MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR --- October 1, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,004,964.71
TOTAL TRANSFERS BETWEEN FUNDS	\$ 95,740.17
TOTAL NURSING HOME UPL EXPENSES	\$ 870,025.08
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 453,175.02
GRAND TOTAL DISBURSEMENTS APPROVED October 1, 2025	\$ 2,423,904.98



OCT 0 1 2025

CALHOUR COUNTY COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER COMMISSIONERS COURT APPROVAL LIST FOR --- October 1, 2025

GRAND TOTAL DISBURSEMENTS APPROVED October 1, 2025	\$		2,423,904.98
TOTAL INTER-GOVERNMENT TRANSFERS	\$	5	453,175.02
9/30/2025 IGT - ATUS	21,522.00		
9/29/2025 DSH IGT	431,653.02		
NTER-GOVERNMENT TRANSFERS			
FOTAL NURSING HOME UPL EXPENSES	\$	5	870,025.0
9/29/2025 Lavaca Bay to Tuscany Village - Claim payments owed to Tuscany from Lavaca Bay	23,297.03		
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
Strategram Marship Hollie Orthac Hauster	120,009.56		
9/29/2025 Nursing Home UPL-Tuscany Transfer 9/29/2025 Nursing Home UPL-HSL Transfer	373,324.41 128,809.56		
9/29/2025 Nursing Home UPL-HMG Transfer	39,633.66		
9/29/2025 Nursing Home UPL-Nexion Transfer	127,527.34		
9/29/2025 Nursing Home UPL-Cantex Transfer	177,433.08		
NURSING HOME UPL EXPENSES			
OTAL TRANSFERS BETWEEN FUNDS	\$	\$	95,740.1
error	79,775.17		
9/25/2025 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in			
9/25/2025 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	15,965.00		
RANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
	Ť		2,001,50111
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	Ś	4	1,004,964.7
9/29/2025 Health Equity -HSA Contributions for 10/10/2025	1,200.00		
9/29/2025 Pay Plus-Patient Claims Processing Fee	282.77		
Prosperity Electronic Bank Payments			
9/29/2025 Payroll for 10/10/2025	400,000.00		
9/29/2025 Payroll Liabilities-Payroll Taxes for 10/10/2025	150,000.00		
9/29/2025 Amerisource Bergen-340B Prescription Expense	36.94		
9/29/2025 Amerisource Bergen-340B Prescription Expense	230.59		
9/25/2025 Weekly Payables 9/29/2025 McKesson-340B Prescription Expense	15.145.63		
	438,068.78		

COUNTY AUDITOR ON

SEP 2 5 2025

		SE	P 2 5 2025							
09/25/2025					IEMORIAL	MEDICAL CENTE	R			0
11:52		CALHO	UN COUNTY, T			en Invoice List			ap_open_inv	oice.template
				C		hrough: 10/16/202	5			
	endor Name		THE STATE OF THE S		Class	Pay Code				
1000	AIRGAS USA,				М					
	nvoice#	Comment			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1 9	164855896		09/17/20	2 09/15/2	02 10/10/20	2	93.30	0.00	0.00	93.30 🗸
/.	301000010		MA	NUT	NOXICE	2				44.44
1 9	164990843		09/23/20	2 09/18/20	02 10/13/20	2	302.95	0.00	0.00	302.95
		ile es a	yu	aun			-	12 consens		
V	endor Totals:		Name	110 0	TARRON DI		Gross	Discount	No-Pay	Net
Vandar# ()	endor Name	A1680	AIRGAS USA	LLC - CI			396.25	0.00	0.00	396.25
	ALCO SALES	e centuc	F CO		Class	Pay Code				
	nvoice#	Comment		Inv Dt	M Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	996005IN	Comment			Due Di 02 09/24/20	The man with the party	53.76	0.00	0.00	53.76
7 -	.000000114			1 VIN		wersay N	V 1 0	0.00	0.00	35.75
V	endor Totals:	Number	Name	rien	ione ou	IN CIZCOL IN	Gross	Discount	No-Pay	Net
•	Cridot Totals.	A1715	ALCO SALES	& SERVI	CE CO		53.76	0.00	0.00	53.76
Vendor#/ V	endor Name	21112	ALOO GALLO	& SELLA	Class	Pay Code	33.70	0.00	0.00	55,70
100000000000000000000000000000000000000	AMAZON CAP	ITAL SER	VICES		0,000	, ay code				
	nvoice#	Comment		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
/	1NRWCJP6Q				02 10/10/20	The second secon	131.72	0.00	0.00	131.72
	2011122000	A-E	WAN	116	And the second s	nation 1		4144		
1	NCFPVG17TN	мс	09/17/20	2 09/15/20	02 10/15/20		77,19	0.00	0.00	77.19
-			DUXD	o Cho	- WW		TUDES		(45.4	0,07.0
1 1	6KYWCJY9PI	MP	09/17/20	2 09/15/20	02 10/15/20		156.03	0.00	0.00	156.03
4			Grund	1000	MULLY	rist mare	(1
V	endor Totals:	Number	Name	401	A ratt)150 [[[lar]0	Gross	Discount	No-Pay	Net
		14028	AMAZON CAF	PITAL SE	RVICES		364.94	0.00	0.00	364.94
Vendor# / V	endor Name				Class	Pay Code				
15456 A	MERITEX EL	EVATOR	SERVICES INC	3						
Ir	nvoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1 2	0260671		09/24/20	2 08/26/20	02 09/02/20	2	18,961.45	0.00	0,00	18,961.45
			MOD	Bour	WILP	up bourd				~
V	endor Totals:	Number	Name	.5000			Gross	Discount	No-Pay	Net
		15456	AMERITEX EL	EVATOR	SERVICE	SINC	18,961,45	0.00	0.00	18,961.45
	endor Name				Class	Pay Code				
A4000 🛂 A	ARMSTRONG	MEDICAL	. INDUSTRIES		M					
	rvoice#	Comment			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
√ 2	162841		09/24/20	2 09/19/20	2 09/24/20	2	153.78	0.00	0.00	153.78
14.0			10/01	MOM	1040		1000	And the state	100	~
V	endor Totals:		Name	ديدرورد			Gross	Discount	No-Pay	Net
Manufact / M		A4000	ARMSTRONG	MEDICA			153.78	0.00	0.00	153.78
	endor Name		MEDICINE		Class	Pay Code				
	BAYLOR COLL			his De	D Di	Obselv Dr. Dev.	B-0	Brassial	May Plant	Mad
7	ivoice# 705	Comment			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1 4	, 00		Daniel Marie	u \ V	2 09/12/20	- 60	150.00	0.00	0.00	150.00
W	endor Totals:	Number	Name	ul K) weigh	Walne M	Gross	Discount	No-Pay	Net
V		15912	BAYLOR COL	LEGE OF	MEDICINI	2	150.00	0.00	0.00	150.00
Vendor# .V	endor Name	10012	SATEON COL	LLGL OF	Class	= Pay Code	130,00	0.00	0.00	150,00
	BECKMAN CO	ULTERIN	iC.		M					
The Samuel Street, Sa		Comment		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net -
P	12243683	J-1111-114-114			2 10/10/20		5,016.58	0.00	0.00	5,016.58
V	4.77		MIN	Waley	NA VI.	Misim	10 1000000	414.0		- 34.192.14
			4/1/11	IN VICE	101 12	mi in				

											/
1	4591898		09/24/20	02 09/21/2	02 10/16/20	1- 10 12012	1,484.00	0.00	0.00	1,484.00	1
1	5507133		09/24/20	2 09/21/2	02 10/16/20		1,935.15	0.00	0.00	1,935.15	1
	Vendor Totals	: Number	Name UU	130	Shor.	WIND	Gross	Discount	No-Pay	Net	
		B1220	BECKMAN C	OULTER	INC		8,435.73	0.00	0.00	8,435.73	
Vendor#	Vendor Name				Class	Pay Code	-5.020			***************************************	
B1650 √	BOSART LOC	CK & KEY I	NC		М						
	Invoice#	Commen	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	130459		09/24/20	2 09/17/2	02 10/01/20	02	19.25	0.00	0.00	19.25	1
- 0			5	koun							4
	Vendor Totals	: Number	Name	MENDO			Gross	Discount	No-Pay	Net	
		B1650	BOSART LO	CK & KEY	INC		19.25	0.00	0.00	19.25	
Vendor#	Vendor Name				Class	Pay Code					
C1390 J	CENTRAL DE	RUG			W						
y	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	0911		09/23/20	2 09/22/2	02 09/22/20	02	29.10	0,00	0.00	29.10	1
30			10	DIVA	hone						4
	Vendor Totals	: Number	Name	6.10	9 10113		Gross	Discount	No-Pay	Net	
		C1390	CENTRAL DE	RUG			29.10	0.00	0.00	29.10	
Vendor#	Vendor Name				Class	Pay Code					
C1730 🛂	CITY OF POP	RT LAVACA	V.		W						
1	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
V	091225B		09/23/20	2 09/12/20	02 09/23/20	02	89.38	0.00	0.00	89.38	4
			101	N. VI	MAINIO	CM.					1
V	091225A		09/23/20	09/12/20 0 N V	02 09/23/20	02	170,22	0.00	0,00	170.22	1
1	091225		09/23/20	2 09/12/20	02 09/23/20	02	52.01	0.00	0.00	52.01	1
			KIG	MI	WAS	16 W (1					
	Vendor Totals	: Number	Name	. 14	2	14 00. 0 1	Gross	Discount	No-Pay	Net	
		C1730	CITY OF POP	RT LAVAC	CA		311.61	0.00	0,00	311.61	
/endor#/	Vendor Name				Class	Pay Code					
21166 🚽	COASTAL OF	FICE SOL	UTONS		W						
1	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
4	OEQT335091		09/23/20	2 09/18/20	02 09/28/20	12	589,57	0,00	0.00	589.57	Y
1			X/00/X	SIVIE	1990	plante &	1001 NUM	1			
1	OE528501				02.09/28/20)2	200.46	0.00	0.00	200.46	1
			(lin)	LINDS							
	Vendor Totals:	: Number	Name	0.110			Gross	Discount	No-Pay	Net	
		C1166	COASTAL OF	FICE SO	LUTONS		790.03	0.00	0.00	790.03	
Vendor#	Vendor Name				Class	Pay Code					
14080 🎝	CORROHEAL	TH, INC.									
,	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	2024050		09/24/20	2 08/31/20	02 09/30/20	02	2,362.95	0.00	0.00	2,362.95	1
			10	KYVILL							4
	Vendor Totals:		Name V	00.0			Gross	Discount	No-Pay	Net	
		14080	CORROHEAL	TH, INC.			2,362.95	0.00	0.00	2,362.95	
	Vendor Name	itestalk.	N. 25 W. 25 W.		Class	Pay Code					
10789	DISCOVERY					NAME OF A PARTY OF A			313 87.73		
-	Invoice#	Comment			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
1	MMC091525		09/23/20	2 09/15/20	02 09/16/20)2	116,524.91	0.00	0.00	116,524.91	1
	ornar owner.	NATION OF THE REAL PROPERTY.	MMI	Lung	JOYVI	US all	9/15/25	- The state of the	100	621	
	Vendor Totals:		Name	O.C.	30111	10002	Gross	Discount	No-Pay	Net	
re-t	11. J. V.	10789	DISCOVERY	MEDICAL			116,524.91	0.00	0.00	116,524.91	
/endor#	Vendor Name				Class	Pay Code					

