPENSES	$	865,898.52
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED September 24, 2025	$	2,148,023.27

APPROVED

SEP 24 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 24, 2025

PAYABLES AND PAYROLL			
9/18/2025	Weekly Payables	359,836.90	
9/18/2025	Travel Reimbursement - Caitlin Clevenger	276.11	
9/22/2025	Citibank Credit Card-see attached (Erin)	4,409.05	
9/22/2025	McKesson-340B Prescription Expense	727.40	
9/22/2025	Amerisource Bergen-340B Prescription Expense	37.06	
9/22/2025	Amerisource Bergen-340B Prescription Expense	228.59	
9/22/2025	Payroll Liabilities-Payroll Taxes	117,925.68	
9/22/2025	Payroll	370,522.84	
	Prosperity Electronic Bank Payments		
9/22/2025	90 Degree Benefits - employee insurance claims estimate for year end register	60,000.00	
9/22/2025	90 Degree Benefits - employee insurance claims	20,130.00	
9/22/2025	90 Degree Benefits - employee insurance claims	20,801.00	
9/22/2025	90 Degree Benefits - employee insurance claims	70,691.46	
9/22/2025	Pay Plus-Patient Claims Processing Fee	866.88	
9/22/2025	Credit Card Leasing Fee	285.82	
9/22/2025	Health Equity -HSA Contributions	1,047.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,027,785.79**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
9/18/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	162,850.37	
9/18/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	29,568.82	
9/18/2025	MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	61,919.77	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 254,338.96**
NURSING HOME UPL EXPENSES			
9/22/2025	Nursing Home UPL-Cantex Transfer	4,182.40	
9/22/2025	Nursing Home UPL-Nexion Transfer	495,623.05	
9/22/2025	Nursing Home UPL-HMG Transfer	17,318.17	
9/22/2025	Nursing Home UPL-Tuscany Transfer	192,616.36	
9/22/2025	Nursing Home UPL-HSL Transfer	84,090.16	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
9/22/2025	Gulfpointe to MMC - Claim owed to MMC	49.00	
9/22/2025	Gulfpointe to MMC - Claim owed to MMC	361.07	
9/22/2025	Golden Creek to MMC - QIPP Y7 ADJ 2 Portion owwed to MMC	274.11	
9/22/2025	Golden Creek to MMC-Claim owed to MMC	740.15	
9/22/2025	Lavaca Bay to MMC - ATLIS Payment	70,644.05	
TOTAL NURSING HOME UPL EXPENSES			**$ 865,898.52**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED September 24, 2025			**$ 2,148,023.27**

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9164770334		09/16/202	09/11/202	10/06/202			929.13	0.00	0.00	929.13
5518999614		09/17/202	08/31/202	09/25/202			637.76	0.00	0.00	637.76

Nitrous Oxide
Nitrous Oxide, Dioxide, Oxygen

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	1,566.89	0.00	0.00	1,566.89

Vendor#	Vendor Name	Class	Pay Code
18096	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AERAER0001		09/17/202	09/17/202	09/17/202			33.80	0.00	0.00	33.80

patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18096	[redacted]	33.80	0.00	0.00	33.80

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
1FNYTTMN7XH4		09/10/202	09/05/202	10/05/202			28.00	0.00	0.00	28.00
1T7PDFHVJCN7		09/10/202	09/09/202	10/09/202			434.59	0.00	0.00	434.59
1X7G9G7QKNNM		09/10/202	09/09/202	10/09/202			246.30	0.00	0.00	246.30
1DRVXHVHKMXH		09/17/202	09/09/202	10/09/202			29.58	0.00	0.00	29.58

Waste Toner Box
Toys | Boardgames Physical Therapy
Ceiling Light. Earplugs, Ink Cart.
Bmi Transfer Board & Slide

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	738.47	0.00	0.00	738.47

Vendor#	Vendor Name	Class	Pay Code
A2271	ARTHREX, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
925015405		09/10/202	09/06/202	09/10/202			625.00	0.00	0.00	625.00

Supplies - Bone Cutter / Burr Oval

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2271	ARTHREX, INC	625.00	0.00	0.00	625.00

Vendor#	Vendor Name	Class	Pay Code
12800	AUTHORITYRX, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7000115424		09/17/202	09/11/202	09/12/202			17,121.18	0.00	0.00	17,121.18

Claims

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX, LLC	17,121.18	0.00	0.00	17,121.18

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6012207403		09/17/202	09/02/202	09/17/202			877.74	0.00	0.00	877.74
6012207404		09/17/202	09/02/202	09/17/202			1,755.48	0.00	0.00	1,755.48
6012219144		09/17/202	09/08/202	09/17/202			1,170.32	0.00	0.00	1,170.32

Stint kit 3 x 470 discount 532.26
Stint kit 6ex470 discount 1,064.52
Stint kit 4 x 470 discount 709.68

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	3,803.54	0.00	0.00	3,803.54

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112232534		09/17/202	09/08/202	10/03/202			5,759.11	0.00	0.00	5,759.11
112237624	Hardware billing	09/17/202	09/10/202	10/05/202			279.92	0.00	0.00	279.92

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	6,039.03	0.00	0.00	6,039.03

Vendor# 11072 — Vendor Name: BIO-RAD LABORATORIES, INC — Class: Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
908527130		09/15/202	08/28/202	10/05/202			372.62	0.00	0.00	372.62
908559272	Ethanol / Ammonia	09/17/202	09/09/202	09/11/202			888.59	0.00	0.00	888.59
908563777	Diabetes liq	09/17/202	09/11/202	09/17/202			2,190.48	0.00	0.00	2,190.48

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	3,451.69	0.00	0.00	3,451.69

Multiqual prem. assay

Vendor# B1800 — Vendor Name: BRIGGS HEALTHCARE — Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B492735		09/17/202	09/09/202	09/17/202			327.30	0.00	0.00	327.30

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE	327.30	0.00	0.00	327.30

QR Register Book (2) X 163.65

Vendor# 10926 — Vendor Name: CAITLIN CLEVENGER — Class: Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091125	TRAVEL REIMB FOR QIPP	09/17/202	09/11/202	09/11/202			~~257.11~~	0.00	0.00	~~257.11~~

removed amount is less

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10926	CAITLIN CLEVENGER	~~257.11~~	0.00	0.00	~~257.11~~

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003953962		09/17/202	09/11/202	10/06/202			206.00	0.00	0.00	206.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	206.00	0.00	0.00	206.00

Vendor# 14260 — Vendor Name: CAREFUSION SOLUTIONS, LLC — Class: Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10025901894		09/17/202	09/08/202	09/08/202			1,788.00	0.00	0.00	1,788.00
10025901901		09/17/202	09/08/202	09/08/202			2.00	0.00	0.00	2.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14260	CAREFUSION SOLUTIONS, LLC	1,790.00	0.00	0.00	1,790.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
200031128		09/10/202	09/09/202	10/09/202			314.50	0.00	0.00	314.50

Supplies

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10541	CARESFIELD	314.50	0.00	0.00	314.50

Vendor#	Vendor Name	Class	Pay Code
12768	CHEMAQUA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9307451		09/17/202	09/10/202	09/20/202			635.24	0.00	0.00	635.24

Water Treatment

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12768	CHEMAQUA	635.24	0.00	0.00	635.24

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
083125A		09/18/202	08/31/202	10/05/202			1,293.00	0.00	0.00	1,293.00

Display Ads Aug 2025

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17980	CMG TEXAS MEDIA LLC	1,293.00	0.00	0.00	1,293.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OEQT327992		09/17/202	08/08/202	08/18/202			68.42	0.00	0.00	68.42
	HOUSE KEEPING SUPPLIES									
OE527041		09/17/202	09/12/202	09/22/202			230.28	0.00	0.00	230.28

Gloves

Can Liners

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	298.70	0.00	0.00	298.70

Vendor#	Vendor Name	Class	Pay Code
13336	COCA COLA SOUTHWEST BEVERAGES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
48677036008		08/31/202	09/11/202	10/05/202			921.85	0.00	0.00	921.85

Coke products

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES	921.85	0.00	0.00	921.85

Vendor#	Vendor Name	Class	Pay Code
14400	CULINARY CONCESSIONS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV310504		09/16/202	08/31/202	10/05/202			36,905.90	0.00	0.00	36,905.90

Contract Food Direct Expense

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14400	CULINARY CONCESSIONS LLC	36,905.90	0.00	0.00	36,905.90

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
8079350		09/17/202	09/12/202	10/07/202			670.56	0.00	0.00	670.56

Letter paper / Tape roll / Sharpies / Sticky notes

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	670.56	0.00	0.00	670.56

Vendor#	Vendor Name	Class	Pay Code
14800	DIRECTV ENTERTAINMENT HOLDINGS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
250912		09/16/202	09/12/202	10/05/202			500.80	0.00	0.00	500.80

Service period 9/11 - 10/10/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14800	DIRECTV ENTERTAINMENT HOLDINGS	500.80	0.00	0.00	500.80

Vendor#	Vendor Name	Class	Pay Code
10789	DISCOVERY MEDICAL NETWORK INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC083125		09/11/202	08/31/202	10/05/202			55,947.50	0.00	0.00	55,947.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	55,947.50	0.00	0.00	55,947.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6354771123		09/17/202	09/10/202	09/10/202			300.00	0.00	0.00	300.00

MPPA Charges

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11091	ECOLAB	300.00	0.00	0.00	300.00

Vendor# 15832 Vendor Name: EVERON — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
159581464		09/17/202	09/02/202	10/02/202			58.43	0.00	0.00	58.43
	SEPTEMBER SERVICES									

Fire Monitoring

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15832	EVERON	58.43	0.00	0.00	58.43

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091225		09/16/202	09/12/202	10/05/202			3,890.99	0.00	0.00	3,890.99

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13016	FIRST INSURANCE FUNDING	3,890.99	0.00	0.00	3,890.99

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
3002260		09/01/202	08/15/202	09/09/202			505.12	0.00	0.00	505.12

Supplies

3504399		09/10/202	09/09/202	10/04/202			91.39	0.00	0.00	91.39

Biohazard Zip Bags

3221022		09/15/202	08/26/202	10/05/202			16,140.01	0.00	0.00	16,140.01

Supplies

3285761		09/15/202	08/28/202	10/05/202			485.36	0.00	0.00	485.36

Supplies

3504398		09/15/202	09/09/202	10/05/202			132.99	0.00	0.00	132.99

Bath Mgallide

3376494		09/17/202	09/03/202	09/28/202			545.93	0.00	0.00	545.93

Kimmarray GT Control Panel

3572173		09/17/202	09/11/202	10/06/202			282.84	0.00	0.00	282.84

Supplies

3603342		09/17/202	09/12/202	10/07/202			361.17	0.00	0.00	361.17

Amplivue Thermometers

3603341		09/17/202	09/12/202	10/07/202			1,677.64	0.00	0.00	1,677.64
3603340		09/17/202	09/12/202	10/07/202			361.17	0.00	0.00	361.17

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	20,583.62	0.00	0.00	20,583.62

Vendor# 17244 Vendor Name: FREED INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7EB963010003		09/09/202	09/04/202	10/04/202			2,494.80	0.00	0.00	2,494.80

Freed Group Plan 9/4 - 12/3/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17244	FREED INC	2,494.80	0.00	0.00	2,494.80

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090225		09/16/202	09/02/202	10/05/202			3,064.25	0.00	0.00	3,064.25

Phone

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	3,064.25	0.00	0.00	3,064.25

Vendor#	Vendor Name	Class	Pay Code
11149	GBS ADMINISTRATORS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
708687476873		09/17/202	08/20/202	09/01/202			6,972.72	0.00	0.00	6,972.72

Life Ins.

