

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 15, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,411,391.01
TOTAL TRANSFERS BETWEEN FUNDS	\$ 359,103.31
TOTAL NURSING HOME UPL EXPENSES	\$ 1,799,914.65
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED October 15, 2025	\$ 3,570,408.97

APPROVED

OCT 15 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---October 15, 2025

PAYABLES AND PAYROLL

10/9/2025 Weekly Payables	987,231.36
10/13/2025 McKesson-340B Prescription Expense	121,855.86
10/13/2025 McKesson-340B Prescription Expense	81,282.39
10/13/2025 Amerisource Bergen-340B Prescription Expense	1,077.44
10/13/2025 Amerisource Bergen-340B Prescription Expense	216.87
10/13/2025 Amerisource Bergen-340B Prescription Expense	65.29
10/13/2025 Amerisource Bergen-340B Prescription Expense	125.46
10/13/2025 Amerisource Bergen-340B Prescription Expense	3,914.99

Prosperity Electronic Bank Payments

10/13/2025 90 Degree Benefits - employee insurance claims	17,573.67
10/13/2025 90 Degree Benefits - employee insurance claims	6,451.17
10/13/2025 Sales Tax - September 2025	2,616.04
10/13/2025 TCDRS September Retirement	177,157.92
10/13/2025 Pay Plus-Patient Claims Processing Fee	2,961.52
10/13/2025 Credit Card Leasing Fee	335.53
10/13/2025 Credit Card Processing Fee	8,500.30
10/13/2025 Authnet Gateway	25.20

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,411,391.01
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TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

10/9/2025 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	154,919.09
10/9/2025 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	188,165.76
10/9/2025 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	16,018.46

TOTAL TRANSFERS BETWEEN FUNDS	\$ 359,103.31
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NURSING HOME UPL EXPENSES

10/13/2025 Nursing Home UPL-Cantex Transfer	5,130.61
10/13/2025 Nursing Home UPL-Nexion Transfer	511,727.78
10/13/2025 Nursing Home UPL-Tuscany Transfer	223,184.75
10/13/2025 Nursing Home UPL-HSL Transfer	452,669.22

QIPP CHECKS TO MMC

10/13/2025 Tuscany - QIPP Q3 owed to MMC	66,151.46
10/13/2025 Golden Creek - QIPP Q3 owed to MMC	63,491.39
10/13/2025 Lavaca Bay-QIPP Q3 owed to MMC	237,469.61

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

10/13/2025 Lavaca Bay to MMC - Claim owed to MMC	38,181.67
10/13/2025 Gulfpointe to MMC - Claim owed to MMC	130,291.92
10/13/2025 Lavaca Bay to MMC - Q3 Interest payment	740.73
10/13/2025 Golden Creek to MMC-Q3 Interest payment	552.05
10/13/2025 Lavaca Bay to MMC - Medicare Recoup on MMC for Lavaca Bay patients	68,368.21
10/13/2025 Fort Bend to MMC-Check was mailed to Cantex-Crescent	406.20

TRANSFER OF FUNDS BETWEEN NURSING HOMES

10/13/2025 Lavaca Bay to Sweeny - Claim payments owed to Sweeny from Lavaca Bay	1,549.05
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TOTAL NURSING HOME UPL EXPENSES	\$ 1,799,914.65
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED October 15, 2025	\$ 3,570,408.97
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OCT 09 2025

10/09/2025

12:09

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/31/2025

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

18148

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ LEAABR003		10/07/202	09/30/202	10/07/202			24.00	0.00	0.00	24.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
18148		24.00	0.00	0.00	24.00

Vendor# Vendor Name

Class Pay Code

11283 ✓ ACE HARDWARE 15521

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 093025		09/30/202	09/30/202	10/25/202			1,248.30	0.00	0.00	1,248.30

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11283	ACE HARDWARE 15521	1,248.30	0.00	0.00	1,248.30

Vendor# Vendor Name

Class Pay Code

10950 ✓ ACUTE CARE INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ INV2504		10/08/202	10/20/202	10/20/202			1,400.00	0.00	0.00	1,400.00

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

Vendor# Vendor Name

Class Pay Code

A1680 AIRGAS USA, LLC - CENTRAL DIV

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9165350299		10/06/202	09/30/202	10/25/202			2,683.63	0.00	0.00	2,683.63

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 5519693026		10/06/202	09/30/202	10/25/202			288.77	0.00	0.00	288.77

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 5519692815		10/06/202	09/30/202	10/25/202			1,067.96	0.00	0.00	1,067.96

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 5519692475		10/07/202	09/30/202	10/25/202			625.47	0.00	0.00	625.47

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A1680	AIRGAS USA, LLC - CENTRAL DIV	4,665.83	0.00	0.00	4,665.83

Vendor# Vendor Name

Class Pay Code

14028 ✓ AMAZON CAPITAL SERVICES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1WHPJF7N4CPN		09/24/202	09/17/202	10/17/202			6.78	0.00	0.00	6.78

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1X31NV4CCLLD		09/24/202	09/19/202	10/19/202			58.18	0.00	0.00	58.18

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1Y7D4NXDCMJJ		09/24/202	09/19/202	10/19/202			637.80	0.00	0.00	637.80

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1WXF971XCM1F		09/24/202	09/19/202	10/19/202			327.81	0.00	0.00	327.81

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1MKTGF79D4N1		09/24/202	09/22/202	10/22/202			940.22	0.00	0.00	940.22

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1QKC374Y6DJ7		09/24/202	09/23/202	10/23/202			331.23	0.00	0.00	331.23

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1J9PGX911HQK		09/24/202	09/24/202	10/24/202			65.94	0.00	0.00	65.94

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1FJCTLHW613D		10/08/202	09/24/202	10/24/202			55.33	0.00	0.00	55.33

patient refund

Supplies

vental

vental

the curb

Slipper floor pad

keypad entry

sponges, bins, floor pads

Storage filing cabinet

Office desk

patient parking sign

floor pads / paper folders

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
10931	AMERICAN APPLIANCE			699.00	0.00	0.00	699.00
15456	AMERITEX ELEVATOR SERVICES INC			750.00	0.00	0.00	750.00
17660	[REDACTED]			116.36	0.00	0.00	116.36
17728	[REDACTED]			40.00	0.00	0.00	40.00
11247	AVENO NETWORKS			5,350.00	0.00	0.00	5,350.00
B1220	BECKMAN COULTER INC	M		245.67	0.00	0.00	245.67
112258079				2,976.28	0.00	0.00	2,976.28
112277050				4,010.56	0.00	0.00	4,010.56
7391191				8,887.95	0.00	0.00	8,887.95
5507263				1,337.05	0.00	0.00	1,337.05
112271556				116.86	0.00	0.00	116.86

✓ 4588710						10/08/202	08/21/202	09/15/202			1,484.00	0.00	0.00	1,484.00 ✓
✓ 4593627						10/08/202	10/03/202	10/28/202			1,484.00	0.00	0.00	1,484.00 ✓
✓ 112279293						10/08/202	10/03/202	10/28/202			3,887.18	0.00	0.00	3,887.18 ✓
✓ 112283341						10/08/202	10/06/202	10/31/202			1,203.21	0.00	0.00	1,203.21 ✓
Service Contract 8/21 - 9/20/25 Service Contract 10/3 - 11/2/25 Supplies Cell Control														
Vendor Totals: Number Name						B1220 BECKMAN COULTER INC		Gross		Discount	No-Pay	Net		
								25,632.76		0.00	0.00	25,632.76		
Vendor#	Vendor Name	Class		Pay Code										
13448	BILL HAMLYN													
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net				
✓ 092925		10/07/202	09/29/202	10/07/202			850.00	0.00	0.00	850.00				
GNPC Arama - Blanca Hernandez / Julie Nguyen ✓														
Vendor Totals: Number Name						13448 BILL HAMLYN		Gross		Discount	No-Pay	Net		
								850.00		0.00	0.00	850.00		
Vendor#	Vendor Name	Class		Pay Code										
11072	BIO-RAD LABORATORIES, INC													
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net				
✓ 908597599		10/08/202	09/24/202	10/08/202			1,020.62	0.00	0.00	1,020.62				
✓ 908603081		10/08/202	09/25/202	10/08/202			242.62	0.00	0.00	242.62				
Specialty for wph Plastic 2 Lit														
Vendor Totals: Number Name						11072 BIO-RAD LABORATORIES, INC		Gross		Discount	No-Pay	Net		
								1,263.24		0.00	0.00	1,263.24		
Vendor#	Vendor Name	Class		Pay Code										
17720														
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net				
✓ CARNOL0001		09/25/202	03/26/202	10/20/202			40.00	0.00	0.00	40.00				
Patient refund ✓														
Vendor Totals: Number Name						17720		Gross		Discount	No-Pay	Net		
								40.00		0.00	0.00	40.00		
Vendor#	Vendor Name	Class		Pay Code										
17708														
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net				
✓ BROEMM0001		09/25/202	03/26/202	10/20/202			60.00	0.00	0.00	60.00				
Patient refund ✓														
Vendor Totals: Number Name						17708		Gross		Discount	No-Pay	Net		
								60.00		0.00	0.00	60.00		
Vendor#	Vendor Name	Class		Pay Code										
C1048	CALHOUN COUNTY													
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net				
✓ 092425		10/07/202	09/24/202	09/24/202			93.41	0.00	0.00	93.41				
Voyager fuel ✓														
Vendor Totals: Number Name						C1048 CALHOUN COUNTY		Gross		Discount	No-Pay	Net		
								93.41		0.00	0.00	93.41		
Vendor#	Vendor Name	Class		Pay Code										
14120	CALHOUN COUNTY EMS													
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net				
✓ 202509		09/30/202	10/06/202	10/31/202			6,160.00	0.00	0.00	6,160.00				
Sept 2025 ✓														
Vendor Totals: Number Name						14120 CALHOUN COUNTY EMS		Gross		Discount	No-Pay	Net		
								6,160.00		0.00	0.00	6,160.00		
Vendor#	Vendor Name	Class		Pay Code										

10988 ✓ CALHOUN SPORTS MEDICINE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10001		10/06/202	09/26/202	10/06/202			350.00	0.00	0.00	350.00

ADVERTISING ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10988	CALHOUN SPORTS MEDICINE	350.00	0.00	0.00	350.00

Vendor#	Vendor Name	Class	Pay Code
17656	██████████		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
STRCLA0001		09/25/202	03/27/202	10/20/202			280.69	0.00	0.00	280.69

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
17656	██████████	280.69	0.00	0.00	280.69

Vendor#	Vendor Name	Class	Pay Code
14064	CAPITAL ONE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091925		09/30/202	09/19/202	10/10/202			697.03	0.00	0.00	697.03

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14064	CAPITAL ONE	697.03	0.00	0.00	697.03

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003972508		09/30/202	09/30/202	10/30/202			164.82	0.00	0.00	164.82

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1325	CARDINAL HEALTH 414, INC.	164.82	0.00	0.00	164.82

Vendor#	Vendor Name	Class	Pay Code
18132	██████████		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
GOOCAR0003		10/07/202	09/30/202	10/07/202			35.64	0.00	0.00	35.64

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
18132	██████████	35.64	0.00	0.00	35.64

Vendor#	Vendor Name	Class	Pay Code
14236	CARRIER CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90487031		10/06/202	09/30/202	10/30/202			12,830.00	0.00	0.00	12,830.00

032425-042025 RENTAL

90487035		10/06/202	09/30/202	10/30/202			12,830.00	0.00	0.00	12,830.00
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042125-051825 RENTAL

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14236	CARRIER CORPORATION	25,660.00	0.00	0.00	25,660.00

Vendor#	Vendor Name	Class	Pay Code
C1992	CDW GOVERNMENT, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AG1XM6H		10/08/202	09/22/202	10/22/202			108.38	0.00	0.00	108.38

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1992	CDW GOVERNMENT, INC.	108.38	0.00	0.00	108.38

Vendor#	Vendor Name	Class	Pay Code
13264	CERVEY, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37859		10/06/202	10/01/202	10/26/202			2,150.00	0.00	0.00	2,150.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net

	13264	CERVEY, LLC					2,150.00	0.00	0.00	2,150.00
Vendor#	Vendor Name		Class	Pay Code						
C1600	CITIZENS MEDICAL CENTER		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	202537		09/30/202	10/06/202	10/06/202		56,117.92	0.00	0.00	56,117.92
	<i>CENR Coverage Sept. 2025</i>									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		C1600	CITIZENS MEDICAL CENTER				56,117.92	0.00	0.00	56,117.92
Vendor#	Vendor Name		Class	Pay Code						
15188	CLARITY ENROLLMENT SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2509		10/06/202	10/01/202	10/30/202		315.00	0.00	0.00	315.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		15188	CLARITY ENROLLMENT SOLUTIONS				315.00	0.00	0.00	315.00
Vendor#	Vendor Name		Class	Pay Code						
13000	CLEARFLY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV749422		10/06/202	10/01/202	10/06/202		1,236.55	0.00	0.00	1,236.55
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		13000	CLEARFLY				1,236.55	0.00	0.00	1,236.55
Vendor#	Vendor Name		Class	Pay Code						
10212	CLINICAL PATHOLOGY LABS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	17656083125		09/30/202	08/31/202	10/07/202		19,501.37	0.00	0.00	19,501.37
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10212	CLINICAL PATHOLOGY LABS				19,501.37	0.00	0.00	19,501.37
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
	OE526121		10/08/202	09/04/202	09/14/202		351.44	0.00	0.00	351.44
	OEQT337351		10/08/202	10/02/202	10/12/202		308.78	0.00	0.00	308.78
	OE529261		10/08/202	10/08/202	10/18/202		207.50	0.00	0.00	207.50
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		C1166	COASTAL OFFICE SOLUTIONS				867.72	0.00	0.00	867.72
Vendor#	Vendor Name		Class	Pay Code						
13336	COCA COLA SOUTHWEST BEVERAGES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	49138718010		10/08/202	10/03/202	10/03/202		854.87	0.00	0.00	854.87
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		13336	COCA COLA SOUTHWEST BEVERAGES				854.87	0.00	0.00	854.87
Vendor#	Vendor Name		Class	Pay Code						
11030	COMBINED INSURANCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	100125		10/06/202	10/01/202	10/01/202		501.72	0.00	0.00	501.72
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11030	COMBINED INSURANCE				501.72	0.00	0.00	501.72
Vendor#	Vendor Name		Class	Pay Code						
15116	COMPUGROUP MEDICAL - EMDS INC.									

✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	9090132120		10/08/202	10/03/202	10/03/202			11,930.40	0.00	0.00	11,930.40	✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	15116	COMPUGROUP MEDICAL - EMDS INC.						11,930.40	0.00	0.00	11,930.40	
Vendor#	Vendor Name		Class	Pay Code								
12264	✓	CROSSROADS MECHANICAL, INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	00966		10/06/202	09/09/202	09/09/202			1,913.76	0.00	0.00	1,913.76	✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	12264	CROSSROADS MECHANICAL, INC						1,913.76	0.00	0.00	1,913.76	
Vendor#	Vendor Name		Class	Pay Code								
17540	✓	[REDACTED]										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	FITCYN0001		09/25/202	02/24/202	10/20/202			23.61	0.00	0.00	23.61	✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	17540	[REDACTED]						23.61	0.00	0.00	23.61	
Vendor#	Vendor Name		Class	Pay Code								
17760	✓	[REDACTED]										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	BARMAC0001		09/25/202	03/26/202	10/20/202			36.72	0.00	0.00	36.72	✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	17760	[REDACTED]						36.72	0.00	0.00	36.72	
Vendor#	Vendor Name		Class	Pay Code								
11368	✓	CYRACOM LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	2025086471		09/30/202	09/30/202	10/30/202			361.03	0.00	0.00	361.03	✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	11368	CYRACOM LLC						361.03	0.00	0.00	361.03	
Vendor#	Vendor Name		Class	Pay Code								
10368	✓	DEWITT POTH & SON										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	6864642		10/08/202	07/28/202	08/22/202			91.02	0.00	0.00	91.02	✓
✓	6886621		10/08/202	07/29/202	08/23/202			58.91	0.00	0.00	58.91	✓
✓	C7788820		10/08/202	01/03/202	01/28/202			-24.50	0.00	0.00	-24.50	✓
✓	C7794910		10/08/202	01/16/202	02/10/202			-7.61	0.00	0.00	-7.61	✓
✓	8049960		10/08/202	08/20/202	09/14/202			72.87	0.00	0.00	72.87	✓
✓	8083530		10/08/202	09/17/202	10/12/202			95.79	0.00	0.00	95.79	✓
✓	8086130		10/08/202	09/18/202	10/13/202			480.00	0.00	0.00	480.00	✓
✓	8087510		10/08/202	09/23/202	10/18/202			497.06	0.00	0.00	497.06	✓
✓	8100100		10/08/202	10/01/202	10/26/202			127.97	0.00	0.00	127.97	✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net	
	10368	DEWITT POTH & SON						1,391.51	0.00	0.00	1,391.51	

Taxes included - removed

1,772.18

patient refund

patient refund

Sepe 2025

marker / sharpie pack

highlighter pack

Credit

Credit

Pen / highlighters / notes

Curriculum

envelopes

envelopes / binders / pen / sharpies

paper / markers / Curriage

Vendor#	Vendor Name	Class	Pay Code								
11011	DIAMOND HEALTHCARE CORP										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	IN20056720		09/30/202	10/01/202	10/26/202			19,166.67	0.00	0.00	19,166.67 ✓
✓	IN20056719		09/30/202	10/01/202	10/26/202			31,418.64	0.00	0.00	31,418.64 ✓
Sept. 2025 UPR											
Sept. 2025 Ben Health											
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
11011 DIAMOND HEALTHCARE CORP								50,585.31	0.00	0.00	50,585.31
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
✓	MMC093025		09/30/202	09/30/202	10/01/202			192,084.36	0.00	0.00	192,084.36 ✓
Sept. 2025											
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
10789 DISCOVERY MEDICAL NETWORK INC								192,084.36	0.00	0.00	192,084.36
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
✓	59956		10/06/202	10/01/202	10/26/202			75.00	0.00	0.00	75.00 ✓
Treatment											
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
11291 DOWELL PEST CONTROL								75.00	0.00	0.00	75.00
Vendor#	Vendor Name	Class	Pay Code								
15240	ECLINICAL WORKS LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	0003349307		09/30/202	10/01/202	10/31/202			450.20	0.00	0.00	450.20 ✓
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
15240 ECLINICAL WORKS LLC								450.20	0.00	0.00	450.20
Vendor#	Vendor Name	Class	Pay Code								
11091	ECOLAB										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	6355108491		10/07/202	10/01/202	10/01/202			235.78	0.00	0.00	235.78 ✓
100125-103125 RENTAL											
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
11091 ECOLAB								235.78	0.00	0.00	235.78
Vendor#	Vendor Name	Class	Pay Code								
18104	[REDACTED]										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	SANELI0001		09/25/202	09/19/202	10/20/202			120.00	0.00	0.00	120.00 ✓
Patient refund											
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
18104 [REDACTED]								120.00	0.00	0.00	120.00
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
✓	69287		10/06/202	09/24/202	09/24/202			1,449.06	0.00	0.00	1,449.06 ✓
CHILLER REPAIR											
Vendor Totals: Number Name								Gross	Discount	No-Pay	Net
14136 EPI-EDWARD PLUMBING								1,449.06	0.00	0.00	1,449.06
Vendor#	Vendor Name	Class	Pay Code								
11944	EQUI/FAX WORKFORCE SOLUTIONS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	2067883277		09/30/202	09/30/202	10/30/202			10.99	0.00	0.00	10.99 ✓
Credit reporting											

Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
11944		EQUIFAX WORKFORCE SOLUTIONS					10.99	0.00	0.00	10.99	
Vendor#	Vendor Name		Class	Pay Code							
10042	ERBE USA INC SURGICAL SYSTEMS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	37219646		09/24/202	09/30/202	10/08/202			169.50	0.00	0.00	169.50
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
10042		ERBE USA INC SURGICAL SYSTEMS					169.50	0.00	0.00	169.50	
Vendor#	Vendor Name		Class	Pay Code							
17664											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	CHAZZZ0001		09/25/202	03/27/202	10/20/202			20.00	0.00	0.00	20.00
Vendor Totals: Number		Name		patient refund			Gross	Discount	No-Pay	Net	
17664							20.00	0.00	0.00	20.00	
Vendor#	Vendor Name		Class	Pay Code							
17736											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	TALSID0001		09/25/202	03/26/202	10/20/202			20.00	0.00	0.00	20.00
Vendor Totals: Number		Name		patient refund			Gross	Discount	No-Pay	Net	
17736							20.00	0.00	0.00	20.00	
Vendor#	Vendor Name		Class	Pay Code							
S0501	EVOQUA WATER TECHNOLOGIES LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	907237532		10/06/202	10/01/202	10/26/202			1,119.30	0.00	0.00	1,119.30
	907124133		10/08/202	07/16/202	08/10/202			2,090.51	0.00	0.00	2,090.51
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
S0501		EVOQUA WATER TECHNOLOGIES LLC					3,209.81	0.00	0.00	3,209.81	
Vendor#	Vendor Name		Class	Pay Code							
10689	FASTHEALTH CORPORATION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	10A25MMC		10/07/202	10/01/202	10/16/202			545.00	0.00	0.00	545.00
Vendor Totals: Number		Name		WEBSITE MONTHLY INVOICE			Gross	Discount	No-Pay	Net	
10689		FASTHEALTH CORPORATION					545.00	0.00	0.00	545.00	
Vendor#	Vendor Name		Class	Pay Code							
F1100	FEDERAL EXPRESS CORP.			W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	897092495		10/06/202	08/28/202	09/22/202			69.77	0.00	0.00	69.77
	898793178		10/06/202	09/11/202	10/06/202			83.49	0.00	0.00	83.49
	899683125		10/06/202	09/18/202	10/13/202			96.79	0.00	0.00	96.79
	900541197		10/06/202	09/25/202	10/20/202			74.12	0.00	0.00	74.12
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
F1100		FEDERAL EXPRESS CORP.					324.17	0.00	0.00	324.17	
Vendor#	Vendor Name		Class	Pay Code							
17292											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	KOLMAC0001		09/25/202	03/25/202	10/20/202			20.00	0.00	0.00	20.00
Vendor Totals: Number		Name		patient refund			Gross	Discount	No-Pay	Net	
17292							20.00	0.00	0.00	20.00	

Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
17292							20.00	0.00	0.00	20.00
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
	299972		10/08/202	09/22/202	10/22/202		580.00	0.00	0.00	580.00 ✓
	300718		10/08/202	09/30/202	10/30/202		2,045.00	0.00	0.00	2,045.00 ✓
<i>Semi inspection Sprinkler / Fire Alarm</i>										
<i>inspection</i>										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
14336		FIRETRON, INC					2,625.00	0.00	0.00	2,625.00
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
	3796623		09/24/202	09/22/202	10/17/202		49.27	0.00	0.00	49.27 ✓
	3991878		09/24/202	09/30/202	10/25/202		2,588.33	0.00	0.00	2,588.33 ✓
	3959607		10/08/202	09/29/202	10/24/202		100.73	0.00	0.00	100.73 ✓
	4051408		10/08/202	10/02/202	10/27/202		502.25	0.00	0.00	502.25 ✓
	4108890		10/08/202	10/06/202	10/31/202		503.86	0.00	0.00	503.86 ✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
F1400		FISHER HEALTHCARE					3,744.44	0.00	0.00	3,744.44
Vendor#	Vendor Name		Class	Pay Code						
10599	FORVIS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2664578		10/06/202	09/29/202	10/24/202		15,225.00	0.00	0.00	15,225.00 ✓
<i>ASSX w/ August financial statements</i>										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
10599		FORVIS					15,225.00	0.00	0.00	15,225.00
Vendor#	Vendor Name		Class	Pay Code						
11183	FRONTIER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	092325		10/06/202	09/23/202	10/06/202		40.03	0.00	0.00	40.03 ✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
11183		FRONTIER					40.03	0.00	0.00	40.03
Vendor#	Vendor Name		Class	Pay Code						
14156	FUJI FILM									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	91700029		09/01/202	09/30/202	09/30/202		7,916.67	0.00	0.00	7,916.67 ✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
14156		FUJI FILM					7,916.67	0.00	0.00	7,916.67
Vendor#	Vendor Name		Class	Pay Code						
17724										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	GOHRYA0001		09/25/202	03/26/202	10/20/202		26.04	0.00	0.00	26.04 ✓
<i>patient refund</i>										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
17724							26.04	0.00	0.00	26.04
Vendor#	Vendor Name		Class	Pay Code						

12404 ✓ GE PRECISION HEALTHCARE, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6003051614		10/06/202	10/01/202	10/31/202			36.34	0.00	0.00	36.34 ✓
6003051613		10/06/202	10/01/202	10/31/202			1,504.89	0.00	0.00	1,504.89 ✓
6003051903	100125-101325 BILL PERIOD	10/06/202	10/01/202	10/31/202			1,044.26	0.00	0.00	1,044.26 ✓
600351616	100125-101325 BILL PERIOD	10/06/202	10/01/202	10/31/202			25.86	0.00	0.00	25.86 ✓
6003051621		10/06/202	10/01/202	10/31/202			5,665.83	0.00	0.00	5,665.83 ✓
6003051615		10/06/202	10/01/202	10/31/202			1,015.90	0.00	0.00	1,015.90 ✓
	100125-101325 BILL PERIOD									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12404	GE PRECISION HEALTHCARE, LLC	9,293.08	0.00	0.00	9,293.08

Vendor# Vendor Name Class Pay Code

18144 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ CRAGLE001		10/07/202	09/30/202	10/07/202			40.00	0.00	0.00	40.00
	Patient Refund									
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
18144							40.00	0.00	0.00	40.00

Vendor# Vendor Name Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092425A		09/30/202	09/24/202	10/31/202			17,687.10	0.00	0.00	17,687.10
092425		09/30/202	09/24/202	10/31/202			70,878.61	0.00	0.00	70,878.61
092525		09/30/202	09/25/202	10/31/202			40,804.71	0.00	0.00	40,804.71
092625		09/30/202	09/26/202	10/31/202			308.04	0.00	0.00	308.04
092625B		09/30/202	09/26/202	10/31/202			2,375.00	0.00	0.00	2,375.00
092625A		09/30/202	09/26/202	10/31/202			985.50	0.00	0.00	985.50
092925		09/30/202	09/29/202	10/31/202			6,050.00	0.00	0.00	6,050.00
093025		09/30/202	09/30/202	10/31/202			412.22	0.00	0.00	412.22
093025A		09/30/202	09/30/202	10/31/202			665.39	0.00	0.00	665.39
093025B		09/30/202	09/30/202	10/31/202			4,530.34	0.00	0.00	4,530.34
100125		10/08/202	10/01/202	10/31/202			2,791.49	0.00	0.00	2,791.49
100225		10/08/202	10/02/202	10/31/202			384.75	0.00	0.00	384.75
100625A		10/08/202	10/06/202	10/31/202			356.54	0.00	0.00	356.54
100625		10/08/202	10/06/202	10/31/202			189.40	0.00	0.00	189.40
100725		10/08/202	10/07/202	10/31/202			6,500.00	0.00	0.00	6,500.00

Remove - Nursing Home does not belong



Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11836	GOLDENCREEK HEALTHCARE				154,919.09	0.00	0.00	154,919.09	
Vendor#	Vendor Name		Class	Pay Code							
W1300	GRAINGER		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9644701998		10/08/202	09/17/202	10/12/202			112.26	0.00	0.00	112.26
		Glove Box Dispenser									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		W1300	GRAINGER				112.26	0.00	0.00	112.26	
Vendor#	Vendor Name		Class	Pay Code							
12948	GREAT AMERICA FINANCIAL SVCS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	40224627		10/07/202	09/29/202	10/24/202			10,020.34	0.00	0.00	10,020.34
		COPIES 8/24 - 9/23/25									
	40224625		10/07/202	09/29/202	10/24/202			66.53	0.00	0.00	66.53
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		12948	GREAT AMERICA FINANCIAL SVCS				10,086.87	0.00	0.00	10,086.87	
Vendor#	Vendor Name		Class	Pay Code							
G0401	GULF COAST DELIVERY										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	093025		10/07/202	09/30/202	10/30/202			75.00	0.00	0.00	75.00
		Work performed 9/2 - 9/19/25									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		G0401	GULF COAST DELIVERY				75.00	0.00	0.00	75.00	
Vendor#	Vendor Name		Class	Pay Code							
17752											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	AGUARI0001		09/25/202	03/26/202	10/20/202			37.58	0.00	0.00	37.58
		Patient refund									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		17752					37.58	0.00	0.00	37.58	
Vendor#	Vendor Name		Class	Pay Code							
17324											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	DEWHAR01		08/25/202	03/25/202	10/30/202			50.00	0.00	0.00	50.00
		PT REFUND									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		17324					50.00	0.00	0.00	50.00	
Vendor#	Vendor Name		Class	Pay Code							
12380	HEALTH SOLUTIONS DIETETICS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	090125		09/30/202	09/01/202	10/06/202			3,400.00	0.00	0.00	3,400.00
		Sept. 2025									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		12380	HEALTH SOLUTIONS DIETETICS				3,400.00	0.00	0.00	3,400.00	
Vendor#	Vendor Name		Class	Pay Code							
17652											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	JONJOS0001		09/25/202	03/27/202	10/20/202			40.00	0.00	0.00	40.00
		Patient refund									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		17652					40.00	0.00	0.00	40.00	
Vendor#	Vendor Name		Class	Pay Code							
H0031	HEB CREDIT RECEIVABLES DEPT308										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓	092625		09/30/202	09/26/202	10/20/202		282.20	0.00	0.00	282.20	✓	
		DIETARY SUPPLIES										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		H0031	HEB CREDIT RECEIVABLES DEPT308				282.20	0.00	0.00	282.20		
Vendor#	Vendor Name		Class	Pay Code								
H1269	✓	HENRY SCHEIN INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	44527746	10/08/202	07/24/202	10/08/202			33.63	0.00	0.00	33.63	✓
			car wash xps									
	✓	47574690	10/08/202	09/30/202	10/08/202			33.63	0.00	0.00	33.63	✓
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		H1269	HENRY SCHEIN INC.				67.26	0.00	0.00	67.26		
Vendor#	Vendor Name		Class	Pay Code								
14916	✓	HEWLETT-PACKARD										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	100001389902	10/06/202	09/17/202				573.53	0.00	0.00	573.53	✓
			rental									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		14916	HEWLETT-PACKARD				573.53	0.00	0.00	573.53		
Vendor#	Vendor Name		Class	Pay Code								
15620	✓	HHSC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	100225	10/07/202	10/02/202	10/02/202			500.00	0.00	0.00	500.00	✓
			MRI ROOFTOP UNIT THHS INSPE									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		15620	HHSC				500.00	0.00	0.00	500.00		
Vendor#	Vendor Name		Class	Pay Code								
10922	✓	HUNTER PHARMACY SERVICES										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	6676	09/30/202	09/30/202	10/20/202			15,167.45	0.00	0.00	15,167.45	✓
			Robyn Novas									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		10922	HUNTER PHARMACY SERVICES				15,167.45	0.00	0.00	15,167.45		
Vendor#	Vendor Name		Class	Pay Code								
14976	✓	INOVALON PROVIDER INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	25M0126770	10/08/202	10/08/202	10/31/202			773.76	0.00	0.00	773.76	✓
			100125-103125 SERVICE PERIOD									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		14976	INOVALON PROVIDER INC.				773.76	0.00	0.00	773.76		
Vendor#	Vendor Name		Class	Pay Code								
11200	✓	IRON MOUNTAIN										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	KSPV248	09/30/202	09/30/202	10/30/202			3,260.62	0.00	0.00	3,260.62	✓
			Inred 8/27, 9/23/25									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		11200	IRON MOUNTAIN				3,260.62	0.00	0.00	3,260.62		
Vendor#	Vendor Name		Class	Pay Code								
11285	✓	ITA RESOURCES INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	MMC102025	10/06/202	10/01/202	10/21/202			42,293.25	0.00	0.00	42,293.25	✓
			prop. fee / call back / or									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		11285	ITA RESOURCES INC				42,293.25	0.00	0.00	42,293.25		
Vendor#	Vendor Name		Class	Pay Code								