1											
11291 🗸	DOWELL PES	T CONTR	OL								
1	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
1	59321		09/23/20	2 09/22/20	02 10/01/202 V / ()	WWW.	260.00	0.00	0.00	260,00	1
1	59367		09/23/20	2 09/22/20	2 10/01/202	2	505.00	0.00	0.00	505,00	1
1	59378		09/23/20	2 09/22/20	2 10/01/202	2	105.00	0.00	0.00	105,00 🗸	
1	59377		09/23/20	2 09/22/20	2 10/01/202	2 ////////////////////////////////////	160.00	0.00	0.00	160.00	1
	Vendor Totals:	Michalana	Name (1) 10	SUMIN	VA KIW	Minera	Gross	Discount	No-Pay	Net	
	vendor rotals:		Name DOWELL PES	T CONTE	201		1,030.00	0.00	0.00	1,030.00	
Vendor#/	Vendor Name	11291	DOWELL PE	SI CONTR	Class	Pay Code	1,030.00	0.00	0.00	1,050.00	
		OTAFFINE	C COLLITIONS		Class	Pay Code					
11284	EMERGENCY				Down Di	Observate Div. Design	Ö.1111	Discount	No Day	Not	
1	Invoice#	Comment			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
1	44721		09/24/20	Int	2 10/10/202	-	40,062.50	0.00	0.00	40,062,50	1
	Mean Care	16-EOM	uk	MIMZ	now	Services	lun wor	1.7	NA BO.	61-4	
	Vendor Totals:		Name	/ OT / EE	10.001.11	ONE	Gross	Discount	No-Pay	Net	
	(11284	EMERGENCY	STAFFIN			40,062.50	0.00	0,00	40,062.50	
Vendor#/	Vendor Name		2		Class	Pay Code					
14136	EPI-EDWARD			15,750		45 - 62 C v. f.	1 Acres 1	Vertico mi		\$40x	
1	Invoice#	Comment		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
1	69235		09/23/20	2 09/17/20 (U V/)	02 09/23/202	LISKS V	1,379.00 }	0.00	0.00	1,379.00	
	Vendor Totals:	Number	Name		000	The second second	Gross	Discount	No-Pay	Net	
		14136	EPI-EDWARD	PLUMBII	NG		1,379.00	0.00	0.00	1,379.00	
Vendor#	Vendor Name FIRETRON, IN	uc.			Class	Pay Code					
14330	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
1		Comment			2 09/24/202		250.00	0.00	0.00	250.00	1
1	297355		\ \(\lambda\)	16 (V	87 (10V)	A LANGE OF THE PARTY OF THE PAR	310 Ploor		44.0		1
4	299970		09/25/20	209/22/20	02 10/01/202 V/ W//	in hodin	970.50	0.00	0.00	970.50	1
1	299968				0000/202		993,00	0.00	0.00	993.00	1
	Vendor Totals:	Number	Name	00 11	000013	OULUC	Gross	Discount	No-Pay	Net	
	7 5/100/ 7 5/4/5/	14336	FIRETRON, II	NC			2,213.50	0.00	0.00	2,213.50	
Vendor#	Vendor Name	1.000	Cioeman	,	Class	Pay Code	-12.000	7.7	2,22	2,2,4,6,5	
17276	FIRST UNITE	D METHO	DIST CHURCH		5 (11.72)	~ CA 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
	Invoice#	Comment			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	100125	Common	7, 4, 4, 5, 5, 6		2 10/01/202		1,450.00	0.00	0.00	1,450.00	1
4	, 55,120		11	Mone	TANK	Y.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00	2,00	.,,,,,,,,,,	/
	Vendor Totals:	Number	Name	MACA	MON		Gross	Discount	No-Pay	Net	
	vendor rotals.	17276	FIRST UNITE	D METHO	DIST CHIL	BCH	1,450.00	0.00	0.00	1,450.00	
Vendor#	Vendor Name	17270	TINGT OWITE	DIVILITIE	Class	Pay Code	1,450.00	0.00	0.00	(,450.00	
F1400	FISHER HEAL	THEADE				ay code					
1 1400 💙	Invoice#	Comment	Tran Dt	Inv Di	M Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
1	2757138	Comment	09/01/20	2 08/05/20	2 08/30/202	The second section is a second section of the	870.22	0.00	0.00	870.22	1
1	3635268			()) (<u>)</u> 209/15/20	02 10/10/202	Ž	-130.42	0.00	0.00	-130.42	1
			U.	2 09/16/20	2 10/11/20	2	136,87	0.00	0.00	136.87	1
1	3668730		09/17/20	200, (0,00							
1	3668730 3668731		100	MILLS	02 10/11/202	2	148.28	0.00	0.00	148.28	1
1			09/17/20	209/16/20 209/16/20	02 10/11/202		148.28 932.95	0.00	0.00	148.28 932.95	1/

	Vendor Totals:	0.000	Name				Gross	Discount	No-Pay	Net
Out Town	B 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F1400	FISHER HEAD	THCARE		-71.20	1,957.90	0.00	0.00	1,957.90
Vendor#					Class	Pay Code				
12636 🗸	FUSION CON					32-1-2-23-2-1	120.00	-	10.2	24.0
	Invoice#	Comment			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	1029441924A		09/25/20	2 09/16/20	02 10/01/202	2	778.81	0.00	0.00	778.81
	Vendor Totals:	: Number	Name				Gross	Discount	No-Pay	Net
		12636	FUSION CON	NECT			778.81	0.00	0.00	778.81
Vendor#	Vendor Name				Class	Pay Code				
15208 🜙	HOSPITAL CA	ARE CONS	SULTANTS INC).						
1	Invoice#	Comment	t Tran Dt	inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	6929		09/24/20	2 09/30/20	02 10/10/202	2	23,663.00	0.00	0.00	23,663.00
		16-EOM	Macion	xidiate	(Vouce	war Cervice	or well	um		7
	Vendor Totals:	Number	Name V3	1mill	2 K1 1421	10,00.201	Gross	Discount	No-Pay	Net
		15208	HOSPITAL CA	ARE CON	SULTANTS	INC.	23,663.00	0.00	0,00	23,663.00
Vendor#	Vendor Name				Class	Pay Code				
K1049 🏒	KENTEC MED	DICAL INC								
	Invoice#	Comment	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1206587		09/24/20	2 09/17/20	02 09/24/202	2	76.22	0.00	0.00	76.22
			MIL	Www	Voul	(MM)				. 7
	Vendor Totals:	Number	Name	ALL IN	Inil	1 may	Gross	Discount	No-Pay	Net
		K1049	KENTEC MED	DICAL INC			76.22	0.00	0.00	76.22
Vendor#	Vendor Name				Class	Pay Code				
11600 🚽	LEGAL SHIEL	.D								
1	Invoice#	Comment	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	091525		09/23/20	2 09/15/20	02 09/23/202	2	443.80	0.00	0.00	443.80
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11600	LEGAL SHIEL	_D			443.80	0.00	0.00	443,80
Vendor#	Vendor Name	11,909			Class	Pay Code	2.7		-0.00	. 55,55
10972	M G TRUST				2.2.5	C24 (24.0)				
	Invoice#	Comment	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	092325				02 09/23/20	1	895.00	0.00	0.00	895.00
N	322752		14/25/39		233.24.25		225727	0.00		700
1	090925A		09/23/20	2 09/23/20	02 09/23/20	2	895.00	0.00	0.00	895.00
	Vendor Totals:	: Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				1,790.00	0.00	0.00	1,790.00
Vendor#	Vendor Name				Class	Pay Code	200			1.44
M2178	MCKESSON	MEDICAL S	SURGICAL INC	3						
	Invoice#	Comment			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	24349426				02 10/02/202		43.21	0.00	0.00	43.21
1			DILV	LOX						
1					02 10/07/202	2	556.16	0.00	0.00	556.16
1	24373477		09/24/20	2 09/22/20		L			7.7	*
1	24373477		09/24/20	2 09/22/20	DVALLE	1				140 44
1	24373477 24373509		SYON	rer (LYVI (U) 02 10/07/20:	2	236.76	0.00	0.00	236.76
1			SYON	rer (LYVI (U) 02 10/07/202	2 0 24	236.76	0.00	0.00	236.76
7		Number	SYON	rer (LYVI (U) 02 10/07/202	is mond	236.76 Gross	0.00 Discount	0,00 No-Pay	236.76 Net
7	24373509	: Number M2178	09/24/20	14 (M)	2 10/07/202 10/07/202	n mount			77.4	
J J Vendor#	24373509 Vendor Totals:		09/24/20 Name	14 (M)	2 10/07/202 10/07/202	n mount	Gross	Discount	No-Pay	Net
	24373509 Vendor Totals:	M2178	09/24/20 Name MCKESSON	14 (M)	LYVI (U) 22 10/07/202 Y //// 0 SURGICAL	INC MOUNT	Gross	Discount	No-Pay	Net
Vendor#	24373509 Vendor Totals: Vendor Name	M2178	Name MCKESSON I	4 (W) MEDICAL	LYVI (U) 22 10/07/202 Y //// 0 SURGICAL	INC MOUNT	Gross	Discount	No-Pay	Net

	Vendor Totals:	: Number	Name				Gross	Discount	No-Pay	Net
		11612	MEDICAL AIR				1,401.00	0.00	0,00	1,401.00
1	Vendor Name			C	lass	Pay Code				
8092 -	MEDICAL SO	LUTIONS	LLC							
1	Invoice#	Commen	t Tran Dt	Inv Dt D	ue Dt	Check Dt Pay	Gross	Discount	No-Pay	Net /
1	200991875		09/17/20	2 08/31/202 1	0/14/20	Augus a	2,070.00	0.00	0.00	2,070.00
1	201003864		09/24/20	2 09/22/202 1	0/01/20		2,622.00	0.00	0.00	2,622,00 /
1	001005000		00/04/00	0.00/00/0004	0/04/00		118-9118		0.00	0 777 05 /
7	201005900		09/24/20 V	2 09/23/202 1	0/01/20	*4)	2,777.25	9125	0.00	2,777.25 🗸
	Vendor Totals:	Number	Name			-	Gross	Discount	No-Pay	Net
		18092	MEDICAL SO	LUTIONS LLC	0		7,469.25	0.00	0.00	7,469.25
ndor#	Vendor Name	33.30			lass	Pay Code		2.00	23.00	Art Mary
	MEDLINE INC	USTRIES	INC		M					
	Invoice#	Commen		Inv Dt D	ue Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	2384137542	Sommen	A STATE OF THE PARTY OF THE PAR	2 08/14/202 0			296.88	0.00	0.00	296.88
4			Sorbu	View Si	MUD	U.				,
~	2388926838		09/17/20	209/16/2021	0/11/20	2	229.88	0.00	0.00	229.88 🗸
1	2389035103		09/24/20	2 09/17/202 1		eledles exc.	607.88	0.00	0.00	607.88
1	2389033493		09/24/20	2 09/17/202 1		2	1,245.03	0.00	0,00	1,245.03 🗸
1	2389035106		100	2 09/17/202 1	0/12/20	blude. Wi	54,47	0.00	0.00	54,47 🗸
1	2389035108			2 09/17/202 1	0/12/20	2	17,773.30	0.00	0.00	17,773.30
			Mali	CE, MCKS	nor	Sour, alo	rull, Down	LEXC.		
1	2389033489		09/24/20	2 09/17/202 1			7.05	0.00	0.00	7.05
1	2389033490		09/24/20	2 09/17/202 1	0/12/20	2	210.40	0.00	0.00	210.40 🗸
1	2389033491			2 09/17/202 1	0/12/20	2	304.72	0.00	0.00	304.72
J	2389035107		09/24/20	2 09/17/202 1	0/12/20	2	304.72	0.00	0.00	304.72
1	2389310007		09/24/20	2 09/18/202 1			53.14	0.00	0.00	53.14 🗸
1	2389356436			2 09/18/202 1			-296.88	0.00	0.00	-296.88
1	2389356437		09/24/20	2 09/18/202 1	0/13/20	2	-35.65	0.00	0.00	-35.65 🗸
1	2389481166		1000	2 09/19/202 1		2	5.14	0.00	0.00	5.14
1	2389481165			2 09/19/202 1		2	20.68	0,00	0.00	20.68 🗸
	AND CAPTURE OF		Dy	all for	X				0.1-6.7	200
	Vendor Totals:		Ivallie 12	A Second Second			Gross	Discount	No-Pay	Net
		M2470	MEDLINE IND	USTRIES IN	C		20,780.76	0.00	0.00	20,780.76
ndor# 963	Vendor Name MEMORIAL M	IEDICAL C	LINIC	С	lass	Pay Code				
	Invoice#	Comment		Inv Dt D	ue Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	091925	Commen		2 09/19/202 0			20,00	0.00	0.00	20.00
1	091925A		09/23/20	2 09/19/202 0	9/19/20	2	20.00	0.00	0.00	20.00
4			09/23/20							
1	090825A		The same of the sa				5.70	0.00	0.00	5.70

	Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net	
	10963	MEMORIAL MEDICAL	CLINIC		45.70	0.00	0,00	45.70	
Vendor#	Vendor Name		Class	Pay Code					
10536	MORRIS & DICKSON C			0 15 5	â	Bl. and all	No Barr	Mark	1
1	Invoice# Comment		Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
J	0066504	09/23/202 09/15/20	02 09/25/20	12	2,345,66	0.00	0.00	2,345.66	,
1	0066503	09/23/202 09/15/20	02 09/25/20	02	1,670.69	0.00	0.00	1,670.69	
1	3862337	09/23/202 09/17/20	02 09/27/20	02	6,381.28	0.00	0.00	6,381.28	1
1	3864521	09/23/202 09/17/20	02 09/27/20	02	1,114.74	0.00	0.00	1,114.74	1
1	3864520	09/23/202 09/17/20	02 09/27/20	02	25,25	0.00	0.00	25.25	1
1	3870372	09/23/202 09/18/20	02 09/28/20	02	91,35	0.00	0.00	91,35	1
1	3870617	09/23/202 09/18/20	02 09/28/20	02	1,007.92	0.00	0.00	1,007.92	1
1	3870616	09/23/202 09/18/20	02 09/28/20	02	20.02	0.00	0.00	20.02	1
1	3867745	09/23/202 09/18/20	02 09/28/20	02	8,006.86	0.00	0.00	8,006.86	
1	3876276	09/23/202 09/21/2	02 10/01/20	02	503.88	0.00	0.00	503.88	1
1	3876275	09/23/202 09/21/2	02 10/01/20	02	80.57	0.00	0.00	80,57	1
1	CM47142	09/23/202 09/22/2	02 10/02/20	02	-29.04	0.00	0.00	-29.04	1
1	3878965	09/23/202 09/22/2	02 10/02/20	02	16,013,71	0.00	0.00	16,013.71	
1	3880905	09/23/202 09/22/2	02 10/02/20	02	15.38	0.00	0.00	15,38	1
1	3880906	09/23/202 09/22/2	02 10/02/20	02	1,810.89	0.00	0.00	1,810.89	1
1	4464	09/23/202 09/22/2	02 10/02/20	02	-27.56	0.00	0.00	-27.56	1
1	3881133	09/23/202 09/22/2	02 10/02/20	02	154.40	0.00	0.00	154,40	/
1	3852106	09/25/202 09/15/20	02 09/25/20	02	95.83	0.00	0.00	95.83	
	Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net	
	10536	MORRIS & DICKSON	CO, LLC		39,281.83	0.00	0.00	39,281.83	
Vendor#	Vendor Name		Class	Pay Code					
15224	MUTUAL OF OMAHA		-	ac (cal ac		D.	Mr. Book	Max	
1	Invoice# Comment 001956736532	t Tran Dt Inv Dt 09/24/202 09/23/2	Due Dt	Check Dt Pay	Gross 22,749.62	Discount 0.00	No-Pay 0,00	Net 22,749.62	
1	001950730532	09/24/202 09/23/2	02 10/01/20	12	22,149.02	0.00	0,00	22,149.02	/
	Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net	
	15224	MUTUAL OF OMAHA			22,749.62	0.00	0.00	22,749.62	
Vendor#	Vendor Name		Class	Pay Code					
M2659	MXR IMAGING, INC		M				90/2	-64.0	
1	Invoice# Commen		Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
1	8801289913	09/24/202 09/11/2	02 10/11/20	02	307.98	0.00	0.00	307.98	V
		SUPPLIES							

