

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

APPROVED

OCT 01 2025

CALHOUN COUNTY  
COMMISSIONERS COURT

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

**PAYABLES AND PAYROLL**

9/25/2025 Weekly Payables	438,068.78
9/29/2025 McKesson-340B Prescription Expense	15,145.63
9/29/2025 Amerisource Bergen-340B Prescription Expense	230.59
9/29/2025 Amerisource Bergen-340B Prescription Expense	36.94
9/29/2025 Payroll Liabilities-Payroll Taxes for 10/10/2025	150,000.00
9/29/2025 Payroll for 10/10/2025	400,000.00

**Prosperity Electronic Bank Payments**

9/29/2025 Pay Plus-Patient Claims Processing Fee	282.77
9/29/2025 Health Equity -HSA Contributions for 10/10/2025	1,200.00

<b>TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS</b>	<b>\$ 1,004,964.71</b>
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**TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES**

9/29/2025 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	15,965.00
9/29/2025 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	79,775.17

<b>TOTAL TRANSFERS BETWEEN FUNDS</b>	<b>\$ 95,740.17</b>
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**NURSING HOME UPL EXPENSES**

9/29/2025 Nursing Home UPL-Cantex Transfer	177,433.08
9/29/2025 Nursing Home UPL-Nexion Transfer	127,527.34
9/29/2025 Nursing Home UPL-HMG Transfer	39,633.66
9/29/2025 Nursing Home UPL-Tuscany Transfer	373,324.41
9/29/2025 Nursing Home UPL-HSL Transfer	128,809.56

**TRANSFER OF FUNDS BETWEEN NURSING HOMES**

9/29/2025 Lavaca Bay to Tuscany Village - Claim payments owed to Tuscany from Lavaca Bay	23,297.03
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<b>TOTAL NURSING HOME UPL EXPENSES</b>	<b>\$ 870,025.08</b>
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**INTER-GOVERNMENT TRANSFERS**

9/29/2025 DSH IGT	431,653.02
9/30/2025 IGT - ATLIS	21,522.00

<b>TOTAL INTER-GOVERNMENT TRANSFERS</b>	<b>\$ 453,175.02</b>
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<b>GRAND TOTAL DISBURSEMENTS APPROVED October 1, 2025</b>	<b>\$ 2,423,904.98</b>
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SEP 25 2025

09/25/2025

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CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/16/2025

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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
	9164855896		09/17/202	09/15/202	10/10/202			93.30	0.00	0.00	93.30
	9164990843	Carbon Dioxide	09/23/202	09/18/202	10/13/202			302.95	0.00	0.00	302.95
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV						396.25	0.00	0.00	396.25
A1715	ALCO SALES & SERVICE CO	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	29960051N		09/24/202	09/18/202	09/24/202			53.76	0.00	0.00	53.76
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	A1715	ALCO SALES & SERVICE CO						53.76	0.00	0.00	53.76
14028	AMAZON CAPITAL SERVICES										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	11NRWCJP6Q1G		09/17/202	09/10/202	10/10/202			131.72	0.00	0.00	131.72
	1NCFPVG17TMC		09/17/202	09/15/202	10/15/202			77.19	0.00	0.00	77.19
	16KYWCJY9PMP		09/17/202	09/15/202	10/15/202			156.03	0.00	0.00	156.03
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES						364.94	0.00	0.00	364.94
15456	AMERITEX ELEVATOR SERVICES INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	20260671		09/24/202	08/26/202	09/02/202			18,961.45	0.00	0.00	18,961.45
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	15456	AMERITEX ELEVATOR SERVICES INC						18,961.45	0.00	0.00	18,961.45
A4000	ARMSTRONG MEDICAL INDUSTRIES	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2162841		09/24/202	09/19/202	09/24/202			153.78	0.00	0.00	153.78
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	A4000	ARMSTRONG MEDICAL INDUSTRIES						153.78	0.00	0.00	153.78
15912	BAYLOR COLLEGE OF MEDICINE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	4705		09/25/202	09/12/202	09/12/202			150.00	0.00	0.00	150.00
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	15912	BAYLOR COLLEGE OF MEDICINE						150.00	0.00	0.00	150.00
B1220	BECKMAN COULTER INC	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	112243683		09/17/202	09/15/202	10/10/202			5,016.58	0.00	0.00	5,016.58



✓	4591898		09/24/202	09/21/202	10/16/202		1,484.00	0.00	0.00	1,484.00 ✓
✓	5507133		09/24/202	09/21/202	10/16/202		1,935.15	0.00	0.00	1,935.15 ✓
Service 9/21 - 10/20/25 Please Sept. 2025										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				8,435.73	0.00	0.00	8,435.73
Vendor#	Vendor Name		Class	Pay Code						
B1650 ✓	BOSART LOCK & KEY INC		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	130459		09/24/202	09/17/202	10/01/202		19.25	0.00	0.00	19.25 ✓
5 keys										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		B1650	BOSART LOCK & KEY INC				19.25	0.00	0.00	19.25
Vendor#	Vendor Name		Class	Pay Code						
C1390 ✓	CENTRAL DRUG		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	0911		09/23/202	09/22/202	09/22/202		29.10	0.00	0.00	29.10 ✓
le billations										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		C1390	CENTRAL DRUG				29.10	0.00	0.00	29.10
Vendor#	Vendor Name		Class	Pay Code						
C1730 ✓	CITY OF PORT LAVACA		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	091225B		09/23/202	09/12/202	09/23/202		89.38	0.00	0.00	89.38 ✓
101 N. Virginia St.										
✓	091225A		09/23/202	09/12/202	09/23/202		170.22	0.00	0.00	170.22 ✓
101 N. Virginia St.										
✓	091225		09/23/202	09/12/202	09/23/202		52.01	0.00	0.00	52.01 ✓
815 N Virginia St										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		C1730	CITY OF PORT LAVACA				311.61	0.00	0.00	311.61
Vendor#	Vendor Name		Class	Pay Code						
C1166 ✓	COASTAL OFFICE SOLUTIONS		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	OEQT335091		09/23/202	09/18/202	09/28/202		589.57	0.00	0.00	589.57 ✓
Floor Stripper / Polymer Floor Finish										
✓	OE528501		09/24/202	09/18/202	09/28/202		200.46	0.00	0.00	200.46 ✓
Can Liners										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		C1166	COASTAL OFFICE SOLUTIONS				790.03	0.00	0.00	790.03
Vendor#	Vendor Name		Class	Pay Code						
14080 ✓	CORROHEALTH, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	2024050		09/24/202	08/31/202	09/30/202		2,362.95	0.00	0.00	2,362.95 ✓
Cabling										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14080	CORROHEALTH, INC.				2,362.95	0.00	0.00	2,362.95
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
✓	MMC091525		09/23/202	09/15/202	09/16/202		116,524.91	0.00	0.00	116,524.91 ✓
Physician Services 9/1 - 9/15/25										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10789	DISCOVERY MEDICAL NETWORK INC				116,524.91	0.00	0.00	116,524.91
Vendor#	Vendor Name		Class	Pay Code						



11291	✓	DOWELL PEST CONTROL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
59321		09/23/202	09/22/202	10/01/202			260.00	0.00	0.00	260.00	✓
59367		09/23/202	09/22/202	10/01/202			505.00	0.00	0.00	505.00	✓
59378		09/23/202	09/22/202	10/01/202			105.00	0.00	0.00	105.00	✓
59377		09/23/202	09/22/202	10/01/202			160.00	0.00	0.00	160.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
11291 DOWELL PEST CONTROL							1,030.00	0.00	0.00	1,030.00	