18156	✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓	MAYJAC0001		10/07/202	09/30/202	10/07/202			40.00	0.00	0.00	40.00 ✓
		Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
			18156	patient refund					40.00	0.00	0.00	40.00
Vendor#	✓	Vendor Name		Class		Pay Code						
18068	✓											
	✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓	STRAJAM003		10/07/202	09/30/202	10/07/202			42.21	0.00	0.00	42.21 ✓
		Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
			18068	patient refund					42.21	0.00	0.00	42.21
Vendor#	✓	Vendor Name		Class		Pay Code						
18116	✓	JENNIFER MORALES										
	✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓	092325		10/08/202	09/23/202	09/23/202			347.20	0.00	0.00	347.20 ✓
			NURSING COURSE	8/15 - 8/17/25	San Antonio, TX							
		Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
			18116	JENNIFER MORALES					347.20	0.00	0.00	347.20
Vendor#	✓	Vendor Name		Class		Pay Code						
18120	✓											
	✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓	ZEIJEN0002		10/07/202	09/30/202	10/07/202			11.18	0.00	0.00	11.18 ✓
		Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
			18120	patient refund					11.18	0.00	0.00	11.18
Vendor#	✓	Vendor Name		Class		Pay Code						
18152	✓											
	✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓	STAJOB0001		10/07/202	09/30/202	10/07/202			40.00	0.00	0.00	40.00 ✓
		Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
			18152	patient refund					40.00	0.00	0.00	40.00
Vendor#	✓	Vendor Name		Class		Pay Code						
17692	✓											
	✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓	SELJOS0001		09/25/202	03/26/202	10/20/202			15.00	0.00	0.00	15.00 ✓
		Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
			17692	patient refund					15.00	0.00	0.00	15.00
Vendor#	✓	Vendor Name		Class		Pay Code						
17672	✓											
	✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓	BROUNI0001		09/25/202	03/26/202	10/20/202			46.87	0.00	0.00	46.87 ✓
		Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
			17672	patient refund					46.87	0.00	0.00	46.87
Vendor#	✓	Vendor Name		Class		Pay Code						
18160	✓	KYLIE TAYLOR										
	✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓	092325		10/08/202	09/23/202	10/08/202			347.20	0.00	0.00	347.20 ✓
			NURSING COURSE	8/15 - 8/17/25	San Antonio, TX							
		Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
			18160	KYLIE TAYLOR					347.20	0.00	0.00	347.20
Vendor#		Vendor Name		Class		Pay Code						

L0700	✓	LABCORP OF AMERICA HOLDINGS	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
✓ 85037858		09/30/202	09/22/197	09/27/202			565.00	0.00	0.00	565.00	✓
✓ 82418242		09/30/202	09/27/202	09/27/202			1.29	0.00	0.00	1.29	✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
L0700	LABCORP OF AMERICA HOLDINGS	566.29	0.00	0.00	566.29

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
092425A		09/30/202	09/24/202	10/31/202			2,507.10	0.00	0.00	2,507.10
092425	remove - Nursing Homes	09/30/202	09/24/202	10/31/202			55.22	0.00	0.00	55.22
092625A		09/30/202	09/26/202	10/31/202			4,886.00	0.00	0.00	4,886.00
092625		09/30/202	09/26/202	10/31/202			1,676.00	0.00	0.00	1,676.00
093025		09/30/202	09/30/202	10/31/202			2,330.57	0.00	0.00	2,330.57
093025A		09/30/202	09/30/202	10/31/202			373.57	0.00	0.00	373.57
100225		10/08/202	10/02/202	10/31/202			4,190.00	0.00	0.00	4,190.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	LAVACA BAY NURSING AND REHAB	16,018.46	0.00	0.00	16,018.46

Vendor# Vendor Name Class Pay Code

18128 ✓											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay				
	HERLIN0002		10/07/202	09/30/202	10/07/202						

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
18128		120.00	0.00	0.00	120.00

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
0091925		10/06/202	09/19/202	10/06/202			895.00	0.00	0.00	895.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10972	M G TRUST	895.00	0.00	0.00	895.00

Vendor# Vendor Name Class Pay Code

J1350 ✓ M.C. JOHNSON COMPANY INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00399485		09/24/202	10/01/202	10/08/202			95.33	0.00	0.00	95.33

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
J1350	M.C. JOHNSON COMPANY INC	95.33	0.00	0.00	95.33

Vendor# Vendor Name Class Pay Code

17704	✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay					
WEEMAD0001		09/25/202	03/26/202	10/20/202							

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
17704		36.07	0.00	0.00	36.07

Vendor# Vendor Name Class Pay Code

Invoice#	Comitment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
W18498		10/08/202	09/30/202	10/01/202			5,300.00	0.00	0.00	5,300.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17972	MALEK INC	5,300.00	0.00	0.00	5,300.00

Vendor#	Vendor Name	Class	Pay Code
17756			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MYEKAM0001		09/25/202	03/28/202	10/20/202			36.12	0.00	0.00	36.12

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
17756	[REDACTED]	36.12	0.00	0.00	36.12

Vendor#	Vendor Name	Class	Pay Code
17696			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TIMQUI0001		09/25/202	03/26/202	10/20/202			20.00	0.00	0.00	20.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
17696	[REDACTED]	20.00	0.00	0.00	20.00

Vendor#	Vendor Name	Class	Pay Code
17648			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RESKAY0001		09/10/202	03/27/202	10/25/202			20.00	0.00	0.00	20.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
17548	[REDACTED]	20.00	0.00	0.00	20.00

Vendor#	Vendor Name	Class	Pay Code
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M2178 ✓ MCKESSON MEDICAL SURGICAL INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24404110		10/08/202	09/29/202	10/14/202			2,217.49	0.00	0.00	2,217.49

24430181	10/08/2022	10/02/2022	10/17/2022	158.00	0.00	0.00	158.00
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Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2178	MCKESSON MEDICAL SURGICAL INC	2,375.49	0.00	0.00	2,375.49

Vendor#	Vendor Name	Class	Pay Code
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18092 ✓ MEDICAL SOLUTIONS LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
201015929		09/30/202	10/01/202	10/31/202			2,294.25	0.00	0.00	2,294.25

201024395	09/30/202	10/06/202	10/06/202	2.656.50	0.00	0.00	2.656.50
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Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
18092	MEDICAL SOLUTIONS LLC	4,950.75	0.00	0.00	4,950.75

Vendor# / Vendor Name	Class	Pay Code
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12588 ✓ MEDICAL TECHNOLOGY ASSOCIATES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV277650		09/24/202	09/30/202	10/25/202			8,480.39	0.00	0.00	8,480.39

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12588	MEDICAL TECHNOLOGY ASSOCIATES	8,480.39	0.00	0.00	8,480.39

Vendor#	Vendor Name	Class	Pay Code
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10613 ✓ MEDIMPACT HEALTHCARE SYS. INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100725		10/08/202	10/07/202	10/07/202			17.66	0.00	0.00	17.66

Claims

[illegible]

✓	2390699486	10/08/202 09/27/202 10/22/202	133.85	0.00	0.00	133.85	✓
✓	2390968824	10/08/202 09/30/202 10/25/202	222.95	0.00	0.00	222.95	✓
✓	2390968826	10/08/202 09/30/202 10/25/202	109.84	0.00	0.00	109.84	✓
✓	2390968823	10/08/202 09/30/202 10/25/202	34.31	0.00	0.00	34.31	✓
✓	2391201885	10/08/202 10/01/202 10/26/202	492.74	0.00	0.00	492.74	✓
✓	2391201877	10/08/202 10/01/202 10/26/202	22.33	0.00	0.00	22.33	✓
✓	2391201883	10/08/202 10/01/202 10/26/202	393.47	0.00	0.00	393.47	✓
✓	2391201897	10/08/202 10/01/202 10/26/202	35.72	0.00	0.00	35.72	✓
✓	2391201895	10/08/202 10/01/202 10/26/202	20.68	0.00	0.00	20.68	✓
✓	2391774633	10/08/202 10/03/202 10/28/202	-93.53	0.00	0.00	-93.53	✓

Vendor Totals: Number Name
M2470 MEDLINE INDUSTRIES INC

Gross Discount No-Pay Net
22,992.81 0.00 0.00 22,992.81

Vendor#	Vendor Name	Class	Pay Code						
M2621	MMC AUXILIARY GIFT SHOP	W							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount
	092525		09/25/202	09/25/202	10/07/202			347.16	0.00

Vendor Totals: Number Name
M2621 MMC AUXILIARY GIFT SHOP

Gross Discount No-Pay Net
347.16 0.00 0.00 347.16

Vendor#	Vendor Name	Class	Pay Code						
10536	MORRIS & DICKSON CO, LLC								
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount
	3887182		10/07/202	09/23/202	10/03/202			9,880.22	0.00
✓	3885009	meas	10/07/202	09/23/202	10/03/202			946.95	0.00
✓	3887181		10/07/202	09/23/202	10/03/202			900.76	0.00
✓	CM47850		10/07/202	09/24/202	10/04/202			-3.51	0.00
✓	3889432	meas	10/07/202	09/24/202	10/04/202			196.25	0.00
✓	3892186	meas	10/07/202	09/24/202	10/04/202			107.16	0.00
✓	3889431	meas	10/07/202	09/24/202	10/04/202			170.65	0.00
✓	3892187		10/07/202	09/24/202	10/04/202			641.96	0.00
✓	3894464		10/07/202	09/25/202	10/05/202			2.79	0.00
✓	3894465		10/07/202	09/25/202	10/05/202			196.25	0.00
✓	SC9038		10/07/202	09/25/202	10/05/202			171.15	0.00
✓	3896214		10/07/202	09/25/202	10/05/202			127.11	0.00

✓ 3894132	10/07/202 09/25/202 10/05/202 Meds	5,146.94	0.00	0.00	5,146.94 ✓
✓ 3894119	10/07/202 09/25/202 10/05/202	3,602.76	0.00	0.00	3,602.76 ✓
✓ 3896213	10/07/202 09/25/202 10/05/202	27.24	0.00	0.00	27.24 ✓
✓ SC9039	10/07/202 09/25/202 10/05/202	88.00	0.00	0.00	88.00 ✓
✓ 3894463	Credit 10/07/202 09/25/202 10/05/202	121.89	0.00	0.00	121.89 ✓
✓ 3902225	Meds 10/07/202 09/28/202 10/08/202	18.28	0.00	0.00	18.28 ✓
✓ 3902224	10/07/202 09/28/202 10/08/202	698.37	0.00	0.00	698.37 ✓
✓ 3904132	10/07/202 09/28/202 10/08/202	199.30	0.00	0.00	199.30 ✓
✓ 3902223	10/07/202 09/28/202 10/08/202	502.46	0.00	0.00	502.46 ✓
✓ 3904133	10/07/202 09/28/202 10/08/202	1,164.46	0.00	0.00	1,164.46 ✓
✓ 3908278	10/07/202 09/29/202 10/09/202	513.50	0.00	0.00	513.50 ✓
✓ 3908277	10/07/202 09/29/202 10/09/202	17.75	0.00	0.00	17.75 ✓
✓ 3914001	10/07/202 09/29/202 10/09/202	398.59	0.00	0.00	398.59 ✓
✓ 3914003	10/07/202 09/30/202 10/10/202	284.78	0.00	0.00	284.78 ✓
✓ 3914002	10/07/202 09/30/202 10/10/202	1,298.32	0.00	0.00	1,298.32 ✓
✓ 6799	10/07/202 09/30/202 10/10/202	-115.74	0.00	0.00	-115.74 ✓
✓ 3919073	Credit 10/07/202 10/01/202 10/11/202	2,777.11	0.00	0.00	2,777.11 ✓
✓ CM49872	Meds 10/07/202 10/01/202 10/11/202	-10.75	0.00	0.00	-10.75 ✓
✓ 3916104	Credit 10/07/202 10/01/202 10/11/202	26.32	0.00	0.00	26.32 ✓
✓ CM49870	Meds 10/07/202 10/01/202 10/11/202	-22.94	0.00	0.00	-22.94 ✓
✓ 3919072	Credit 10/07/202 10/01/202 10/11/202	3.85	0.00	0.00	3.85 ✓
✓ CM49871	Meds 10/07/202 10/01/202 10/11/202	-22.94	0.00	0.00	-22.94 ✓
✓ 3916105	Credit 10/07/202 10/01/202 10/11/202	66.10	0.00	0.00	66.10 ✓
✓ 3919071	Meds 10/07/202 10/01/202 10/11/202	53.49	0.00	0.00	53.49 ✓
✓ 3934670	10/07/202 10/02/202 10/12/202	84.17	0.00	0.00	84.17 ✓
✓ 0169295	10/07/202 10/02/202 10/12/202	675.84	0.00	0.00	675.84 ✓
✓ 3921309	10/07/202 10/02/202 10/12/202	98.98	0.00	0.00	98.98 ✓
✓ 3923176	10/07/202 10/02/202 10/12/202	1,904.17	0.00	0.00	1,904.17 ✓

✓	3932750	10/07/202 10/02/202 10/12/202	3,730.82	0.00	0.00	3,730.82	✓
✓	3923177	10/07/202 10/02/202 10/12/202	46.83	0.00	0.00	46.83	✓
✓	3923175	10/07/202 10/02/202 10/12/202	125.51	0.00	0.00	125.51	✓
✓	3930349	10/07/202 10/05/202 10/15/202	63.26	0.00	0.00	63.26	✓
✓	3930351	10/07/202 10/05/202 10/15/202	1,057.03	0.00	0.00	1,057.03	✓
✓	3930350	10/07/202 10/05/202 10/15/202	0.85	0.00	0.00	0.85	✓
✓	3930352	10/07/202 10/05/202 10/15/202	1.85	0.00	0.00	1.85	✓
✓	3930348	10/07/202 10/06/202 10/16/202	6.88	0.00	0.00	6.88	✓
✓	3934671	10/07/202 10/06/202 10/16/202	1,013.04	0.00	0.00	1,013.04	✓
✓	3932749	10/07/202 10/06/202 10/16/202	10,826.06	0.00	0.00	10,826.06	✓
Vendor Totals: Number Name Gross Discount No-Pay Net							
	10536	MORRIS & DICKSON CO, LLC	49,810.17	0.00	0.00	49,810.17	
Vendor#	Vendor Name	Class	Pay Code				
M2659	MXR IMAGING, INC	M					
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross Discount No-Pay Net
	8801292902		10/08/202	09/25/202	10/25/202		83.51 0.00 0.00 83.51
Vendor Totals: Number Name Gross Discount No-Pay Net							
	M2659	MXR IMAGING, INC	83.51	0.00	0.00	83.51	
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
	8858		10/06/202	10/02/202	10/12/202		91.42 0.00 0.00 91.42
Vendor Totals: Number Name Gross Discount No-Pay Net							
	13548	NACOGDOCHES TRANSCRIPTION	91.42	0.00	0.00	91.42	
Vendor#	Vendor Name	Class	Pay Code				
17684							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross Discount No-Pay Net
	RIPROY0001		09/25/202	03/26/202	10/20/202		43.96 0.00 0.00 43.96
Vendor Totals: Number Name Gross Discount No-Pay Net							
	17684		43.96	0.00	0.00	43.96	
Vendor#	Vendor Name	Class	Pay Code				
13624	NEXION HEALTH AT NAVASOTA INC						
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross Discount No-Pay Net
	090125		09/30/202	09/01/202	10/04/202		1,000.00 0.00 0.00 1,000.00
Vendor Totals: Number Name Gross Discount No-Pay Net							
	13624	NEXION HEALTH AT NAVASOTA INC	1,000.00	0.00	0.00	1,000.00	
Vendor#	Vendor Name	Class	Pay Code				
G0425	ODEFEY WITTE WALL & VILAFRANC	W					
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross Discount No-Pay Net
	4938		10/06/202	09/18/202	10/18/202		4,717.25 0.00 0.00 4,717.25
Vendor Totals: Number Name Gross Discount No-Pay Net							