	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
			MXR IMAGIN	G, INC			307.98	0.00	0.00	307.98
/endor#	Vendor Name			7,8773	Class	Pay Code	2.1443.27	1,4775		6 490.54
3548	NACOGDOCH	IES TRANS	SCRIPTION							
	Invoice#	Comment		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	8844		09/24/20	2 09/15/20	02 09/25/20:	The state of the s	95.06	0.00	0.00	95.06
-				DX. D	Library Barrier					
	Vendor Totals:	Number	Name	AN. O	Vor		Gross	Discount	No-Pay	Net
	1,201621 ((41918)	13548	NACOGDOCH	HES TRAI	NSCRIPTIO	N.	95.06	0.00	0.00	95.06
/endor#	Vendor Name		. 1. 12 2 2 2 2 2 2	.==	Class	Pay Code	22.02	0.40		2007
2388	NATIONAL FA	BM LIFE II	NSUBANCE		2.0022	,				
2000	Invoice#	Comment		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	4578541	Comment	44.		02 10/01/20	The state of the s	102.27	0.00	0.00	102.27
4			\n_\n_	03/23/20	10/01/20		102.21	0.00	0.00	(VE.E
	Vander Tabel	Nimb	Name Of	m.	N.P.		0	Discourt	No Day	Net
	Vendor Totals:		Name	DMILLER	INCHES	OF.	Gross	Discount	No-Pay	
	D. A. C.	12388	NATIONAL FA	ARIVI LIFE			102.27	0.00	0.00	102.27
The state of	Vendor Name				Class	Pay Code				
01500 🗸	OLYMPUS AN		The second second	4.00	M	200000	12	20	4.00	£2
1	Invoice#	Comment		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	38549864		09/24/20	2 08/25/20	02 09/19/20:	2	145.00	0.00	0.00	145.00
,	SAME S		m	D) U	minh	MY WUSH				4
	38674278		09/24/20	2 09/17/20	02 10/12/20	2	204.60	0.00	0.00	204.60
										, a
	Vendor Totals:		Name				Gross	Discount	No-Pay	Net
		O1500	OLYMPUS AN	MERICA II	NC		349.60	0.00	0.00	349.60
endor#	Vendor Name				Class	Pay Code				
0905 🚽	PERFORMAN	CE HEALT	H		M					
1	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	IN999179457		09/24/20	2 09/18/20	02 10/13/20	2	46.89	0.00	0.00	46.89
			1/00	xu XX	wid					
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		S0905	PERFORMAN	ICE HEAL	TH.		46.89	0.00	0.00	46.89
endor#	Vendor Name				Class	Pay Code				
4764 🚽	PL-CPR, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	406		09/23/20	2 09/22/20	02 09/23/20	2	700.00	0.00	0.00	700.00
4										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	1	14764	PL-CPR, LLC				700.00	0.00	0.00	700.00
endor#	Vendor Name	-	2007 000		Class	Pay Code	-V-17-11-11-11-11-11-11-11-11-11-11-11-11-	7.7.2	40.00	
2708 🌙	POC ELECTR	IC, LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
/	4408				02 08/01/20	Day of the second second	1,954.33	0.00	0.00	1,954.33
7					unul	6	.,004.00	5.55	0.00	.,504,00
1	4441		09/24/20	2 09/22/20	02 10/01/20	INN ILS	2,643.07	0.00	0.00	2,643.07
4	Section 1		1 Into	/[] []	A L	Conville O	120 VOI	VOLVERY	0.00	2,040.07
	Vendor Totals:	Number	Name	m U	11 110	ALIZI DOLL P	Gross	Discount	No-Pay	Net
	Vollation Totals.		POC ELECTR	ic u.c			4,597.40	0.00	0.00	4,597.40
endor# /	Vendor Name	12,00	, QUELLUIN	יייייייייייייייייייייייייייייייייייייי	Class	Pay Code	4,007,40	0.00	0.00	4,007,40
2200	POWER HARI	NADE			Class	ray Code				
2200			Tros Dt	Inve D4		Charle Dt Devi	C	Discount	No Devi	NISA
1	Invoice#	Comment			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
4	A122646		09/23/20	2 09/20/20	02 09/30/20:	4	15.98	0,00	0.00	15.98
	Maria de A.	****	NICO.				102	20	112.0	5.5
	Vendor Totals:		Name	Annual Char			Gross	Discount	No-Pay	Net
	\$1.5 \$35 \$24 ave	P2200	POWER HAR	DWARE	Section 1	200	15.98	0.00	0.00	15.98
	Vendor Name				Class	Pay Code				

10896	QIAGEN INC Invoice# Comme	nt Tran Dt Inv Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	99822839	09/24/202 09/16/202 10/16/2	The state of the s	1,299.91	0.00	0.00	1,299.91
	andrew.	annisore &	DOWN XSK	2007727			1
	Vendor Totals: Number		100	Gross	Discount	No-Pay	Net
	10896	QIAGEN INC		1,299.91	0.00	0.00	1,299.91
Vendor#	Vendor Name	Class	Pay Code				
S1001	SANOFI PASTEUR INC	C W					
	Invoice# Comme	nt Tran Dt Inv Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	7143697567	09/23/202 09/16/202 09/23/2	02	15,199.15	0.00	0.00	15,199.15
	and the second America	TACTOR.		2000	-0.00	10. Kin	10.5
	Vendor Totals: Number			Gross	Discount	No-Pay 0.00	Net 15,199,15
Manalasti	S1001	SANOFI PASTEUR INC	Day Cada	15,199.15	0,00	0,00	15,199,15
S2001	Vendor Name SIEMENS MEDICAL S	Class OLUTIONS INC M	Pay Code				
32001	Invoice# Comme		Check Dt Pay	Gross	Discount	No-Pay	Net
/	116788728	09/25/202 09/16/202 10/11/2		2,617.41	0.00	0.00	2,617.41
1		5 makes Lill)				
	Vendor Totals: Number	Name Name	0	Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS	SINC	2,617.41	0.00	0.00	2,617.41
Vendor#	Vendor Name	Class	Pay Code				
17852	SINGLETON ASSOCIA	ATES PA					
1	Invoice# Comme		and a barrens	Gross	Discount	No-Pay	Net
1	246083125001	09/25/202 09/24/202 09/24/2	02	13,225.86	0.00	0.00	13,225.86
	Manday Tatalay Niverbas	MULLIN DUMPR PRING	estable no	MYS MAD	Discount	No-Pay	Net
	Vendor Totals: Number 17852	Name SINGLETON ASSOCIATES PA		Gross 13,225.86	0.00	0.00	13,225.86
Vendor#	Vendor Name	Class	Pay Code	10,223.00	0.00	0.00	10,220.00
S2362	SMITH & NEPHEW, IN		7.47 (4544)				
4007	Invoice# Comme		Check Dt Pay	Gross	Discount	No-Pay	Net ,
	984531794	09/24/202 09/16/202 09/24/2	02	6,700.00	0.00	0.00	6,700.00
4							
	984531793	09/24/202 09/16/202 09/24/2	02	6,700.00	0.00	0.00	6,700.00
							42.4
	Vendor Totals: Number			Gross	Discount	No-Pay	Net
Mandani	\$2362	SMITH & NEPHEW, INC.	Day Code	13,400.00	0.00	0.00	13,400.00
11296 Vendor#	Vendor Name SOUTH TEXAS BLOO	Class D & TISSUE CEN	Pay Code				
11230	Invoice# Comme		Check Dt Pay	Gross	Discount	No-Pay	Net /
1	107053782	09/17/202 09/15/202 10/10/2	The second second second second	5,625.00	0.00	0.00	5,625,00
4							
/	CM15816	09/17/202 09/15/202 10/10/2	02	-3,940.00	0.00	0.00	-3,940.00 🗸
~							
	Vendor Totals: Number			Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSU		1,685.00	0.00	0.00	1,685.00
	Vendor Name	Class	Pay Code				
S2694	STANFORD VACUUM Invoice# Comme		Check Dt Pay	Gross	Discount	No-Pay	Net
1	867071	09/23/202 08/14/202 09/23/2	- District Control	625.00	0.00	0.00	625.00
1	99/9//	M 100 100 141202 0012012	Lacour A	VIO	0.00	0.00	525.55
	Vendor Totals: Number	Name PULLIPEU UUI	Ormin 1	Gross	Discount	No-Pay	Net
	S2694	STANFORD VACUUM SERVICE		625.00	0.00	0.00	625.00
Vendor#	Vendor Name	Class	Pay Code				43.7
S3960 -	STERICYCLE, INC						
,	Invoice# Comme		- Transcription Table	Gross	Discount	No-Pay	Net /
1	8012042978	09/24/202 09/18/202 10/01/2	202	3,211.90	0.00	0.00	3,211.90 🗸

	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		S3960	STERICYCLE	, INC			3,211.90	0.00	0.00	3,211.90	
Vendor#	Vendor Name				Class	Pay Code					
11772	STERIS INSTI	RUMENT	MANAGEMENT	8							
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	3090549		09/24/20	2 09/18/20	02 10/13/20	02	74.74	0.00	0.00	74.74	1
~			Contract	VODE	Charry	Libraria	Charpen	Vonnil			/
	Vendor Totals:	Number	Name	2701 2	Ullu	1, wer read	Gross	Discount	No-Pay	Net	
	70,120, 1912(0)	11772	STERIS INST	RUMENT	MANAGE	MENT	74.74	0.00	0.00	74.74	
Vandar#	Vendor Name	1,016	O LING INOT	TOMETER	Class	Pay Code	p-107-7	(4,64	3,44		
14212	SURGICAL DI	DECT SO	UTU		Class	ray Code					
14212				Inv. Di	D D.	Charle Dt. Day	Cenna	Discount	No Pay	Net	
	Invoice#	Commen			Due Dt	Check Dt Pay	Gross	Discount	No-Pay		A.
1	9365		09/24/20	2 09/23/20	02 09/23/20	12	3,625,00	0.00	0.00	3,625.00	/
		234					.5 -111	NAV TO	40.42.54	0.72	V
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		14212	SURGICAL D	RECT SC	HTUC		3,625.00	0.00	0.00	3,625.00	
Vendor#/	Vendor Name				Class	Pay Code					
T2539	T-SYSTEM, IN	1C			W						
7	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
/	2023949		09/17/20	2 09/10/20	02 10/10/20)2	146.00	0.00	0.00	146.00	1
4.		SOFTWA	RE							1	
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		T2539	T-SYSTEM, IN	IC.			146.00	0.00	0.00	146.00	
Vendor#	Vendor Name		72223300		Class	Pay Code					
10765	TEXAS HOSP	ITAL ASS	OCIATION		2.4420	0.475-262					
70.00	Invoice#	Commen		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
/	0900182938B	Commen			02 10/10/20	A CONTRACTOR OF THE PARTY OF TH	1,887.25	0.00	0.00	1,887.25	1
1	0900102930D	OCTORE	R INSTALLME		10/10/20	11/10/10	1,007.20	0.00	0.00	1,007.120	1
	Manday Takeley			1	JAIL	M DUC	Cenno	Discount	No-Pay	Net	
	Vendor Totals:		Name		00047101		Gross		0.00	1,887.25	
112-14-10	Company of the Company	10765	TEXAS HOSP	TIAL ASS			1,887,25	0.00	0.00	1,007.23	
Vendor#	Vendor Name				Class	Pay Code					
10758	TEXAS SELEC			2 2 2 2 2 4	GA := 0.00	Control of Control	12.5	4.55.70	1 And 10	40.4	
1	Invoice#	Commen			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
1	0025921B		09/24/20	2 09/18/20	02 09/19/20		3,625,00	0.00	0.00	3,625.00	Y
1			2110	A IN	ROUR	0113125				2.77	1
4	0025921A		09/24/20	2 09/18/20	02 09/19/20	the state of the s	3,240.00	0.00	0.00	3,240.00	1
,			260	MILL	SYCHE	ns 0/2012	5				
_/	0025940		09/24/20	2 09/19/20	02 09/20/20)2	945.00	0.00	0.00	945.00	V
7			ALC.	nise	(What	one all3	25				
	Vendor Totals:	Number	Name	, ,,,,	GIVE	10.0 -(1.5)	Gross	Discount	No-Pay	Net	
		10758	TEXAS SELE	CT STAF	FING, LLC		7,810.00	0.00	0.00	7,810.00	
Vendor#	/Vendor Name				Class	Pay Code					
C2510	TRUBRIDGE				M						
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	1030122		09/23/20	2 05/14/20	02 06/08/20)2	20,338.25	0.00	0.00	20,338.25	1
4			AVI	MAL	mill	lox				-	/
	Vendor Totals:	Number	Name	CAR	MINI	V:	Gross	Discount	No-Pay	Net	
	, a, . Say , a says.	C2510	TRUBRIDGE				20,338.25	0.00	0.00	20,338.25	
Vendor#1	Vendor Name	02010	TODINDUL		Class	Pay Code	LUIDOUIEO	0,00	0.00		
U1064	UNIFIRST HO	I DINGS II	NC		Oldas	ay code					
01004	and the state of t			Inv. De	Due Dt	Chack Dt Day	Grace	Discount	No-Pour	Mot	1
1	Invoice#	Commen			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
	2921069155	EVOLUE		2 09/15/20	02 10/10/20	12	268.33	0.00	0.00	268.33	4
1	ARROSES	EVS UNI								0.050.20	1
1	2921069144	Calcleton 7		2 09/15/20	02 10/10/20)2	3,856.48	0.00	0.00	3,856.48	1
		MEDSUF	IG								