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11149	GBS ADMINISTRATORS, INC	6,972.72	0.00	0.00	6,972.72

Vendor#	Vendor Name	Class	Pay Code
10956	GETINGE USA SALES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6992990851		09/17/202	09/08/202	09/17/202			68.08	0.00	0.00	68.08

Getinge Catheter

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10956	GETINGE USA SALES LLC	68.08	0.00	0.00	68.08

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9626971387		09/17/202	09/02/202	09/27/202			145.27	0.00	0.00	145.27
9632053030		09/17/202	09/05/202	09/30/202			242.00	0.00	0.00	242.00

Grab Bar 24in.
Screws

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	387.27	0.00	0.00	387.27

Vendor#	Vendor Name	Class	Pay Code
10804	HEALTHCARE CODING & CONSULTING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
16138		09/17/202	03/31/202	04/30/202			177.50	0.00	0.00	177.50
	MARCH CHARGES									
INV000164		09/17/202	05/01/202	06/30/202			142.50	0.00	0.00	142.50
INV000270		09/17/202	06/01/202	07/01/202			82.50	0.00	0.00	82.50
	JUNE CHARGES									

Pro IP | Pro SDC Charges - May 2025

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING	402.50	0.00	0.00	402.50

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC092025		09/17/202	09/01/202	09/21/202			42,343.88	0.00	0.00	42,343.88
	SEPTEMBER PROF FEES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	42,343.88	0.00	0.00	42,343.88

Vendor#	Vendor Name	Class	Pay Code
14468	LIFE SYSTEMS INTERNATIONAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
N15335A		09/18/202	06/24/202	09/18/202			5,962.90	0.00	0.00	5,962.90

Extended Cure Warranty 24 months

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	14468	LIFE SYSTEMS INTERNATIONAL					5,962.90	0.00	0.00	5,962.90
Vendor#	Vendor Name				Class	Pay Code				
15200	MANAGED CARE PARTNERS INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6837		09/17/202	10/01/202	10/01/202			515.00	0.00	0.00	515.00
		PRF FEES OCT 25									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15200	MANAGED CARE PARTNERS INC.					515.00	0.00	0.00	515.00
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	23939042		09/17/202	06/20/202	07/05/202			650.77	0.00	0.00	650.77
		Control UA 1 level									
	24314740		09/17/202	09/10/202	09/25/202			73.36	0.00	0.00	73.36
		FOB Collection kit									
	24326274		09/17/202	09/11/202	09/26/202			79.34	0.00	0.00	79.34
		Carriage Assembly Product #39.34 Freight #40.00									
	24338112		09/17/202	09/15/202	09/30/202			127.10	0.00	0.00	127.10
		Pants mesh/ Cervical Collar									
	24338230		09/17/202	09/15/202	09/30/202			42.49	0.00	0.00	42.49
		Garment Flowtron									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC					973.06	0.00	0.00	973.06
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
	2385961347		09/02/202	08/27/202	10/05/202			2,074.33	0.00	0.00	2,074.33
		Supplies									
	2386836609		09/10/202	09/03/202	09/28/202			454.80	0.00	0.00	454.80
		Suture / Gel Ultrasound / Wrap bona									
	2386836615		09/10/202	09/03/202	09/28/202			323.80	0.00	0.00	323.80
		Suture Chromic GUT									
	2387771676		09/10/202	09/09/202	10/04/202			222.95	0.00	0.00	222.95
		DBD Insx a pad									
	2388063176		09/10/202	09/10/202	10/05/202			11,300.64	0.00	0.00	11,300.64
		Swabs / Cott / Wipes / Ensure / Drape / etc.									
	2388063187		09/10/202	09/10/202	10/05/202			221.24	0.00	0.00	221.24
		Omni Jug Suction Canister									
	2388063175		09/10/202	09/10/202	10/05/202			32.76	0.00	0.00	32.76
		Dressing Sheet									
	2388063185		09/10/202	09/10/202	10/05/202			4,271.99	0.00	0.00	4,271.99
		Sling / Binder / Splint / Catheter / etc.									
	2388063174		09/10/202	09/10/202	10/05/202			115.01	0.00	0.00	115.01
		Catheter									
	2388063188		09/10/202	09/10/202	10/05/202			273.70	0.00	0.00	273.70
		Suture Nurolon									
	2346892509A		09/15/202	09/15/202	10/09/202			-7.20	0.00	0.00	-7.20
		Credit - Gauze Sponge									
	2388109310		09/17/202	09/10/202	10/05/202			165.81	0.00	0.00	165.81
		Bacadown Handsoap									
	2388787959		09/17/202	09/15/202	10/05/202			-320.61	0.00	0.00	-320.61
		Credit - Drape									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC					19,129.22	0.00	0.00	19,129.22
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
7154	SUPPLIES	09/03/202	08/27/202	10/02/202			-9,210.52	0.00	0.00	-9,210.52
	Credit									
0312		09/17/202	09/08/202	09/18/202			-17.01	0.00	0.00	-17.01
	Credit Prexus									
3835629		09/17/202	09/10/202	09/20/202			1,120.39	0.00	0.00	1,120.39
	Rx/meds									
3842266		09/17/202	09/11/202	09/21/202			60.52	0.00	0.00	60.52
0066164		09/17/202	09/11/202	09/21/202			1,758.62	0.00	0.00	1,758.62
	Removed - bill to incorrect									
3849589		09/17/202	09/14/202	09/24/202			217.02	0.00	0.00	217.02
	Rx/meds									
3849591		09/17/202	09/14/202	09/24/202			43.88	0.00	0.00	43.88
3849590		09/17/202	09/14/202	09/24/202			811.98	0.00	0.00	811.98
3855207		09/17/202	09/15/202	09/25/202			433.11	0.00	0.00	433.11
3852107		09/17/202	09/15/202	09/25/202			1,556.70	0.00	0.00	1,556.70
3852103		09/17/202	09/15/202	09/25/202			710.22	0.00	0.00	710.22
3854416		09/17/202	09/15/202	09/25/202			326.55	0.00	0.00	326.55
3851505		09/17/202	09/15/202	09/25/202			1,183.10	0.00	0.00	1,183.10
3852104		09/17/202	09/15/202	09/25/202			1,845.79	0.00	0.00	1,845.79
3854417		09/17/202	09/15/202	09/25/202			610.86	0.00	0.00	610.86
3852105		09/17/202	09/15/202	09/25/202			46.62	0.00	0.00	46.62
3859278		09/17/202	09/16/202	09/26/202			454.77	0.00	0.00	454.77
3859277		09/17/202	09/16/202	09/26/202			45.70	0.00	0.00	45.70
3859279		09/17/202	09/16/202	09/26/202			1,221.66	0.00	0.00	1,221.66
3842267A		09/18/202	09/11/202	09/21/202			9,163.75	0.00	0.00	9,163.75

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	12,383.71	0.00	0.00	12,383.71

10,625.09

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	10/08/202			52.00	0.00	0.00	52.00
	Patient Refund									

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

Vendor# 10868 Vendor Name NOVA BIOMEDICAL Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91530545		09/17/202	07/31/202	09/17/202			1,974.38	0.00	0.00	1,974.38
	Test Strips GLU									
91530544		09/17/202	07/31/202	09/17/202			130.63	0.00	0.00	130.63
	Control level 1 & 3 GLU Strip									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL	2,105.01	0.00	0.00	2,105.01

Vendor#	Vendor Name	Class	Pay Code
P2100	PORT LAVACA WAVE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091225	ANNUAL SUBSCRIPT FOR ADMIN	09/17/202	09/12/202	09/12/202			45.00	0.00	0.00	45.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE	45.00	0.00	0.00	45.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
25080600	Natural Gas	09/17/202	08/31/202	09/15/202			1,865.27	0.00	0.00	1,865.27

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LLC	1,865.27	0.00	0.00	1,865.27

Vendor#	Vendor Name	Class	Pay Code
O1416	QUIDELORTHO SALES COMPANY LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9100074491	MMS Pipet Tips	09/10/202	09/03/202	10/03/202			221.50	0.00	0.00	221.50
9100075566	AHG Biochem / RH - HR control	09/10/202	09/03/202	10/03/202			1,912.77	0.00	0.00	1,912.77
9100080510	Ortho Confidence / Affirmagen	09/10/202	09/08/202	10/08/202			430.23	0.00	0.00	430.23
9100083420	Supplies	09/10/202	09/09/202	10/09/202			424.52	0.00	0.00	424.52

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1416	QUIDELORTHO SALES COMPANY LLC	2,989.02	0.00	0.00	2,989.02

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PSI007101	Term 10/17/25. 11/11/25 Samsung 6680	09/17/202	09/12/202	10/07/202			1,791.67	0.00	0.00	1,791.67

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	1,791.67	0.00	0.00	1,791.67

Vendor#	Vendor Name	Class	Pay Code
11251	RAPID PRINTING LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
302170	Poster 24 X 36 Single Sided	09/17/202	09/16/202	10/01/202			42.00	0.00	0.00	42.00
302018	Print 4X6 Double sided postcards	09/18/202	09/11/202	09/26/202			320.00	0.00	0.00	320.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	362.00	0.00	0.00	362.00

Vendor#	Vendor Name	Class	Pay Code
11215	RICHARD ARROYO-DIAZ	ICP	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090425A	Dep. into MMC OPC in error. Triwest Healthcare	09/17/202	09/04/202	09/17/202			678.52	0.00	0.00	678.52

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11215	RICHARD ARROYO-DIAZ	678.52	0.00	0.00	678.52