Vendor#	Vendor Name	Class	Pay Code								
11284	EMERGENCY STAFFING SOLUTIONS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
44721		09/24/202	09/30/202	10/10/202			40,062.50	0.00	0.00	40,062.50	✓
	16-EOM										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
11284 EMERGENCY STAFFING SOLUTIONS							40,062.50	0.00	0.00	40,062.50	

Vendor#	Vendor Name	Class	Pay Code								
14136	EPI-EDWARD PLUMBING										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
69235		09/23/202	09/17/202	09/23/202			1,379.00	0.00	0.00	1,379.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
14136 EPI-EDWARD PLUMBING							1,379.00	0.00	0.00	1,379.00	

Vendor#	Vendor Name	Class	Pay Code								
14336	FIRETRON, INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
297355		09/23/202	08/25/202	09/24/202			250.00	0.00	0.00	250.00	✓
299970		09/25/202	09/22/202	10/01/202			970.50	0.00	0.00	970.50	✓
299968		09/25/202	09/22/202	10/01/202			993.00	0.00	0.00	993.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
14336 FIRETRON, INC							2,213.50	0.00	0.00	2,213.50	

Vendor#	Vendor Name	Class	Pay Code								
17276	FIRST UNITED METHODIST CHURCH										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
100125		09/24/202	10/01/202	10/01/202			1,450.00	0.00	0.00	1,450.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
17276 FIRST UNITED METHODIST CHURCH							1,450.00	0.00	0.00	1,450.00	

Vendor#	Vendor Name	Class	Pay Code								
F1400	FISHER HEALTHCARE	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
2757138		09/01/202	08/05/202	08/30/202			870.22	0.00	0.00	870.22	✓
3635268		09/17/202	09/15/202	10/10/202			-130.42	0.00	0.00	-130.42	✓
3668730		09/17/202	09/16/202	10/11/202			136.87	0.00	0.00	136.87	✓
3668731		09/17/202	09/16/202	10/11/202			148.28	0.00	0.00	148.28	✓
3701563		09/24/202	09/17/202	10/12/202			932.95	0.00	0.00	932.95	✓



Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		F1400	FISHER HEALTHCARE				1,957.90	0.00	0.00	1,957.90	
Vendor#	Vendor Name			Class	Pay Code						
12636	FUSION CONNECT										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1029441924A		09/25/202	09/16/202	10/01/202			778.81	0.00	0.00	778.81
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		12636	FUSION CONNECT				778.81	0.00	0.00	778.81	
Vendor#	Vendor Name			Class	Pay Code						
15208	HOSPITAL CARE CONSULTANTS INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6929		09/24/202	09/30/202	10/10/202			23,663.00	0.00	0.00	23,663.00
	16-EOM										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		15208	HOSPITAL CARE CONSULTANTS INC.				23,663.00	0.00	0.00	23,663.00	
Vendor#	Vendor Name			Class	Pay Code						
K1049	KENTEC MEDICAL INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1206587		09/24/202	09/17/202	09/24/202			76.22	0.00	0.00	76.22
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		K1049	KENTEC MEDICAL INC				76.22	0.00	0.00	76.22	
Vendor#	Vendor Name			Class	Pay Code						
11600	LEGAL SHIELD										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	091525		09/23/202	09/15/202	09/23/202			443.80	0.00	0.00	443.80
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11600	LEGAL SHIELD				443.80	0.00	0.00	443.80	
Vendor#	Vendor Name			Class	Pay Code						
10972	M G TRUST										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	092325		09/23/202	09/23/202	09/23/202			895.00	0.00	0.00	895.00
	090925A		09/23/202	09/23/202	09/23/202			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						
M2178	MCKESSON MEDICAL SURGICAL INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	24349426		09/24/202	09/17/202	10/02/202			43.21	0.00	0.00	43.21
	24373477		09/24/202	09/22/202	10/07/202			556.16	0.00	0.00	556.16
	24373509		09/24/202	09/22/202	10/07/202			236.76	0.00	0.00	236.76
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		M2178	MCKESSON MEDICAL SURGICAL INC				836.13	0.00	0.00	836.13	
Vendor#	Vendor Name			Class	Pay Code						
11612	MEDICAL AIR SERVICES ASSOC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2191864		09/23/202	09/23/202	09/23/202			1,401.00	0.00	0.00	1,401.00



Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
11612		MEDICAL AIR SERVICES ASSOC.		1,401.00		0.00		0.00		1,401.00	
Vendor#	Vendor Name	Class		Pay Code							
18092	MEDICAL SOLUTIONS LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	200991875		09/17/202	08/31/202	10/14/202			2,070.00	0.00	0.00	2,070.00
✓	201003864		09/24/202	09/22/202	10/01/202			2,622.00	0.00	0.00	2,622.00
✓	201005900		09/24/202	09/23/202	10/01/202			2,777.25	0.00	0.00	2,777.25
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
18092		MEDICAL SOLUTIONS LLC		7,469.25		0.00		0.00		7,469.25	
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
✓	2384137542		09/01/202	08/14/202	09/08/202			296.88	0.00	0.00	296.88
✓	2388926838		09/17/202	09/16/202	10/11/202			229.88	0.00	0.00	229.88
✓	2389035103		09/24/202	09/17/202	10/12/202			607.88	0.00	0.00	607.88
✓	2389033493		09/24/202	09/17/202	10/12/202			1,245.03	0.00	0.00	1,245.03
✓	2389035106		09/24/202	09/17/202	10/12/202			54.47	0.00	0.00	54.47
✓	2389035108		09/24/202	09/17/202	10/12/202			17,773.30	0.00	0.00	17,773.30
✓	2389033489		09/24/202	09/17/202	10/12/202			7.05	0.00	0.00	7.05
✓	2389033490		09/24/202	09/17/202	10/12/202			210.40	0.00	0.00	210.40
✓	2389033491		09/24/202	09/17/202	10/12/202			304.72	0.00	0.00	304.72
✓	2389035107		09/24/202	09/17/202	10/12/202			304.72	0.00	0.00	304.72
✓	2389310007		09/24/202	09/18/202	10/13/202			53.14	0.00	0.00	53.14
✓	2389356436		09/24/202	09/18/202	10/13/202			-296.88	0.00	0.00	-296.88
✓	2389356437		09/24/202	09/18/202	10/13/202			-35.65	0.00	0.00	-35.65
✓	2389481166		09/24/202	09/19/202	10/14/202			5.14	0.00	0.00	5.14
✓	2389481165		09/24/202	09/19/202	10/14/202			20.68	0.00	0.00	20.68
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
M2470		MEDLINE INDUSTRIES INC		20,780.76		0.00		0.00		20,780.76	
Vendor#	Vendor Name	Class		Pay Code							
10963	MEMORIAL MEDICAL CLINIC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	091925		09/23/202	09/19/202	09/19/202			20.00	0.00	0.00	20.00
✓	091925A		09/23/202	09/19/202	09/19/202			20.00	0.00	0.00	20.00
✓	090825A		09/23/202	09/23/202	09/23/202			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 CO, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0066504		09/23/202	09/15/202	09/25/202			2,345.66	0.00	0.00	2,345.66
	0066503		09/23/202	09/15/202	09/25/202			1,670.69	0.00	0.00	1,670.69
	3862337		09/23/202	09/17/202	09/27/202			6,381.28	0.00	0.00	6,381.28
	3864521		09/23/202	09/17/202	09/27/202			1,114.74	0.00	0.00	1,114.74
	3864520		09/23/202	09/17/202	09/27/202			25.25	0.00	0.00	25.25
	3870372		09/23/202	09/18/202	09/28/202			91.35	0.00	0.00	91.35
	3870617		09/23/202	09/18/202	09/28/202			1,007.92	0.00	0.00	1,007.92
	3870616		09/23/202	09/18/202	09/28/202			20.02	0.00	0.00	20.02
	3867745		09/23/202	09/18/202	09/28/202			8,006.86	0.00	0.00	8,006.86
	3876276		09/23/202	09/21/202	10/01/202			503.88	0.00	0.00	503.88
	3876275		09/23/202	09/21/202	10/01/202			80.57	0.00	0.00	80.57
	CM47142		09/23/202	09/22/202	10/02/202			-29.04	0.00	0.00	-29.04
	3878965		09/23/202	09/22/202	10/02/202			16,013.71	0.00	0.00	16,013.71
	3880905		09/23/202	09/22/202	10/02/202			15.38	0.00	0.00	15.38
	3880906		09/23/202	09/22/202	10/02/202			1,810.89	0.00	0.00	1,810.89
	4464		09/23/202	09/22/202	10/02/202			-27.56	0.00	0.00	-27.56
	3881133		09/23/202	09/22/202	10/02/202			154.40	0.00	0.00	154.40
	3852106		09/25/202	09/15/202	09/25/202			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										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	001956736532		09/24/202	09/23/202	10/01/202			22,749.62	0.00	0.00	22,749.62
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										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8801289913		09/24/202	09/11/202	10/11/202			307.98	0.00	0.00	307.98



Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		M2659	MXR IMAGING, INC				307.98	0.00	0.00	307.98
Vendor#	Vendor Name			Class	Pay Code					
13548	NACOGDOCHES TRANSCRIPTION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	8844		09/24/202	09/15/202	09/25/202		95.06	0.00	0.00	95.06
			Sept. 2020							
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		13548	NACOGDOCHES TRANSCRIPTION				95.06	0.00	0.00	95.06
Vendor#	Vendor Name			Class	Pay Code					
12388	NATIONAL FARM LIFE INSURANCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	4578541		09/23/202	09/23/202	10/01/202		102.27	0.00	0.00	102.27
			Ben. Ins.							
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		12388	NATIONAL FARM LIFE INSURANCE				102.27	0.00	0.00	102.27
Vendor#	Vendor Name			Class	Pay Code					
O1500	OLYMPUS AMERICA INC			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	38549864		09/24/202	08/25/202	09/19/202		145.00	0.00	0.00	145.00
			Combo Cleaning Brush							
	38674278		09/24/202	09/17/202	10/12/202		204.60	0.00	0.00	204.60
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		O1500	OLYMPUS AMERICA INC				349.60	0.00	0.00	349.60
Vendor#	Vendor Name			Class	Pay Code					
S0905	PERFORMANCE HEALTH			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	IN999179457		09/24/202	09/18/202	10/13/202		46.89	0.00	0.00	46.89
			Theraband							
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		S0905	PERFORMANCE HEALTH				46.89	0.00	0.00	46.89
Vendor#	Vendor Name			Class	Pay Code					
14764	PL-CPR, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	406		09/23/202	09/22/202	09/23/202		700.00	0.00	0.00	700.00
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14764	PL-CPR, LLC				700.00	0.00	0.00	700.00
Vendor#	Vendor Name			Class	Pay Code					
12708	POC ELECTRIC, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	4408		09/24/202	07/29/202	08/01/202		1,954.33	0.00	0.00	1,954.33
			5 emergency lights							
	4441		09/24/202	09/22/202	10/01/202		2,643.07	0.00	0.00	2,643.07
			Hospital Clinic - Insured 8-120V air purifier							
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		12708	POC ELECTRIC, LLC				4,597.40	0.00	0.00	4,597.40
Vendor#	Vendor Name			Class	Pay Code					
P2200	POWER HARDWARE			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	A122646		09/23/202	09/20/202	09/30/202		15.98	0.00	0.00	15.98
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		P2200	POWER HARDWARE				15.98	0.00	0.00	15.98
Vendor#	Vendor Name			Class	Pay Code					



10896	QIAGEN INC														
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net				
✓	99822839		09/24/202	09/16/202	10/16/202			1,299.91	0.00	0.00	1,299.91				✓
	Amn. Sure Rom test														
	Vendor Totals: Number	Name						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					W									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net				
✓	7143697567		09/23/202	09/16/202	09/23/202			15,199.15	0.00	0.00	15,199.15				✓
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net				
	S1001	SANOFI PASTEUR INC						15,199.15	0.00	0.00	15,199.15				
Vendor#	Vendor Name					Class	Pay Code								
S2001	SIEMENS MEDICAL SOLUTIONS INC					M									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net				
✓	116788728		09/25/202	09/16/202	10/11/202			2,617.41	0.00	0.00	2,617.41				
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net				
	S2001	SIEMENS MEDICAL SOLUTIONS INC						2,617.41	0.00	0.00	2,617.41				
Vendor#	Vendor Name					Class	Pay Code								
17852	SINGLETON ASSOCIATES PA														
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net				
✓	246083125001		09/25/202	09/24/202	09/24/202			13,225.86	0.00	0.00	13,225.86				✓
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net				
	17852	SINGLETON ASSOCIATES PA						13,225.86	0.00	0.00	13,225.86				
Vendor#	Vendor Name					Class	Pay Code								
S2362	SMITH & NEPHEW, INC.														
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net				
✓	984531794		09/24/202	09/16/202	09/24/202			6,700.00	0.00	0.00	6,700.00				✓
✓	984531793		09/24/202	09/16/202	09/24/202			6,700.00	0.00	0.00	6,700.00				✓
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net				
	S2362	SMITH & NEPHEW, INC.						13,400.00	0.00	0.00	13,400.00				
Vendor#	Vendor Name					Class	Pay Code								
11296	SOUTH TEXAS BLOOD & TISSUE CEN														
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net				
✓	107053782		09/17/202	09/15/202	10/10/202			5,625.00	0.00	0.00	5,625.00				✓
✓	CM15816		09/17/202	09/15/202	10/10/202			-3,940.00	0.00	0.00	-3,940.00				✓
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net				
	11296	SOUTH TEXAS BLOOD & TISSUE CEN						1,685.00	0.00	0.00	1,685.00				
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				
✓	867071		09/23/202	08/14/202	09/23/202			625.00	0.00	0.00	625.00				✓
	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								
S3960	STERICYCLE, INC														
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net				
✓	8012042978		09/24/202	09/18/202	10/01/202			3,211.90	0.00	0.00	3,211.90				✓



Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
11772	STERIS INSTRUMENT MANAGEMENT			74.74	0.00	0.00	74.74
Vendor Totals:	Number Name			Gross	Discount	No-Pay	Net
	11772 STERIS INSTRUMENT MANAGEMENT			74.74	0.00	0.00	74.74
14212	SURGICAL DIRECT SOUTH			3,625.00	0.00	0.00	3,625.00
Vendor Totals:	Number Name			Gross	Discount	No-Pay	Net
	14212 SURGICAL DIRECT SOUTH			3,625.00	0.00	0.00	3,625.00
T2539	T-SYSTEM, INC	W		146.00	0.00	0.00	146.00
Vendor Totals:	Number Name			Gross	Discount	No-Pay	Net
	T2539 T-SYSTEM, INC			146.00	0.00	0.00	146.00
10765	TEXAS HOSPITAL ASSOCIATION			1,887.25	0.00	0.00	1,887.25
Vendor Totals:	Number Name			Gross	Discount	No-Pay	Net
	10765 TEXAS HOSPITAL ASSOCIATION			1,887.25	0.00	0.00	1,887.25
10758	TEXAS SELECT STAFFING, LLC			3,625.00	0.00	0.00	3,625.00
Vendor Totals:	Number Name			Gross	Discount	No-Pay	Net
	10758 TEXAS SELECT STAFFING, LLC			7,810.00	0.00	0.00	7,810.00
C2510	TRUBRIDGE	M		20,338.25	0.00	0.00	20,338.25
Vendor Totals:	Number Name			Gross	Discount	No-Pay	Net
	C2510 TRUBRIDGE			20,338.25	0.00	0.00	20,338.25
U1064	UNIFIRST HOLDINGS INC			268.33	0.00	0.00	268.33
Vendor Totals:	Number Name			Gross	Discount	No-Pay	Net
	U1064 UNIFIRST HOLDINGS INC			3,856.48	0.00	0.00	3,856.48