1											
1	2921069499		09/23/202	2 09/18/202 1	10/13/20:	2	4,072.05	0.00	0.00	4,072,05	1
1	2921069537		09/23/202	209/18/2021	10/13/20:	2	139,99	0.00	0.00	139.99	V
1										20.00	
1	2921069502		09/23/202	09/18/2021 MYWYS	10/13/202	2	66.92	0.00	0.00	66.92	1
1	2921069523		1 Dece	09/18/2021 CVL/V	10/13/202	2	207.62	0.00	0.00	207.62	1
1	2921069519		09/23/202	09/18/2021	10/13/202	2	201.60	0.00	0.00	201.60	1
1	2921069528			209/18/2021	10/13/20:	2	184.62	0.00	0.00	184.62	1
1	2921069512		09/24/202	09/18/2021	10/13/20:	2	289,83	0.00	0.00	289.83	1
	en concludes in	24.737	MIN	DALLAR	WUNY	ary	800	W. V. V	2-27.0	1000	
	Vendor Totals:		Name		771		Gross	Discount	No-Pay	Net	
		U1064	UNIFIRST HOL	_DINGS INC	,		9,287.44	0.00	0.00	9,287,44	
endor# 1056 🌙	Vendor Name VICTORIA AII	R CONDIT	IONING LTD	(Class W	Pay Code					
1000	Invoice#	Commen		Inv Dt I	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	219805	25/////		09/19/2020			543.75	0.00	0.00	543.75	1
1	220187		09/23/202	09/19/2020)9/23/20:	2	2,515.00	0.00	0.00	2,515.00	1
										-	
	Vendor Totals:		Name				Gross	Discount	No-Pay	Net	
		V1056	VICTORIA AIR	CONDITIO	NING LT		3,058.75	0.00	0.00	3,058.75	
endor# 7832 🤍	Vendor Name VOCA LLC			C	Class	Pay Code					
	Invoice#	Comment	t Tran Dt	Inv Dt I	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	41103		09/17/202	09/12/2021	0/12/202	The state of the s	3,610.00	0.00	0.00	3,610.00	1
		AGENCY	STAFFING	Days.	DIMO	105 G1412	6				
1	41198	0.65		09/19/202 1	0/01/202	100	3,467.50	0.00	0.00	3,467.50	V
	Vander Tabele	Nicionale a in	N/	M C ID	wine,	S MILLES	Distri	Discount	No Day	Mat	
	Vendor Totals:	balance in					Gross	Discount	No-Pay	Net	
e o zi s zw	Area de Area e	17832	VOCA LLC		21	5 - 6 -	7,077.50	0.00	0.00	7,077.50	
	Vendor Name			(Class	Pay Code					
		e e la co				,					
110 1	WERFEN US		an enga		t take		76.77		-1.12	1.4	
110 🔟	Invoice#	A LLC Comment			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
110 J				Inv Dt		Check Dt Pay	Gross 1,571.66	Discount 0.00	No-Pay 0.00	Net 1,571.66	
110 J	Invoice# 9111972711	Comment	09/17/202			Check Dt Pay	1,571.66	0.00	0.00	1,571.66	
J	Invoice#	Comment	09/17/202 Name	99/15/202 1		Check Dt Pay	1,571.66 Gross	0.00 Discount	0.00 No-Pay	1,571.66 Net	
J	Invoice# 9111972711 Vendor Totals:	Comment	09/17/202	09/15/202 1	10/10/202	Check Dt Pay 2	1,571.66	0.00	0.00	1,571.66	
√ endor#j	Invoice# 9111972711 Vendor Totals: Vendor Name	Comment Number	09/17/202 Name WERFEN USA	09/15/202 1		Check Dt Pay	1,571.66 Gross	0.00 Discount	0.00 No-Pay	1,571.66 Net	
√ endor#	Invoice# 9111972711 Vendor Totals: Vendor Name WOUND CAR	Comment Number I1110 E SPECIA	09/17/202 Name WERFEN USA	09/15/202 1 LLC	10/10/202 Class	Check Dt Pay 2 Pay Code	1,571.66 Gross 1,571.66	0.00 Discount	0.00 No-Pay 0.00	1,571.66 Net 1,571.66	~
√ endor#j	Invoice# 9111972711 Vendor Totals: Vendor Name WOUND CAR Invoice#	Comment Number 11110 ESPECIA Comment	09/17/202 Name WERFEN USA LISTS t Tran Dt	09/15/202 1 LLC (Inv Dt (10/10/202 Class Due Dt	Check Dt Pay 2 Pay Code Check Dt Pay	1,571.66 Gross 1,571.66 Gross	0.00 Discount 0.00 Discount	0.00 No-Pay 0.00 No-Pay	1,571.66 Net 1,571.66 Net	~
√ endor#j	Invoice# 9111972711 Vendor Totals: Vendor Name WOUND CAR	Comment Number 11110 ESPECIA Comment	09/17/202 Name WERFEN USA LISTS t Tran Dt	09/15/202 1 LLC	10/10/202 Class Due Dt	Check Dt Pay 2 Pay Code Check Dt Pay	1,571.66 Gross 1,571.66	0.00 Discount 0.00	0.00 No-Pay 0.00	1,571.66 Net 1,571.66	~
√ endor#j	Invoice# 9111972711 Vendor Totals: Vendor Name WOUND CAR Invoice#	Comment Number 11110 E SPECIA Comment	09/17/202 Name WERFEN USA LISTS t Tran Dt 09/17/202	09/15/202 1 LLC (Inv Dt (10/10/202 Class Due Dt	Check Dt Pay 2 Pay Code Check Dt Pay	1,571.66 Gross 1,571.66 Gross	0.00 Discount 0.00 Discount	0.00 No-Pay 0.00 No-Pay 0.00	1,571.66 Net 1,571.66 Net	~
√ endor#j	Invoice# 9111972711 Vendor Totals: Vendor Name WOUND CAR Invoice# WCS00007514	Comment Number 11110 E SPECIA Comment	09/17/202 Name WERFEN USA LISTS t Tran Dt	Inv Dt 09/16/2021	Class Due Dt	Check Dt Pay 2 Pay Code Check Dt Pay	1,571.66 Gross 1,571.66 Gross 9,225.00 Gross	0.00 Discount 0.00 Discount 0.00 Discount	0.00 No-Pay 0.00 No-Pay 0.00	1,571.66 Net 1,571.66 Net 9,225.00	~
endor# 0556 J	Invoice# 9111972711 Vendor Totals: Vendor Name WOUND CAR Invoice# WCS00007514 Vendor Totals: Vendor Name	Comment Number I1110 E SPECIA Comment 4 Number 10556	Name WERFEN USA LISTS t Tran Dt 09/17/202 Name	Inv Dt 09/16/2021	Class Due Dt 10/15/202	Check Dt Pay 2 Pay Code Check Dt Pay	1,571.66 Gross 1,571.66 Gross 9,225.00	0.00 Discount 0.00 Discount 0.00	0.00 No-Pay 0.00 No-Pay 0.00	1,571.66 Net 1,571.66 Net 9,225.00	~
endor# 0556 J	Invoice# 9111972711 Vendor Totals: Vendor Name WOUND CAR Invoice# WCS00007514 Vendor Totals: Vendor Name ZIMMER US,	Comment Number 11110 SE SPECIA Comment 4 Number 10556	Name WERFEN USA LISTS t Tran Dt 09/17/202 Name WOUND CARE	109/15/202 1 LLC Inv Dt C 109/16/202 1 DD DD	Class Due Dt 0/15/202 STS Class W	Check Dt Pay 2 Pay Code Check Dt Pay 2	1,571.66 Gross 1,571.66 Gross 9,225.00 Gross 9,225.00	Discount 0.00 Discount 0.00 Discount 0.00	0.00 No-Pay 0.00 No-Pay 0.00 No-Pay 0.00	1,571.66 Net 1,571.66 Net 9,225.00 Net 9,225.00	1
Jendor#J0556 Jendor#	Invoice# 9111972711 Vendor Totals: Vendor Name WOUND CAR Invoice# WCS00007514 Vendor Totals: Vendor Name ZIMMER US, Invoice#	Comment Number I1110 E SPECIA Comment 4 Number 10556	Name WERFEN USA LISTS t Tran Dt 09/17/202 Name WOUND CARE	Inv Dt E SPECIALIS	Class Due Dt 10/15/202 STS Class W Due Dt	Check Dt Pay 2 Pay Code Check Dt Pay 2 Pay Code Check Dt Pay	1,571.66 Gross 1,571.66 Gross 9,225.00 Gross 9,225.00	Discount 0.00 Discount 0.00 Discount 0.00 Discount	No-Pay 0.00 No-Pay 0.00 No-Pay 0.00 No-Pay	1,571.66 Net 1,571.66 Net 9,225.00 Net 9,225.00	1
endor# 0556 J	Invoice# 9111972711 Vendor Totals: Vendor Name WOUND CAR Invoice# WCS00007514 Vendor Totals: Vendor Name ZIMMER US,	Comment Number 11110 SE SPECIA Comment 4 Number 10556	Name WERFEN USA ALISTS t Tran Dt 09/17/202 Name WOUND CARE	Inv Dt E SPECIALIS	Class Due Dt 10/15/202 STS Class W Due Dt 09/24/202	Check Dt Pay 2 Pay Code Check Dt Pay 2 Pay Code Check Dt Pay	1,571.66 Gross 1,571.66 Gross 9,225.00 Gross 9,225.00	Discount 0.00 Discount 0.00 Discount 0.00	0.00 No-Pay 0.00 No-Pay 0.00 No-Pay 0.00	1,571.66 Net 1,571.66 Net 9,225.00 Net 9,225.00	1
endor# 0556 J	Invoice# 9111972711 Vendor Totals: Vendor Name WOUND CAR Invoice# WCS00007514 Vendor Totals: Vendor Name ZIMMER US, Invoice# 9004016398	Comment Number 11110 E SPECIA Comment 4 Number 10556 INC. Comment	Name WERFEN USA LISTS t Tran Dt 09/17/202 Name WOUND CARE t Tran Dt 09/24/202	Inv Dt E SPECIALIS	Class Due Dt 10/15/202 STS Class W Due Dt	Check Dt Pay 2 Pay Code Check Dt Pay 2 Pay Code Check Dt Pay	1,571.66 Gross 1,571.66 Gross 9,225.00 Gross 9,225.00 Gross 525.00	Discount 0.00 Discount 0.00 Discount 0.00 Discount 0.00	0.00 No-Pay 0.00 No-Pay 0.00 No-Pay 0.00	1,571.66 Net 1,571.66 Net 9,225.00 Net 9,225.00 Net 525.00	1
endor# 0556	Invoice# 9111972711 Vendor Totals: Vendor Name WOUND CAR Invoice# WCS00007514 Vendor Totals: Vendor Name ZIMMER US, Invoice#	Comment Number 11110 E SPECIA Comment 4 Number 10556 INC. Comment	Name WERFEN USA ALISTS t Tran Dt 09/17/202 Name WOUND CARE	Inv Dt E SPECIALIS (09/11/2020)	Class Due Dt 10/15/202 STS Class W Due Dt 09/24/202	Check Dt Pay 2 Pay Code Check Dt Pay 2 Pay Code Check Dt Pay	1,571.66 Gross 1,571.66 Gross 9,225.00 Gross 9,225.00	Discount 0.00 Discount 0.00 Discount 0.00 Discount	No-Pay 0.00 No-Pay 0.00 No-Pay 0.00 No-Pay	1,571.66 Net 1,571.66 Net 9,225.00 Net 9,225.00	1

Grand Totals:

Gross 438,068.78 Discount 0.00 No-Pay 0.00 Net 438,068.78

APPROVED ON

SEP 25 2025

CALHOUN COUNTY AUDITOR S Char 210405 210445

PAGE 1 GLCKREG

10/01/25 THRU 10/01/25

BANK-	-CHECK		
CODE	NUMBER DATE	AMOUNT	PAYEE

	NUMBER		AMOUNT	PAIDL

A/P	210605	10/01/25	396.25	AIRGAS USA, LLC - CENTRAL DIV
A/P	210606	10/01/25	53.76	ALCO SALES & SERVICE CO
A/P	210607	10/01/25	364.94	
A/P	210608	10/01/25	18,961.45	AMERITEX ELEVATOR SERVICES INC
A/P	210609	10/01/25	153.78	ARMSTRONG MEDICAL INDUSTRIES
A/P	210610	10/01/25	150.00	BAYLOR COLLEGE OF MEDICINE
A/P	210611	10/01/25	8,435.73	BECKMAN COULTER INC
		10/01/25		
		10/01/25		CENTRAL DRUG
		10/01/25		CITY OF PORT LAVACA
A/P	210615	10/01/25	790.03	COASTAL OFFICE SOLUTONS
A/P	210616	10/01/25	2,362.95	CORROHEALTH, INC.
A/P	210617	10/01/25	116,524.91	DISCOVERY MEDICAL NETWORK INC
			1,030.00	
A/P	210619	10/01/25	40,062.50	EMERGENCY STAFFING SOLUTIONS
		10/01/25		
A/P	210621	10/01/25	2,213,50	
A/P	210622	10/01/25	1,450.00	FIRST UNITED METHODIST CHURCH
A/P	210623	10/01/25	1,957.90	
A/P	210624	10/01/25	778.81	
A/P		10/01/25		HOSPITAL CARE CONSULTANTS INC.
		10/01/25		
		10/01/25		
A/P	210628	10/01/25	1,790.00	
		10/01/25		
		10/01/25		MEDICAL AIR SERVICES ASSOC.
		10/01/25		
		10/01/25		
		10/01/25		MEDLINE INDUSTRIES INC
		10/01/25		
		10/01/25		VOIDED
A/P	210636	10/01/25	39,281.83	MORRIS & DICKSON CO, LLC
A/P	210637	10/01/25	22,749.62	
A/P	210638	10/01/25	307.98	MXR IMAGING, INC
A/P	210639	10/01/25	95.06	
A/P	210640	10/01/25	102.27	NATIONAL FARM LIFE INSURANCE
A/P	210641	10/01/25	349.60	OLYMPUS AMERICA INC
		10/01/25		PERFORMANCE HEALTH
A/P	210643	10/01/25	700.00	PL-CPR, LLC
A/P	210644	10/01/25		
A/P	210645	10/01/25	15.98	POWER HARDWARE
A/P	210646	10/01/25	1,299.91	QIAGEN INC
A/P	210647	10/01/25	15,199.15	SANOFI PASTEUR INC
A/P		10/01/25		SIEMENS MEDICAL SOLUTIONS INC
A/P	210649	10/01/25	13,225.86	SINGLETON ASSOCIATES PA
A/P		10/01/25		SMITH & NEPHEW, INC.
A/P	210651	10/01/25	1,685.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	210652	10/01/25	625.00	STANFORD VACUUM SERVICE
A/P	210653	10/01/25	3,211.90	STERICYCLE, INC
A/P	210654	10/01/25	74.74	STERIS INSTRUMENT MANAGEMENT

RUN DATE: 09/30/25 TIME: 09:48 MEMORIAL MEDICAL CENTER CHECK REGISTER PAGE 2 GLCKREG

10/01/25 THRU 10/01/25 BANK--CHECK------

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	210655	10/01/25	3,625.00	SURGICAL DIRECT SOUTH
A/P	210656	10/01/25	146.00	T-SYSTEM, INC
A/P	210657	10/01/25	1,887.25	TEXAS HOSPITAL ASSOCIATION
A/P	210658	10/01/25	7,810.00	TEXAS SELECT STAFFING, LLC
A/P	210659	10/01/25	20,338.25	TRUBRIDGE
A/P	210660	10/01/25	9,287.44	UNIFIRST HOLDINGS INC
A/P	210661	10/01/25	3,058.75	VICTORIA AIR CONDITIONING LTD
A/P	210662	10/01/25	7,077.50	VOCA LLC
A/P	210663	10/01/25	1,571.66	WERFEN USA LLC
A/P	210664	10/01/25	9,225.00	WOUND CARE SPECIALISTS
A/P	210665	10/01/25	525.00	ZIMMER US, INC.
A/P	210666	10/01/25	79,775.17	LAVACA BAY NURSING AND REHAB
A/P	210667	10/01/25	15,965.00	TUSCANY VILLAGE
TOTAL	S:		533,808.95	

APPROVED ON OCT 01 2025

CALHOUN COUNTY, TEXAS

Payables 438.068.78. + 15.965.00 + xces 479.775.17 + 533.808.95 >

STATEMENT

Company: 8000

MEMORIAL MEDICAL CENTER 815 N VIRGINIA STREET PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

As of: 09/26/2025

Customer INV SuppID:

Customer: 632536

Date: 09/26/2025

DC: 8115

Territory:

Page: 002

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

As of: 09/26/2025 Mail to:

Page: 002 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

Cust: 632536 Date: 09/26/2025

PLEASE CHECK ANY ITEMS NOT PAID (V)

Billing Due Date Date

Receivable National Account Number

632536 Order Reference

Description

Cash Discount

Amount (gross)

Amount (net)

P 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:

USD

0.00

Past Due:

Last Payment

08/07/2017

Future Due:

0.00

2,451.97

If Paid By 09/30/2025, Pay This Amount:

If Paid After 09/30/2025,

Pay this Amount:

15,454.78

15,145.63

15,454.78

Due If Paid On Time:

USD Disc lost if paid late:

309.15

Due If Paid Late:

USD

15,454.78

15,145.63

15:145 63 4

APPROVED ON

USD

USD

SEP 2 9 2025

STATEMENT

Company: 8000

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

As of: 09/26/2025

Customer INV SuppID:

DC: 8115

Territory: 7001

Customer: 256342

Date: 09/26/2025

Page: 001

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

As of: 09/26/2025 Mail to:

Page: 001 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

Cust: Date: 09/26/2025

256342

PLEASE CHECK ANY ITEMS NOT PAID (...)

Billing Date	Due Date	Receivable National Acco	ount 632536 Order Reference	Description	Cash Discount	Amount P (gross) F	Amount P	Receivable Number
Customer Nu	mber 256342	WALMART 1098/MEM MED P	PHS					
09/20/2025	09/30/2025		241057235	115Invoice	7.14	356.86	240.70.4	/
9/20/2025	09/30/2025	7591683901 🗸	240992526	115Invoice	0.24	11.96	349.72√	7591683900
9/20/2025	09/30/2025	7591683902 🗸	241025376	115Invoice	0.24	11.96	11.72 ✓	7591683901
9/20/2025	09/30/2025	7591683903 ✓	241338588	115Invoice	0.24	11.96	11.72 🗸	7591683902
9/20/2025	09/30/2025	7591683904 🗸	242100229	115Invoice	12.30	615,06	11.72 🗸	7591683903
9/20/2025	09/30/2025	7591683905 🗸	240955707	115Invoice	14.27	713,71	602.76 \ 699.44 \	7591683904
9/20/2025	09/30/2025	7591683906	240992526	115Invoice	7.14	356.86		7591683905
9/20/2025	09/30/2025	7591683907 🗸	241025376	115Invoice	7.14	356.86	349.72 ✓	7591683906
9/22/2025	09/30/2025	7591923344 🗸	244389588	115Invoice	12.23	611.65	349.72	7591683907
9/22/2025	09/30/2025	7591923345 ✓	245058754	115Invoice	6.12	305.83	599.42	7591923344
2/22/2025	09/30/2025	7591923346 🗸	241717897	115Invoice	0.01	0.63	299.71~	7591923345
/22/2025	09/30/2025	7591923347 🗸	241755175	115Invoice	0.01		0.62	7591923346
/22/2025	09/30/2025	7591923348~	241473398	115Invoice	0.01	0.32	0.31	7591923347
/22/2025	09/30/2025	7591923349 🗸	241947224	115Invoice	0.01	0.32	0.31	7591923348
/23/2025	09/30/2025	7592150457 🗸	241399403	115Invoice	13.40	0.63	0.62	7591923349
/23/2025	09/30/2025	7592150458 🗸	241473398	115Invoice	13.40	669.88	656.48	7592150457
/23/2025	09/30/2025	7592150459 🗸	241717897	115Invoice	6.70	669.88	656.48 🗸	7592150458
/23/2025	09/30/2025	7592150460 🗸	241338588	115Invoice	1.78	334.94	328.24 🗸	7592150459
/23/2025	09/30/2025	7592150461	241473398	115Invoice	14.27	88.95 713.71	87.17~	7592150460
/23/2025	09/30/2025	7592150462 ~	241589028	115Invoice	7.14		699.44 🗸	7592150461
/23/2025	09/30/2025	7592150463 ✓	241338588	115Invoice	0.24	356.86	349.72 ✓	J7592150462
/23/2025	09/30/2025	7592150464 ~	241539485	115Invoice	0.24	11.96 11.96	11.72	7592150463
/23/2025	09/30/2025	7592150465 ✓	241589028	115Invoice	0.24	11.96	11.72	7592150464
/23/2025	09/30/2025	7592150466 🗸	241338588	115Invoice	7.14	356.86	11.72 🗸	7592150465
/23/2025	09/30/2025	7592161035 🗸	241755175	115Invoice	0.01	0.32	349.72 🗸	7592150466
/23/2025	09/30/2025	7592161036 🗸	241788052	115Invoice	0.01		0.31	7592161035
/23/2025	09/30/2025	7592161037 🗸	241473398	115Invoice	0.01	0.63	0.62	7592161036
/23/2025	09/30/2025	7592161038 🗸	241473398	115Invoice	5.53	0.63	0.62	7592161037
/23/2025	09/30/2025	7592161039	241589028	115Invoice	5.53	276.46	270.93	√7592161038 <u></u>
/24/2025	09/30/2025	7592387490 √	241473398	115Invoice	2.79	276.46	270.93	7592161039
/24/2025	09/30/2025	7592387491 √	241589028	115Invoice	0.24	139.46	136.67	7592387490
		0.176230455.2		1 I SHIVOICE	U.24	11.96	11.72	J7592387491

Company: 8000

STATEMENT

As of: 09/26/2025

DC: 8115

Territory: 7001

Page: 002

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

As of: 09/26/2025

Page: 002 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

Mail to:

Cust: 256342 PLEASE CHECK ANY Date: 09/26/2025 ITEMS NOT PAID (V)

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

> Customer: 256342 Date: 09/26/2025

Customer INV SuppID:

Billing Date	Due Date	Receivable National Accou Number	nt 632536 Order Reference	Description	Cash Discount	Amount P (gross) F	Amount P Receivable (net) F Number	-
								1
09/24/2025	09/30/2025	7592387492	241788052	115Invoice	0.24	11.96	11.72	_
09/24/2025	09/30/2025	7592387493 🗸	241589028	115Invoice	7.14	356.86	, 002501432	-
09/24/2025	09/30/2025	7592387494 🗸	241717897	115Invoice	7.14	356.86		-
09/24/2025	09/30/2025	7592387495 🗸	244071972	115Invoice	12.30	615.06		
09/24/2025	09/30/2025	7592387496 🗸	241717897	115Invoice	6.70	334.94		
09/24/2025	09/30/2025	7592387497 🗸	241788052	115Invoice	6.70	334.94	, , , , , , , , , , , , , , , , , , , ,	-
09/24/2025	09/30/2025	7592387498 🗸	241473398	115Invoice	14.27	713.71		-
09/24/2025	09/30/2025	7592387499 🗸	241788052	115Invoice	1.71	85.30	699.44 🗸 7592387498	-
09/24/2025	09/30/2025	7592387700 🗸	241788052	115Invoice	0.01	0.32	83.59 / 7592387499	-
09/24/2025	09/30/2025	7592387701 🗸	241852411	115Invoice	0.02	0.95	0.31 / 7592387700	
09/24/2025	09/30/2025	7592399791 🗸	241473398	115Invoice	3.16	158.20	0.93 / 7592387701	
09/24/2025	09/30/2025	7592399792 🗸	242231228	115Invoice	1.33		155.04 7592399791	
09/25/2025	09/30/2025	7592630397✓	241788052	115Invoice	6.70	66.41	65.08 7592399792	455
09/25/2025	09/30/2025	7592630398 🗸	242297210	115Invoice	12.14	334.94	328.24 / 7592630397	-
09/25/2025	09/30/2025	7592630399 🗸	241717897	115Invoice	7.14	606.88 356.86	594.74 7592630398	
09/25/2025	09/30/2025	7592630500 🗸	241947224	115Invoice	14.27		349.72 \$\square 7592630399	
09/25/2025	09/30/2025	7592630501 🗸	242231228	115Invoice	7.09	713.71	699.44 / /7592630500	
09/25/2025	09/30/2025	7592650105 🗸	241589028	115Invoice	14.27	354.35 713.71	347.26 🗸 /7592630501	
09/25/2025	09/30/2025	7592650106 ✓	241947224	115Invoice	0.01	0.32	699.44 7592650105	
09/26/2025	09/30/2025	7592864661 🗸	248887070	115Invoice	2.07	103.32	0.31 / 7592650106	
09/26/2025	09/30/2025	7592864662 -	241788052	115Invoice	0.46	22.89	101.25 / 7592864661	
09/26/2025	09/30/2025	7592864663 🗸	242679914	115Invoice	0.70	35.02	22.43 🗸 7592864662	
09/26/2025	09/30/2025	7592864664 🗸	247290908	115Invoice	0.01	0.32	34.32 - 7592864663	
09/26/2025	09/30/2025	7592864665 ✓	246108022	115Invoice	22.82	1,141.15	0.31 > 7592864664	
09/26/2025	09/30/2025	7592864666 🗸	242162515	115Invoice	0.26		1,118.33 7592864665	-
09/26/2025	09/30/2025	7592864667 🗸	242231228	115Invoice	0.26	12.94	12.68 - 7592864666	
09/26/2025	09/30/2025	7592864668 √	243081590	115Invoice	0.26	12.94	12.68 7592864667	
09/26/2025	09/30/2025	7592864669 √	243932732	115Invoice	0.13	12.94	12.68 / 7592864668	
09/26/2025	09/30/2025	7592864670 √,	244071972	115Invoice	0.13	6.47	6.34 7592864669	
9/26/2025	09/30/2025	7592877667 🗸	241717897	115Invoice		6.47	6.34 7592864670	
09/26/2025	09/30/2025	7592877668 🗸	241788052	115Invoice	0.01 0.01	0.32	0.31 7592877667	
		A STATE OF S		TOTAL	0.01	0.63	0.62 7592877668	