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
38740527		10/08/202	09/30/202	10/25/202			273.99	0.00	0.00
Vendor Totals: Number Name							Gross	Discount	No-Pay
O1500	OLYMPUS AMERICA INC						273.99	0.00	0.00
11155	PARAREV								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay
2025596		10/08/202	10/01/202	10/31/202			3,084.00	0.00	0.00
Vendor Totals: Number Name							Gross	Discount	No-Pay
11155	PARAREV						3,084.00	0.00	0.00
P1800	PITNEY BOWES INC	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay
1028184426		09/01/202	09/22/202	10/22/202			970.00	0.00	0.00
Vendor Totals: Number Name							Gross	Discount	No-Pay
P1800	PITNEY BOWES INC						970.00	0.00	0.00
14764	PL-CPR, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay
407		09/30/202	09/24/202	09/24/202			525.00	0.00	0.00
409		10/06/202	10/03/202	10/03/202			1,380.00	0.00	0.00
Vendor Totals: Number Name							Gross	Discount	No-Pay
14764	PL-CPR, LLC						1,905.00	0.00	0.00
P2100	PORT LAVACA WAVE	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay
INV0036		09/30/202	09/29/202	10/24/202			1,100.00	0.00	0.00
Vendor Totals: Number Name							Gross	Discount	No-Pay
P2100	PORT LAVACA WAVE						1,100.00	0.00	0.00
P2200	POWER HARDWARE	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay
A122997		10/06/202	10/01/202	10/11/202			11.98	0.00	0.00
Vendor Totals: Number Name							Gross	Discount	No-Pay
P2200	POWER HARDWARE						11.98	0.00	0.00
11932	PRESS GANEY ASSOCIATES, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay
IN000724736		09/30/202	09/30/202	10/30/202			2,952.47	0.00	0.00
Vendor Totals: Number Name							Gross	Discount	No-Pay
11932	PRESS GANEY ASSOCIATES, INC.						2,952.47	0.00	0.00
10896	QIAGEN INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay
999822839		09/24/202	09/16/202	10/16/202			1,299.91	0.00	0.00
Vendor Totals: Number Name							Gross	Discount	No-Pay
							1,299.91	0.00	0.00

✓	999827967		09/24/202	09/19/202	10/19/202		355.60	0.00	0.00	355.60	✓
<i>Positive & negative controls</i>											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10896	QIAGEN INC				1,655.51	0.00	0.00	1,655.51	
Vendor#	Vendor Name			Class	Pay Code						
11024	✓ REED, CLAYMON, MEEKER & HARGET										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	35391		10/06/202	09/23/202	09/23/202		265.50	0.00	0.00	265.50	✓
<i>Qxpp / nexion discussion</i>											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11024	REED, CLAYMON, MEEKER & HARGET				265.50	0.00	0.00	265.50	
Vendor#	Vendor Name			Class	Pay Code						
14920	✓ REPUBLIC SERVICES, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	0847001415736		10/06/202	09/26/202	09/26/202		2,926.54	0.00	0.00	2,926.54	✓
<i>Waste contractor</i>											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		14920	REPUBLIC SERVICES, INC.				2,926.54	0.00	0.00	2,926.54	
Vendor#	Vendor Name			Class	Pay Code						
17748	██████████										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	ZZZZZZ0035		09/25/202	03/26/202	10/20/202		40.00	0.00	0.00	40.00	✓
<i>patient Refund</i>											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		17748	██████████				40.00	0.00	0.00	40.00	
Vendor#	Vendor Name			Class	Pay Code						
S0900	✓ SAMS CLUB DIRECT			W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	092025		09/30/202	09/20/202	10/07/202		232.47	0.00	0.00	232.47	✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		S0900	SAMS CLUB DIRECT				232.47	0.00	0.00	232.47	
Vendor#	Vendor Name			Class	Pay Code						
10936	SIEMENS FINANCIAL SERVICES										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	56382500079965		10/07/202	09/29/202	10/19/202		1,333.33	0.00	0.00	1,333.33	✓
<i>Vendor</i>											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10936	SIEMENS FINANCIAL SERVICES				1,333.33	0.00	0.00	1,333.33	
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	
✓	116791612		09/30/202	09/25/202	10/20/202		3,507.72	0.00	0.00	3,507.72	✓
<i>Contract Billing 9/24 10/23/25</i>											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		S2001	SIEMENS MEDICAL SOLUTIONS INC				3,507.72	0.00	0.00	3,507.72	
Vendor#	Vendor Name			Class	Pay Code						
10681	✓ SIMMLER, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	196761		10/06/202	10/02/202			239.00	0.00	0.00	239.00	✓
<i>Sexual Cell stain kit</i>											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10681	SIMMLER, INC.				239.00	0.00	0.00	239.00	
Vendor#	Vendor Name			Class	Pay Code						
17992	✓ SOUTHWEST MEDICAL EQUIPMENT										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
125110		10/08/202	09/30/202	10/08/202			3,136.55	0.00	0.00	3,136.55 ✓
<i>Stretcher 200</i>										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	17992	SOUTHWEST MEDICAL EQUIPMENT					3,136.55	0.00	0.00	3,136.55
Vendor#	Vendor Name		Class	Pay Code						
C1010	SPARKLIGHT		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100125		10/06/202	10/01/202	10/02/202			3,596.00	0.00	0.00	3,596.00 ✓
<i>Internet</i>										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT					3,596.00	0.00	0.00	3,596.00
Vendor#	Vendor Name		Class	Pay Code						
12288	SPBS CLINICAL EQUIPMENT SRVC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1708691		10/06/202	09/30/202	10/01/202			1,511.45	0.00	0.00	1,511.45 ✓
<i>Parks</i>										
INV050001025		10/06/202	10/01/202	10/02/202			9,836.92	0.00	0.00	9,836.92 ✓
<i>Monthly Contract Billing</i>										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQUIPMENT SRVC					11,348.37	0.00	0.00	11,348.37
Vendor#	Vendor Name		Class	Pay Code						
15236	SPECIALTY PROFESSIONAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1250001027		09/30/202	09/12/202	09/12/202			2,950.00	0.00	0.00	2,950.00 ✓
<i>Amber Helzer 9/1, 9/2, 9/4</i>										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15236	SPECIALTY PROFESSIONAL					2,950.00	0.00	0.00	2,950.00
Vendor#	Vendor Name		Class	Pay Code						
S3940	STERIS CORPORATION		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
505402382		10/08/202	09/16/202	10/11/202			3,676.88	0.00	0.00	3,676.88 ✓
<i>Edge take up hose</i>										
14385277		10/08/202	09/30/202	10/25/202			218.40	0.00	0.00	218.40 ✓
<i>Rupicide</i>										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION					3,895.28	0.00	0.00	3,895.28
Vendor#	Vendor Name		Class	Pay Code						
17248	SUMMIT PAIN AND WELLNESS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1317		09/01/202	09/27/202	10/27/202			5,240.00	0.00	0.00	5,240.00 ✓
<i>RN's 9/26/25</i>										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	17248	SUMMIT PAIN AND WELLNESS					5,240.00	0.00	0.00	5,240.00
Vendor#	Vendor Name		Class	Pay Code						
14524	SYSMEX AMERICA, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
96114645		10/08/202	09/24/202	10/08/202			527.44	0.00	0.00	527.44 ✓
<i>Beyond Cure Remote</i>										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14524	SYSMEX AMERICA, INC.					527.44	0.00	0.00	527.44
Vendor#	Vendor Name		Class	Pay Code						
T2539	T-SYSTEM, INC		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2024773		09/30/202	09/30/202	10/30/202			6,130.42	0.00	0.00	6,130.42 ✓

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		T2539	T-SYSTEM, INC				6,130.42	0.00	0.00	6,130.42	
Vendor#	Vendor Name			Class	Pay Code						
15856	✓ TEXAS A&M HEALTH SCIENCE CENTE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ H186073		10/06/202	09/19/202	10/06/202			2,625.00	0.00	0.00	2,625.00
Physician Peer review Services Oct. Dec. 2025											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		15856	TEXAS A&M HEALTH SCIENCE CENTE				2,625.00	0.00	0.00	2,625.00	
Vendor#	Vendor Name			Class	Pay Code						
T1450	✓ TEXAS ASSOCIATION OF COUNTIES			W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 100625		09/30/202	10/06/202	10/06/202			3,072.40	0.00	0.00	3,072.40
3rd QTR Unemployment Contr. 2025											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		T1450	TEXAS ASSOCIATION OF COUNTIES				3,072.40	0.00	0.00	3,072.40	
Vendor#	Vendor Name			Class	Pay Code						
10758	✓ TEXAS SELECT STAFFING, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 0025949		09/30/202	09/25/202	09/26/202			3,675.00	0.00	0.00	3,675.00
	✓ 0025974		09/30/202	10/02/202	10/03/202			6,147.50	0.00	0.00	6,147.50
Shawn Terrence 9/20/25 Jennifer Stephens 9/27/25											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10758	TEXAS SELECT STAFFING, LLC				9,822.50	0.00	0.00	9,822.50	
Vendor#	Vendor Name			Class	Pay Code						
B1941	✓ THE BACK OFFICE			W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 0242127		09/01/202	10/01/202	10/01/202			1,673.75	0.00	0.00	1,673.75
Paper Shredding 9/1 - 9/30/25											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		B1941	THE BACK OFFICE				1,673.75	0.00	0.00	1,673.75	
Vendor#	Vendor Name			Class	Pay Code						
15396	✓ THIRD COAST DISTRIBUTING LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 093025		09/30/202	09/30/202	09/30/202			92.44	0.00	0.00	92.44
SUPPLIES											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		15396	THIRD COAST DISTRIBUTING LLC				92.44	0.00	0.00	92.44	
Vendor#	Vendor Name			Class	Pay Code						
13144	✓ TRI WHOLESALE CO.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 092525		09/30/202	09/25/202	09/25/202			81.50	0.00	0.00	81.50
SUPPLIES											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		13144	TRI WHOLESALE CO.				81.50	0.00	0.00	81.50	
Vendor#	Vendor Name			Class	Pay Code						
13616	✓ TRIOSE, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ TRI211934		10/06/202	02/11/202	02/26/202			178.29	0.00	0.00	178.29
FREIGHT											
	✓ TRI253248		10/06/202	09/16/202	10/01/202			130.82	0.00	0.00	130.82
	✓ TRI254270		10/06/202	09/27/202	10/12/202			69.30	0.00	0.00	69.30
	✓ TRI255053		10/07/202	10/06/202	10/21/202			137.31	0.00	0.00	137.31

Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC				515.72	0.00	0.00	515.72
Vendor#	Vendor Name		Class	Pay Code					
C2510	TRUBRIDGE		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
T2508081378		09/16/202	08/08/202	10/20/202		120,318.41	0.00	0.00	120,318.41
	Business Services								
T2509161378		09/18/202	09/16/202	10/20/202		102,950.39	0.00	0.00	102,950.39

Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE				223,268.80	0.00	0.00	223,268.80
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
092425A		09/30/202	09/24/202	10/31/202		6,240.00	0.00	0.00	6,240.00
	Remove - Nursing homes								
092425		09/30/202	09/24/202	10/31/202		3,640.00	0.00	0.00	3,640.00
092525		09/30/202	09/25/202	10/31/202		12,497.45	0.00	0.00	12,497.45
092625		09/30/202	09/26/202	10/31/202		6,240.00	0.00	0.00	6,240.00
092625C		09/30/202	09/26/202	10/31/202		550.16	0.00	0.00	550.16
092625B		09/30/202	09/26/202	10/31/202		975.00	0.00	0.00	975.00
092925		09/30/202	09/29/202	10/31/202		100.00	0.00	0.00	100.00
093025		09/30/202	09/30/202	10/31/202		628.50	0.00	0.00	628.50
061125		10/08/202	06/11/202	10/31/202		50,322.84	0.00	0.00	50,322.84
100125		10/08/202	10/01/202	10/31/202		4,818.50	0.00	0.00	4,818.50
100225		10/08/202	10/02/202	10/31/202		628.50	0.00	0.00	628.50
100325A		10/08/202	10/03/202	10/31/202		10,195.52	0.00	0.00	10,195.52
100325		10/08/202	10/03/202	10/31/202		30,714.36	0.00	0.00	30,714.36
100625		10/08/202	10/06/202	10/31/202		31,691.44	0.00	0.00	31,691.44
100725		10/08/202	10/07/202	10/31/202		6,924.13	0.00	0.00	6,924.13
100725A		10/08/202	10/07/202	10/31/202		1,181.29	0.00	0.00	1,181.29
061125A		10/09/202	06/11/202	10/31/202		20,818.07	0.00	0.00	20,818.07

Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE				188,165.76	0.00	0.00	188,165.76
Vendor#	Vendor Name		Class	Pay Code					
U1064	UNIFIRST HOLDINGS INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
2921069696		09/23/202	09/22/202	10/17/202		268.33	0.00	0.00	268.33
	Uniforms								

✓	2921069688	09/30/202 09/22/202 10/17/202	3,899.14	0.00	0.00	3,899.14	✓
✓	2921070004	09/30/202 09/25/202 10/20/202 <i>Laundry</i>	3,306.56	0.00	0.00	3,306.56	✓
✓	2921070178	09/30/202 09/29/202 10/24/202	7,626.84	0.00	0.00	7,626.84	✓
✓	2921069004	10/06/202 09/11/202 10/06/202 <i>Laundry / Supplies</i>	157.09	0.00	0.00	157.09	✓
✓	2921070010	10/06/202 09/25/202 10/20/202 <i>Supplies</i>	75.17	0.00	0.00	75.17	✓
✓	2921070026	10/06/202 09/25/202 10/20/202 <i>Uniforms</i>	201.60	0.00	0.00	201.60	✓
✓	2921070036	10/06/202 09/25/202 10/20/202 <i>Laundry</i>	159.80	0.00	0.00	159.80	✓
✓	2921070185	10/06/202 09/29/202 10/24/202 <i>Supplies</i>	268.33	0.00	0.00	268.33	✓
✓	2921070536	10/06/202 10/02/202 10/27/202 <i>Uniforms</i>	289.05	0.00	0.00	289.05	✓
✓	2921070520	10/06/202 10/02/202 10/27/202 <i>Laundry</i>	97.19	0.00	0.00	97.19	✓
✓	2921069532	10/07/202 09/18/202 10/13/202 <i>Uniforms</i>	272.46	0.00	0.00	272.46	✓
✓	2921070034	10/07/202 09/25/202 10/20/202 <i>Laundry</i>	268.38	0.00	0.00	268.38	✓
✓	2921070546	10/07/202 10/02/202 10/27/202	396.76	0.00	0.00	396.76	✓
✓	2921070692	10/07/202 10/06/202 10/31/202	3,704.70	0.00	0.00	3,704.70	✓
✓	2921070018	10/08/202 09/25/202 10/20/202 <i>Uniforms</i>	289.83	0.00	0.00	289.83	✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	21,281.23	0.00	0.00	21,281.23

Vendor#	Vendor Name	Class	Pay Code			
11057	✓ UNITED STATES TREASURY					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
063025		10/07/202	09/29/202	10/07/202		

Gross	Discount	No-Pay	Net
2,309.57	0.00	0.00	2,309.57

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11057	UNITED STATES TREASURY	2,309.57	0.00	0.00	2,309.57

Vendor#	Vendor Name	Class	Pay Code			
18100	✓ UNITEDHEALTHCARE					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
100725		10/07/202	10/07/202	10/07/202		

Gross	Discount	No-Pay	Net
2,809.01	0.00	0.00	2,809.01

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18100	UNITEDHEALTHCARE	2,809.01	0.00	0.00	2,809.01

Vendor#	Vendor Name	Class	Pay Code			
12400	✓ UPDOX LLC					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
INV00616112		10/07/202	10/01/202	10/07/202		

Gross	Discount	No-Pay	Net
653.34	0.00	0.00	653.34

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12400	UPDOX LLC	653.34	0.00	0.00	653.34

Vendor#	Vendor Name	Class	Pay Code			
15616	✓ UTHEALTH CQHII					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay

Gross	Discount	No-Pay	Net
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✓ 3219			09/23/202	09/19/202	10/19/202		1,000.00	0.00	0.00	1,000.00	✓
✓ 3212			10/06/202	09/19/202	10/19/202		900.00	0.00	0.00	900.00	✓
SEP CONTRACT Professional Consulting 01/29/25 01/28/24											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		15616	UTHEALTH CQHII				1,900.00	0.00	0.00	1,900.00	
Vendor#	Vendor Name		Class		Pay Code						
10768	✓ VICTORIA MEDICAL FOUNDATION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	192025		09/01/202	09/18/202	09/18/202		200.00	0.00	0.00	200.00	✓
✓	182025		10/06/202	09/18/202	09/18/202		200.00	0.00	0.00	200.00	✓
2025 App Fee											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10768	VICTORIA MEDICAL FOUNDATION				400.00	0.00	0.00	400.00	
Vendor#	Vendor Name		Class		Pay Code						
V1471	✓ VICTORIA RADIOWORKS, LLC		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	25090145		09/30/202	09/30/202	09/30/202		160.00	0.00	0.00	160.00	✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		V1471	VICTORIA RADIOWORKS, LLC				160.00	0.00	0.00	160.00	
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	
✓	41306		09/30/202	09/26/202	10/26/202		3,467.50	0.00	0.00	3,467.50	✓
✓	40563		10/07/202	08/08/202	09/07/202		3,120.75	0.00	0.00	3,120.75	✓
✓	40672		10/07/202	08/15/202	09/14/202		3,562.50	0.00	0.00	3,562.50	✓
Dave Barnes 9/18/25 Dave Barnes 7/30/25 Dave Barnes 8/7/25											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		17832	VOCA LLC				10,150.75	0.00	0.00	10,150.75	
Vendor#	Vendor Name		Class		Pay Code						
12548	✓ WAGeworks, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	0925TR116685A		09/30/202	09/01/202	09/30/202		131.25	0.00	0.00	131.25	✓
Worru Sept 2025											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		12548	WAGeworks, INC				131.25	0.00	0.00	131.25	
Vendor#	Vendor Name		Class		Pay Code						
17740	✓ [REDACTED]										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	SCOKA0001		09/25/202	03/26/202	10/20/202		33.00	0.00	0.00	33.00	✓
Patient Refund											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		17740	[REDACTED]				33.00	0.00	0.00	33.00	
Vendor#	Vendor Name		Class		Pay Code						
11110	✓ WERFEN USA LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	9111980059		09/24/202	09/22/202	10/17/202		1,794.76	0.00	0.00	1,794.76	✓
✓	9111976991		09/24/202	09/24/202	10/19/202		381.31	0.00	0.00	381.31	✓
✓	9111986597		10/08/202	09/29/202	10/24/202		2,153.26	0.00	0.00	2,153.26	✓

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		I1110	WERFEN USA LLC				4,329.33	0.00	0.00	4,329.33	
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
✓	9004051271		10/08/202	09/16/202	10/08/202			644.00	0.00	0.00	644.00 ✓
✓	9004051270		10/08/202	09/25/202	09/25/202			644.00	0.00	0.00	644.00 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		Z1005	ZIMMER US, INC.				1,288.00	0.00	0.00	1,288.00	
Report Summary											
Grand Totals:			Gross		Discount		No-Pay		Net		
APPROVED ON			1,346,476.25		0.00		0.00		1,346,476.25		

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,346,476.25	0.00	0.00	1,346,476.25

APPROVED ON

OCT 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 210668 - 210825

1,346,476.25 +

1,913.76 -

1,772.18 +

154,919.09 -

16,018.46 -

188,165.76 -

987,231.36 ◊

→ Pg 6. Taxes removed

Pg 10/11 removed NH

Pg 14

Pg 24

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MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/15/25 THRU 10/15/25

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BANK--CHECK----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	210668	10/15/25	24.00	
A/P	210669	10/15/25	1,248.30	ACE HARDWARE 15521
A/P	210670	10/15/25	1,400.00	ACUTE CARE INC
A/P	210671	10/15/25	4,665.83	AIRGAS USA, LLC - CENTRAL DIV
A/P	210672	10/15/25	.00	VOIDED
A/P	210673	10/15/25	2,723.88	AMAZON CAPITAL SERVICES
A/P	210674	10/15/25	699.00	AMERICAN APPLIANCE
A/P	210675	10/15/25	750.00	AMERITEK ELEVATOR SERVICES INC
A/P	210676	10/15/25	116.36	
A/P	210677	10/15/25	40.00	
A/P	210678	10/15/25	5,350.00	AVENO NETWORKS
A/P	210679	10/15/25	25,632.76	BECKMAN COULTER INC
A/P	210680	10/15/25	850.00	
A/P	210681	10/15/25	1,263.24	BIO-RAD LABORATORIES, INC
A/P	210682	10/15/25	40.00	
A/P	210683	10/15/25	60.00	
A/P	210684	10/15/25	93.41	CALHOUN COUNTY
A/P	210685	10/15/25	6,160.00	CALHOUN COUNTY EMS
A/P	210686	10/15/25	350.00	CALHOUN SPORTS MEDICINE
A/P	210687	10/15/25	280.69	
A/P	210688	10/15/25	697.03	CAPITAL ONE
A/P	210689	10/15/25	164.82	CARDINAL HEALTH 414, INC.
A/P	210690	10/15/25	35.64	
A/P	210691	10/15/25	25,660.00	CARRIER CORPORATION
A/P	210692	10/15/25	108.38	CDM GOVERNMENT, INC.
A/P	210693	10/15/25	2,150.00	CERVEY, LLC
A/P	210694	10/15/25	56,117.92	CITIZENS MEDICAL CENTER
A/P	210695	10/15/25	315.00	CLARITY ENROLLMENT SOLUTIONS
A/P	210696	10/15/25	1,236.55	CLEARFLY
A/P	210697	10/15/25	19,501.37	CLINICAL PATHOLOGY LABS
A/P	210698	10/15/25	867.72	COASTAL OFFICE SOLUTIONS
A/P	210699	10/15/25	854.87	COCA COLA SOUTHWEST BEVERAGES
A/P	210700	10/15/25	501.72	COMBINED INSURANCE
A/P	210701	10/15/25	11,930.40	COMPUGROUP MEDICAL - EMDS INC.
A/P	210702	10/15/25	1,772.19	CROSSROADS MECHANICAL, INC
A/P	210703	10/15/25	23.61	
A/P	210704	10/15/25	36.72	
A/P	210705	10/15/25	361.03	CYRACOM LLC
A/P	210706	10/15/25	.00	VOIDED
A/P	210707	10/15/25	1,391.51	DEWITT POTH & SON
A/P	210708	10/15/25	50,585.31	DIAMOND HEALTHCARE CORP
A/P	210709	10/15/25	192,084.36	DISCOVERY MEDICAL NETWORK INC
A/P	210710	10/15/25	75.00	DOWELL PEST CONTROL
A/P	210711	10/15/25	450.20	ECLINICAL WORKS LLC
A/P	210712	10/15/25	235.78	ECOLAB
A/P	210713	10/15/25	120.00	
A/P	210714	10/15/25	1,449.06	EPI-EDWARD PLUMBING
A/P	210715	10/15/25	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	210716	10/15/25	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	210717	10/15/25	20.00	

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MEMORIAL MEDICAL CENTER
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CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	210718	10/15/25	20.00	
A/P	210719	10/15/25	3,209.81	EVOQUA WATER TECHNOLOGIES LLC
A/P	210720	10/15/25	545.00	FASTHEALTH CORPORATION
A/P	210721	10/15/25	324.17	FEDERAL EXPRESS CORP.
A/P	210722	10/15/25	20.00	
A/P	210723	10/15/25	2,625.00	FIRETRON, INC
A/P	210724	10/15/25	3,744.44	FISHER HEALTHCARE
A/P	210725	10/15/25	15,225.00	FORVIS
A/P	210726	10/15/25	40.03	FRONTIER
A/P	210727	10/15/25	7,916.67	FUJI FILM
A/P	210728	10/15/25	26.04	
A/P	210729	10/15/25	9,293.08	GE PRECISION HEALTHCARE, LLC
A/P	210730	10/15/25	40.00	
A/P	210731	10/15/25	112.26	GRAINGER
A/P	210732	10/15/25	10,086.87	GREAT AMERICA FINANCIAL SVCS
A/P	210733	10/15/25	75.00	GULF COAST DELIVERY
A/P	210734	10/15/25	37.58	
A/P	210735	10/15/25	50.00	
A/P	210736	10/15/25	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	210737	10/15/25	40.00	
A/P	210738	10/15/25	282.20	HEE CREDIT RECEIVABLES DEPT308
A/P	210739	10/15/25	67.26	HENRY SCHEIN INC.
A/P	210740	10/15/25	573.53	HEWLETT-PACKARD
A/P	210741	10/15/25	500.00	HHSC
A/P	210742	10/15/25	15,167.45	HUNTER PHARMACY SERVICES
A/P	210743	10/15/25	773.76	INOVALON PROVIDER INC.
A/P	210744	10/15/25	3,260.62	IRON MOUNTAIN
A/P	210745	10/15/25	42,293.25	ITA RESOURCES INC
A/P	210746	10/15/25	40.00	
A/P	210747	10/15/25	42.21	
A/P	210748	10/15/25	347.20	
A/P	210749	10/15/25	11.18	
A/P	210750	10/15/25	40.00	
A/P	210751	10/15/25	15.00	
A/P	210752	10/15/25	46.87	
A/P	210753	10/15/25	347.20	
A/P	210754	10/15/25	566.29	LABCORP OF AMERICA HOLDINGS
A/P	210755	10/15/25	120.00	
A/P	210756	10/15/25	895.00	M G TRUST
A/P	210757	10/15/25	95.33	M.C. JOHNSON COMPANY INC
A/P	210758	10/15/25	36.07	
A/P	210759	10/15/25	5,300.00	MALEK INC
A/P	210760	10/15/25	36.12	
A/P	210761	10/15/25	20.00	
A/P	210762	10/15/25	20.00	
A/P	210763	10/15/25	2,375.49	MCKESSON MEDICAL SURGICAL INC
A/P	210764	10/15/25	4,950.75	MEDICAL SOLUTIONS LLC
A/P	210765	10/15/25	8,480.39	MEDICAL TECHNOLOGY ASSOCIATES
A/P	210766	10/15/25	17.66	MEDIMPACT HEALTHCARE SYS, INC.
A/P	210767	10/15/25	.00	VOIDED
A/P	210768	10/15/25	.00	VOIDED

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MEMORIAL MEDICAL CENTER
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CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	210769	10/15/25	.00	VOIDED
A/P	210770	10/15/25	.00	VOIDED
A/P	210771	10/15/25	22,992.81	MEDLINE INDUSTRIES INC
A/P	210772	10/15/25	347.16	MMC AUXILIARY GIFT SHOP
A/P	210773	10/15/25	.00	VOIDED
A/P	210774	10/15/25	.00	VOIDED
A/P	210775	10/15/25	.00	VOIDED
A/P	210776	10/15/25	49,810.17	MORRIS & DICKSON CO, LLC
A/P	210777	10/15/25	83.51	MXR IMAGING, INC
A/P	210778	10/15/25	91.42	NACOGDOCHES TRANSCRIPTION
A/P	210779	10/15/25	43.96	
A/P	210780	10/15/25	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	210781	10/15/25	4,717.25	ODEFEY WITTE WALL & VILLAFRANC
A/P	210782	10/15/25	273.99	OLYMPUS AMERICA INC
A/P	210783	10/15/25	3,084.00	PARAREV
A/P	210784	10/15/25	970.00	PITNEY BOWES INC
A/P	210785	10/15/25	1,905.00	PL-CPR, LLC
A/P	210786	10/15/25	1,100.00	PORT LAVACA WAVE
A/P	210787	10/15/25	11.98	POWER HARDWARE
A/P	210788	10/15/25	2,952.47	BRESS GANEY ASSOCIATES, INC.
A/P	210789	10/15/25	1,655.51	QIAGEN INC
A/P	210790	10/15/25	265.50	REED, CLAYMON, MEEKER & HARGET
A/P	210791	10/15/25	2,926.54	REPUBLIC SERVICES, INC.
A/P	210792	10/15/25	40.00	
A/P	210793	10/15/25	232.47	SAMS CLUB DIRECT
A/P	210794	10/15/25	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	210795	10/15/25	3,507.72	SIEMENS MEDICAL SOLUTIONS INC
A/P	210796	10/15/25	239.00	SIMMLER, INC.
A/P	210797	10/15/25	3,136.55	SOUTHWEST MEDICAL EQUIPMENT
A/P	210798	10/15/25	3,596.00	SPARKLIGHT
A/P	210799	10/15/25	11,348.37	SPBS CLINICAL EQUIPMENT SRVC
A/P	210800	10/15/25	2,950.00	SPECIALTY PROFESSIONAL
A/P	210801	10/15/25	3,895.28	STERIS CORPORATION
A/P	210802	10/15/25	5,240.00	SUMMIT PAIN AND WELLNESS
A/P	210803	10/15/25	527.44	SYSMEX AMERICA, INC.
A/P	210804	10/15/25	6,130.42	T-SYSTEM, INC
A/P	210805	10/15/25	2,625.00	TEXAS A&M HEALTH SCIENCE CENTE
A/P	210806	10/15/25	3,072.40	TEXAS ASSOCIATION OF COUNTIES
A/P	210807	10/15/25	9,822.50	TEXAS SELECT STAFFING, LLC
A/P	210808	10/15/25	1,673.75	THE BACK OFFICE
A/P	210809	10/15/25	92.44	THIRD COAST DISTRIBUTING LLC
A/P	210810	10/15/25	81.50	TRI WHOLESALE CO.
A/P	210811	10/15/25	515.72	TRIOSE, INC
A/P	210812	10/15/25	223,268.80	TRUBRIDGE
A/P	210813	10/15/25	.00	VOIDED
A/P	210814	10/15/25	21,281.23	UNIFIRST HOLDINGS INC
A/P	210815	10/15/25	2,309.57	UNITED STATES TREASURY
A/P	210816	10/15/25	2,809.01	UNITEDHEALTHCARE
A/P	210817	10/15/25	653.34	UPDOX LLC
A/P	210818	10/15/25	1,900.00	UTHEALTH CQHII
A/P	210819	10/15/25	400.00	VICTORIA MEDICAL FOUNDATION

RUN DATE:10/13/25
TIME:15:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/15/25 THRU 10/15/25

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	210820	10/15/25	160.00	VICTORIA RADIOWORKS, LLC
A/P	210821	10/15/25	10,150.75	VOCA LLC
A/P	210822	10/15/25	131.25	WAGEWORKS, INC
A/P	210823	10/15/25	33.00	
A/P	210824	10/15/25	4,329.33	WERFEN USA LLC
A/P	210825	10/15/25	1,288.00	ZIMMER US, INC.
A/P	210826	10/15/25	154,919.09	GOLDENCREEK HEALTHCARE
A/P	210827	10/15/25	16,018.46	LAVACA BAY NURSING AND REHAB
A/P	210828	10/15/25	.00	VOIDED
A/P	210829	10/15/25	188,165.76	TUSCANY VILLAGE
TOTALS:			1,346,334.67	

APPROVED ON

OCT 15 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables

	987,231.36	+
NH Pers	154,919.09	+
	188,165.76	+
	16,018.46	+
	1,346,334.67	0

McKESSON**STATEMENT**

As of: 10/03/2025

Page: 002

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 10/03/2025

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

As of: 10/03/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 10/03/2025 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	
-----------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 124,342.91 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 10/07/2025,
Pay This Amount: 121,855.86 USD

If Paid After 10/07/2025,
Pay this Amount: 124,342.91 USD

Due If Paid On Time: ✓
USD 121,855.86

Disc lost if paid late:
2,487.05

Due If Paid Late:
USD 124,342.91

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

121,622.02 +
134.91 +
98.93 +
121,855.86 =

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

McKESSON

STATEMENT

As of: 10/03/2025

Page: 009

To ensure proper credit to your
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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: 10/03/2025