Vendor#	Vendor Name	Class	Pay Code
S1800	SHERWIN WILLIAMS	W	

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

	083125A		09/18/202	08/31/202	09/15/202		349.42	0.00	0.00	349.42

Paint

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	349.42	0.00	0.00	349.42

Vendor#	Vendor Name	Class	Pay Code
10699	SIGN AD, LTD.		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	317542		09/17/202	09/16/202	09/26/202			425.00	0.00	0.00	425.00
		AD LEASE SPACE 092425-102125									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	425.00	0.00	0.00	425.00

Vendor#	Vendor Name	Class	Pay Code
S2694	STANFORD VACUUM SERVICE	M	

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	866862		09/17/202	09/11/202	09/11/202			625.00	0.00	0.00	625.00
		GREASE TRAP SERVICE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2694	STANFORD VACUUM SERVICE	625.00	0.00	0.00	625.00

Vendor#	Vendor Name	Class	Pay Code
S3940	STERIS CORPORATION	M	

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	14236619		09/15/202	08/26/202	10/05/202			48.65	0.00	0.00	48.65

Tissue forceps

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION	48.65	0.00	0.00	48.65

Vendor#	Vendor Name	Class	Pay Code
17248	SUMMIT PAIN AND WELLNESS		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1301		09/16/202	09/12/202	10/05/202			2,840.00	0.00	0.00	2,840.00

RVUs 9/12/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17248	SUMMIT PAIN AND WELLNESS	2,840.00	0.00	0.00	2,840.00

Vendor#	Vendor Name	Class	Pay Code
14524	SYSMEX AMERICA, INC.		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	96065453		09/17/202	08/24/202	08/29/202			527.44	0.00	0.00	527.44

Beyond cure remote

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14524	SYSMEX AMERICA, INC.	527.44	0.00	0.00	527.44

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
	0025905		09/16/202	09/11/202	10/05/202			3,650.00	0.00	0.00	3,650.00

Shawn Jeschke 9/11/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10758	TEXAS SELECT STAFFING, LLC	3,650.00	0.00	0.00	3,650.00

Vendor#	Vendor Name	Class	Pay Code
11067	TRIZETTO PROVIDER SOLUTIONS		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	35FK092500		09/17/202	09/01/202	09/26/202			1,740.75	0.00	0.00	1,740.75

Patient Statements / Smart Solutions 9/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	1,740.75	0.00	0.00	1,740.75

Vendor#	Vendor Name	Class	Pay Code
C2510	TRUBRIDGE	M	

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

	T2507171378A		09/16/202	07/17/202	10/05/202			73,654.44	0.00	0.00	73,654.44

Business Services N. Trust Fee Hospital

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE	73,654.44	0.00	0.00	73,654.44

Vendor#	Vendor Name	Class	Pay Code
11001	ULINE		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	197393156		09/17/202	09/02/202	10/02/202			345.01	0.00	0.00	345.01

Medium Corbant Roll 30X150

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11001	ULINE	345.01	0.00	0.00	345.01

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2921068658		09/09/202	09/08/202	10/03/202			268.33	0.00	0.00	268.33

Uniforms

	2921068482		09/17/202	09/04/202	09/29/202			201.60	0.00	0.00	201.60
		ENVIRO SERVICES UNIFORMS									
	2921068488		09/17/202	09/04/202	09/29/202			207.62	0.00	0.00	207.62

Laundry

	2921068495		09/17/202	09/04/202	09/29/202			289.42	0.00	0.00	289.42
		PT UNIFORMS									
	2921068978		09/17/202	09/11/202	10/06/202			289.83	0.00	0.00	289.83
		SURGERY UNIFORM									
	2921068997		09/17/202	09/11/202	10/06/202			8,662.89	0.00	0.00	8,662.89
		PT UNIFORMS									
	2921068966		09/17/202	09/11/202	10/06/202			66.92	0.00	0.00	66.92
		MAINT UNIFORMS									
	2921068984		09/17/202	09/11/202	10/06/202			201.60	0.00	0.00	201.60
		EVS UNIFORMS									
	2921068960		09/17/202	09/11/202	10/06/202			3,321.61	0.00	0.00	3,321.61

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	13,509.82	0.00	0.00	13,509.82

Vendor#	Vendor Name	Class	Pay Code
15444	VANDERBILT HEALTH		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	CI00114245		09/16/202	09/10/202	10/09/202			815.12	0.00	0.00	815.12

Quarterly Admin Fee True-up April - June 2025

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15444	VANDERBILT HEALTH	815.12	0.00	0.00	815.12

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

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	220346		09/17/202	09/05/202	09/05/202			415.00	0.00	0.00	415.00
		AC SERVICES									

8/20/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V1056	VICTORIA AIR CONDITIONING LTD	415.00	0.00	0.00	415.00

Vendor#	Vendor Name	Class	Pay Code
V1471	VICTORIA RADIOWORKS, LLC	W	

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	25080131		09/17/202	08/31/202	09/17/202			40.00	0.00	0.00	40.00
		ADVERTISING SPOT									

8/29/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LLC	40.00	0.00	0.00	40.00

Grand Totals:	Gross	Discount	No-Pay	Net
	361,852.63	0.00	0.00	361,852.63

359,836.90

APPROVED ON

SEP 18 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#210540 - 210601

361,852.63 +
257.11 - Pg. 2. Removed Travel Reim. - Incorrect amount
1,758.62 - Pg. 7. Removed - Incorrect Bill to
359,836.90 ◊
359,836.90 ◊

RECEIVED BY THE COUNTY AUDITOR ON

SEP 18 2025

APPROVED ON SEP 18 2025 BY COUNTY

(nk#210549

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2485	BAYER HEALTHCARE	3,803.54	0.00	0.00	3,803.54

[redacted]

Vendor#	Vendor Name	Class	Pay Code
10926	CAITLIN CLEVENGER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091125A	Travel reimb for Qtrly 8/26/25	09/18/202	09/11/202	09/11/202			276.11	0.00	0.00	276.11

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10926	CAITLIN CLEVENGER	276.11	0.00	0.00	276.11

[redacted]

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	210540	09/24/25	1,566.89	AIRGAS USA, LLC - CENTRAL DIV
A/P	210541	09/24/25	33.80	[redacted]
A/P	210542	09/24/25	738.47	AMAZON CAPITAL SERVICES
A/P	210543	09/24/25	625.00	ARTHREX, INC
A/P	210544	09/24/25	17,121.18	AUTHORITYRX, LLC
A/P	210545	09/24/25	3,803.54	BAYER HEALTHCARE
A/P	210546	09/24/25	6,039.03	BECKMAN COULTER INC
A/P	210547	09/24/25	3,451.69	BIO-RAD LABORATORIES, INC
A/P	210548	09/24/25	327.30	BRIGGS HEALTHCARE
A/P	210549	09/24/25	276.11	CAITLIN CLEVENGER
A/P	210550	09/24/25	206.00	CARDINAL HEALTH 414, INC.
A/P	210551	09/24/25	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	210552	09/24/25	314.50	CARESFIELD
A/P	210553	09/24/25	635.24	CHEMAQUA
A/P	210554	09/24/25	1,293.00	CMG TEXAS MEDIA LLC
A/P	210555	09/24/25	298.70	COASTAL OFFICE SOLUTONS
A/P	210556	09/24/25	921.85	COCA COLA SOUTHWEST BEVERAGES
A/P	210557	09/24/25	36,905.90	CULINARY CONCESSIONS LLC
A/P	210558	09/24/25	670.56	DEWITT POTH & SON
A/P	210559	09/24/25	500.80	DIRECTV ENTERTAINMENT HOLDINGS
A/P	210560	09/24/25	55,947.50	DISCOVERY MEDICAL NETWORK INC
A/P	210561	09/24/25	300.00	ECOLAB
A/P	210562	09/24/25	58.43	EVERON
A/P	210563	09/24/25	3,890.99	FIRST INSURANCE FUNDING
A/P	210564	09/24/25	.00	VOIDED
A/P	210565	09/24/25	20,583.62	FISHER HEALTHCARE
A/P	210566	09/24/25	2,494.80	FREED INC
A/P	210567	09/24/25	3,064.25	FRONTIER
A/P	210568	09/24/25	6,972.72	GBS ADMINISTRATORS, INC
A/P	210569	09/24/25	68.08	GETINGE USA SALES LLC
A/P	210570	09/24/25	387.27	GRAINGER
A/P	210571	09/24/25	402.50	HEALTHCARE CODING & CONSULTING
A/P	210572	09/24/25	42,343.88	ITA RESOURCES INC
A/P	210573	09/24/25	5,962.90	LIFE SYSTEMS INTERNATIONAL
A/P	210574	09/24/25	515.00	MANAGED CARE PARTNERS INC.
A/P	210575	09/24/25	973.06	MCKESSON MEDICAL SURGICAL INC
A/P	210576	09/24/25	.00	VOIDED
A/P	210577	09/24/25	19,129.22	MEDLINE INDUSTRIES INC
A/P	210578	09/24/25	.00	VOIDED
A/P	210579	09/24/25	10,625.09	MORRIS & DICKSON CO, LLC
A/P	210580	09/24/25	52.00	[redacted]
A/P	210581	09/24/25	2,105.01	NOVA BIOMEDICAL
A/P	210582	09/24/25	45.00	PORT LAVACA WAVE
A/P	210583	09/24/25	1,865.27	PRO ENERGY PARTNERS LLC
A/P	210584	09/24/25	2,989.02	QUIDELORTHO SALES COMPANY LLC
A/P	210585	09/24/25	1,791.67	RADSOURCE
A/P	210586	09/24/25	362.00	RAPID PRINTING LLC
A/P	210587	09/24/25	678.52	RICHARD ARROYO-DIAZ
A/P	210588	09/24/25	349.42	SHERWIN WILLIAMS
A/P	210589	09/24/25	425.00	SIGN AD, LTD.