MCKESSON

STATEMENT

Company: 8000

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

As of: 09/26/2025

DC: 8115

Customer INV SuppID: Territory: 7001

Customer: 256342 Date: 09/26/2025

Page: 003

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

As of: 09/26/2025 Mail to:

Page: 003 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

Cust: 256342

PLEASE CHECK ANY Date: 09/26/2025 | ITEMS NOT PAID ()

Billing Date	Due Date	Receivable Number	nt 632536 Order Reference		Cash Discount	Amount (gross)	P	Amount (net)	P	Rece	eivable ber
09/26/2025	09/30/2025	7592877669 🗸	248408284	115Invoice	5.41	270.70		265.2	0	1750	2877669
09/26/2025	09/30/2025	7592877670~	246108022	115Invoice	0.01	0,32		- F. S. S.	1~	1	2877670
09/26/2025	09/30/2025	7592877671 ✓	241717897	115Invoice	5.36	268.15		262.7		12 72	2877671
09/26/2025	09/30/2025	7592877672 V	242964880	115Invoice	1.44	71.89		70.4		The same	2877672
9/26/2025	09/30/2025	7592877673 V	241788052	115Invoice	0.01	0.32		0.3		V 100	2877673
9/26/2025	09/30/2025	7592877674	241820002	115Invoice	0.01	0.32		0.3			2877674
	00/20/2025	7592877675 🗸	242007224	4481							
9/26/2025	09/30/2025	1592811015	242897231	115Invoice	1.33	66.41		65.08	BV	759	2877675
F column leg		Due Item, F = Future Due	Item, blank = C	current Due Item		66.41		65.08	8 🗸	√ 759	2877675
PF column leg	gend: P = Past	Due Item, F = Future Due	ltem, blank = C			66.41		65,08	B V	√ 759	2877675
F column leç	gend: P = Past	Due Item, F = Future Due	Item, blank = C MED PHS Subtotals:	15,437.2		66.41				√ 759	
F column leg	gend: P = Past	Due Item, F = Future Due	Item, blank = C	15,437.2		66.41 USD	*	Due II	f Paid		ne: 15,128.4

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: 09/26/2025

Territory: 7001

Customer: 820405

Date: 09/26/2025

Customer INV SuppID:

DC: 8115

Page: 001

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

As of: 09/26/2025 Mail to:

Page: 001 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

Date: 09/26/2025

820405

PLEASE CHECK ANY ITEMS NOT PAID (~)

Billing Date	Due Date	Receivable Number	count 632536 Order Reference	Description	Cash Discount	Amount P (gross) F	Amount P Receivable (net) F Number	
Customer Num	nber 820405 HEB	PHCY WHSE/MEM MED	PHS				1	
09/22/2025	09/30/2025	7591701122 ✓ B	2509-055-230341	1151nvoice	0.25	12.31	12.06 🗸 🦪 759170112	2
09/26/2025	09/30/2025	7592727131 √ B2	2509-055-232381	115Invoice	0.10	5.18	5.08 \$ 759272713	11
			Subtotals:		17.49 USD			1.15
Future Due:		0.00	Subtotals:		17.49 USD		Due If Paid On Time:	1ps
Future Due:		0.00	Subtotals:	/2025,	17.49 USD		Due If Paid On Time: USD	Jys
		0.00		of the control of the	17.49 USD	USD		17.14
Past Due:		0.00	If Paid By 09/30	of the control of the		USD	USD Disc lost if paid late:	17.14 0.35
Future Due: Past Due: Last Payment			If Paid By 09/30	t.		USD	USD Disc lost if paid late:	

APPROVED ON SEP 29 2025



STATEMENT

Statement Number: 70576550

Date: 09-26-2025

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

DEA: RA0289276 866-451-9655

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

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

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

Summary Not Yet Due: 0.00 Current: 230.59 Past Due: 0.00 Total Due: 230.59 Account Balance: 230.59

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-22-2025	10-03-2025	3227602163	7010598805	Invoice				
09-22-2025	10-03-2025	3227602164	7010606132		3.59		0.00	✓ 3.59 •
09-23-2025	10-03-2025			Invoice	170.47		0.00	170.47
09-24-2025		3227756246	7010615779	Invoice	1.67		0.00	× × × × × × ×
	10-03-2025	3227903061	7010620846	Invoice	20.94			1.67
09-25-2025	10-03-2025	3228031809	7010627918	Invoice			0.00	20.94
09-26-2025	10-03-2025	3228168848	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1000000	4.93		0.00	4.93
	10 00 2023	3220100040	7010634447	Invoice	28.99		0.00	28.99

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
230.59	0.00	0.00	0.00	0.00	0.00	

Thank You for Your Payment Date Amount 09-26-2025 (265.65)

APPROVED ON SEP 29 2025

Reminders **Due Date** Amount 10-03-2025 230,59 Total Due: 230.59

STATEMENT

Statement Number: 70592772

Date: 09-26-2025

AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336

DEA: RA0316958 866-451-9655

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

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

AMERISOURCEBERGEN PO Box 978740 DALLAS TX 75397-8740

Summary	
Not Yet Due:	0.00
Current:	36.94
Past Due:	0.00
Total Due:	36.94
Account Balance:	36.94

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	В	Balance
09-22-2025	10-03-2025	3227582798	7010606693	Invoice	24.35		0.00	1	24.35
09-26-2025	10-03-2025	3228202877	7010641261	Invoice	12.59		0.00	_/	12.59

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
36.94	0.00	0.00	0.00	0.00	0.00	0.00

Reminders **Due Date** Amount 10-03-2025 36.94 36.94 Total Due:

APPROVED ON

SEP 29 2025

BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

Gracie Archer

From: aflores@mmcportlavaca.com (Andrie Flores) <aflores@mmcportlavaca.com>

Sent: Monday, September 29, 2025 1:57 PM

To: Gracie Orta; Gracie Archer

Cc: Sariah Rubio
Subject: Payroll Estimates

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello,

MMC Payroll net pay estimate for payroll ending 10/02/2025: \$400,000.00 MMC Payroll tax deposit estimate for payroll ending 10/02/2025: \$150,000.00 HSA estimate for payroll ending 10/02/2025: \$1,200.00

Thank you,

Andrie Flores

Human Resources Manager Memorial Medical Center 815 N Virginia St, Port Lavaca, TX 77979 P: 361-552-0399 | F: 361.551.4505 aflores@mmcportlavaca.com

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

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

	####	ENTER:	
"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
"ENTER YOUR 4-DIGIT PIN"			1
"MAKE A PAYMENT, PRESS 1"		1]
"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	*[941] #
"IF FEDERAL TAX DEPOSIT ENTER 1"		1]
"ENTER 2-DIGIT TAX FILING YEAR"	*	25	
"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ □	12	
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"	* \$	121,845.63]#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$	63,632.54	#
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$	14,881.90	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$	43,331.19	#
"6-DIGIT SETTLEMENT DATE"	*	***	1
"1 TO CONFIRM"		1	
ACKNOWLEDGEMENT NUMBER	Ē		
CALLED IN B	Y:		
CALLED IN DATE	E:		
CALLED IN TIME	E:		

				"ENTER VOID CKS AS	NEG/	TIVE NUMBERS"					
PAY PERIOD: BEGIN PAY PERIOD: END PAY DATE:			9/19/2025 10/2/2025 10/10/2026	VOIDED CK (1)			ADDIT	TONAL CK (1) A	DD)TIONAL CK (1)		TOTALS
GROSS PAY:		S	549,072.01			5	\$	4.	1	\$	549,072.01
DEDUCTIONS:											
A/R		\$	510.00							\$	510.00
ADVANC									1	\$	
BOOTS			1						1	\$	
MUTUAL CRITICAL ILLNESS			1						1	\$	•
MUTUAL-ACCIDENT									1	5	1.71
IRS TAX										5	
MUTUAL-SHORT-TERM DIS MUTUAL VISION			791.28						1	5	791.28
CAFÉ-D		\$	1,191.86							\$	1,191.86
CAFÉ-H		\$	28,791.02							5	28,791.02
4.u 2		\$,							\$	
		\$								\$	18
CAFÉ-P										\$	
CANCER			4							\$	
CHILD		\$	- 29 6							\$	
CLINIC			100						1 (1)	\$	22762
COMBIN		\$	228.60							\$	228.60
CREDUN		\$							1.0	4	
DENTAL		5	•						- 3	\$	
DEP-LF MUTUAL TERM LIFE		S	1,120.72						1	\$	1,120.72
MUTUAL HOSP INDEM		\$	563.50							\$	563.50
FED TAX		\$	43,331.19							\$	43,331.19
FICA-M		\$	7,440.95							\$	7,440.95
FICA-O		\$	31,816.27							\$	31,816,27
FICA-M ADDITIONAL										\$	•
FIRST C		200	Vecane							\$	
FLEX S		5	4,237.10						-	\$	4,237,10
FLX-FE GIFT S		5	243.06							\$	243.06
MUTUAL CRITICAL ILLNESS		5	878.88							5	878.88
MUTUAL ACCIDENT		5	577,08							\$	577.08
MUTUAL SHORT TERM DIS		\$	1,802.98							5	1,802.98
LEGAL		\$	954.45							\$	954.45
OTHER		\$	4,677.20						1	5	4,677.20
NATIONAL FARM LIFE		\$	1,295.37							5	1,295.37
MED SURCHARGE									1	\$	•
Blank										\$	
RELAY										5	- 3
STONEDF		\$	895.00							\$	895.00
STONE		*	500.00							\$	
STONE 2										\$	
STUDEN			77/081						100	\$	
TSA-R		\$	37,478.69							\$	37,478.69
UW/HOS		5								\$	Property.
TOTAL DEDUCTIONS:		\$	168,825.20 SHOULD MATCH REPORT!	\$ "SHOULD MATCH REPORT	\$		\$	- \$	A SECTION AND ADDRESS OF THE PARTY OF THE PA	5	168,825.20
NET PAY:		\$	380,246.81	\$ -	\$		\$	- \$		\$	380,246.81
TOTAL CAFÉ 125 PLAN:		32000	STATE OF THE PARTY	"SHOULD MATCH REPORT		OULD MATCH REPORT	SHOUL	O MATCH REPORT "S	IQULD MATCH REPORTS		
		\$	35,906.26	Less Exempt:	_						
TAXABLE PAY:	-	\$	513,165.76	\$ 513,165.75	-	200					Exempt Amt:
FICA - MED (ER)			7,440.90	From MMC Report		Difference	1	employees ove	r FICA-SS Cap:		
FICA - MED (EE)	1,45%	5	7,440,90	\$ 7,440.95	2	(0.05)					
FICA - SOC SEC (ER)	6 20%	5	31,816.28	7,440.55	•	(0.00)					
FICA - SOC SEC (EE)	6.20%	\$	31,816.28	\$ 31,816.27	\$	0.01	F	avcode S - Em	ployee Reimb.:		
FED WITHHOLDING		\$	43,331.19								
									TOTAL:	\$	
TAX DEPOSIT:		S	121,845.55	\$ 121,845.63					and the same		
FICA - MEDICARE	2 99%	\$	14,881.80	\$14,881.90)						
FICA - SOCIAL SECURITY	12 40%	1	63,632.56			REPARED BY:	2		Andrie	Flo	res
FED WITHHOLDING		\$	43,331.19	\$43,331.19	PF	REPARED DAT	TE:		10/6/	202	25
TOTAL TAX:		\$	121,845.55	\$121,845.63	-	(80.0)		_			
WIND COMPANY		=			= "	V1					

Page 109 P2REG

Final Summary

		470.00 A/R2		233368.12		A?	N		10	9733.00	d Description	1
				104724.67	NT	N				2065.25	REGULAR PAY-SI	1
	CAFE-1			11168.83		N				308.25	REGULAR PAY-S1	1
	CAPE-4	CAFE-3		71743.92		-	N			2558.75		
1191.86			CAFE-5	3589.55		N				92.75	REGULAR PAY-S2	2
1171.00	28791.02 CAFE-I			54190.84			N			1555.00	REGULAR PAY-S2 REGULAR PAY-S3	2
	CANCER		CAPE-L	7440.55			N				REGULAR PAY-S3	3
228.60	COMBIN	CLINIC	CHILD		v					157.50		3
220.000	DENTAL	DD ADV	CREDUN	1005.77 585.87						25.50	CALL BACK PAY	4
			DES-TE	384.00						11.50	CALL BACK PAY	4
7440.95	43331,19-FICA-M			364.00						6.50	CALL BACK PAY	4
3710.10		31816.23 FIRSTC	EATCSH	512.00		N				256.00		C
1/14,100		FORT D								2319.50	CALL PAY DOUBLE TIME	C
		243.06 GRANT		777.31						21.50	DOUBLE TIME	D
527.00	HSA	HOSP-I		1787.84						20.75	DOUBLE TIME	D
321.000				2804.28	100					33.25	DOUBLE TIME	D
4266.24	732.50 HEALS			2243.75	N					0.00	EXTRA WAGES	3
1200.21		MISC	METVIS	129,20						8.00	FUNERAL LEAVE	F
878.88	577.08-400ILL	MOOACC		2160.85						49.50	INSERVICE	I
	1120.72-MOOSTD	FER ED MUDITE		113.79						1.75	INSERVICE	I
1002.50			MOOIND	6059.36						160.00		K
	PR FIN			11816.85						252.20	PAID-TIME-OFF	P
	SAMS	REPAY		25406.66						883.25	PAID-TIME-OFF	P
	ST-TX	SIGNON	RELAY	276.00				7		138,60	CALL FAY 2	X
				60.00	N				N			Y
	SUNILL	895.00 STONE	STONDF	288.00				-		96.00	CALL PAY 3	Z
	SUNSTD	SUNACC	STUDEN	1795.00	N	N	N		N		PHONE & DATA	t
		SUNLIF	SUNIND									
	TSA-1 TSA-P	SURCHG TSA-C	SUNVIS									
400.96		The state of the s	TSA-2									
400.30%	OUTLOX	37478.69 TUTION										
			UW/HOS									