✓	2921069499		09/23/202	09/18/202	10/13/202		4,072.05	0.00	0.00	4,072.05	✓
			Laundry								
✓	2921069537		09/23/202	09/18/202	10/13/202		139.99	0.00	0.00	139.99	✓
✓	2921069502		09/23/202	09/18/202	10/13/202		66.92	0.00	0.00	66.92	✓
			Uniforms								
✓	2921069523		09/23/202	09/18/202	10/13/202		207.62	0.00	0.00	207.62	✓
			Laundry								
✓	2921069519		09/23/202	09/18/202	10/13/202		201.60	0.00	0.00	201.60	✓
			Laundry								
✓	2921069528		09/23/202	09/18/202	10/13/202		184.62	0.00	0.00	184.62	✓
			Uniforms								
✓	2921069512		09/24/202	09/18/202	10/13/202		289.83	0.00	0.00	289.83	✓
			Uniforms / Laundry								
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
			U1064	UNIFIRST HOLDINGS INC			9,287.44	0.00	0.00	9,287.44	
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	
✓	219805		09/23/202	09/19/202	09/23/202		543.75	0.00	0.00	543.75	✓
✓	220187		09/23/202	09/19/202	09/23/202		2,515.00	0.00	0.00	2,515.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
			V1056	VICTORIA AIR CONDITIONING LTD			3,058.75	0.00	0.00	3,058.75	
Vendor#	Vendor Name		Class		Pay Code						
17832	VOCA LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	41103		09/17/202	09/12/202	10/12/202		3,610.00	0.00	0.00	3,610.00	✓
		AGENCY STAFFING	Dave Barnes 9/14/25								
✓	41198		09/24/202	09/19/202	10/01/202		3,467.50	0.00	0.00	3,467.50	✓
			Dave Barnes 9/11/25								
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
			17832	VOCA LLC			7,077.50	0.00	0.00	7,077.50	
Vendor#	Vendor Name		Class		Pay Code						
I1110	WERFEN USA LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	9111972711		09/17/202	09/15/202	10/10/202		1,571.66	0.00	0.00	1,571.66	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
			I1110	WERFEN USA LLC			1,571.66	0.00	0.00	1,571.66	
Vendor#	Vendor Name		Class		Pay Code						
10556	WOUND CARE SPECIALISTS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	WCS00007514		09/17/202	09/16/202	10/15/202		9,225.00	0.00	0.00	9,225.00	✓
			Aug 2025								
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
			10556	WOUND CARE SPECIALISTS			9,225.00	0.00	0.00	9,225.00	
Vendor#	Vendor Name		Class		Pay Code						
Z1005	ZIMMER US, INC.		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	9004016398		09/24/202	09/11/202	09/24/202		525.00	0.00	0.00	525.00	✓
			Zimmer w/b								
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
			Z1005	ZIMMER US, INC.			525.00	0.00	0.00	525.00	



Grand Totals:

Gross  
438,068.78

Discount  
0.00

No-Pay  
0.00

Net  
438,068.78

APPROVED ON

SEP 25 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY TEXAS

Chk# 210605-210605

RUN DATE:09/30/25

MEMORIAL MEDICAL CENTER

PAGE 1

TIME:09:48

CHECK REGISTER

GLCKREG

10/01/25 THRU 10/01/25

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
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	AMAZON CAPITAL SERVICES
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
A/P	210612	10/01/25	19.25	BOSART LOCK & KEY INC
A/P	210613	10/01/25	29.10	CENTRAL DRUG
A/P	210614	10/01/25	311.61	CITY OF PORT LAVACA
A/P	210615	10/01/25	790.03	COASTAL OFFICE SOLUTIONS
A/P	210616	10/01/25	2,362.95	CORROHEALTH, INC.
A/P	210617	10/01/25	116,524.91	DISCOVERY MEDICAL NETWORK INC
A/P	210618	10/01/25	1,030.00	DOWELL PEST CONTROL
A/P	210619	10/01/25	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	210620	10/01/25	1,379.00	EPI-EDWARD PLUMBING
A/P	210621	10/01/25	2,213.50	FIRETRON, INC
A/P	210622	10/01/25	1,450.00	FIRST UNITED METHODIST CHURCH
A/P	210623	10/01/25	1,957.90	FISHER HEALTHCARE
A/P	210624	10/01/25	778.81	FUSION CONNECT
A/P	210625	10/01/25	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	210626	10/01/25	76.22	KENTEC MEDICAL INC
A/P	210627	10/01/25	443.80	LEGAL SHIELD
A/P	210628	10/01/25	1,790.00	M G TRUST
A/P	210629	10/01/25	836.13	MCKESSON MEDICAL SURGICAL INC
A/P	210630	10/01/25	1,401.00	MEDICAL AIR SERVICES ASSOC.
A/P	210631	10/01/25	7,469.25	MEDICAL SOLUTIONS LLC
A/P	210632	10/01/25	.00	VOIDED
A/P	210633	10/01/25	20,780.76	MEDLINE INDUSTRIES INC
A/P	210634	10/01/25	45.70	MEMORIAL MEDICAL CLINIC
A/P	210635	10/01/25	.00	VOIDED
A/P	210636	10/01/25	39,281.83	MORRIS & DICKSON CO, LLC
A/P	210637	10/01/25	22,749.62	MUTUAL OF OMAHA
A/P	210638	10/01/25	307.98	MXR IMAGING, INC
A/P	210639	10/01/25	95.06	NACOGDOCHES TRANSCRIPTION
A/P	210640	10/01/25	102.27	NATIONAL FARM LIFE INSURANCE
A/P	210641	10/01/25	349.60	OLYMPUS AMERICA INC
A/P	210642	10/01/25	46.89	PERFORMANCE HEALTH
A/P	210643	10/01/25	700.00	PL-CPR, LLC
A/P	210644	10/01/25	4,597.40	POC ELECTRIC, LLC
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	SANOPI PASTEUR INC
A/P	210648	10/01/25	2,617.41	SIEMENS MEDICAL SOLUTIONS INC
A/P	210649	10/01/25	13,225.86	SINGLETON ASSOCIATES PA
A/P	210650	10/01/25	13,400.00	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  
10/01/25 THRU 10/01/25

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GLCKREG

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
TOTALS:			533,808.95	

APPROVED ON

OCT 01 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Payables

438,068.78 +

15,965.00 +

79,775.17 +

533,808.95 +

**McKESSON****STATEMENT**

Company: 8000

MEMORIAL MEDICAL CENTER  
AP  
815 N VIRGINIA STREET  
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

As of: 09/26/2025

Page: 002

To ensure proper credit to your  
account, detach and return this  
stub with your remittanceDC: 8115  
Customer INV SupplD:  
Territory:As of: 09/26/2025 Page: 002  
Mail to: Comp: 8000Customer: 632536  
Date: 09/26/2025AMT DUE REMITTED VIA ACH DEBIT  
Statement for information onlyCust: 632536 PLEASE CHECK ANY  
Date: 09/26/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 632536 Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
-----------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 15,454.78 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97  
08/07/2017If Paid By 09/30/2025,  
Pay This Amount:

15,145.63 USD

If Paid After 09/30/2025,  
Pay this Amount:

15,454.78 USD

Due If Paid On Time: ✓

USD

15,145.63

Disc lost if paid late:

309.15

Due If Paid Late:

USD

15,454.78

15,128.49 +  
17.14 +  
15,145.63 =

APPROVED ON

SEP 29 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please &lt;&gt; contact 800-867-0333



**McKESSON****STATEMENT**

As of: 09/26/2025

Page: 001

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

DC: 8115  
Customer INV SupplID:  
Territory: 7001

Customer: 256342  
Date: 09/26/2025

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

As of: 09/26/2025 Page: 001  
Mail to: 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	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
09/20/2025	09/30/2025	7591683900 ✓	241057235	115Invoice	7.14	356.86		349.72 ✓	✓	7591683900	
09/20/2025	09/30/2025	7591683901 ✓	240992526	115Invoice	0.24	11.96		11.72 ✓	✓	7591683901	
09/20/2025	09/30/2025	7591683902 ✓	241025376	115Invoice	0.24	11.96		11.72 ✓	✓	7591683902	
09/20/2025	09/30/2025	7591683903 ✓	241338588	115Invoice	0.24	11.96		11.72 ✓	✓	7591683903	
09/20/2025	09/30/2025	7591683904 ✓	242100229	115Invoice	12.30	615.06		602.76 ✓	✓	7591683904	
09/20/2025	09/30/2025	7591683905 ✓	240955707	115Invoice	14.27	713.71		699.44 ✓	✓	7591683905	
09/20/2025	09/30/2025	7591683906 ✓	240992526	115Invoice	7.14	356.86		349.72 ✓	✓	7591683906	
09/20/2025	09/30/2025	7591683907 ✓	241025376	115Invoice	7.14	356.86		349.72 ✓	✓	7591683907	
09/22/2025	09/30/2025	7591923344 ✓	244389588	115Invoice	12.23	611.65		599.42 ✓	✓	7591923344	
09/22/2025	09/30/2025	7591923345 ✓	245058754	115Invoice	6.12	305.83		299.71 ✓	✓	7591923345	
09/22/2025	09/30/2025	7591923346 ✓	241717897	115Invoice	0.01	0.63		0.62 ✓	✓	7591923346	
09/22/2025	09/30/2025	7591923347 ✓	241755175	115Invoice	0.01	0.32		0.31 ✓	✓	7591923347	
09/22/2025	09/30/2025	7591923348 ✓	241473398	115Invoice	0.01	0.32		0.31 ✓	✓	7591923348	
09/22/2025	09/30/2025	7591923349 ✓	241947224	115Invoice	0.01	0.63		0.62 ✓	✓	7591923349	
09/23/2025	09/30/2025	7592150457 ✓	241399403	115Invoice	13.40	669.88		656.48 ✓	✓	7592150457	
09/23/2025	09/30/2025	7592150458 ✓	241473398	115Invoice	13.40	669.88		656.48 ✓	✓	7592150458	
09/23/2025	09/30/2025	7592150459 ✓	241717897	115Invoice	6.70	334.94		328.24 ✓	✓	7592150459	
09/23/2025	09/30/2025	7592150460 ✓	241338588	115Invoice	1.78	88.95		87.17 ✓	✓	7592150460	
09/23/2025	09/30/2025	7592150461 ✓	241473398	115Invoice	14.27	713.71		699.44 ✓	✓	7592150461	
09/23/2025	09/30/2025	7592150462 ✓	241589028	115Invoice	7.14	356.86		349.72 ✓	✓	7592150462	
09/23/2025	09/30/2025	7592150463 ✓	241338588	115Invoice	0.24	11.96		11.72 ✓	✓	7592150463	
09/23/2025	09/30/2025	7592150464 ✓	241539485	115Invoice	0.24	11.96		11.72 ✓	✓	7592150464	
09/23/2025	09/30/2025	7592150465 ✓	241589028	115Invoice	0.24	11.96		11.72 ✓	✓	7592150465	
09/23/2025	09/30/2025	7592150466 ✓	241338588	115Invoice	7.14	356.86		349.72 ✓	✓	7592150466	
09/23/2025	09/30/2025	7592161035 ✓	241755175	115Invoice	0.01	0.32		0.31 ✓	✓	7592161035	
09/23/2025	09/30/2025	7592161036 ✓	241788052	115Invoice	0.01	0.63		0.62 ✓	✓	7592161036	
09/23/2025	09/30/2025	7592161037 ✓	241473398	115Invoice	0.01	0.63		0.62 ✓	✓	7592161037	
09/23/2025	09/30/2025	7592161038 ✓	241473398	115Invoice	5.53	276.46		270.93 ✓	✓	7592161038	
09/23/2025	09/30/2025	7592161039 ✓	241589028	115Invoice	5.53	276.46		270.93 ✓	✓	7592161039	
09/24/2025	09/30/2025	7592387490 ✓	241473398	115Invoice	2.79	139.46		136.67 ✓	✓	7592387490	
09/24/2025	09/30/2025	7592387491 ✓	241589028	115Invoice	0.24	11.96		11.72 ✓	✓	7592387491	

For AR Inquiries please <> contact 800-867-0333



# 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

Page: 002

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

DC: 8115  
Customer INV SupplD:  
Territory: 7001

As of: 09/26/2025 Page: 002  
Mail to: Comp: 8000

Customer: 256342  
Date: 09/26/2025

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	National Account Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
09/24/2025	09/30/2025	7592387492 ✓	241788052	115Invoice	0.24	11.96		11.72 ✓		7592387492	
09/24/2025	09/30/2025	7592387493 ✓	241589028	115Invoice	7.14	356.86		349.72 ✓		7592387493	
09/24/2025	09/30/2025	7592387494 ✓	241717897	115Invoice	7.14	356.86		349.72 ✓		7592387494	
09/24/2025	09/30/2025	7592387495 ✓	244071972	115Invoice	12.30	615.06		602.76 ✓		7592387495	
09/24/2025	09/30/2025	7592387496 ✓	241717897	115Invoice	6.70	334.94		328.24 ✓		7592387496	
09/24/2025	09/30/2025	7592387497 ✓	241788052	115Invoice	6.70	334.94		328.24 ✓		7592387497	
09/24/2025	09/30/2025	7592387498 ✓	241473398	115Invoice	14.27	713.71		699.44 ✓		7592387498	
09/24/2025	09/30/2025	7592387499 ✓	241788052	115Invoice	1.71	85.30		83.59 ✓		7592387499	
09/24/2025	09/30/2025	7592387700 ✓	241788052	115Invoice	0.01	0.32		0.31 ✓		7592387700	
09/24/2025	09/30/2025	7592387701 ✓	241852411	115Invoice	0.02	0.95		0.93 ✓		7592387701	
09/24/2025	09/30/2025	7592399791 ✓	241473398	115Invoice	3.16	158.20		155.04 ✓		7592399791	
09/24/2025	09/30/2025	7592399792 ✓	242231228	115Invoice	1.33	66.41		65.08 ✓		7592399792	
09/25/2025	09/30/2025	7592630397 ✓	241788052	115Invoice	6.70	334.94		328.24 ✓		7592630397	
09/25/2025	09/30/2025	7592630398 ✓	242297210	115Invoice	12.14	606.88		594.74 ✓		7592630398	
09/25/2025	09/30/2025	7592630399 ✓	241717897	115Invoice	7.14	356.86		349.72 ✓		7592630399	
09/25/2025	09/30/2025	7592630500 ✓	241947224	115Invoice	14.27	713.71		699.44 ✓		7592630500	
09/25/2025	09/30/2025	7592630501 ✓	242231228	115Invoice	7.09	354.35		347.26 ✓		7592630501	
09/25/2025	09/30/2025	7592650105 ✓	241589028	115Invoice	14.27	713.71		699.44 ✓		7592650105	
09/25/2025	09/30/2025	7592650106 ✓	241947224	115Invoice	0.01	0.32		0.31 ✓		7592650106	
09/26/2025	09/30/2025	7592864661 ✓	248887070	115Invoice	2.07	103.32		101.25 ✓		7592864661	
09/26/2025	09/30/2025	7592864662 ✓	241788052	115Invoice	0.46	22.89		22.43 ✓		7592864662	
09/26/2025	09/30/2025	7592864663 ✓	242679914	115Invoice	0.70	35.02		34.32 ✓		7592864663	
09/26/2025	09/30/2025	7592864664 ✓	247290908	115Invoice	0.01	0.32		0.31 ✓		7592864664	
09/26/2025	09/30/2025	7592864665 ✓	246108022	115Invoice	22.82	1,141.15		1,118.33 ✓		7592864665	
09/26/2025	09/30/2025	7592864666 ✓	242162515	115Invoice	0.26	12.94		12.68 ✓		7592864666	
09/26/2025	09/30/2025	7592864667 ✓	242231228	115Invoice	0.26	12.94		12.68 ✓		7592864667	
09/26/2025	09/30/2025	7592864668 ✓	243081590	115Invoice	0.26	12.94		12.68 ✓		7592864668	
09/26/2025	09/30/2025	7592864669 ✓	243932732	115Invoice	0.13	6.47		6.34 ✓		7592864669	
09/26/2025	09/30/2025	7592864670 ✓	244071972	115Invoice	0.13	6.47		6.34 ✓		7592864670	
09/26/2025	09/30/2025	7592877667 ✓	241717897	115Invoice	0.01	0.32		0.31 ✓		7592877667	
09/26/2025	09/30/2025	7592877668 ✓	241788052	115Invoice	0.01	0.63		0.62 ✓		7592877668	