As of: 10/03/2025 Page: 009
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/03/2025 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	
10/03/2025	10/07/2025	7594134897	246382445	115Invoice	0.01	0.63		✓ 0.62 ✓		7594134897	
10/03/2025	10/07/2025	7594134898	247453253	115Invoice	0.01	0.32		✓ 0.31 ✓		7594134898	
10/03/2025	10/07/2025	7594134899	247486678	115Invoice	0.01	0.32		✓ 0.31 ✓		7594134899	
10/03/2025	10/07/2025	7594134900	249131313	115Invoice	0.02	0.95		✓ 0.93 ✓		7594134900	
10/03/2025	10/07/2025	7594134901	249361517	115Invoice	0.04	1.90		✓ 1.86 ✓		7594134901	
10/03/2025	10/07/2025	7594134902	252256655	115Invoice	5.16	258.12		✓ 252.96 ✓		7594134902	
10/03/2025	10/07/2025	7594134903	245747047	115Invoice	6.13	306.59		✓ 300.46 ✓		7594134903	
10/03/2025	10/07/2025	7594134904	246108022	115Invoice	6.13	306.59		✓ 300.46 ✓		7594134904	
10/03/2025	10/07/2025	7594180971	250224951	115Invoice	116.99	5,849.36		✓ 5,732.37 ✓		7594180971	
10/03/2025	10/07/2025	7594180972	244646657	115Invoice	417.82	20,891.24		✓ 20,473.42 ✓		7594180972	
10/03/2025	10/07/2025	7594180973	244389588	115Invoice	133.71	6,685.47		✓ 6,551.76 ✓		7594180973	
10/03/2025	10/07/2025	7594184440	247220821	115Invoice	50.14	2,507.06		✓ 2,456.92 ✓		7594184440	
10/03/2025	10/07/2025	7594184441	248887070	115Invoice	17.72	886.00		✓ 868.28 ✓		7594184441	
10/03/2025	10/07/2025	7594184442	249162550	115Invoice	133.71	6,685.55		✓ 6,551.84 ✓		7594184442	
10/03/2025	10/07/2025	7594184443	249361517	115Invoice	133.71	6,685.39		✓ 6,551.68 ✓		7594184443	

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: 124,104.31 USD

Future Due: 0.00

If Paid By 10/07/2025,

Past Due: 0.00

Pay This Amount: 121,622.02 USD

Last Payment 15,145.63
09/29/2025

If Paid After 10/07/2025,
Pay this Amount: 124,104.31 USD

Due If Paid On Time:

USD 121,622.02

Disc lost if paid late:

2,482.29

Due If Paid Late:

USD 124,104.31

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

<>
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McKESSON**STATEMENT**

As of: 10/03/2025

Page: 001

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WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyDC: 8115
Customer INV SupplID:
Territory: 7001Customer: 256342
Date: 10/03/2025As of: 10/03/2025 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342 PLEASE CHECK ANY
Date: 10/03/2025 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											
09/27/2025	10/07/2025	7592952961	249131313	115Invoice	0.01	0.32	✓	0.31	✓	7592952961	
09/27/2025	10/07/2025	7592952962	242679914	115Invoice	0.35	17.51	✓	17.16	✓	7592952962	
09/27/2025	10/07/2025	7592952963	246643643	115Invoice	0.70	35.02	✓	34.32	✓	7592952963	
09/27/2025	10/07/2025	7592952964	244389588	115Invoice	3.83	191.55	✓	187.72	✓	7592952964	
09/27/2025	10/07/2025	7592952965	244646657	115Invoice	1.92	95.78	✓	93.86	✓	7592952965	
09/27/2025	10/07/2025	7592952966	245382896	115Invoice	1.92	95.78	✓	93.86	✓	7592952966	
09/27/2025	10/07/2025	7592952967	244137320	115Invoice	0.26	12.94	✓	12.68	✓	7592952967	
09/27/2025	10/07/2025	7592952968	244598892	115Invoice	0.26	12.94	✓	12.68	✓	7592952968	
09/27/2025	10/07/2025	7592957302	250516291	115Invoice	0.01	0.32	✓	0.31	✓	7592957302	
09/27/2025	10/07/2025	7592957303	241820002	115Invoice	0.01	0.32	✓	0.31	✓	7592957303	
09/27/2025	10/07/2025	7592957304	242345354	115Invoice	0.02	0.85	✓	0.83	✓	7592957304	
09/27/2025	10/07/2025	7592957305	242231228	115Invoice	6.13	306.59	✓	300.46	✓	7592957305	
09/27/2025	10/07/2025	7592957306	242345354	115Invoice	6.13	306.59	✓	300.46	✓	7592957306	
09/27/2025	10/07/2025	7592957307	242743824	115Invoice	17.03	851.42	✓	834.39	✓	7592957307	
09/29/2025	10/07/2025	7593187335	243605082	115Invoice	0.98	49.00	✓	48.02	✓	7593187335	
09/29/2025	10/07/2025	7593187336	242297210	115Invoice	0.33	16.56	✓	16.23	✓	7593187336	
09/29/2025	10/07/2025	7593187337	244598892	115Invoice	0.13	6.47	✓	6.34	✓	7593187337	
09/29/2025	10/07/2025	7593187338	244646657	115Invoice	0.13	6.47	✓	6.34	✓	7593187338	
09/29/2025	10/07/2025	7593187339	245135885	115Invoice	0.13	6.47	✓	6.34	✓	7593187339	
09/29/2025	10/07/2025	7593187340	245819546	115Invoice	0.13	6.47	✓	6.34	✓	7593187340	
09/29/2025	10/07/2025	7593187341	246007098	115Invoice	0.13	6.47	✓	6.34	✓	7593187341	
09/29/2025	10/07/2025	7593187342	246253289	115Invoice	0.26	12.94	✓	12.68	✓	7593187342	
09/29/2025	10/07/2025	7593202923	242345354	115Invoice	6.13	306.59	✓	300.46	✓	7593202923	
09/29/2025	10/07/2025	7593202924	242584817	115Invoice	30.66	1,532.96	✓	1,502.30	✓	7593202924	
09/29/2025	10/07/2025	7593202925	250925302	115Invoice	5.41	270.70	✓	265.29	✓	7593202925	
09/29/2025	10/07/2025	7593202926	242345354	115Invoice	2.85	142.46	✓	139.61	✓	7593202926	
09/29/2025	10/07/2025	7593202927	242345354	115Invoice	0.01	0.32	✓	0.31	✓	7593202927	
09/29/2025	10/07/2025	7593202928	242520521	115Invoice	0.01	0.63	✓	0.62	✓	7593202928	
09/29/2025	10/07/2025	7593202929	242584817	115Invoice	0.03	1.27	✓	1.24	✓	7593202929	
09/29/2025	10/07/2025	7593202930	243146824	115Invoice	0.01	0.63	✓	0.62	✓	7593202930	
09/29/2025	10/07/2025	7593202931	244195955	115Invoice	0.01	0.63	✓	0.62	✓	7593202931	

<>
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McKESSON**STATEMENT**

Company: 8000

As of: 10/03/2025

Page: 002

To ensure proper credit to your
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stub with your remittanceDC: 8115
Customer INV SupplD:
Territory: 7001As of: 10/03/2025 Page: 002
Mail to: Comp: 8000Customer: 256342
Date: 10/03/2025AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyWALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342 PLEASE CHECK ANY
Date: 10/03/2025 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	
09/29/2025	10/07/2025	7593202932	244452040	115Invoice	0.02	0.95	✓	0.93	✓	7593202932	
09/29/2025	10/07/2025	7593202933	244598892	115Invoice	0.02	0.95	✓	0.93	✓	7593202933	
09/29/2025	10/07/2025	7593202934	244646657	115Invoice	0.04	2.21	✓	2.17	✓	7593202934	
09/29/2025	10/07/2025	7593202935	246570128	115Invoice	5.11	255.41	✓	250.30	✓	7593202935	
09/29/2025	10/07/2025	7593202936	242231228	115Invoice	5.41	270.70	✓	265.29	✓	7593202936	
09/29/2025	10/07/2025	7593202937	243859048	115Invoice	0.01	0.32	✓	0.31	✓	7593202937	
09/29/2025	10/07/2025	7593202938	251160457	115Invoice	0.01	0.63	✓	0.62	✓	7593202938	
09/29/2025	10/07/2025	7593202939	251369670	115Invoice	0.01	0.32	✓	0.31	✓	7593202939	
09/29/2025	10/07/2025	7593202940	242829500	115Invoice	17.03	851.56	✓	834.53	✓	7593202940	
09/29/2025	10/07/2025	7593202941	244300524	115Invoice	34.06	1,703.12	✓	1,669.06	✓	7593202941	
09/30/2025	10/07/2025	7593441773	242345354	115Invoice	0.02	1.02	✓	1.00	✓	7593441773	
09/30/2025	10/07/2025	7593441774	246678425	115Invoice	0.13	8.47	✓	8.34	✓	7593441774	
09/30/2025	10/07/2025	7593441775	247220821	115Invoice	0.13	8.47	✓	8.34	✓	7593441775	
09/30/2025	10/07/2025	7593441776	247624586	115Invoice	0.65	32.35	✓	31.70	✓	7593441776	
09/30/2025	10/07/2025	7593441777	246609293	115Invoice	1.92	95.78	✓	93.86	✓	7593441777	
09/30/2025	10/07/2025	7593441778	248825653	115Invoice	3.83	191.55	✓	187.72	✓	7593441778	
09/30/2025	10/07/2025	7593454880	246609293	115Invoice	5.11	255.41	✓	250.30	✓	7593454880	
09/30/2025	10/07/2025	7593454881	247220821	115Invoice	5.11	255.41	✓	250.30	✓	7593454881	
09/30/2025	10/07/2025	7593454882	247939881	115Invoice	5.11	255.41	✓	250.30	✓	7593454882	
09/30/2025	10/07/2025	7593454883	248068007	115Invoice	5.11	255.41	✓	250.30	✓	7593454883	
09/30/2025	10/07/2025	7593454884	248134642	115Invoice	0.03	1.48	✓	1.45	✓	7593454884	
09/30/2025	10/07/2025	7593454885	244646657	115Invoice	0.01	0.32	✓	0.31	✓	7593454885	
09/30/2025	10/07/2025	7593454886	244793404	115Invoice	0.01	0.63	✓	0.62	✓	7593454886	
09/30/2025	10/07/2025	7593454887	244835510	115Invoice	0.01	0.32	✓	0.31	✓	7593454887	
09/30/2025	10/07/2025	7593454888	244389588	115Invoice	17.03	851.56	✓	834.53	✓	7593454888	
09/30/2025	10/07/2025	7593454889	251369670	115Invoice	0.01	0.32	✓	0.31	✓	7593454889	
09/30/2025	10/07/2025	7593454890	251773019	115Invoice	0.01	0.63	✓	0.62	✓	7593454890	
09/30/2025	10/07/2025	7593454891	250224951	115Invoice	59.50	2,975.04	✓	2,915.54	✓	7593454891	
10/01/2025	10/07/2025	7593667685	249361517	115Invoice	0.01	0.32	✓	0.31	✓	7593667685	
10/01/2025	10/07/2025	7593667686	251369670	115Invoice	14.42	720.80	✓	706.38	✓	7593667686	
10/01/2025	10/07/2025	7593667687	246643643	115Invoice	0.35	17.51	✓	17.16	✓	7593667687	

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MCKESSON**STATEMENT**

Company: 8000

As of: 10/03/2025

Page: 003

To ensure proper credit to your
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stub with your remittanceDC: 8115
Customer INV SupplD:
Territory: 7001As of: 10/03/2025 Page: 003
Mail to: Comp: 8000Customer: 256342
Date: 10/03/2025AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyWALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KAUSEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342 PLEASE CHECK ANY
Date: 10/03/2025 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	
10/01/2025	10/07/2025	7593667688	246678425	115Invoice	1.05	52.53	✓	51.48 ✓	✓	7593667688	
10/01/2025	10/07/2025	7593667689	245135885	115Invoice	6.12	305.83	✓	299.71 ✓	✓	7593667689	
10/01/2025	10/07/2025	7593667690	251369670	115Invoice	18.35	917.48	✓	899.13 ✓	✓	7593667690	
10/01/2025	10/07/2025	7593667691	242297210	115Invoice	0.99	49.68	✓	48.69 ✓	✓	7593667691	
10/01/2025	10/07/2025	7593667692	243668248	115Invoice	0.33	16.56	✓	16.23 ✓	✓	7593667692	
10/01/2025	10/07/2025	7593667693	242297210	115Invoice	3.56	177.90	✓	174.34 ✓	✓	7593667693	
10/01/2025	10/07/2025	7593667694	242345354	115Invoice	3.56	177.90	✓	174.34 ✓	✓	7593667694	
10/01/2025	10/07/2025	7593667695	249636442	115Invoice		0.05	✓	0.05 ✓	✓	7593667695	
10/01/2025	10/07/2025	7593667696	242401698	115Invoice	6.80	339.95	✓	333.15 ✓	✓	7593667696	
10/01/2025	10/07/2025	7593667697	247939881	115Invoice	0.39	19.41	✓	19.02 ✓	✓	7593667697	
10/01/2025	10/07/2025	7593667698	248088007	115Invoice	0.13	6.47	✓	6.34 ✓	✓	7593667698	
10/01/2025	10/07/2025	7593667699	248887070	115Invoice	0.39	19.41	✓	19.02 ✓	✓	7593667699	
10/01/2025	10/07/2025	7593667800	249065328	115Invoice	0.39	19.41	✓	19.02 ✓	✓	7593667800	
10/01/2025	10/07/2025	7593667801	244233047	115Invoice	12.30	615.06	✓	602.76 ✓	✓	7593667801	
10/01/2025	10/07/2025	7593684003	251557857	115Invoice	0.03	1.48	✓	1.45 ✓	✓	7593684003	
10/01/2025	10/07/2025	7593684004	244946797	115Invoice	4.29	214.47	✓	210.18 ✓	✓	7593684004	
10/01/2025	10/07/2025	7593684005	245135885	115Invoice	2.14	107.23	✓	105.09 ✓	✓	7593684005	
10/01/2025	10/07/2025	7593684006	242231228	115Invoice	0.04	1.90	✓	1.86 ✓	✓	7593684006	
10/01/2025	10/07/2025	7593684007	242345354	115Invoice	5.70	284.92	✓	279.22 ✓	✓	7593684007	
10/01/2025	10/07/2025	7593684008	242584817	115Invoice	5.70	284.92	✓	279.22 ✓	✓	7593684008	
10/01/2025	10/07/2025	7593684009	243447517	115Invoice	0.02	0.95	✓	0.93 ✓	✓	7593684009	
10/01/2025	10/07/2025	7593684010	244530782	115Invoice	0.01	0.32	✓	0.31 ✓	✓	7593684010	
10/01/2025	10/07/2025	7593684011	245459941	115Invoice	0.01	0.63	✓	0.62 ✓	✓	7593684011	
10/01/2025	10/07/2025	7593684012	242297210	115Invoice	5.41	270.70	✓	265.29 ✓	✓	7593684012	
10/01/2025	10/07/2025	7593684013	242780490	115Invoice	10.83	541.41	✓	530.58 ✓	✓	7593684013	
10/01/2025	10/07/2025	7593684014	243213823	115Invoice	1.44	71.89	✓	70.45 ✓	✓	7593684014	
10/01/2025	10/07/2025	7593684015	251969548	115Invoice	0.01	0.32	✓	0.31 ✓	✓	7593684015	
10/01/2025	10/07/2025	7593684016	242345354	115Invoice	0.01	0.32	✓	0.31 ✓	✓	7593684016	
10/01/2025	10/07/2025	7593684017	242829500	115Invoice	0.01	0.32	✓	0.31 ✓	✓	7593684017	
10/01/2025	10/07/2025	7593684018	243081590	115Invoice	0.01	0.63	✓	0.62 ✓	✓	7593684018	
10/01/2025	10/07/2025	7593684019	247939881	115Invoice	0.01	0.32	✓	0.31 ✓	✓	7593684019	