10/0/28

MEMORIAL MEDICAL CENTER PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- Sep 22, 2025 - Sep 25, 2025

		CPSI "Handwritten
Date Bank Description	MMC Notes	Amount Check" #
9/25/2025 PAY PLUS ACHTrans 90022488 101000693437796 P	- 3rd Party Payor Fee	16.03 901898
9/24/2025 PAY PLUS ACHTrans 89855511 101000691933793 P	- 3rd Party Payor Fee	54,26 901899
9/23/2025 PAY PLUS ACHTrans 89610133 101000690659725 P	- 3rd Party Payor Fee	29.5 901900
9/23/2025 MCKESSON DRUG AUTO ACH ACH06701481 910000115	- 3408 Drug Program Expense	727.4 💥 901901
9/22/2025 WEBFILE TAX PYMT DD 902/80301857 21000024594	- Sales Tax	2437.59 💥 🛫 901902
9/22/2025 PAY PLUS ACHTrans 89401122 101000699225129 P	- 3rd Party Payor Fee	172.98 901903

3,447.76

september 26, 2025 * Approved on 9.24.25 * * Approved on 9.17.25

Caitlin Clevenger, Controller Memorial Medical Center

10/8/2025 TEXNET

PROSPERITY BANK

Description

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT - ESTIMATED ACHS

MMC Notes

Amount

431,653.02

431,653.02

Caitlin Clevenger, Controller Memorial Medical Center

September 26, 2025

-DSH IGT

3 9 4 4 7 = 76 +

282 - 77 0

282 - 77 -

0 . 00 0

APPROVED ON

SEP 29 2025

CALHOUN COUNTY, TEXAS

DSH-IGT



Transaction Summary

Transaction Complete Trace #

Texas Health and Human Services Commission Memorial Medical Center Operating County

Payment Total	\$431,653.02
Bank Routing and Account Number	
Settlement Date	10/8/2025
DSH Amount	\$431,653.02
DSH Amount	\$431,653.02
Entered By	Caitlin Clevenger

Plan	Start Date	EEF	Per Pay Cost	ER Pe	er Pay Cost
2025 Heath Equity Health Savings Account	10/1/2025	\$	40.00	\$	25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$	-	\$	25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$	-	\$	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	\$	-	\$	25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$		\$	25.00
2025 Heath Equity Health Savings Account	10/1/2025	\$	15.00	\$	25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$	137.00	\$	25.00
2025 Heath Equity Health Savings Account	10/1/2025	\$	-	\$	25.00
2025 Heath Equity Health Savings Account	9/1/2025	\$	10.00	\$	25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$	-	\$	25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$	25.00	\$	25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$	-	\$	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	\$	-	\$	25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$	-	\$	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	\$		\$	25.00
2025 Heath Equity Health Savings Account	9/1/2025	\$		\$	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
		\$	577.00	\$	600.00
	Total	\$	1,177.00		

RECEIVED BY THE COUNTY AUDITOR ON

SEP 2 5 2025

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/17/2025

Pay Code

Class

ap_open_invoice.template

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11:27

09/25/2025

Vendor# /Vendor Name

04 🗸	TUSCANY VILLAGE						
	Invoice# Commer	nt Tran Dt Inv Dt Due Dt Check	Ot Pay Gross	Discount	No-Pay	Net	7
1	091825	09/24/202 09/18/202 10/17/202	2,700.00	0.00	0.00	2,700.00	/
1	091825A	105. PMt. Olep. into 09/24/20209/18/20210/17/202	mmc opt 165.00	in error	0.00	165.00	1
J	091925	09/24/202 09/19/202 10/17/202	215.00	0.00	0.00	215.00	1
J	092225	09/24/202 09/22/202 10/17/202	520.00	0.00	0.00	520.00	/
1	092225A	09/24/202 09/22/202 10/17/202	11,520.00	0.00	0.00	11,520.00	1
1	092325	09/24/202 09/23/202 10/17/202	845.00	0.00	0.00	845.00	1
	Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net	
	13004	TUSCANY VILLAGE	15,965.00	0.00	0.00	15,965.00	

Report Summary

Grand Totals: APPROVED ON

Gross 15,965.00 Discount 0.00

No-Pay 0.00

Net 15,965.00

SEP 25 2025

BY COUNTY AUDITOR CALHOUN COUNTY TEXAS Chust 210 Leve?

RECEIVED BY THE COUNTY AUDITOR ON

09/25/2025

11:29

SEP 2 5 2025

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/17/2025

Pay Code Class

Vendor#, Vendor Name

LAVACA BAY NURSING AND BEHAR

92 🗸	LAVACA BAY	NURSING A	AND REHAB								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	091725		09/24/20	2 09/17/2	02 10/17/20	02	1,462.64	0.00	0.00	1,462.64	1
		iv	ns pr	nt.	teoi	NHO Mr	ne in a	ptine	cror		
1	091925		09/24/20	2 09/19/2	02 10/17/20)2	6,571.80	0.00	0.00	6,571.80	V
		. 1									
1	091925A		09/24/20	2 09/19/2	02 10/17/20	02	5,920.68	0.00	0.00	5,920.68	V
		. ,							* *		
1	091925B		09/24/20	2 09/19/2	02 10/17/20	02	65,820.05	0.00	0.00	65,820.05	/
1		1.							t.		
	Vendor Totals:	Number N	lame				Gross	Discount	No-Pay	Net	
		12792	AVACA BAY	NURSIN	G AND RE	HAB	79,775,17	0.00	0.00	79,775.17	

Report Summary

Grand Totals:

Gross 79,775.17 Discount 0.00

No-Pay 0.00

Net

79,775.17

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APPROVED ON

SEP 25 2025

CALHOUN COUNTY, TEXAS Chiat 210 Level

Memorial Medical Center Nursing Home UPL Weekly Cantex Transfer Prosperity Accounts 9/26/2025

Vursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Shford Gardens		60,52				Bank Balance Variance	60.52 0	
						Leave in Balance	100.00	
uting Information for Ashfo	rd Gardens:							
hford Health Care Center Lt Morgan Chase Bank	d Co							
			J	1		Adjust Balance/Transfer Amt	(39.48)	1
roadmoor		102,11		1			102.11 0	1
						Bank Balance Variance	102.11	X
						Leave in Balance	100,001	
		1				Adjust Balance/Transfer Amt	2.11	
escent		2,038.18	1,938.18			1000	100.00 0	
						Bank Balance Variance	100.00	V
						Leave in Balance	100.00	V
		7	,					
		J	1	1		Adjust Balance/Transfer Amt		
ort Bend		125.36	4	40,064.12			40,189.48	40,089.48
		******				Bank Balance Variance	40,189.48	
						Leave in Balance	100.00	
		1	1			Adjust Balance/Transfer Amt	40,089.48	
olers at W Housto.		2,344.22	2,244.22	137,343.60		Bank Balance Variance	137,443.60 137,443.60	137,343.60
						Leave in Balance	100.00	APPROVED ON
.0.089.	48 +	Wantson 15	ort Bend / Broads	7005				SEP 2 9 2025
40.089° 137:343°	60 +		- Anna / Serialis	CONTRACT OF THE PARTY OF THE PA				BY COUNTY AUGUS
177 1433 .	08 0					Adjust Balance/Transfer Amt	137,343.60	CALHOUN COUNTY, TEX
					/ TOTAL	TRANSFERS	7	177,433.08
					Appro		V	

Sshford Gardens	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
	ī			3
		1.		1.
		*		
) ,				
_				
<u>readmost</u>	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
		4		
	(*	-		
	P	1		
	1			
	71			
			•	1.
ressent	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
9/24/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	1,938.18	1		
	-/	9		
	1	7		-
		+		,
		-		
		-		
				-
_	1,938.18			•
	2004/201	- Samena		
ert Bend	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
9/24/2025 Deposit 9/23/2025 NOVITAS SOLUTION HCCLAIMPMT 675663 420000153		141.00 34,268.30		141.00 34,268.30
9/22/2025 NOVITAS SOLUTION HCCLAIMPMT 675663 420000138		5,654.82		5,654.82
	V	1.4		
		1		
		4		
_		40,064.12	•	40,064.12
olers at West Houston	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
9/25/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000113	1	577.86		577.8
9/24/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	2,244.22	10		******
9/23/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000153 9/22/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000188		18,565.79 118,199.95		18,565.7 118,199.9
27 227 2222 HO 11112 2000 HO11 HECCHINI HI 01 02 10 420000 100	G	110,133.73		110,125.9
	- 4		T	
	2,244.22	137,343.60		137,343.60
TOTALS		177 147		499 449 94
IUMD		177,407.72		177,407.72

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,968,559.37	\$2,042,769.66	\$1,968,559.37	\$1,847,823.24
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$60.52 V	\$60.52	\$60.52	\$60.52
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$102.11 √	\$102.11	\$102.11	\$102.11
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$100.00 🗸	\$100.00	\$100.00	\$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$137,443.60	\$137,546.10	\$137,443.60	\$136,865.74
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$40,189.48 V	\$40,189.48	\$40,189.48	\$40,189.48
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$128,948.66 🗸	\$453,483.79	\$128,948.66	\$126,227.32
*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	\$41,419.45 🗸	\$41,419.45	\$41,419.45	\$38,752.89
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.14 🗸	\$100.14	\$100.14	\$100.14
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$223,311.89 🗸	\$590,820.08	\$223,311.89	\$211,597,00
*3407 MMC -NH TUSCANY VILLAGE	\$373,424.41	\$467,320.98	\$373,424.41	\$99,677.21
*2998 MMC -MONEY MARKET FUND	\$68,728.82	\$68,728.82	\$68,728.82	\$68,728.82
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$15,611.20	\$15,611.20	\$15,611.20	\$14,794.81
Total Balance	\$3,002,843.28	\$3,863,095.96	\$3,002,843.28	\$2,589,862.91

Memorial Medical Center Nursing Home UPL Weekly Nexion Transfer Prosperity Accounts 9/25/2025

	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing
Golden Creek		497,044.37	495,623.05	127,527.34		-	128,948.66	127,527.34
						Bank Balance	128,948.66	
						Variance	•	
						Leave in Balance	100.00	
						CHPP YR 7 ADJ 2	274.11	
						RECOUP FOR MMC	740.15	
						July Interest	229.79	
Routing Information for Galden	Creek:					Aug interest	77.27	
Nexion Health at Golden Creek						Sept Interest		
Wells Fargo Bank, N.A.								9.
7						Adjust Balance/Transfer Amt	127,527.34	
		500 155				^ ^	\wedge	

9/26/2025

Note: Only balances of over \$5,000 will be transferred to the nursing home.

Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

APPROVED ON

SEP 29 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
9/25/2025 HNB - ECHO HCCLAIMPMT 746003411 440000214872	A CONTRACTOR OF THE PARTY OF TH	2,721.34		2,721.34
9/24/2025 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	495,623.05	-		-
9/24/2025 Deposit		51,945.07		51,945.07
9/23/2025 NOVITAS SOLUTION HCCLAIMPMT 676097 420000153		63,966.05		63,966.05
9/22/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43		969.45		969.45
9/22/2025 LUMINOS HOLDCO L Golden Cre 113114890693007		2,026.76		2,026.76
9/22/2025 HNB - ECHO HCCLAIMPMT 746003411 440000281596		43.42		43.42
9/22/2025 LUMINOS HOLDCO L Golden Cre 113114890692959		2,244.12		2,244.12
9/22/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2		3,611.13		3,611.13
				•
		-		-
HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	•	•		•
		1		
		J		-
				-
	495,623.05	127,527.34	-	127,527.34

.