For AR Inquiries please contact 800-867-0333



**McKESSON****STATEMENT**

As of: 09/26/2025

Page: 003

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

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 256342  
Date: 09/26/2025

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

As of: 09/26/2025 Page: 003  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342  
Date: 09/26/2025

PLEASE CHECK ANY  
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
09/26/2025	09/30/2025	7592877669 ✓	248408284	115Invoice	5.41	270.70		265.29 ✓	✓	7592877669	
09/26/2025	09/30/2025	7592877670 ✓	246108022	115Invoice	0.01	0.32		0.31 ✓	✓	7592877670	
09/26/2025	09/30/2025	7592877671 ✓	241717897	115Invoice	5.36	268.15		262.79 ✓	✓	7592877671	
09/26/2025	09/30/2025	7592877672 ✓	242964880	115Invoice	1.44	71.89		70.45 ✓	✓	7592877672	
09/26/2025	09/30/2025	7592877673 ✓	241788052	115Invoice	0.01	0.32		0.31 ✓	✓	7592877673	
09/26/2025	09/30/2025	7592877674 ✓	241820002	115Invoice	0.01	0.32		0.31 ✓	✓	7592877674	
09/26/2025	09/30/2025	7592877675 ✓	242897231	115Invoice	1.33	66.41		65.08 ✓	✓	7592877675	

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: 15,437.29 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 727.40  
09/22/2025

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

15,128.49 USD

If Paid After 09/30/2025,  
Pay this Amount:

15,437.29 USD

Due If Paid On Time:

USD 15,128.49

Disc lost if paid late:

308.80

Due If Paid Late:

USD 15,437.29

For AR Inquiries please <> contact 800-867-0333

**MCKESSON**

**STATEMENT**

As of: 09/26/2025

Page: 001

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

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

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 820405  
Date: 09/26/2025

As of: 09/26/2025 Page: 001  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 820405 PLEASE CHECK ANY  
Date: 09/26/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
09/22/2025	09/30/2025	7591701122 ✓	B2509-055-230341	115Invoice	0.25	12.31		12.06 ✓	✓	7591701122	
09/26/2025	09/30/2025	7592727131 ✓	B2509-055-232381	115Invoice	0.10	5.18		5.08 ✓	✓	7592727131	

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:

17.49 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 727.40  
09/22/2025

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

17.14 USD

If Paid After 09/30/2025,  
Pay this Amount:

17.49 USD

Due If Paid On Time:  
USD

17.14

Disc lost if paid late:

0.35

Due If Paid Late:  
USD

17.49

APPROVED ON

SEP 29 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

<>  
For AR Inquiries please contact 800-867-0333



Date: 09-26-2025

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

 DEA: RA0289276  
 866-451-9655

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

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

**Customer Number**

100135284 / 037028186

**Terms**

Sat - Fri Due in 7 days

**Summary**

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

**Account Activity**

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	3.59		0.00	3.59 ✓
09-22-2025	10-03-2025	3227602164	7010606132	Invoice	170.47		0.00	170.47 ✓
09-23-2025	10-03-2025	3227756246	7010615779	Invoice	1.67		0.00	1.67 ✓
09-24-2025	10-03-2025	3227903061	7010620846	Invoice	20.94		0.00	20.94 ✓
09-25-2025	10-03-2025	3228031809	7010627918	Invoice	4.93		0.00	4.93 ✓
09-26-2025	10-03-2025	3228168848	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	0.00

**Thank You for Your Payment**

<b>Date</b>	<b>Amount</b>
09-26-2025	(265.65)

APPROVED ON

SEP 29 2025

 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Reminders**

<b>Due Date</b>	<b>Amount</b>
10-03-2025	230.59
<b>Total Due:</b>	<b>230.59</b>

✓ MSZ



# STATEMENT

Statement Number: 70592772  
Date: 09-26-2025

1 of 1

**Served 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:	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	Balance
09-22-2025	10-03-2025	3227582798	7010606693	Invoice	24.35		0.00	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
Total Due:	36.94

APPROVED ON

SEP 29 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*msc*



## 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](mailto:aflores@mmcportlavaca.com)

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

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

<input type="checkbox"/> "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ### <input type="text"/>
<input type="checkbox"/> "ENTER YOUR 4-DIGIT PIN"	<input type="text"/>
<input type="checkbox"/> "MAKE A PAYMENT, PRESS 1"	<input type="text" value="1"/>
<input type="checkbox"/> "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ <input type="text" value="941"/> #
<input type="checkbox"/> "IF FEDERAL TAX DEPOSIT ENTER 1"	<input type="text" value="1"/>
<input type="checkbox"/> "ENTER 2-DIGIT TAX FILING YEAR"	★ <input type="text" value="25"/>
<input type="checkbox"/> "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ <input type="text" value="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	
<input type="checkbox"/> "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ <input type="text" value="\$ 121,845.63"/> #
"1 TO CONFIRM"	<input type="text" value="1"/>
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 <input type="text" value="\$ 63,632.54"/> #
"ENTER W/CENTS AMOUNT OF MEDICARE"	<input type="text" value="\$ 14,881.90"/> #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	<input type="text" value="\$ 43,331.19"/> #
<input type="checkbox"/> "6-DIGIT SETTLEMENT DATE"	★ <input type="text"/>
"1 TO CONFIRM"	<input type="text" value="1"/>
<input type="checkbox"/> ACKNOWLEDGEMENT NUMBER	<input type="text"/>

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




## REVISÉ 3/18/2014

\*\*ENTER VOID CKS AS NEGATIVE NUMBERS\*\*

			**CALCULATED**	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$	7,440.90		
FICA - MED (EE)	1.45%	\$	7,440.90	\$ 7,440.95	\$ (0.05)
FICA - SOC SEC (ER)	6.20%	\$	31,816.28		
FICA - SOC SEC (EE)	6.20%	\$	31,816.28	\$ 31,816.27	\$ 0.01
FED WITHHOLDING		\$	43,331.19	\$ 43,331.19	