BANK--CHECK	NUMBER	DATE	AMOUNT	PAYEE
A/P	210590	09/24/25	625.00	STANFORD VACUUM SERVICE
A/P	210591	09/24/25	48.65	STERIS CORPORATION
A/P	210592	09/24/25	2,840.00	SUMMIT PAIN AND WELLNESS
A/P	210593	09/24/25	527.44	SYSMEX AMERICA, INC.
A/P	210594	09/24/25	3,650.00	TEXAS SELECT STAFFING, LLC
A/P	210595	09/24/25	1,740.75	TRIZETTO PROVIDER SOLUTIONS
A/P	210596	09/24/25	73,654.44	TRUBRIDGE
A/P	210597	09/24/25	345.01	ULINE
A/P	210598	09/24/25	13,509.82	UNIFIRST HOLDINGS INC
A/P	210599	09/24/25	815.12	VANDERBILT HEALTH
A/P	210600	09/24/25	415.00	VICTORIA AIR CONDITIONING LTD
A/P	210601	09/24/25	40.00	VICTORIA RADIOWORKS, LLC
A/P	210602	09/24/25	162,850.37	GOLDENCREEK HEALTHCARE
A/P	210603	09/24/25	61,919.77	LAVACA BAY NURSING AND REHAB
A/P	210604	09/24/25	29,568.82	TUSCANY VILLAGE
TOTALS:			614,451.97	

APPROVED ON

SEP 24 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

payables 359,836.90 +
276.11 +
NH Xfers 162,850.37 +
29,568.82 +
61,919.77 +
614,451.97 ◊

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ERIN CLEVENGER

citi

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

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity	
Total Activity	$4,409.05

Not an invoice. For your records only.	
Credit Limit	$20,000
Cash Advance Limit	$5,000
Statement Closing Date	09/03/2025
Days In Billing Period	31

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

Confirmation # DWR-03690803

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location			Amount	
			********** NOTICE MEMO ITEM(S) LISTED BELOW **********						
08/04	08/02	8999	55432865214201174460109	1	FAXAGE 303-991-6020 CO	80222	USA	75.42	
08/05	08/04	5046	55546505217431965488298	2	TCS BASYS CONTROLS MIDDLETON WI	53562	USA	420.00	
08/07	08/06	8699	82305095219500002256549	3	TEXAS ORGANIZATION OF ROUND ROCK TX	78664	USA	769.25	
08/07	08/06	9399	05134375219600071430704	4	NPDB NPDB.HRSA.GOV ROCKVILLE MD N137301173	20852	USA	2.50	
08/11	08/09	4468	55506295221437147995589	5	GO2MARINE BELLINGHAM WA	98225	USA	34.07	CR
08/14	08/13	5912	55436875226172262365354	6	IMPRIMISRX 503B LEDGEWOOD NJ 1824819		USA	620.00	
08/18	08/15	8734	55457375227191724006442	7	INTOXIMETERS INC SAINT LOUIS MO	63146	USA	170.00	
08/19	08/17	3559	52704875230268849161807	8	CANDLEWOOD SUITES SAN ANTONIO TX 312193 CHECK IN: 08/15/2025	78227	USA	270.86	
08/19	08/18	7361	12302025230003227666024	9	Indeed USI25-02699147 Austin TX	78750	USA	33.27	CR
08/19	08/18	7361	12302025230003227700021	10	Indeed USI25-02937398 Austin TX	78750	USA	0.43	CR
08/21	08/19	3695	55417415232449519358337	11	EMBASSY STES AUSTIN AUSTIN TX 80213411 CHECK IN: 08/18/2025	78723	USA	162.71	
08/21	08/19	3559	52704875232270155123767	12	CANDLEWOOD SUITES SAN ANTONIO TX 312192 CHECK IN: 08/15/2025	78227	USA	270.86	
08/21	08/20	9399	55500375232450152184166	13	TXDPS CRIME RECS AUSTIN TX PO 232907941336	78752	USA	153.63	
08/27	08/26	7399	82117555238500009271036	14	CIHQ 2025 SUMMIT MEXIA TX	76667	USA	960.00	
08/27	08/26	7399	82117555238500009179205	15	CIHQ 2025 SUMMIT MEXIA TX	76667	USA	478.67	

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

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

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

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Not an invoice.
For your records only.

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

00010079643

Account: XXXX-XXXX-XXXX-6228

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number		Description/Location					Amount
09/03	09/02	9399	05134375246600068448013	16	NPDB NPDB.HRSA.GOV N139116607	ROCKVILLE	MD	20852	USA	42.50
09/03	09/02	9399	05134375246600068448195	17	NPDB NPDB.HRSA.GOV N139118178	ROCKVILLE	MD	20852	USA	2.50
09/03	09/02	9399	05134375246600068448278	18	NPDB NPDB.HRSA.GOV N139119946	ROCKVILLE	MD	20852	USA	2.50
09/03	09/03	8999	55432865246202314892187	19	FAXAGE	303-991-6020 CO		80222	USA	75.42

********** TOTAL AMOUNT OF MEMO ITEM(S): **$4,409.05**

(1)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: CitiBank Corp

Date: 9/4/2025

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Faxage - Fax lines (Query)			✓ 75.42
2	—		TCS Bosys Controls - FOR OR temp control			✓ 420.00
3						
4	—		Texas Organization (TORCH) Austin, TX 9/8/25			✓ 769.25
5			Fall conference registration	9/11/25		
6			Erin Cecenzer + Michelle Clemberand			
7	—		NPDB - 1 Doctor Enroll			✓ 2.50
8	—		GO 2 Marine - Cash Refund		CR	✓ 34.07
9			tax adjustment			
10	—	8/15 - 8/17/25 San Antonio, TX	Candlewood Suites - Hotel expense for Jennifer Morales - ER (TNCC)			✓ 270.86

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

NOTES:

Charges made to credit card

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____

(2)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank Corp

Date: 9/4/2025

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Indeed - tax adjustment		CR ✓	33.27
2	—		Indeed - tax adjustment		CR ✓	0.43
3	—		Embassy Stes Austin	8/18-8/19/25	✓	162.71
4			Dawn Marek hotel - TX Trauma Forum			
5	—		Intoximeters Inc - Renewal Exam		✓	170.00
6			fee for instructors - Lab (Kim Resendez)			
7	—		Candlewood Suites - Hotel expense		✓	270.86
8			Kylie Taylor - ER (TNCC)	8/15-8/19/25 San Antonio, TX		
9	—		TX DPS - Credit purchase		✓	153.63
10			Criminal Hx - (HR + Credentialing)			

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

NOTES:

charges made to Credit card

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____

(3)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank Corp

Date: 9/4/2025

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

	mber	Description	Unit Cost	Unit Meas.	Extended Cost
75.42 +		CIHQ Accreditation + Regulatory			✓ 960.00
420.00 +		Summit - Bethann Diggs +	10/20 -	10/23/25	
769.25 +		Dianne Atkinson Registration	Heroes, TX		
2.50 +					
54.07 -					
270.86 +		CIHQ HACP Preparatory Course			✓ 478.67
35.27 -		+ Exam - Bethann Diggs +	10/20 - 10/23/25		
0.43 -		Dianne Atkinson Registration	Heroes, TX		
162.71 +					
170.00 +		NPDB - 17 Provider Renewals	2.50		✓ 42.50
270.86 +					
155.63 +		NPDB - 1 Doctor Enroll			✓ 2.50
960.00 +					
478.67 +		NPDB - 1 Doctor Enroll			✓ 2.50
42.50 +					
2.50 +		Faxage - Fax Lines (Aug)			✓ 75.42
2.50 +					
75.42 +		Dexamethasone/Moxi			
620.00 +		Imprimis Rx - 1mg/5mg/1mL			✓ 620.00
4,409.05 =					

Est. Freight _____ Est. Total Cost _____ TOTAL COST $4,409.05

NOTES:

Charges made to Credit card

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____

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: 09/19/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 09/20/2025

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

As of: 09/19/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 09/20/2025 **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: 742.25 USD

Future Due:	0.00			**Due If Paid On Time:** USD 727.40
Past Due:	0.00	**If Paid By 09/23/2025, Pay This Amount:**	727.40 USD	**Disc lost if paid late:** 14.85
Last Payment 08/07/2017	2,451.97	**If Paid After 09/23/2025, Pay this Amount:**	742.25 USD	**Due If Paid Late:** USD 742.25

599.48 +
9.78 +
118.14 +
727.40 ◊

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 09/19/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 09/20/2025

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 09/19/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 09/20/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
09/19/2025	09/23/2025	7591596929	241473398	115Invoice	5.53	276.46	✓	270.93	✓	7591596929	
09/19/2025	09/23/2025	7591596930	240955707	115Invoice	6.70	334.94	✓	328.24	✓	7591596930	
09/19/2025	09/23/2025	7591596931	241182462	115Invoice	0.01	0.32	✓	0.31	✓	7591596931	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 611.72 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 591.81
09/08/2025

If Paid By 09/23/2025, Pay This Amount: 599.48 USD

If Paid After 09/23/2025, Pay this Amount: 611.72 USD

Due If Paid On Time: USD 599.48

Disc lost if paid late: 12.24

Due If Paid Late: USD 611.72

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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: 09/19/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 09/20/2025

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

As of: 09/19/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 09/20/2025 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
09/18/2025	09/23/2025	7591209175	B2509-055-229332	115Invoice	0.20	9.98		9.78	✓	7591209175	

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: 9.98 USD

Future Due:	0.00	**If Paid By 09/23/2025,**			**Due If Paid On Time:**
					USD 9.78 ✓
Past Due:	0.00	**Pay This Amount:**	9.78	USD	**Disc lost if paid late:**
					0.20
Last Payment	101.03	**If Paid After 09/23/2025,**			**Due If Paid Late:**
09/15/2025		**Pay this Amount:**	9.98	USD	USD 9.98

APPROVED ON

SEP 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

CVS PHCY 8923/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: 09/19/2025

Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 09/20/2025

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

As of: 09/19/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 09/20/2025 **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 835434 CVS PHCY 8923/MEM MC PHS											
09/17/2025	09/23/2025	7591062806	4410425	115Invoice	2.38	118.86	✓	116.48	✓	7591062806	
09/17/2025	09/23/2025	7591062807	4410425	115Invoice	0.03	1.69	✓	1.66	✓	7591062807	

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 120.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 111.70
08/04/2025

If Paid By 09/23/2025, Pay This Amount: 118.14 USD

If Paid After 09/23/2025, Pay this Amount: 120.55 USD

Due If Paid On Time: USD 118.14

Disc lost if paid late: 2.41

Due If Paid Late: USD 120.55

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 70564601
Date: 09-19-2025

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:	37.06
Past Due:	0.00
Total Due:	37.06
Account Balance:	37.06

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-15-2025	09-26-2025	3226858572	7010564566	Invoice	8.02		0.00	8.02
09-15-2025	09-26-2025	3226858574	7010573142	Invoice	0.57		0.00	0.57
09-16-2025	09-26-2025	3227071990	7010579890	Invoice	2.69		0.00	2.69
09-18-2025	09-26-2025	3227351239	7010594081	Invoice	25.78		0.00	25.78

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
37.06	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
09-26-2025	37.06
Total Due:	37.06

CO

AmerisourceBergen

STATEMENT

Statement Number: 70548366
Date: 09-19-2025

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:	228.59
Past Due:	0.00
Total Due:	228.59
Account Balance:	228.59