Acc	ou	nt	Name	

Account Hattie				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,968,559.37	\$2,042,769.66	\$1,968,559.37	\$1,847,823.24
*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	\$100.00	\$100.00	\$100.00	\$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$137,443.60	\$137,546.10	\$137,443.60	\$136,865.74
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$40,189.48	\$40,189.48	\$40,189.48	\$40,189.48
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$128,948.66	\$453,483.79	\$128,948.66	\$126,227.32
*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	\$41,419.45	\$41,419.45	\$41,419.45	\$38,752.89
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.14	\$100.14	\$100.14	\$100.14
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$223,311.89	\$590,820.08	\$223,311.89	\$211,597.00
*3407 MMC -NH TUSCANY VILLAGE	\$373,424.41	\$467,320.98	\$373,424.41	\$99,677.21
*2998 MMC -MONEY MARKET FUND	\$68,728.82	\$68,728.82	\$68,728.82	\$68,728.82
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$15,611.20	\$15,611.20	\$15,611.20	\$14,794.81
Total Balance	\$3,002,843.28	\$3,863,095.96	\$3,002,843.28	\$2,589,862.91

Memorial Medical Center Nursing Home UPL Weekly HMG Transfer Prosperity Accounts 9/26/2025

Amount to Be Transferred to Nursing Home 39,633.66 Pending Today's Beginning Belance 41,419.45 41,419.45 Balance 19,103.96 Transfer-Out 17,318.17 Transfer-In 39,633.66 Cks Cleared Bank Balance Variance Leave in Balance 100.00 1,275.72 49.00 361.07 39,633.66 Claims owed to MMC Claims owed to MMC Claims owed to MMC Adjust Balance/Transfer Amt Today's Beginning Balance
Today's Beginning Balance
Today's Reginning Balance
NO TRANSFER
100.14
NO TRANSFER Beginning Balance Nursing Home
Gulf Points Plaze Medicare/Medicard Cks Cleared Transfer-Out Bank Balance Variance Leave in Balance 100.00 Adjust Balance/Transfer Amt 0.14 TOTAL TRANSFERS Routing Information for Gulf Pointe Plaza:

9/26/2025

Note: Only balances of over \$5,000 will be transferred to the nursing home.

Note 2: Each occount has a base balance of \$100 that MMC deposited to open account.

APPROVED ON

SEP 29 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

				MMC	
Gulf Poin	te Plaza-Private Pay	Transfer-Out	Transfer-In	PORTION	NH PORTION
Little Agents Agen	9/25/2025 HNB - ECHO HCCLAIMPMT 746003411 440000214878		49.00		49.00
	9/25/2025 HNB - ECHO HCCLAIMPMT 746003411 440000214861	/	2,617.56		2,617.56
	9/24/2025 WIRE OUT HMG Rockport SNF, LP -Commerical	17,318.17			
	9/24/2025 HNB - ECHO HCCLAIMPMT 746003411 440000277313		5,114.35		5,114.35
	9/23/2025 HNB - ECHO HCCLAIMPMT 746003411 440000236551		24.00		24.00
	9/23/2025 HNB - ECHO HCCLAIMPMT 746003411 440000236363	/	26,325.36		26,325.36
	9/22/2025 HNB - ECHO HCCLAIMPMT 746003411 440000281596	V	5,503.39	1	5,503.39
		17,318.17	39,633.66	7.52	39,633.66

Guif Pointe Plaza-Medicare/Medicald NO activity	<u>Transfer-Out</u>	Transfer-In	MMC PORTION	NH PORTION
	-			
	17,318.17	39,633.66		39,633.66

Account	N	ame
---------	---	-----

*4357 MEMORIAL MEDICAL - OPERATING	\$1,968,559.37	\$2,042,769.66	\$1,968,559.37	\$1,847,823.24
*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	\$100.00	\$100.00	\$100.00	\$100,00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$137,443.60	\$137,546.10	\$137,443.60	\$136,865.74
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$40,189.48	\$40,189.48	\$40,189.48	\$40,189.48
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$128,948.66	\$453,483.79	\$128,948.66	\$126,227.32
*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	\$41,419.45	\$41,419.45	\$41,419.45	\$38,752.89
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.14	\$100.14	\$100.14	\$100.14
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$223,311.89	\$590,820.08	\$223,311.89	\$211,597.00
*3407 MMC -NH TUSCANY VILLAGE	\$373,424.41	\$467,320.98	\$373,424.41	\$99,677.21
*2998 MMC -MONEY MARKET FUND	\$68,728.82	\$68,728.82	\$68,728.82	\$68,728.82
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$15,611.20	\$15,611.20	\$15,611.20	\$14,794.81
Total Balance	\$3,002,843.28	\$3,863,095.96	\$3,002,843.28	\$2,589,862.91

Memorial Medical Center Nursing Home UPL Weekly Tuscany Transfer Prosperity Accounts 9/26/2025

Nursing Home Account Number Balance Transfer-Out Transfer-in Cks Cleared Opposits Todary's Beginning Balance Transfered to Nursing Home 192,716.36 192,616.36 373,324.41 Bank Balance Variance 373,424.41 373,324.41

Adjust Balance/Transfer Amt

Leave in Balance

373,324.41

9/26/2025

100.00

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

APPROVED ON

SEP 29 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

			MMC	
<u>Fuscany Village</u>	Transfer-Out	Transfer-In	PORTION	NH PORTION
9/25/2025 Deposit	4	16.80		16.80
9/25/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000113		273,730.40		273,730.40
9/24/2025 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	192,616.36			
9/24/2025 Deposit		57,520.64		57,520.64
9/23/2025 HNB - ECHO HCCLAIMPMT 746003411 440000236363		2,263.07		2,263.07
9/22/2025 HNB - ECHO HCCLAIMPMT 746003411 440000281596		16,489.55		16,489.55
9/22/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000188		23,303.95		23,303.95
		-		1.2
				-
	-			-
	1	1		-
	192,616.36	373,324.41		373,324.41

Account Name	
T-T-X-SI(C) CHI/M-I	

Account Marine					
*4357 MEMORIAL MEDICAL - OPERATING	\$1,968,559.37		\$2,042,769.66	\$1,968,559.37	\$1,847,823.24
*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	\$100.00		\$100.00	\$100.00	\$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$137,443.60		\$137,546.10	\$137,443.60	\$136,865.74
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$40,189.48		\$40,189.48	\$40,189.48	\$40,189.48
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$128,948.66		\$453,483.79	\$128,948.66	\$126,227.32
*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	\$41,419.45		\$41,419.45	\$41,419.45	\$38,752.89
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.14		\$100.14	\$100.14	\$100.14
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$223,311.89		\$590,820.08	\$223,311.89	\$211,597.00
*3407 MMC -NH TUSCANY VILLAGE	\$373,424.41	1	\$467,320.98	\$373,424.41	\$99,677.21
*2998 MMC -MONEY MARKET FUND	\$68,728.82		\$68,728.82	\$68,728.82	\$68,728.82
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$15,611.20		\$15,611.20	\$15,611.20	\$14,794.81
Total Balance	\$3,002,843.28		\$3,863,095.96	\$3,002,843.28	\$2,589,862.91

Memorial Medical Center Nursing Home UPL Weekly HSLTransfer Prosperity Accounts 9/26/2025

Nusing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment		Today's Beginning Balance	Amount to Be Transferred	
Lavace Bay Nursing and Rehab	1	155,295.46	84,090.16	152,106.59	K-Millian Control			223,311.89	√ 128,809.5	6
44.04.04.94.94.94.94.94.94.94.94.94.94.94.94.94							Bank Balance	223,311.89		
							Variance			
							Leave in Balance	100.00		
							ATLIS OWED TO MIMC	70,644.47		
							Claims owed to Tuscarry	23,297.03		
							July Interest	249.98		
							August Interest	210,85		

Adjust Balance/Transfer Amt 128,809.56

Approved: 9/16/2025

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

APPROVED ON SEP 2 9 2025

BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

			MMC	
Lavaca Bay Nursing and Rehab	Transfer-Out	Transfer-In	PORTION	NH PORTION
9/25/2025 Deposit	1	11,714.89		11,714.89
9/24/2025 WIRE OUT REG Leased OpCo LLC	84,090.16			•
9/24/2025 Deposit		1,546.44		1,546.44
9/24/2025 CENTENE CORP HCCLAIMPMT 53101126768503		60,579.59		60,579.59
9/23/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2		4,387.93		4,387.93
9/22/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000188		73,877.74		73,877.74
		-		
		-		
		-		-
		-		
		•		-
		17		-
)	7-		-
	84,090.16	152,106.59	-	152,106.59

Account Name		- IN		
*4357 MEMORIAL MEDICAL - OPERATING	\$1,968,559,37	\$2,042,769.66	\$1,968,559.37	\$1,847,823.24
*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	\$100.00	\$100.00	\$100.00	\$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$137,443.60	\$137,546.10	\$137,443.60	\$136,865.74
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$40,189.48	\$40,189.48	\$40,189.48	\$40,189.48
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$128,948.66	\$453,483.79	\$128,948.66	\$126,227.32
*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	\$41,419.45	\$41,419.45	\$41,419.45	\$38,752.89
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.14	\$100.14	\$100.14	\$100.14
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$223,311.89	\$590,820.08	\$223,311.89	\$211,597.00
*3407 MMC -NH TUSCANY VILLAGE	\$373,424.41	\$467,320.98	\$373,424,41	\$99,677.21
*2998 MMC -MONEY MARKET FUND	\$68,728.82	\$68,728.82	\$68,728.82	\$68,728.82
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$15,611.20	\$15,611.20	\$15,611.20	\$14,794.81

\$3,863,095.96

\$3,002,843.28

\$3,002,843.28

Total Balance

\$2,589,862.91

MEMORIAL MEDICAL CENTER CHECK REQUEST

Tuscany A		Date Req	uested: 9/26/2025
Ÿ —	,	APPROVED ON SEP 2 9 2025	FOR ACCT USE ONLY Imprest Cash A/P Check Mail Check to Vendor Return Check to Dept
E	A AA - XX A XXXXX	CALHOUN COUNTY TEXAS	
AMOUNT:	\$	23,297.03 G/	L NUMBER:
EXPLANATION:	Claims owed	from Lavaca Bay to Tuscany	

WARNING Do not accept this document unless you can see a true watermark and vis MEMORIAL MEDICAL CENTER LAVACA BAY NURSING & REHAB 815 N VIRGINIA ST	001156
DODT LAVAGA TO THE TOTAL	88-2265/1131 \$ 23,297.03
twenty three thousand two hundred ninety Seven doll	
FOR Claims owed	MP Sacurity features are included. Details on back

Gracie Archer

From: cclevenger@mmcportlavaca.com (Caitlin Clevenger)

<cclevenger@mmcportlavaca.com>

Sent: Tuesday, September 30, 2025 11:59 AM

To: Gracie Archer

Cc: Erin Clevenger; Michelle Cumberland

Subject: FW: Round 3 ATLIS IGT

Attachments: SFY 2025 Round 3 ATLIS Payment and IGT Summary.xlsx

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Gracie,

We just received notice of an IGT payment for ATLIS that is due this Friday in the amount of \$21,522. The email wasn't sent out until after work hours yesterday and there was no way we would have been able to submit to you on time for your report to court. Is there any way to get this approved tomorrow? This is a state funded program payment that we cannot miss. Please let me know what we need to do on our end for court approval tomorrow. In the meantime we are notifying our representative for ATLIS that we need payment information from this point as soon as possible in order to stay compliant with the County. Please let me know if you can get this on the list and if we need to provide any further information.

Thank you!

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message and any attachments.

Caitlin Clevenger

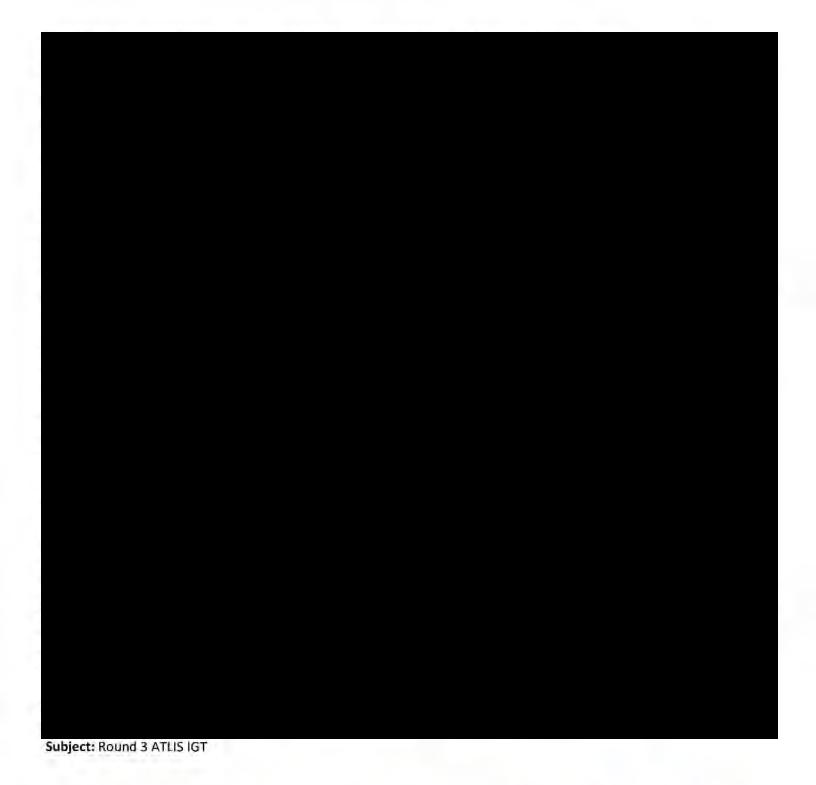
Controller Memorial Medical Center 815 N Virginia. St Port Lavaca, TX 77979 Ph: 361.552.0272

From: Erin Clevenger

Sent: Tuesday, September 30, 2025 11:40 AM

To: Caitlin Clevenger < cclevenger@mmcportlavaca.com>

Subject: FW: Round 3 ATLIS IGT



[WARNING-Remote attachments, VERIFY SENDER]

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Attached is the file for the 3rd Round of ATLIS Year 11GT that will go out this week. There were a few adjustments based on payment for Round 2.