**Exempt Amt:**

**Paycode S - Employee Reimb.:**

**TOTAL: \$** -

TAX DEPOSIT:		\$	121,845.55	\$	121,845.63	
FICA - MEDICARE	2.00%	\$	14,881.80		\$14,881.90	
FICA - SOCIAL SECURITY	12.40%	\$	63,632.56		\$63,632.54	PREPARED BY:
FED WITHHOLDING		\$	43,331.19		\$43,331.19	PREPARED DATE:
TOTAL TAX:		\$	121,845.55	\$	121,845.63	\$ (0.08)

Andrie Flores

10/6/2025

Run Date: 10/06/25  
Time: 09:03

MEMORIAL MEDICAL CENTER  
Payroll Register { Bi-Weekly }  
Pay Period 09/19/25 - 10/02/25 Run# 1

Page 109  
P2REG

Final Summary

*-- Pay Code Summary						*-- Deductions Summary			
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code Amount
1	REGULAR PAY-S1	9733.00	N		N	N		233368.12	A/R 470.00 A/R2 40.00 A/R3
1	REGULAR PAY-S1	2065.25	N		N	N	N	104724.67	ADVANC AWARDS BCBSVI
1	REGULAR PAY-S1	308.25	Y		N	N		11168.83	BOOTS CAFE R CAFE-1
2	REGULAR PAY-S2	2558.75	N		N	N		71743.92	CAFE-2 CAFE-3 CAFE-4
2	REGULAR PAY-S2	92.75	Y		N	N		3589.55	CAFE-5 CAFE-C 1191.86
3	REGULAR PAY-S3	1555.00	N		N	N		54190.84	CAFE-F CAFE-H 28791.02 CAFE-I
3	REGULAR PAY-S3	157.50	Y		N	N		7440.55	CAFE-L CAFE-P CANCER
4	CALL BACK PAY	25.50	N	1	N	N	Y	1005.77	CHILD CLINIC COMBIN 228.60
4	CALL BACK PAY	11.50	N	2	N	N	Y	585.87	CREDUN DD ADV DENTAL
4	CALL BACK PAY	6.50	N	3	N	N	Y	384.00	DEP-LF DIS-LF EAT
C	CALL PAY	256.00	N		N	N	N	512.00	EATCSH 10.00 FEDTAX 43331.19 FICA-M 7440.95
C	CALL PAY	2319.50	N	1	N	N		4639.00	FICA-O 31816.27 FIRSTC FLEX S 3710.10
D	DOUBLE TIME	21.50	N	1	N	N		777.31	FLX PE FORT D FUTA
D	DOUBLE TIME	20.75	N	2	N	N		1787.84	GIFT S 243.05 GRANT GRP-IN
D	DOUBLE TIME	33.25	N	3	N	N		2804.28	GTL HOSP-I HSA 527.00
E	EXTRA WAGES		N	1	N	N	N	2243.75	ID TFT IRSTAX LEAF
F	FUNERAL LEAVE	8.00	N	1	N	N		129.20	LEGAL 221.95 MASA 732.50 REALS 4266.24
I	INSERVICE	49.50	N	1	N	N		2160.85	METVIS MISC MISC/
I	INSERVICE	1.75	Y	1	N	N		113.79	MMCSHR MOOACC 577.08 MOOILL 878.88
X	EXTENDED-ILLNESS-BANK	160.00	N	1	N	N		6059.36	MOOIND 563.50 MOOLIF 1120.72 MOOSTD 1802.98
P	PAID-TIME-OFF	252.20	N		N	N	N	11816.85	MOOVIS 791.28 NATFML 1295.37 OTHER
P	PAID-TIME-OFF	883.25	N	1	N	N		25406.66	PHI PHI*** PR FIN
X	CALL PAY 2	138.60	N	1	N	N		276.00	RELAY REPAY SAMS
Y	YMCA/CURVES		N		N	N	N	60.00	SCRUBS SIGNON ST-TX
Z	CALL PAY 3	96.00	N	1	N	N		288.00	STONDF 895.00 STONE STONE2
t	PHONE & DATA		N		N	N	N	1795.00	STUDEN SUNACC SUNILL
									SUNIND SUNLIF SUNSTD
									SUNVIS SURCHG TSA-1
									TSA-2 TSA-C TSA-P
									TSA-R 37478.63 TUTION UNIFOR 400.96
									UN/HOS

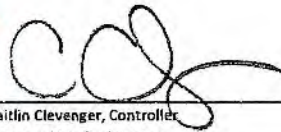
----- Grand Totals: 20753.70 ----- { Gross: 549072.01 Deductions: 168825.20 Net: 380246.81  
Checks Count:- FT 198 PT 12 Other 42 Female 227 Male 24 Credit OverAmt 15 ZeroNet Term Total: 251

10/10/25



MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- Sep 22, 2025 - Sep 25, 2025

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten" Check" #</u>
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	64.26	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	- 340B 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

✓   
Caitlin Clevenger, Controller  
Memorial Medical Center

September 26, 2025

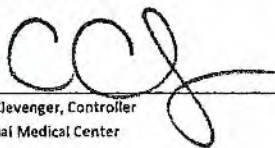
\* Approved on 9.24.25  
\*\* Approved on 9.17.25

3,447.76

pay plus

16.03 +  
64.26 +  
29.50 +  
172.98 +  
282.77 +

PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
✓ 10/8/2025	TEXNET	-DSH IGT	431,653.02
✓ 			431,653.02

September 26, 2025

Caitlin Clevenger, Controller  
Memorial Medical Center

3,447.76 +  
2,437.59 -  
727.40 -  
282.77 +  
282.77 -  
0.00 +

APPROVED ON

SEP 29 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

DSH-IGT



Electronic Payment Network



Texas Comptroller of Public Accounts

### Transaction Summary

Transaction Complete  
Trace #

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

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



Plan	Start Date	EE Per Pay Cost	ER Per 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	

SEP 25 2025

MEMORIAL MEDICAL CENTER

09/25/2025

AP Open Invoice List

0

11:27

CALHOUN COUNTY, TEXAS

Due Dates Through: 10/17/2025

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
✓ 091825		09/24/202	09/18/202	10/17/202			2,700.00	0.00	0.00	2,700.00 ✓
✓ 091825A		09/24/202	09/18/202	10/17/202			165.00	0.00	0.00	165.00 ✓
✓ 091925		09/24/202	09/19/202	10/17/202			215.00	0.00	0.00	215.00 ✓
✓ 092225		09/24/202	09/22/202	10/17/202			520.00	0.00	0.00	520.00 ✓
✓ 092225A		09/24/202	09/22/202	10/17/202			11,520.00	0.00	0.00	11,520.00 ✓
✓ 092325		09/24/202	09/23/202	10/17/202			845.00	0.00	0.00	845.00 ✓

ins. pmt. dep. into mmc opt in error

Vendor Totals: Number Name  
13004 TUSCANY VILLAGE

Gross Discount No-Pay Net  
15,965.00 0.00 0.00 15,965.00

Report Summary

Grand Totals: Gross Discount No-Pay Net  
15,965.00 0.00 0.00 15,965.00

APPROVED ON

SEP 25 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 210667



SEP 25 2025

09/25/2025

11:29

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/17/2025

0

ap\_open\_invoice.template

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
✓ 091725		09/24/202	09/17/202	10/17/202			1,462.64	0.00	0.00	1,462.64 ✓
✓ 091925	ins. pmt. dep. into mmc in apt in error	09/24/202	09/19/202	10/17/202			6,571.80	0.00	0.00	6,571.80 ✓
✓ 091925A		09/24/202	09/19/202	10/17/202			5,920.68	0.00	0.00	5,920.68 ✓
✓ 091925B		09/24/202	09/19/202	10/17/202			65,820.05	0.00	0.00	65,820.05 ✓