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McKESSON**STATEMENT**

As of: 10/03/2025

Page: 004

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: 10/03/2025

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

As of: 10/03/2025 Page: 004
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/03/2025 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	
10/01/2025	10/07/2025	7593684020	249026068	115Invoice	0.01	0.32	✓	0.31	✓	7593684020	
10/01/2025	10/07/2025	7593684021	242964880	115Invoice	0.01	0.63	✓	0.62	✓	7593684021	
10/01/2025	10/07/2025	7593684022	243605082	115Invoice	0.03	1.27	✓	1.24	✓	7593684022	
10/01/2025	10/07/2025	7593684023	242231228	115Invoice	21.26	1,063.04	✓	1,041.78	✓	7593684023	
10/01/2025	10/07/2025	7593684024	242345354	115Invoice	42.52	2,126.08	✓	2,083.56	✓	7593684024	
10/01/2025	10/07/2025	7593684025	242401698	115Invoice	14.17	708.69	✓	694.52	✓	7593684025	
10/01/2025	10/07/2025	7593684026	242458675	115Invoice	28.35	1,417.39	✓	1,389.04	✓	7593684026	
10/01/2025	10/07/2025	7593684027	242584817	115Invoice	28.35	1,417.39	✓	1,389.04	✓	7593684027	
10/01/2025	10/07/2025	7593684028	243146824	115Invoice	28.35	1,417.39	✓	1,389.04	✓	7593684028	
10/01/2025	10/07/2025	7593684029	242345354	115Invoice	12.14	606.88	✓	594.74	✓	7593684029	
10/01/2025	10/07/2025	7593684030	242401698	115Invoice	12.14	606.88	✓	594.74	✓	7593684030	
10/01/2025	10/07/2025	7593684031	242520521	115Invoice	24.28	1,213.76	✓	1,189.48	✓	7593684031	
10/01/2025	10/07/2025	7593684032	242551047	115Invoice	12.14	606.88	✓	594.74	✓	7593684032	
10/01/2025	10/07/2025	7593684033	242584817	115Invoice	24.28	1,213.76	✓	1,189.48	✓	7593684033	
10/01/2025	10/07/2025	7593684034	243031265	115Invoice	12.14	606.88	✓	594.74	✓	7593684034	
10/01/2025	10/07/2025	7593684035	243081590	115Invoice	12.14	606.88	✓	594.74	✓	7593684035	
10/01/2025	10/07/2025	7593684036	251969648	115Invoice	5.41	270.70	✓	265.29	✓	7593684036	
10/01/2025	10/07/2025	7593684037	242287210	115Invoice	13.38	669.12	✓	655.74	✓	7593684037	
10/01/2025	10/07/2025	7593684038	242401698	115Invoice	13.38	669.12	✓	655.74	✓	7593684038	
10/01/2025	10/07/2025	7593684039	242964880	115Invoice	13.38	669.12	✓	655.74	✓	7593684039	
10/01/2025	10/07/2025	7593684040	243031265	115Invoice	13.38	669.12	✓	655.74	✓	7593684040	
10/01/2025	10/07/2025	7593684041	243737731	115Invoice	13.38	669.12	✓	655.74	✓	7593684041	
10/01/2025	10/07/2025	7593684042	244716835	115Invoice	1.73	86.46	✓	84.73	✓	7593684042	
10/01/2025	10/07/2025	7593684043	244793404	115Invoice	1.73	86.46	✓	84.73	✓	7593684043	
10/01/2025	10/07/2025	7593684044	244835510	115Invoice	0.03	1.58	✓	1.55	✓	7593684044	
10/01/2025	10/07/2025	7593684045	245014201	115Invoice	0.03	1.27	✓	1.24	✓	7593684045	
10/01/2025	10/07/2025	7593684046	245706170	115Invoice	0.03	1.27	✓	1.24	✓	7593684046	
10/01/2025	10/07/2025	7593684047	247415261	115Invoice	0.03	1.58	✓	1.55	✓	7593684047	
10/01/2025	10/07/2025	7593684048	247453253	115Invoice	0.01	0.63	✓	0.62	✓	7593684048	
10/01/2025	10/07/2025	7593684049	248755753	115Invoice	0.01	0.32	✓	0.31	✓	7593684049	
10/01/2025	10/07/2025	7593684050	248825653	115Invoice	0.02	0.95	✓	0.93	✓	7593684050	

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Customer INV SupplD:
Territory: 7001As of: 10/03/2025 Page: 005
Mail to: Comp: 8000Customer: 256342
Date: 10/03/2025AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyWALMART 1098/MEM MED PHS
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815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342 PLEASE CHECK ANY
Date: 10/03/2025 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	
10/01/2025	10/07/2025	7593684051	248887070	115Invoice	0.01	0.32	✓	0.31 ✓		7593684051	
10/01/2025	10/07/2025	7593684052	249026068	115Invoice	0.01	0.32	✓	0.31 ✓		7593684052	
10/01/2025	10/07/2025	7593684053	249217016	115Invoice	0.01	0.32	✓	0.31 ✓		7593684053	
10/01/2025	10/07/2025	7593684054	249497709	115Invoice	0.01	0.32	✓	0.31 ✓		7593684054	
10/01/2025	10/07/2025	7593684055	249636442	115Invoice	0.01	0.63	✓	0.62 ✓		7593684055	
10/01/2025	10/07/2025	7593684056	243447517	115Invoice	0.01	0.32	✓	0.31 ✓		7593684056	
10/01/2025	10/07/2025	7593684057	242231228	115Invoice	0.03	1.27	✓	1.24 ✓		7593684057	
10/01/2025	10/07/2025	7593684058	243031265	115Invoice	0.01	0.63	✓	0.62 ✓		7593684058	
10/01/2025	10/07/2025	7593684059	242964880	115Invoice	0.01	0.32	✓	0.31 ✓		7593684059	
10/01/2025	10/07/2025	7593684060	243081590	115Invoice	0.01	0.32	✓	0.31 ✓		7593684060	
10/01/2025	10/07/2025	7593684061	243146824	115Invoice	0.02	0.95	✓	0.93 ✓		7593684061	
10/01/2025	10/07/2025	7593684062	243284969	115Invoice	0.02	0.95	✓	0.93 ✓		7593684062	
10/01/2025	10/07/2025	7593684063	243605082	115Invoice	0.01	0.63	✓	0.62 ✓		7593684063	
10/01/2025	10/07/2025	7593684064	243859048	115Invoice	0.01	0.32	✓	0.31 ✓		7593684064	
10/01/2025	10/07/2025	7593684065	244071972	115Invoice	0.01	0.63	✓	0.62 ✓		7593684065	
10/01/2025	10/07/2025	7593684066	248859284	115Invoice	0.01	0.32	✓	0.31 ✓		7593684066	
10/01/2025	10/07/2025	7593684067	247020601	115Invoice	0.03	1.27	✓	1.24 ✓		7593684067	
10/01/2025	10/07/2025	7593684068	247167188	115Invoice	0.01	0.32	✓	0.31 ✓		7593684068	
10/01/2025	10/07/2025	7593684069	242231228	115Invoice	0.01	0.32	✓	0.31 ✓		7593684069	
10/01/2025	10/07/2025	7593684070	244195955	115Invoice	0.01	0.63	✓	0.62 ✓		7593684070	
10/01/2025	10/07/2025	7593684071	244300524	115Invoice	0.02	0.95	✓	0.93 ✓		7593684071	
10/01/2025	10/07/2025	7593684072	251369670	115Invoice	0.01	0.32	✓	0.31 ✓		7593684072	
10/01/2025	10/07/2025	7593684073	251725149	115Invoice	0.01	0.63	✓	0.62 ✓		7593684073	
10/01/2025	10/07/2025	7593684074	244646657	115Invoice	1.33	66.26	✓	64.93 ✓		7593684074	
10/01/2025	10/07/2025	7593684075	251852029	115Invoice	1.33	66.26	✓	64.93 ✓		7593684075	
10/01/2025	10/07/2025	7593684076	245382896	115Invoice	6.13	306.59	✓	300.46 ✓		7593684076	
10/01/2025	10/07/2025	7593684077	245681449	115Invoice	12.26	613.18	✓	600.92 ✓		7593684077	
10/02/2025	10/07/2025	7593906248	243668246	115Invoice	0.68	33.12	✓	32.45 ✓		7593906248	
10/02/2025	10/07/2025	7593906249	249065329	115Invoice	1.92	95.78	✓	93.86 ✓		7593906249	
10/02/2025	10/07/2025	7593906250	249100462	115Invoice	0.65	32.35	✓	31.70 ✓		7593906250	
10/02/2025	10/07/2025	7593906251	249361517	115Invoice	0.91	45.29	✓	44.38 ✓		7593906251	

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Company: 8000

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AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 256342
Date: 10/03/2025

AMT DUE REMITTED VIA ACH DEBIT
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Cust: 256342 PLEASE CHECK ANY
Date: 10/03/2025 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	
10/02/2025	10/07/2025	7593906252	243859048	115Invoice	1.78	88.95	✓	87.17	✓	7593906252	
10/02/2025	10/07/2025	7593906253	243515647	115Invoice	28.35	1,417.39	✓	1,389.04	✓	7593906253	
10/02/2025	10/07/2025	7593906254	243605082	115Invoice	28.35	1,417.39	✓	1,389.04	✓	7593906254	
10/02/2025	10/07/2025	7593906255	243859048	115Invoice	14.17	708.69	✓	694.52	✓	7593906255	
10/02/2025	10/07/2025	7593906256	244000373	115Invoice	28.35	1,417.39	✓	1,389.04	✓	7593906256	
10/02/2025	10/07/2025	7593906257	244071972	115Invoice	14.17	708.69	✓	694.52	✓	7593906257	
10/02/2025	10/07/2025	7593906258	244137320	115Invoice	42.52	2,126.08	✓	2,083.56	✓	7593906258	
10/02/2025	10/07/2025	7593906259	244646657	115Invoice	7.09	354.35	✓	347.26	✓	7593906259	
10/02/2025	10/07/2025	7593906260	243859048	115Invoice	13.38	669.12	✓	655.74	✓	7593906260	
10/02/2025	10/07/2025	7593906261	244195955	115Invoice	20.07	1,003.68	✓	983.61	✓	7593906261	
10/02/2025	10/07/2025	7593906262	244233047	115Invoice	13.38	669.12	✓	655.74	✓	7593906262	
10/02/2025	10/07/2025	7593906263	244389588	115Invoice	6.69	334.56	✓	327.87	✓	7593906263	
10/02/2025	10/07/2025	7593918984	249702443	115Invoice	10.05	502.42	✓	492.37	✓	7593918984	
10/02/2025	10/07/2025	7593918985	244646657	115Invoice	0.96	48.02	✓	47.06	✓	7593918985	
10/02/2025	10/07/2025	7593918986	244946797	115Invoice	0.01	0.63	✓	0.62	✓	7593918986	
10/02/2025	10/07/2025	7593918987	245237335	115Invoice	4.29	214.47	✓	210.18	✓	7593918987	
10/02/2025	10/07/2025	7593918988	248518948	115Invoice	2.14	107.23	✓	105.09	✓	7593918988	
10/02/2025	10/07/2025	7593918989	242584817	115Invoice	2.85	142.46	✓	139.61	✓	7593918989	
10/02/2025	10/07/2025	7593918990	248678425	115Invoice	2.85	142.46	✓	139.61	✓	7593918990	
10/02/2025	10/07/2025	7593918991	246954306	115Invoice	8.55	427.38	✓	418.83	✓	7593918991	
10/02/2025	10/07/2025	7593918992	247167188	115Invoice	2.85	142.46	✓	139.61	✓	7593918992	
10/02/2025	10/07/2025	7593918993	247167188	115Invoice	0.01	0.63	✓	0.62	✓	7593918993	
10/02/2025	10/07/2025	7593918994	248068007	115Invoice	0.01	0.63	✓	0.62	✓	7593918994	
10/02/2025	10/07/2025	7593918995	245459941	115Invoice	0.01	0.32	✓	0.31	✓	7593918995	
10/02/2025	10/07/2025	7593918996	245706170	115Invoice	0.01	0.63	✓	0.62	✓	7593918996	
10/02/2025	10/07/2025	7593918997	245747047	115Invoice	0.01	0.32	✓	0.31	✓	7593918997	
10/02/2025	10/07/2025	7593918998	250376172	115Invoice	0.01	0.32	✓	0.31	✓	7593918998	
10/02/2025	10/07/2025	7593918999	249636442	115Invoice	0.01	0.63	✓	0.62	✓	7593918999	
10/02/2025	10/07/2025	7593919200	249872109	115Invoice	0.02	0.95	✓	0.93	✓	7593919200	
10/02/2025	10/07/2025	7593919201	250001714	115Invoice	0.03	1.58	✓	1.55	✓	7593919201	
10/02/2025	10/07/2025	7593919202	250582099	115Invoice	0.03	1.27	✓	1.24	✓	7593919202	

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Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/02/2025	10/07/2025	7593919203	251436139	115Invoice	0.01	0.32	✓	0.31✓		7593919203	
10/02/2025	10/07/2025	7593919204	251567857	115Invoice	0.01	0.63	✓	0.62✓		7593919204	
10/02/2025	10/07/2025	7593919205	251598404	115Invoice	0.01	0.32	✓	0.31✓		7593919205	
10/02/2025	10/07/2025	7593919206	243081590	115Invoice	12.14	606.88	✓	594.74✓		7593919206	
10/02/2025	10/07/2025	7593919207	243350656	115Invoice	24.28	1,213.76	✓	1,189.48✓		7593919207	
10/02/2025	10/07/2025	7593919208	243515847	115Invoice	12.14	606.88	✓	594.74✓		7593919208	
10/02/2025	10/07/2025	7593919209	243605082	115Invoice	36.41	1,820.63	✓	1,784.22✓		7593919209	
10/02/2025	10/07/2025	7593919210	243737731	115Invoice	12.14	606.88	✓	594.74✓		7593919210	
10/02/2025	10/07/2025	7593919211	243932732	115Invoice	12.14	606.88	✓	594.74✓		7593919211	
10/02/2025	10/07/2025	7593919212	244038477	115Invoice	12.14	606.88	✓	594.74✓		7593919212	
10/02/2025	10/07/2025	7593919213	244195955	115Invoice	12.14	606.88	✓	594.74✓		7593919213	
10/02/2025	10/07/2025	7593919214	243350656	115Invoice	5.41	270.70	✓	265.29✓		7593919214	
10/02/2025	10/07/2025	7593919215	243447517	115Invoice	5.41	270.70	✓	265.29✓		7593919215	
10/02/2025	10/07/2025	7593919216	244137320	115Invoice	5.41	270.70	✓	265.29✓		7593919216	
10/02/2025	10/07/2025	7593919217	243605082	115Invoice	1.44	71.89	✓	70.45✓		7593919217	
10/02/2025	10/07/2025	7593919218	244646657	115Invoice	1.44	71.89	✓	70.45✓		7593919218	
10/02/2025	10/07/2025	7593919219	246328315	115Invoice	0.02	0.95	✓	0.93✓		7593919219	
10/02/2025	10/07/2025	7593919220	243081590	115Invoice	0.01	0.63	✓	0.62✓		7593919220	
10/02/2025	10/07/2025	7593919221	244646657	115Invoice	0.03	1.27	✓	1.24✓		7593919221	
10/02/2025	10/07/2025	7593919222	244716835	115Invoice	0.01	0.32	✓	0.31✓		7593919222	
10/02/2025	10/07/2025	7593919223	244873333	115Invoice	0.02	0.95	✓	0.93✓		7593919223	
10/02/2025	10/07/2025	7593919224	246007098	115Invoice	0.02	0.95	✓	0.93✓		7593919224	
10/02/2025	10/07/2025	7593919225	246108022	115Invoice	0.01	0.32	✓	0.31✓		7593919225	
10/02/2025	10/07/2025	7593919226	246253289	115Invoice	0.03	1.58	✓	1.55✓		7593919226	
10/02/2025	10/07/2025	7593919227	243737731	115Invoice	17.03	851.42	✓	834.39✓		7593919227	
10/02/2025	10/07/2025	7593919228	243859048	115Invoice	17.03	851.42	✓	834.39✓		7593919228	
10/02/2025	10/07/2025	7593919229	245661449	115Invoice	6.13	306.59	✓	300.46✓		7593919229	
10/02/2025	10/07/2025	7593919230	245747047	115Invoice	6.13	306.59	✓	300.46✓		7593919230	
10/03/2025	10/07/2025	7594123863	242829500	115Invoice	0.44	21.76	✓	21.32✓		7594123863	
10/03/2025	10/07/2025	7594123864	242458675	115Invoice	4.27	213.49	✓	209.22✓		7594123864	
10/03/2025	10/07/2025	7594123865	242584817	115Invoice	6.80	339.95	✓	333.15✓		7594123865	