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-15-2025	09-26-2025	3226874685	7010558473	Invoice	23.89		0.00	23.89
09-15-2025	09-26-2025	3226874686	7010564646	Invoice	68.30		0.00	68.30
09-15-2025	09-26-2025	3226874687	7010571068	Invoice	56.53		0.00	56.53
09-17-2025	09-26-2025	3227175270	7010580541	Invoice	1.46		0.00	1.46
09-18-2025	09-26-2025	3227308385	7010586545	Invoice	31.16		0.00	31.16
09-19-2025	09-26-2025	3227444864	7010593199	Invoice	47.25		0.00	47.25

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
228.59	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
09-19-2025	(428.26)

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
09-26-2025	228.59
Total Due:	228.59

CCS

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

		ENTER:
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ###	
☐ "ENTER YOUR 4-DIGIT PIN"		
☐ "MAKE A PAYMENT, PRESS 1"		1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	25
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	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"	★	$ 117,925.68 #
"1 TO CONFIRM"		1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 61,913.44 #
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14,479.80 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 41,532.44 #
☐ "6-DIGIT SETTLEMENT DATE"	★	
"1 TO CONFIRM"		1
☐ ACKNOWLEDGEMENT NUMBER		

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

"ENTER VOID CKS AS NEGATIVE NUMBERS"

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	9/5/2025					
PAY PERIOD: END	9/18/2025					
PAY DATE:	9/26/2025					
GROSS PAY:	$ 535,626.31			$ -		$ 535,626.31
DEDUCTIONS:						
A/R	$ 642.03					$ 642.03
ADVANC						$ -
BOOTS						$ -
~~MUTUAL CRITICAL ILLNESS~~						$ -
~~MUTUAL ACCIDENT~~						$ -
IRS TAX						$ -
~~MUTUAL SHORT TERM DIS~~						$ -
MUTUAL VISION	$ 802.48					$ 802.48
CAFÉ-D	$ 1,208.19					$ 1,208.19
CAFÉ-H	$ 29,216.10					$ 29,216.10
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ -					$ -
CLINIC						$ -
COMBIN	$ 228.60					$ 228.60
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE	$ 1,159.93					$ 1,159.93
MUTUAL HOSP INDEM	$ 563.50					$ 563.50
FED TAX	$ 41,532.44					$ 41,532.44
FICA-M	$ 7,239.90					$ 7,239.90
FICA-O	$ 30,956.72					$ 30,956.72
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 4,202.10					$ 4,202.10
FLX-FE	$ -					$ -
GIFT S	$ 57.23					$ 57.23
MUTUAL CRITICAL ILLNESS	$ 878.88					$ 878.88
MUTUAL ACCIDENT	$ 591.88					$ 591.88
MUTUAL SHORT TERM DIS	$ 1,802.98					$ 1,802.98
LEGAL	$ 922.45					$ 922.45
OTHER	$ 4,411.73					$ 4,411.73
NATIONAL FARM LIFE	$ 1,277.74					$ 1,277.74
MED SURCHARGE						$ -
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 895.00					$ 895.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 36,513.59					$ 36,513.59
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 165,103.47	$ -	$ -	$ -	$ -	$ 165,103.47
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 370,522.84	$ -	$ -	$ -	$ -	$ 370,522.84
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 36,323.87	**Less Exempt:**				
TAXABLE PAY:	$ 499,302.44	$ 499,302.44				**Exempt Amt:**

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,239.89		
FICA - MED (EE)	1.45%	$ 7,239.89	$ 7,239.90	$ (0.01)
FICA - SOC SEC (ER)	6.20%	$ 30,956.75		
FICA - SOC SEC (EE)	6.20%	$ 30,956.75	$ 30,956.72	$ 0.03
FED WITHHOLDING		$ 41,532.44	$ 41,532.44	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 117,925.72	$ 117,925.66	
FICA - MEDICARE	2.90%	$ 14,479.78	$14,479.80	
FICA - SOCIAL SECURITY	12.40%	$ 61,913.50	$61,913.44	**PREPARED BY:**
FED WITHHOLDING		$ 41,532.44	$41,532.44	**PREPARED DATE:**
TOTAL TAX:		$ 117,925.72	$117,925.68	$ 0.04

Sariah Rubio

9/22/2025

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9573.25	N		N	N		227885.74
1	REGULAR PAY-S1	2023.25	N		N	N	N	104203.27
1	REGULAR PAY-S1	2.00	N		N	N	Y	105.00
1	REGULAR PAY-S1	194.25	Y		N	N		6986.92
2	REGULAR PAY-S2	2478.00	N		N	N		68968.19
2	REGULAR PAY-S2	107.75	Y		N	N		4422.15
3	REGULAR PAY-S3	1501.00	N		N	N		52481.17
3	REGULAR PAY-S3	151.50	Y		N	N		7580.69
4	CALL BACK PAY	14.50	N	1	N	N	Y	670.10
4	CALL BACK PAY	4.00	N	2	N	N	Y	172.00
4	CALL BACK PAY	4.50	N	3	N	N	Y	294.33
4	CALL BACK PAY	1.00	Y	1	N	N	Y	42.53
C	CALL PAY	2263.25	N	1	N	N		4526.50
D	DOUBLE TIME	21.25	N	1	N	N		1002.39
D	DOUBLE TIME	1.75	Y	1	N	N		78.44
E	EXTRA WAGES		N		N	N	N	12799.10
E	EXTRA WAGES		N	1	N	N	N	1915.00
F	FUNERAL LEAVE	16.00	N	1	N	N		553.76
K	EXTENDED-ILLNESS-BANK	368.00	N	1	N	N		12863.14
P	PAID-TIME-OFF	116.50	N		N	N	N	4185.39
P	PAID-TIME-OFF	784.25	N	1	N	N		23446.50
X	CALL PAY 2	94.00	N	1	N	N		188.00
Z	CALL PAY 3	72.00	N	1	N	N		216.00
t	PHONE & DATA		N		N	N	N	40.00

Deductions Summary

Code	Amount					
A/R	452.03	A/R2	190.00	A/R3		
ADVANC		AWARDS		BCBSVI		
BOOTS		CAFE H		CAFE-1		
CAFE-2		CAFE-3		CAFE-4		
CAFE-5		CAFE-C		CAFE-D	1208.19	
CAFE-F		CAFE-H	29216.10	CAFE-I		
CAFE-L		CAFE-P		CANCER		
CHILD		CLINIC		COMBIN	228.60	
CREDUN		DD ADV		DENTAL		
DEP-LF		DIS-LF		EAT		
EATCSH	260.00	FEDTAX	41532.44	FICA-M	7239.90	
FICA-O	30956.72	FIRSTC		FLEX S	3730.10	
FLX FE		FORT D		FUTA		
GIFT S	57.23	GRANT		GRP-IN		
GTL		HOSP-I		HSA	472.00	
ID TFT		IRSTAX		LEAP		
LEGAL	221.99	MASA	700.50	MEALS	4151.73	
METVIS		MISC		MISC/		
MMCSHR		MOOACC	591.88	MOOILL	878.88	
MOOIND	563.50	MOOLIF	1159.93	MOOSTD	1802.98	
MOOVIS	802.48	NATFML	1277.74	OTHER		
PHI		PHI***		PR FIN		
RELAY		REPAY		SAMS		
SCRUBS		SIGNON		ST-TX		
STONDF	895.06	STONE		STONE2		
STUDEN		SUNACC		SUNILL		
SUNIND		SUNLIF		SUNSTD		
SUNVIS		SURCHG		TSA-1		
TSA-2		TSA-C		TSA-P		
TSA-R	36513.59	TUTION		UNIFOR		
UW/HOS						

Grand Totals: 19792.00 ------- Gross: 535626.31 Deductions: 165103.47 Net: 370522.84

Checks Count:- FT 199 PT 12 Other 43 Female 230 Male 23 Credit OverAmt 15 ZeroNet Term Total: 253

CC
9/22/25

Gracie Archer

From: cclevenger@mmcportlavaca.com (Caitlin Clevenger) <cclevenger@mmcportlavaca.com>
Sent: Monday, September 22, 2025 9:30 AM
To: Gracie Archer
Cc: Emily Vick; Michelle Cumberland
Subject: FW: Upcoming Stop Loss Contract and Year-End Deadlines

Hi Gracie,

Please see email thread below. I am going to submit an estimate of $60,000.00 for the final register from 90 degrees to be sent to court on 9/23/25. Will this email suffice as my submission?

Thank you,

Caitlin

From: Caron Bradley [mailto:Caron.Bradley@90degreebenefits.com]
Sent: Friday, September 19, 2025 11:10 AM
To: Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Cc: Michelle Cumberland <mcumberland@mmcportlavaca.com>; Candace Amaro <candace.amaro@90degreebenefits.com>
Subject: RE: Upcoming Stop Loss Contract and Year-End Deadlines

Hi Caitlin,

I wanted to follow up on our email exchange below. The team has been working through the inventory, and as of today, we have about $32K in paid claims. There are only 25 more claims left in the inventory, which the team will continue to work on over the weekend.

If I had to provide a rough estimate, I'd say Monday's check register will likely not exceed $50K. I might be estimating a little high, but I wanted to give you the best approximation we have for this week.

Please let me know if you need anything further.

Respectfully,

Caron Bradley
Account Executive

Business: 210.348.7300
Direct: 210.442.4636
Fax: 806.698.5852
Cell: 210.273.5515
Toll Free: 800.747.9446
Caron.Bradley@90degreebenefits.com

11467 Huebner Rd, Suite 300
San Antonio, TX 78230

90DegreeBenefits.com

From: Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Sent: Monday, September 15, 2025 8:52 AM
To: Caron Bradley <Caron.Bradley@90degreebenefits.com>
Subject: RE: Upcoming Stop Loss Contract and Year-End Deadlines

Okay perfect, thank you!

From: Caron Bradley [mailto:Caron.Bradley@90degreebenefits.com]
Sent: Monday, September 15, 2025 8:50 AM
To: Caitlin Clevenger <cclevenger@mmcportlavaca.com>; Michelle Cumberland <mcumberland@mmcportlavaca.com>
Cc: Candace Amaro <candace.amaro@90degreebenefits.com>; samanthal@healthsure.com
Subject: RE: Upcoming Stop Loss Contract and Year-End Deadlines

Hi Caitlin, good morning.

Yes, we would be happy to do this. Thank you for the information.