Vendor Totals: Number

Name

Gross

Discount

No-Pay

Net

12792

LAVACA BAY NURSING AND REHAB

79,775.17

0.00

0.00

79,775.17

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

79,775.17

0.00

0.00

79,775.17

APPROVED ON

SEP 25 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Chk 210666

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

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		60.52	-	-		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

Broadmoor		102.11	-	-		Adjust Balance/Transfer Amt	(39.48)
						-	102.11
						Bank Balance	102.11
						Variance	-
						Leave in Balance	100.00

Crescent		2,038.18	1,938.18			Adjust Balance/Transfer Amt	2.11
						100.00	0
						Bank Balance	100.00
						Variance	-
						Leave in Balance	100.00

Fort Bend		125.36	-	40,064.12		Adjust Balance/Transfer Amt	-
						40,189.48	40,089.48
						Bank Balance	40,189.48
						Variance	-
						Leave in Balance	100.00

Solers at W Houston		2,344.22	2,244.22	137,343.60		Adjust Balance/Transfer Amt	40,089.48
						137,443.60	137,343.60
						Bank Balance	137,443.60
						Variance	-
						Leave in Balance	100.00

40,089.48 +  
137,343.60 +  
177,433.08

Houston / Fort Bend / Broadmoor:

APPROVED ON  
SEP 29 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt	137,343.60	
<b>TOTAL TRANSFERS</b>		<b>177,433.08</b>

Approved:   
Caitlin Clevenger, Controller 45,926.00

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.





## Balances Overview

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 ✓	\$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
<b>Total Balance</b>	<b>\$3,002,843.28</b>	<b>\$3,863,095.96</b>	<b>\$3,002,843.28</b>	<b>\$2,589,862.91</b>



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

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		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
						Q/PP YR 7 ADJ 2	274.11
						RECOUP FOR MMC	740.15

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 ON

SEP 29 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt 127,527.34

Approved:   
Caitlin Clevenger, Controller

9/26/2025

**Golden Creek**

9/25/2025 HNB - ECHO HCCLAIMPMT 746003411 440000214872  
 9/24/2025 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC  
 9/24/2025 Deposit  
 9/23/2025 NOVITAS SOLUTION HCCLAIMPMT 676097 420000153  
 9/22/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43  
 9/22/2025 LUMINOS HOLDCO L Golden Cre 113114890693007  
 9/22/2025 HNB - ECHO HCCLAIMPMT 746003411 440000281596  
 9/22/2025 LUMINOS HOLDCO L Golden Cre 113114890692959  
 9/22/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2

HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
	✓ 495,623.05	2,721.34		2,721.34
		51,945.07		51,945.07
		63,966.05		63,966.05
		969.45		969.45
		2,026.76		2,026.76
		43.42		43.42
		2,244.12		2,244.12
		3,611.13		3,611.13
	-	-		-
	-	-		-
	-	-		-
	-	-		-
		✓		-
				-
	495,623.05	127,527.34	-	127,527.34



## Balances Overview

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	\$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
<b>Total Balance</b>	<b>\$3,002,843.28</b>	<b>\$3,863,095.96</b>	<b>\$3,002,843.28</b>	<b>\$2,589,862.91</b>

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

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		19,103.96	17,318.17	39,633.66			41,419.45	39,633.66
						Bank Balance	41,419.45	
						Variance	-	
						Leave in Balance	100.00	
						Claims owed to MMC	1,275.72	
						Claims owed to MMC	49.00	
						Claims owed to MMC	261.07	
						Adjust Balance/Transfer Amt	39,633.66	
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	
TOTAL TRANSFERS								

Routing Information for Gulf Pointe Plaza:

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

Approved:   
Caitlin Clevenger, Controller 9/26/2025

APPROVED ON  
SEP 29 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



**Gulf Pointe Plaza-Private Pay**

9/25/2025 HNB - ECHO HCCLAIMPMT 746003411 440000214878  
 9/25/2025 HNB - ECHO HCCLAIMPMT 746003411 440000214861  
 9/24/2025 WIRE OUT HMG Rockport SNF, LP -Commerical  
 9/24/2025 HNB - ECHO HCCLAIMPMT 746003411 440000277313  
 9/23/2025 HNB - ECHO HCCLAIMPMT 746003411 440000236551  
 9/23/2025 HNB - ECHO HCCLAIMPMT 746003411 440000236363  
 9/22/2025 HNB - ECHO HCCLAIMPMT 746003411 440000281596

<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC	
		<u>PORTION</u>	<u>NH PORTION</u>
	49.00		49.00
	2,617.56		2,617.56
17,318.17 ✓			-
	5,114.35		5,114.35
	24.00		24.00
	26,325.36		26,325.36
	5,503.39 ✓		5,503.39
	-	✓	-
<b>17,318.17</b>	<b>39,633.66</b>	<b>-</b>	<b>39,633.66</b>

**Gulf Pointe Plaza-Medicare/Medicaid**

NO activity

<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC	
		<u>PORTION</u>	<u>NH PORTION</u>
- ✓	- ✓		-
-	-	-	-
<b>17,318.17</b>	<b>39,633.66</b>	<b>-</b>	<b>39,633.66</b>


## Balances Overview

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	\$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
<b>Total Balance</b>	<b>\$3,002,843.28</b>	<b>\$3,863,095.96</b>	<b>\$3,002,843.28</b>	<b>\$2,589,862.91</b>

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

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		192,716.36	192,616.36	373,324.41	-	-	373,424.41	373,324.41
						Bank Balance Variance	373,424.41	-
						Leave in Balance	100.00	

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.

Adjust Balance/Transfer Amt 373,324.41  
Approved:   
Caitlin Clevenger, Controller 9/26/2025

APPROVED ON  
SEP 29 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



[illegible]

## Balances Overview

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	\$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
<b>Total Balance</b>	<b>\$3,002,843.28</b>	<b>\$3,863,095.96</b>	<b>\$3,002,843.28</b>	<b>\$2,589,862.91</b>

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

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cls Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Service Bay Nursing and Rehab		155,295.46	84,090.16	152,106.59			223,311.89	128,809.56
						Bank Balance	223,311.89	
						Variance	-	
						Leave in Balance	100.00	
						ATLIS OWED TO MMC	70,644.47	
						Claims owed to Tuscany	23,297.03	
						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 bare balance of \$100 that MMC deposited to open account.

Adjust Balance/Transfer Amt 128,809.56

Approved:   
Caitlin Cleveland, Controller 9/26/2025

APPROVED ON  
SEP 29 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



Lavaca Bay Nursing and Rehab

[illegible]

## Balances Overview

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	\$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
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*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
<b>Total Balance</b>	<b>\$3,002,843.28</b>	<b>\$3,863,095.96</b>	<b>\$3,002,843.28</b>	<b>\$2,589,862.91</b>

Lavaca Bay

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Tuscany

Date Requested: 9/26/2025

A

Y

E

E

APPROVED ON

SEP 29 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Check 001154

## FOR ACCT USE ONLY

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

AMOUNT:

\$

23,297.03 ✓

G/L NUMBER: \_\_\_\_\_

EXPLANATION:

Claims owed from Lavaca Bay to Tuscany

REQUESTED BY:

Michelle Cumberland

AUTHORIZED BY: ✓

John Cleveland



**MEMORIAL MEDICAL CENTER**

LAVACA BAY NURSING & REHAB

815 N VIRGINIA ST

PORT LAVACA, TX 77979

001156

Date 10/06/25

88-2265/1131

**PAY**

**TO THE  
ORDER OF**

Tuscany

\$ 23,297.03

twenty three thousand-two hundred ninety seven dollars- three cents **DOLLARS**



**PROSPERITY  
BANK®**

**FOR** claims owed



Security 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

**Subject:** Round 3 ATLIS IGT

**[WARNING-Remote attachments, VERIFY SENDER]**

**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.

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



Paul Aslin  
817-980-8951