Sincerely,

Caron Bradley
Account Executive

Business: 210.348.7300
Direct: 210.442.4636
Fax: 806.698.5852
Cell: 210.273.5515
Toll Free: 800.747.9446
Caron.Bradley@90degreebenefits.com

11467 Huebner Rd, Suite 300
San Antonio, TX 78230

90DegreeBenefits.com

From: Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Sent: Monday, September 15, 2025 8:43 AM
To: Caron Bradley <Caron.Bradley@90degreebenefits.com>; Michelle Cumberland <mcumberland@mmcportlavaca.com>
Cc: Candace Amaro <candace.amaro@90degreebenefits.com>; samanthal@healthsure.com
Subject: RE: Upcoming Stop Loss Contract and Year-End Deadlines

Good morning,

As you know, Memorial Medical Center cannot legally release payment before court approval. To ensure we send payment on time, please include as many claims as possible on the register to be sent on 9/22/25. Would it be possible to get an estimate for the amount of the final register to be sent on the 22nd as well so we can submit that to court? If we can get that to them then we will be able to process the final register payment as long it does not exceed the estimated amount sent to court. Please advise.

Thank you,

Caitlin Clevenger

From: Caron Bradley [mailto:Caron.Bradley@90degreebenefits.com]
Sent: Friday, September 12, 2025 5:36 PM
To: Caitlin Clevenger <cclevenger@mmcportlavaca.com>; Michelle Cumberland <mcumberland@mmcportlavaca.com>
Cc: Candace Amaro <candace.amaro@90degreebenefits.com>; samanthal@healthsure.com
Subject: Upcoming Stop Loss Contract and Year-End Deadlines

Hello,

This is a reminder that your current stop loss contract is set to end on **September 30, 2025**.

We will be running the final plan year register on **Thursday, September 25th**. In order to ensure timely processing and submission under the current stop loss contract, all **claim approvals**—including those for the **year-end register and any outstanding prior registers**—must be received in our office no later than 9:00 AM on Monday, September 29, 2025.

Sincerely,

90 DEGREE BENEFITS
A Turn For The Better
San Antonio

Caron Bradley
Account Executive

Business: 210.348.7300
Direct: 210.442.4636
Fax: 806.698.5852
Cell: 210.273.5515
Toll Free: 800.747.9446
Caron.Bradley@90degreebenefits.com

11467 Huebner Rd, Suite 300
San Antonio, TX 78230

90DegreeBenefits.com

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVND
5556	76360	3	21	1	2025	192001523	0	7/18/2025	$20,130.00	1	LIBERTY DIALYSIS VICTORIA	P	465		[redacted]		HDI	F	6/1/2025	6/30/2025	262438451
									$20,130.00												

CCJ
9/22/25

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
5966	76360		3	21	1	2025	225001309	0	8/21/2025	$20,801.00	1 LIBERTY DIALYSIS VICTORIA	P		465	0	[redacted]		F	7/1/2025	7/31/2025	262438451
										$20,801.00											

CCJ
9/22/25

APPROVED ON

SEP 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	[illegible]	LOCNO	[illegible]	[illegible]	CLMYR	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	[illegible]	[illegible]	FIRSTNAME	LASTNAME	CODE	VOID	[illegible]	[illegible]	PAYID
5107	76351	3	79	0	2025	119007132	1000	9/15/2025	-$230.55	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	177	0	[redacted]		OV	T	4/24/2025	4/24/2025	300520570
6198	76351	1	1	0	2025	254001023	0	9/15/2025	$32,443.95	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	[redacted]		PCS	F	8/25/2025	9/7/2025	464334244
6199	76351	2	33	0	2025	253000122	0	9/15/2025	$76.86	1	COMMUNITY PATHOLOGY ASSOCIATES	P	185	0	[redacted]		LAB	F	7/29/2025	7/29/2025	760421006
6202	76351	3	25	0	2025	238001060	0	9/15/2025	$6,718.47	1	DETAR HEALTHCARE SYSTEM	P	702	0	[redacted]		ABS	F	8/18/2025	8/18/2025	621754940
6203	76351	3	43	0	2025	238001062	0	9/15/2025	$9,655.62	1	DETAR HEALTHCARE SYSTEM	P	406	0	[redacted]		ER	F	8/18/2025	8/18/2025	621754940
6206	76351	3	79	0	2025	255001331	0	9/15/2025	$27.18	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0	[redacted]		INVC	F	7/8/2025	7/8/2025	591031071
6207	76351	3	79	0	2025	252000564	0	9/15/2025	$43.52	1	CITIZENS MEDICAL PROFESSIONALS	P	177	0	[redacted]		OV	F	8/26/2025	8/26/2025	471158090
6209	76351	3	43	0	2025	251000129	0	9/15/2025	$54.83	1	HOUSTON CARDIOVASCULAR ASSOCIATES LLC	P	752	0	[redacted]		TELS	F	8/4/2025	8/4/2025	741941710
6211	76351	3	8	0	2025	245001330	0	9/15/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	8/25/2025	8/25/2025	742605670
6216	76351	3	79	0	2025	241001578	0	9/15/2025	$140.49	1	VICTORIA ED LLC	P	406	0	[redacted]		ER	F	8/19/2025	8/19/2025	473152225
6217	76351	3	55	0	2025	251000063	0	9/15/2025	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	7/11/2025	7/11/2025	815248556
6218	76351	3	42	2	2025	251001014	0	9/15/2025	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	8/25/2025	8/25/2025	815248556
6219	76351	3	76	0	2025	248000009	0	9/15/2025	$158.24	1	TMH PHYSICIAN ASSOCIATES PLLC	P	177	0	[redacted]		OV	F	7/28/2025	7/28/2025	300520570
6220	76351	3	57	0	2025	248000782	0	9/15/2025	$171.68	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0	[redacted]		AB	F	9/2/2025	9/2/2025	742605670
6221	76351	3	29	0	2025	252000365	0	9/15/2025	$260.46	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	8/1/2025	8/1/2025	741680498
6224	76351	3	72	0	2025	245001332	0	9/15/2025	$342.92	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	431	0	[redacted]		SFS	F	8/26/2025	8/26/2025	300520570
6225	76351	3	79	0	2025	252000656	0	9/15/2025	$442.26	1	CITIZENS MEDICAL CENTER	P	186	0	[redacted]		HLAB	F	5/13/2025	5/13/2025	741698143
6227	76360	2	11	0	2025	241001267	0	9/15/2025	$29.10	1	PORT LAVACA CLINIC	P	728	0	[redacted]		TELM	F	8/26/2025	8/26/2025	742605670
6228	76360	2	35	0	2025	247000009	0	9/15/2025	$112.08	1	US ANESTHESIA PARTNERS OF TEXAS PA	P	176	0	[redacted]		AO	F	7/22/2025	7/22/2025	760482007
6229	76360	2	35	0	2025	252000038	0	9/15/2025	$112.08	1	US ANESTHESIA PARTNERS OF TX PA	P	176	0	[redacted]		AO	F	7/22/2025	7/22/2025	760482007
6230	76360	2	35	0	2025	245000737	0	9/15/2025	$172.35	1	TMH PHYSICIAN ASSOCIATES PLLC	P	457	0	[redacted]		OVS	F	7/23/2025	7/23/2025	300520570
6231	76360	2	35	0	2025	251000278	0	9/15/2025	$323.25	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	188	0	[redacted]		HV	F	5/7/2025	5/7/2025	300520570
6233	76360	2	11	0	2025	238002494	0	9/15/2025	$608.79	1	PORT LAVACA CLINIC	P	172	0	[redacted]		AB	F	8/7/2025	8/7/2025	742605670
6234	76360	2	35	0	2025	238002365	0	9/15/2025	$690.06	1	TRAVIS COUNTY EMERGENCY PHYSICIANS PA	P	189	0	[redacted]		ERD	F	7/31/2025	7/31/2025	742501542
6235	76360	2	35	0	2025	238001269	0	9/15/2025	$1,308.22	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	178	0	[redacted]		SO	F	7/22/2025	7/22/2025	300520570
6238	76360	3	68	0	2025	252000362	0	9/15/2025	$40.33	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	8/4/2025	8/4/2025	741680498
6240	76360	3	124	0	2025	253000578	0	9/15/2025	$55.89	1	SCOTT P. STEIN, D.O., P.A.	P	457	0	[redacted]		OVS	F	9/8/2025	9/8/2025	742861393
6241	76360	3	26	0	2025	248000185	0	9/15/2025	$61.99	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	8/6/2025	8/6/2025	741680498
6242	76360	3	112	0	2025	251000422	0	9/15/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	360	0	[redacted]		POV	F	8/18/2025	8/18/2025	742605670
6243	76360	3	120	3	2025	253000614	0	9/15/2025	$76.32	1	HEADWAY COLORADO BEHAVIORAL HEALTH SERVI	P	752	0	[redacted]		TELS	F	9/4/2025	9/4/2025	861747274
6247	76360	3	71	1	2025	241001740	0	9/15/2025	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	7/7/2025	7/7/2025	815248556
6248	76360	3	71	3	2025	245000164	0	9/15/2025	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	7/7/2025	7/7/2025	815248556
6249	76360	3	128	1	2025	253000125	0	9/15/2025	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	7/22/2025	7/22/2025	815248556
6252	76360	3	32	1	2025	238002378	0	9/15/2025	$207.99	1	VICTORIA VEIN AND SURGERY CLINIC	P	456	0	[redacted]		INJS	F	8/5/2025	8/5/2025	452590280
6255	76360	3	114	0	2025	234001443	0	9/15/2025	$2,739.00	1	VICTORIA EYE CENTER	P	431	0	[redacted]		SFS	F	8/14/2025	8/14/2025	742208337
6257	76360	999	35	0	2025	251000426	0	9/15/2025	$165.70	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	188	0	[redacted]		HV	F	8/2/2025	8/2/2025	300520570
6258	76370	3	44	0	2025	246000763	0	9/15/2025	$8,019.83	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	434	0	[redacted]		OHS	F	8/25/2025	8/25/2025	760545192
6261	76370	3	44	0	2025	251001034	0	9/15/2025	$172.94	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	752	0	[redacted]		TELS	F	9/3/2025	9/3/2025	300520570
6262	76370	3	9	0	2025	238002613	0	9/15/2025	$911.74	1	SOUTH TEXAS AMBULATORY SURGERY CENTER	P	433	0	[redacted]		ASF	F	8/20/2025	8/20/2025	272293402
6263	76370	3	16	0	2025	227001794	0	9/15/2025	$3,469.24	1	DETAR HEALTHCARE SYSTEM	P	186	0	[redacted]		HLAB	F	8/6/2025	8/6/2025	621754940
									$70,691.46												

TOTAL CHECKS	$70,691.46
TOTAL VOIDS	($230.55)
TOTAL TO FUND	$70,691.46

CCS
9/22/25

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT –- Sep 15, 2025 - Sep 21, 2025

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
9/19/2025	PAY PLUS ACHTrans 89066975 101000697922705 P	- 3rd Party Payor Fee	491.00	901885
9/19/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	428.26 *	901886
9/18/2025	PAY PLUS ACHTrans 88854650 101000696730478 P	- 3rd Party Payor Fee	166.87	901887
9/17/2025	PAY PLUS ACHTrans 88548895 101000694993399 P	- 3rd Party Payor Fee	155.17	901888
9/16/2025	PAY PLUS ACHTrans 88360533 101000693516238 P	- 3rd Party Payor Fee	35.57	901889
9/16/2025	MCKESSON DRUG AUTO ACH ACH06695724 910000133	- 340B Drug Program Expense	101.03 *	901890
9/15/2025	PAY PLUS ACHTrans 88091237 101000691922842 P	- 3rd Party Payor Fee	18.27	901891
9/15/2025	TEXAS COUNTY DRS RECEIVABLE 0419 21000026519	- Retirement Funding	266,981.45 ***	901892
9/15/2025	IRS USATAXPYMT 270565894288724 6103601015873	- Payroll Taxes	117,354.36 **	901893
9/15/2025	FDMS FDMS PYMT 052-1743548-000 4100012722587	- Credit Card Machine Lease Fee	80.06	901894
9/15/2025	FDMS FDMS PYMT 052-1743547-000 4100012722403	- Credit Card Machine Lease Fee	40.03	901895
9/15/2025	FDMS FDMS PYMT 052-2100911-000 4100012723080	- Credit Card Machine Lease Fee	45.64	901896
9/15/2025	FDMS FDMS PYMT 052-1737276-000 4100012722337	- Credit Card Machine Lease Fee	120.09	901897

386,017.80

September 22, 2025

Caitlin Clevenger, Controller
Memorial Medical Center

*Approved on 9.17.25
**Approved on 9.10.25
***Approved on 9.03.25

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT – ESTIMATED ACHS

Date	Description	MMC Notes	Amount
			-

September 22, 2025

Caitlin Clevenger, Controller
Memorial Medical Center

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

386,017.80 +
428.26 –
101.03 –
266,981.45 –
117,354.36 –
1,152.70 ◇
1,152.70 –
0.00 ◇

pay plus
491.00 +
166.87 +
155.17 +
35.57 +
18.27 +
866.88 ✓

lease fee
80.06 +
40.03 +
45.64 +
120.09 +
285.82 ✓

866.88 +
285.82 +
1,152.70 ◇

Plan	Start Date	EE Per Pay Cost	ER Per Pay Cost
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$30.00	$25.00
2025 Heath Equity Health Savings Account	2/1/2025	$5.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$137.00	$25.00
2025 Heath Equity Health Savings Account	9/1/2025	$10.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	3/1/2025	$5.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$50.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$175.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	9/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$50.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$10.00	$25.00
		$522.00	$525.00
	Total	$1,047.00	

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 18 2025

09/18/2025 MEMORIAL MEDICAL CENTER 0
10:55 CALHOUN COUNTY, TEXAS AP Open Invoice List ap_open_invoice.template
Due Dates Through: 10/10/2025

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
091025B		09/17/202	09/10/202	10/10/202			74,892.30	0.00	0.00	74,892.30
	INS pmt dep. into MMC Opt in error									
091025		09/17/202	09/10/202	10/10/202			28,161.86	0.00	0.00	28,161.86
091025A		09/17/202	09/10/202	10/10/202			508.33	0.00	0.00	508.33
091125A		09/17/202	09/11/202	10/10/202			395.08	0.00	0.00	395.08
091125		09/17/202	09/11/202	10/10/202			55,737.79	0.00	0.00	55,737.79
091225		09/17/202	09/12/202	10/10/202			40.25	0.00	0.00	40.25
091625		09/17/202	09/16/202	10/10/202			1,147.69	0.00	0.00	1,147.69
091625B		09/17/202	09/16/202	10/10/202			504.90	0.00	0.00	504.90
091625A		09/17/202	09/16/202	10/10/202			1,462.17	0.00	0.00	1,462.17

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	162,850.37	0.00	0.00	162,850.37

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	162,850.37	0.00	0.00	162,850.37

APPROVED ON

SEP 18 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 210602

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 18 2025

CALHOUN COUNTY, TEXAS

09/18/2025
10:56

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/10/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
13004	TUSCANY VILLAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091025		09/17/202	09/10/202	10/10/202			4,346.63	0.00	0.00	4,346.63
091025A	Ins. pmt. dep. into mmc dpt. in error	09/17/202	09/10/202	10/10/202			6,135.37	0.00	0.00	6,135.37
091025B		09/17/202	09/10/202	10/10/202			12,326.82	0.00	0.00	12,326.82
091125		09/17/202	09/11/202	10/10/202			6,760.00	0.00	0.00	6,760.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	29,568.82	0.00	0.00	29,568.82

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	29,568.82	0.00	0.00	29,568.82

APPROVED ON

SEP 18 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 210604

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 18 2025

CALHOUN COUNTY, TEXAS

09/18/2025 MEMORIAL MEDICAL CENTER 0
10:54 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 10/10/2025

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
091225		09/17/202	09/12/202	10/10/202			11,396.55	0.00	0.00	11,396.55
091225A		09/17/202	09/12/202	10/10/202			38,609.39	0.00	0.00	38,609.39
091225B		09/17/202	09/12/202	10/10/202			3,164.38	0.00	0.00	3,164.38
091525		09/17/202	09/15/202	10/10/202			4,048.99	0.00	0.00	4,048.99
091625		09/17/202	09/16/202	10/10/202			4,700.46	0.00	0.00	4,700.46

INS. pmt dep. into mmc acct in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	61,919.77	0.00	0.00	61,919.77

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	61,919.77	0.00	0.00	61,919.77

APPROVED ON

SEP 18 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#210603

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
9/22/2025

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	40.72				60.52	0
						Bank Balance	60.52	
						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	(39.48)	
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		1,933.90			2,038.18	1,938.18
						Bank Balance	2,038.18	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	1,938.18	
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		58,398.26	58,358.54	2,304.50			2,344.22	2,244.22
						Bank Balance	2,344.22	
						Variance	-	
						Leave in Balance	100.00	

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

1,938.18 + *Fort Bend / Broadmoor:*
2,244.22 +
4,182.40

	Adjust Balance/Transfer Amt	2,244.22
TOTAL TRANSFERS		**4,182.40**

Approved:
Caitlin Clevenger, Controller

45,922.00

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.

Ashford Gardens

9/15/2025

Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
40.72	0		-
-	-		-
	-		-
	-		-
			-
40.72	-	-	-

Broadmoor

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

Crescent

9/16/2025

Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
0	1933.9		1,933.90
-	-		-
	-		-
	-		-
	-		-
	-		-
			-
-	1,933.90	-	1,933.90

Fort Bend

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

Solera at West Houston

9/17/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III
9/16/2025
9/15/2025

Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
58298.26	0		-
0	2304.5		2,304.50
60.28	0		-
-			-
-			-
-			-
			-
58,358.54	2,304.50	-	2,304.50

TOTALS

	4,238.40	-	4,238.40

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,852,243.17	$1,858,238.37	$1,852,243.17	$1,953,073.08
*4381 MEMORIAL MEDICAL / NH ASHFORD	$60.52	$60.52	$60.52	$60.52
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102.11	$102.11	$102.11	$102.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$2,038.18	$2,038.18	$2,038.18	$2,038.18
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$2,344.22	$120,544.17	$2,344.22	$2,344.22
*4446 MEMORIAL MEDICAL / NH FORT BEND	$125.36	$5,780.18	$125.36	$125.36
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$497,044.37	$505,939.25	$497,044.37	$45,784.27
*4551 CAL CO INDIGENT HEALTHCARE	$4,843.63	$4,843.63	$4,843.63	$4,843.63
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$19,103.96	$24,607.35	$19,103.96	$19,103.96
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.14	$100.14	$100.14	$100.14
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$155,295.46	$229,173.20	$155,295.46	$151,314.35
*3407 MMC -NH TUSCANY VILLAGE	$192,716.36	$232,509.86	$192,716.36	$192,716.36
*2998 MMC -MONEY MARKET FUND	$68,728.82	$68,728.82	$68,728.82	$68,728.82
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$12,841.78	$12,841.78	$12,841.78	$12,701.78
Total Balance	**$2,807,588.08**	**$3,065,507.56**	**$2,807,588.08**	**$2,453,036.78**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
9/22/2025

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		35,186.36	34,779.30	496,637.31		-	497,044.37	495,623.05
						Bank Balance	497,044.37	
						Variance	-	
						Leave in Balance	100.00	
						QIPP YR 7 ADJ 2	274.11	
						RECOUP FOR MMC	740.15	
						July Interest	229.79	
						Aug Interest	77.27	
						Sept Interest		
						Adjust Balance/Transfer Amt	495,623.05	

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

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

Approved:
Caitlin Clevenger, Controller 9/22/2025

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
9/19/2025		0	444074.88		444,074.88
9/19/2025	HNB - ECHO HCCLAIMPMT 746003411 440000241991	0	6499.95		6,499.95
9/19/2025	Centene Manageme ACH 008765433514 1110000236	0	685.27		685.27
9/18/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	0	1015		1,015.00
9/17/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	34779.3	0		-
9/17/2025	HNB - ECHO HCCLAIMPMT 746003411 440000259857	0	485.15		485.15
9/17/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	0	12225.33		12,225.33
9/16/2025		0	20527.27		20,527.27
9/16/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	0	25		25.00
9/16/2025	AETNA AS01 HCCLAIMPMT 1588075964 51000012232	0	4410		4,410.00
9/15/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	0	4118.03		4,118.03
9/15/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	0	407		407.00
9/15/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	0	2164.43		2,164.43
					-
					-
					-
		34,779.30	**496,637.31**	**-**	**496,637.31**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,852,243.17	$1,858,238.37	$1,852,243.17	$1,953,073.08
*4381 MEMORIAL MEDICAL / NH ASHFORD	$60.52	$60.52	$60.52	$60.52
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102.11	$102.11	$102.11	$102.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$2,038.18	$2,038.18	$2,038.18	$2,038.18
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$2,344.22	$120,544.17	$2,344.22	$2,344.22
*4446 MEMORIAL MEDICAL / NH FORT BEND	$125.36	$5,780.18	$125.36	$125.36
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$497,044.37	$505,939.25	$497,044.37	$45,784.27
*4551 CAL CO INDIGENT HEALTHCARE	$4,843.63	$4,843.63	$4,843.63	$4,843.63
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$19,103.96	$24,607.35	$19,103.96	$19,103.96
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.14	$100.14	$100.14	$100.14
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$155,295.46	$229,173.20	$155,295.46	$151,314.35
*3407 MMC -NH TUSCANY VILLAGE	$192,716.36	$232,509.86	$192,716.36	$192,716.36
*2998 MMC -MONEY MARKET FUND	$68,728.82	$68,728.82	$68,728.82	$68,728.82
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$12,841.78	$12,841.78	$12,841.78	$12,701.78
Total Balance	**$2,807,588.08**	**$3,065,507.56**	**$2,807,588.08**	**$2,453,036.78**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
9/22/2025

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		19,509.61	18,133.89	17,728.24	-	-		19,103.96	17,318.17
							Bank Balance	19,103.96	
							Variance	-	
							Leave in Balance	100.00	
							Claims owed to MMC	1,275.72	
							Claims owed to MMC	49.00	
							Claims owed to MMC	361.07	
							Adjust Balance/Transfer Amt	17,318.17	

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 9/22/2025

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
9/18/2025	HNB - ECHO HCCLAIMPMT 746003411 440000205125	0	8253.65		8,253.65
9/17/2025	WIRE OUT HMG Rockport SNF, LP -Commerical	18133.89	0		-
9/17/2025	HNB - ECHO HCCLAIMPMT 746003411 440000259857	0	65.63		65.63
9/16/2025	HNB - ECHO HCCLAIMPMT 746003411 440000215704	0	1070.1		1,070.10
9/15/2025	HNB - ECHO HCCLAIMPMT 746003411 440000259899	0	8338.86		8,338.86
		0	0		-
		0	0		-
					#VALUE!
		18,133.89	**17,728.24**	-	**#VALUE!**

Gulf Pointe Plaza-Medicare/Medicaid

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
	0	0		-
				-
	-	-	-	-
	18,133.89	**17,728.24**	-	**#VALUE!**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,852,243.17	$1,858,238.37	$1,852,243.17	$1,953,073.08
*4381 MEMORIAL MEDICAL / NH ASHFORD	$60.52	$60.52	$60.52	$60.52
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102.11	$102.11	$102.11	$102.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$2,038.18	$2,038.18	$2,038.18	$2,038.18
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$2,344.22	$120,544.17	$2,344.22	$2,344.22
*4446 MEMORIAL MEDICAL / NH FORT BEND	$125.36	$5,780.18	$125.36	$125.36
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$497,044.37	$505,939.25	$497,044.37	$45,784.27
*4551 CAL CO INDIGENT HEALTHCARE	$4,843.63	$4,843.63	$4,843.63	$4,843.63
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$19,103.96	$24,607.35	$19,103.96	$19,103.96
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.14	$100.14	$100.14	$100.14
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$155,295.46	$229,173.20	$155,295.46	$151,314.35
*3407 MMC -NH TUSCANY VILLAGE	$192,716.36	$232,509.86	$192,716.36	$192,716.36
*2998 MMC -MONEY MARKET FUND	$68,728.82	$68,728.82	$68,728.82	$68,728.82
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$12,841.78	$12,841.78	$12,841.78	$12,701.78
Total Balance	**$2,807,588.08**	**$3,065,507.56**	**$2,807,588.08**	**$2,453,036.78**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
9/22/2025

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		98,433.35	98,333.35	192,616.36	-	-	-	192,716.36	192,616.36
							Bank Balance	192,716.36	
							Variance	-	
							Leave In Balance	100.00	

Adjust Balance/Transfer Amt 192,616.36

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 9/22/2025

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
9/18/2025			209.5		209.50
9/18/2025	HNB - ECHO HCCLAIMPMT 746003411 440000205125		5468.98		5,468.98
9/17/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	98333.35	0		-
9/17/2025	HNB - ECHO HCCLAIMPMT 746003411 440000259857		17258.64		17,258.64
9/17/2025	HNB - ECHO HCCLAIMPMT 746003411 440000260401		2475.73		2,475.73
9/16/2025	Deposit		45085.2		45,085.20
9/16/2025	HNB - ECHO HCCLAIMPMT 746003411 440000215774		41433.86		41,433.86
9/16/2025	HNB - ECHO HCCLAIMPMT 746003411 440000215613		22164.96		22,164.96
9/15/2025			6120		6,120.00
9/15/2025	HNB - ECHO HCCLAIMPMT 746003411 440000259614		34460.72		34,460.72
9/15/2025	HNB - ECHO HCCLAIMPMT 746003411 440000260110		17938.77		17,938.77
		-			-
					-
					-
		98,333.35	**192,616.36**	**-**	**192,616.36**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,852,243.17	$1,858,238.37	$1,852,243.17	$1,953,073.08
*4381 MEMORIAL MEDICAL / NH ASHFORD	$60.52	$60.52	$60.52	$60.52
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102.11	$102.11	$102.11	$102.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$2,038.18	$2,038.18	$2,038.18	$2,038.18
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$2,344.22	$120,544.17	$2,344.22	$2,344.22
*4446 MEMORIAL MEDICAL / NH FORT BEND	$125.36	$5,780.18	$125.36	$125.36
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$497,044.37	$505,939.25	$497,044.37	$45,784.27
*4551 CAL CO INDIGENT HEALTHCARE	$4,843.63	$4,843.63	$4,843.63	$4,843.63
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$19,103.96	$24,607.35	$19,103.96	$19,103.96
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.14	$100.14	$100.14	$100.14
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$155,295.46	$229,173.20	$155,295.46	$151,314.35
*3407 MMC -NH TUSCANY VILLAGE	$192,716.36	$232,509.86	$192,716.36	$192,716.36
*2998 MMC -MONEY MARKET FUND	$68,728.82	$68,728.82	$68,728.82	$68,728.82
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$12,841.78	$12,841.78	$12,841.78	$12,701.78
Total Balance	**$2,807,588.08**	**$3,065,507.56**	**$2,807,588.08**	**$2,453,036.78**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
9/22/2025

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		245,974.74	174,769.44	84,090.16			155,295.46	84,090.16

Bank Balance	155,295.46
Variance	-
Leave in Balance	100.00
ATLIS OWED TO MMC	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 84,090.16

Approved:
Caitlin Clevenger, Controller 9/22/2025

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
9/19/2025	HOSPICE OF SOUTH Payments NF 113122650033926		1205.35		1,205.35
9/19/2025	HNB - ECHO HCCLAIMPMT 746003411 440000241991		2775.76		2,775.76
9/18/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2		1148.4		1,148.40
9/17/2025	WIRE OUT REG Leased OpCo LLC	174769.44	0		-
9/17/2025	NDC SWEEP FAC 02330 56009680011521 SWEEP FR		4102		4,102.00
9/17/2025			22732.42		22,732.42
9/17/2025	HNB - ECHO HCCLAIMPMT 746003411 440000259857		225.72		225.72
9/17/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2		2757.32		2,757.32
9/17/2025	CENTENE CORP HCCLAIMPMT 53101120132699		5320.56		5,320.56
9/16/2025			28171.12		28,171.12
9/16/2025	HNB - ECHO HCCLAIMPMT 746003411 440000215712		7152.62		7,152.62
9/16/2025	CENTENE CORP HCCLAIMPMT 53101123705060		2736.09		2,736.09
9/16/2025	36 TREAS 310 MISC PAY 746003411360012 1010		805.46		805.46
9/15/2025	HNB - ECHO HCCLAIMPMT 746003411 440000259899		4957.34		4,957.34
		174,769.44	84,090.16	-	84,090.16

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,852,243.17	$1,858,238.37	$1,852,243.17	$1,953,073.08
*4381 MEMORIAL MEDICAL / NH ASHFORD	$60.52	$60.52	$60.52	$60.52
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102.11	$102.11	$102.11	$102.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	$2,038.18	$2,038.18	$2,038.18	$2,038.18
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*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.14	$100.14	$100.14	$100.14
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$155,295.46 ✓ /	$229,173.20	$155,295.46	$151,314.35
*3407 MMC -NH TUSCANY VILLAGE	$192,716.36	$232,509.86	$192,716.36	$192,716.36
*2998 MMC -MONEY MARKET FUND	$68,728.82	$68,728.82	$68,728.82	$68,728.82
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$12,841.78	$12,841.78	$12,841.78	$12,701.78
Total Balance	**$2,807,588.08**	**$3,065,507.56**	**$2,807,588.08**	**$2,453,036.78**

From Gulf Pointe

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC Operating

Date Requested: 9/22/2025

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#001153

FOR ACCT USE ONLY

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

AMOUNT: $ 49.00 ✓

G/L NUMBER:

EXPLANATION: MMCs payment went to Gulf Pointe

REQUESTED BY: Emily Vick

AUTHORIZED BY: CCJ

From Gulf Pointe

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 9/22/2025

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 001153

FOR ACCT USE ONLY

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

AMOUNT: $ 361.07

G/L NUMBER:

EXPLANATION: claim sent to Gulf Point, MMC's Patient

REQUESTED BY: Emily Vick

AUTHORIZED BY:

From Golden Creek

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 9/22/2025

APPROVED ON SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 000242

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

AMOUNT: $ 274.11 ✓

G/L NUMBER:

EXPLANATION: QIPP Y8 Adj 2 portion owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ CC

From Golden Creek

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC Operating

Date Requested: 9/22/2025

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 000243

FOR ACCT USE ONLY

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

AMOUNT: $ 740.15 ✓

G/L NUMBER: 454.56-10222000
285.59- 26530000

EXPLANATION: recouped on MMCs payment for Golden Creek pt,

REQUESTED BY: Emily Vick

AUTHORIZED BY:

From Lavaca Bay

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 9/22/2025

APPROVED ON
SEP 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 001155

FOR ACCT USE ONLY

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

AMOUNT: $ 70,644.05

G/L NUMBER:

EXPLANATION: ATLIS PAYMENT

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.

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

001153

Date 10-06-25 88-2265/1131

PAY
TO THE ORDER OF MMC $ 410.07

four hundred ten dollars - Seven cents DOLLARS

PROSPERITY BANK

FOR Claim and mmc Pymt

Security features are included. Details on back.

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

MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000242

Date 10/06/25 88-2265/1131

PAY
TO THE ORDER OF MMC $ 274.11

two hundred Seventy four dollars - eleven Cents DOLLARS

PROSPERITY BANK

FOR QIPPY7 Adj 2 Portion

Security features are included. Details on back.

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

MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000243

Date 10/06/25 88-2265/1131

PAY
TO THE ORDER OF MMC $ 740.15

Seven hundred forty dollars- fifteen cents DOLLARS

PROSPERITY BANK

FOR Recoup on MMCs Pymt

Security features are included. Details on back.

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

MP

MEMORIAL MEDICAL CENTER
LAVACA BAY NURSING & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001155

Date 10-06-25

88-2265/1131

PAY TO THE ORDER OF MMC

$ 70,644.05

Seventy thousand - Six hundred forty four dollars - five cents **DOLLARS**

PROSPERITY BANK®

MP

FOR Atlis Payment

Security features are included. Details on back.