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AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 256342
Date: 10/03/2025

AMT DUE REMITTED VIA ACH DEBIT
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Cust: 256342 PLEASE CHECK ANY
Date: 10/03/2025 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	
10/03/2025	10/07/2025	7594123866	243859048	115Invoice	1.78	88.95	✓	87.17	✓	7594123866	
10/03/2025	10/07/2025	7594123867	249361517	115Invoice	0.39	19.41	✓	19.02	✓	7594123867	
10/03/2025	10/07/2025	7594123868	249421357	115Invoice	0.26	12.94	✓	12.68	✓	7594123868	
10/03/2025	10/07/2025	7594123869	250582099	115Invoice	0.26	12.94	✓	12.68	✓	7594123869	
10/03/2025	10/07/2025	7594134870	244646657	115Invoice	5.41	270.70	✓	265.29	✓	7594134870	
10/03/2025	10/07/2025	7594134871	245058754	115Invoice	5.41	270.70	✓	265.29	✓	7594134871	
10/03/2025	10/07/2025	7594134872	247520310	115Invoice	5.70	284.92	✓	279.22	✓	7594134872	
10/03/2025	10/07/2025	7594134873	247797636	115Invoice	2.85	142.46	✓	139.61	✓	7594134873	
10/03/2025	10/07/2025	7594134874	251369670	115Invoice	24.00	1,200.24	✓	1,176.24	✓	7594134874	
10/03/2025	10/07/2025	7594134875	252256655	115Invoice	0.01	0.32	✓	0.31	✓	7594134875	
10/03/2025	10/07/2025	7594134876	244946797	115Invoice	0.03	1.27	✓	1.24	✓	7594134876	
10/03/2025	10/07/2025	7594134877	244452040	115Invoice	0.02	0.95	✓	0.93	✓	7594134877	
10/03/2025	10/07/2025	7594134878	244646657	115Invoice	49.61	2,480.43	✓	2,430.82	✓	7594134878	
10/03/2025	10/07/2025	7594134879	244873333	115Invoice	14.17	708.69	✓	694.52	✓	7594134879	
10/03/2025	10/07/2025	7594134880	244389588	115Invoice	6.69	334.56	✓	327.87	✓	7594134880	
10/03/2025	10/07/2025	7594134881	244530782	115Invoice	40.15	2,007.37	✓	1,967.22	✓	7594134881	
10/03/2025	10/07/2025	7594134882	244233047	115Invoice	24.28	1,213.76	✓	1,189.48	✓	7594134882	
10/03/2025	10/07/2025	7594134883	244300524	115Invoice	24.28	1,213.76	✓	1,189.48	✓	7594134883	
10/03/2025	10/07/2025	7594134884	244389588	115Invoice	12.14	606.88	✓	594.74	✓	7594134884	
10/03/2025	10/07/2025	7594134885	244530782	115Invoice	12.14	606.88	✓	594.74	✓	7594134885	
10/03/2025	10/07/2025	7594134886	244873333	115Invoice	12.14	606.88	✓	594.74	✓	7594134886	
10/03/2025	10/07/2025	7594134887	245306558	115Invoice	12.14	606.88	✓	594.74	✓	7594134887	
10/03/2025	10/07/2025	7594134888	245382896	115Invoice	12.14	606.88	✓	594.74	✓	7594134888	
10/03/2025	10/07/2025	7594134889	248068007	115Invoice	0.01	0.32	✓	0.31	✓	7594134889	
10/03/2025	10/07/2025	7594134890	248285396	115Invoice	0.02	0.95	✓	0.93	✓	7594134890	
10/03/2025	10/07/2025	7594134891	248408284	115Invoice	0.02	0.95	✓	0.93	✓	7594134891	
10/03/2025	10/07/2025	7594134892	248450255	115Invoice	0.01	0.63	✓	0.62	✓	7594134892	
10/03/2025	10/07/2025	7594134893	246453385	115Invoice	0.01	0.32	✓	0.31	✓	7594134893	
10/03/2025	10/07/2025	7594134894	247094452	115Invoice	0.01	0.32	✓	0.31	✓	7594134894	
10/03/2025	10/07/2025	7594134895	247939881	115Invoice	0.01	0.32	✓	0.31	✓	7594134895	
10/03/2025	10/07/2025	7594134896	243859048	115Invoice	1.33	66.41	✓	65.08	✓	7594134896	

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

STATEMENT

As of: 10/03/2025

Page: 001

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As of: 10/03/2025 Page: 001

Mail to: Comp: 8000

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

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

DC: 8115

Territory: 7001

Customer Location:

Customer: 820405

Date: 10/04/2025

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

Cust: 820405 PLEASE CHECK ANY
Date: ITEMS NOT PAID ↓

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/02/2025	10/07/2025	7593740112	B2510-055-234536	115Invoice	1.31	65.60		64.29 ✓		7593740112	
10/03/2025	10/07/2025	7593973420	B2510-055-235040	115Invoice	1.44	72.06		70.62 ✓		7593973420	

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

TOTAL

Future Due:	0.00	Subtotals:	137.66	USD	Due if Paid On Time:	134.91
Past Due:	0.00	If Paid By 10/07/2025			USD	
Current Payment:	15,145.63	Pay This Amount:	134.91	USD	Disc lost if paid late:	2.75
9/29/2025		If Paid After 10/07/2025	137.66	USD	Due if paid late:	137.66
Total Discount:	2.75	Pay This Amount:			USD	

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

As of: 10/03/2025

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittanceDC: 8115
Customer INV SupplD:
Territory: 7001As of: 10/03/2025 Page: 001
Mail to: Comp: 8000Customer: 190813
Date: 10/03/2025AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyHEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813 PLEASE CHECK ANY
Date: 10/03/2025 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 190813 HEB PHCY 0434/MEM MED PHS											
10/01/2025	10/07/2025	7593598912	4719701	115Invoice	1.91	95.72		93.81	✓	7593598912	
10/01/2025	10/07/2025	7593598913	4719701	115Invoice	0.10	5.22		5.12	✓	7593598913	

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

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

100.94 USD

Future Due: 0.00

If Paid By 10/07/2025,
Pay This Amount:

98.93 USD

Past Due: 0.00

If Paid After 10/07/2025,
Pay this Amount:

100.94 USD

Last Payment 101.03
09/15/2025

Due If Paid On Time:

USD 98.93

Disc lost if paid late:

2.01

Due If Paid Late:

USD 100.94

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS<>
For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 10/10/2025

Page: 002

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

Company: 8000

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyDC: 8115
Customer INV SupplD:
Territory:Customer: 632536
Date: 10/11/2025As of: 10/10/2025 Page: 002
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536 PLEASE CHECK ANY
Date: 10/11/2025 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	
-----------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 82,941.20 USD

Future Due: 0.00

If Paid By 10/14/2025,

Past Due: 0.00

Pay This Amount:

81,282.39 USD

Last Payment 2,451.97
08/07/2017If Paid After 10/14/2025,
Pay this Amount:

82,941.20 USD

Due If Paid On Time:
USD 81,282.39Disc lost if paid late:
1,658.81Due If Paid Late:
USD 82,941.2080,657.25 +
270.68 +
4.45 +
350.01 +
81,282.39 =

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS<>
For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 10/10/2025

Page: 001

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

DC: B115
Customer INV SupplD:
Territory: 7001

As of: 10/10/2025 Page: 001
Mail to: Comp: 8000

Customer: 256342
Date: 10/11/2025

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 256342 PLEASE CHECK ANY
Date: 10/11/2025 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											
10/06/2025	10/14/2025	7594460217	251630814	115Invoice	8.86	443.11	✓	434.25	✓	7594460217	
10/06/2025	10/14/2025	7594460218	243284989	115Invoice	1.87	93.61	✓	91.74	✓	7594460218	
10/06/2025	10/14/2025	7594460219	244946797	115Invoice	14.17	708.69	✓	694.52	✓	7594460219	
10/06/2025	10/14/2025	7594460220	245014201	115Invoice	7.09	354.35	✓	347.26	✓	7594460220	
10/06/2025	10/14/2025	7594476620	245382896	115Invoice	5.41	270.70	✓	265.29	✓	7594476620	
10/06/2025	10/14/2025	7594476621	252497792	115Invoice	0.01	0.32	✓	0.31	✓	7594476621	
10/06/2025	10/14/2025	7594476622	244530782	115Invoice	13.38	669.12	✓	655.74	✓	7594476622	
10/06/2025	10/14/2025	7594476623	244646657	115Invoice	1.44	71.89	✓	70.45	✓	7594476623	
10/06/2025	10/14/2025	7594476624	252412998	115Invoice	0.01	0.63	✓	0.62	✓	7594476624	
10/06/2025	10/14/2025	7594476625	251239593	115Invoice	58.26	2,913.17	✓	2,854.91	✓	7594476625	
10/06/2025	10/14/2025	7594540544	248068007	115Invoice	27.21	1,360.56	✓	1,333.35	✓	7594540544	
10/06/2025	10/14/2025	7594540545	251239593	115Invoice	83.57	4,178.42	✓	4,094.85	✓	7594540545	
10/06/2025	10/14/2025	7594540546	251369670	115Invoice	233.99	11,699.47	✓	11,465.48	✓	7594540546	
10/06/2025	10/14/2025	7594540547	249636442	115Invoice	484.69	24,234.56	✓	23,749.87	✓	7594540547	
10/06/2025	10/14/2025	7594540548	245512070	115Invoice	200.57	10,028.33	✓	9,827.76	✓	7594540548	
10/06/2025	10/14/2025	7594546523	244873333	115Invoice	133.71	6,685.55	✓	6,551.84	✓	7594546523	
10/06/2025	10/14/2025	7594546524	247038916	115Invoice	8.65	432.47	✓	423.82	✓	7594546524	
10/06/2025	10/14/2025	7594546525	248613461	115Invoice	52.62	3,131.14	✓	3,068.52	✓	7594546525	
10/06/2025	10/14/2025	7594546526	250743763	115Invoice	83.57	4,178.42	✓	4,094.85	✓	7594546526	
10/07/2025	10/14/2025	7594729272	245747047	115Invoice	0.02	1.02	✓	1.00	✓	7594729272	
10/07/2025	10/14/2025	7594729273	247624586	115Invoice	1.91	95.56	✓	93.65	✓	7594729273	
10/07/2025	10/14/2025	7594729274	244646657	115Invoice	26.76	1,338.24	✓	1,311.48	✓	7594729274	
10/07/2025	10/14/2025	7594729275	245382896	115Invoice	6.07	303.44	✓	297.37	✓	7594729275	
10/08/2025	10/14/2025	7594961040	244233047	115Invoice	1.78	88.95	✓	87.17	✓	7594961040	
10/08/2025	10/14/2025	7594961041	245512070	115Invoice	0.82	31.20	✓	30.58	✓	7594961041	
10/08/2025	10/14/2025	7594961042	247486678	115Invoice	0.62	31.20	✓	30.58	✓	7594961042	
10/08/2025	10/14/2025	7594961043	244646657	115Invoice	13.38	669.12	✓	655.74	✓	7594961043	
10/08/2025	10/14/2025	7594961044	244793404	115Invoice	6.69	334.56	✓	327.87	✓	7594961044	
10/08/2025	10/14/2025	7594961045	245014201	115Invoice	7.09	354.35	✓	347.26	✓	7594961045	
10/08/2025	10/14/2025	7594961046	245058754	115Invoice	14.17	708.69	✓	694.52	✓	7594961046	
10/08/2025	10/14/2025	7594961047	245237335	115Invoice	7.09	354.35	✓	347.26	✓	7594961047	

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McKESSON

STATEMENT

As of: 10/10/2025

Page: 002

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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: 10/11/2025

As of: 10/10/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/11/2025 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	
10/08/2025	10/14/2025	7594973439	252844156	115Invoice	1.33	66.26	✓	64.93	✓	7594973439	
10/08/2025	10/14/2025	7594973440	248068007	115Invoice	2.85	142.46	✓	139.61	✓	7594973440	
10/08/2025	10/14/2025	7594973441	248208937	115Invoice	2.85	142.46	✓	139.61	✓	7594973441	
10/08/2025	10/14/2025	7594973442	249706048	115Invoice	2.85	142.46	✓	139.61	✓	7594973442	
10/08/2025	10/14/2025	7594973443	250704705	115Invoice	2.85	142.46	✓	139.61	✓	7594973443	
10/08/2025	10/14/2025	7594973444	252120665	115Invoice	2.85	142.46	✓	139.61	✓	7594973444	
10/08/2025	10/14/2025	7594973445	252256655	115Invoice	0.01	0.32	✓	0.31	✓	7594973445	
10/08/2025	10/14/2025	7594973446	248450255	115Invoice	0.01	0.63	✓	0.62	✓	7594973446	
10/08/2025	10/14/2025	7594973447	248887070	115Invoice	0.01	0.32	✓	0.31	✓	7594973447	
10/08/2025	10/14/2025	7594973448	252497792	115Invoice	0.01	0.32	✓	0.31	✓	7594973448	
10/08/2025	10/14/2025	7594973449	247939881	115Invoice	0.01	0.63	✓	0.62	✓	7594973449	
10/08/2025	10/14/2025	7594973450	248134642	115Invoice	0.01	0.32	✓	0.31	✓	7594973450	
10/08/2025	10/14/2025	7594973451	245382896	115Invoice	6.07	303.44	✓	297.37	✓	7594973451	
10/08/2025	10/14/2025	7594973452	246108022	115Invoice	6.13	306.59	✓	300.46	✓	7594973452	
10/08/2025	10/14/2025	7594973453	246741249	115Invoice	6.13	306.59	✓	300.46	✓	7594973453	
10/09/2025	10/14/2025	7595205951	244793404	115Invoice	6.69	334.56	✓	327.87	✓	7595205951	
10/09/2025	10/14/2025	7595205952	252192781	115Invoice	2.85	142.46	✓	139.61	✓	7595205952	
10/09/2025	10/14/2025	7595205953	243284969	115Invoice	1.92	95.81	✓	93.89	✓	7595205953	
10/09/2025	10/14/2025	7595205954	253064649	115Invoice	0.01	0.63	✓	0.62	✓	7595205954	
10/10/2025	10/14/2025	7595420450	253128232	115Invoice	5.11	255.41	✓	250.30	✓	7595420450	
10/10/2025	10/14/2025	7595420451	244530782	115Invoice	3.56	177.90	✓	174.34	✓	7595420451	
10/10/2025	10/14/2025	7595420452	244793404	115Invoice	13.38	669.12	✓	655.74	✓	7595420452	
10/10/2025	10/14/2025	7595420453	253128232	115Invoice	0.02	0.95	✓	0.93	✓	7595420453	
10/10/2025	10/14/2025	7595420454	253197431	115Invoice	0.02	0.95	✓	0.93	✓	7595420454	
10/10/2025	10/14/2025	7595420455	253128232	115Invoice	0.01	0.63	✓	0.62	✓	7595420455	
10/10/2025	10/14/2025	7595420456	245382896	115Invoice	2.13	106.74	✓	104.61	✓	7595420456	
10/10/2025	10/14/2025	7595420457	246741249	115Invoice	6.13	306.59	✓	300.46	✓	7595420457	
10/10/2025	10/14/2025	7595420458	247094452	115Invoice	6.13	306.59	✓	300.46	✓	7595420458	
10/10/2025	10/14/2025	7595420459	249636442	115Invoice	7.91	395.54	✓	387.63	✓	7595420459	
10/10/2025	10/14/2025	7595420460	245237335	115Invoice	7.09	354.35	✓	347.26	✓	7595420460	
10/10/2025	10/14/2025	7595420461	245382896	115Invoice	14.17	708.69	✓	694.52	✓	7595420461	

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MCKESSON

STATEMENT

As of: 10/10/2025

Page: 003

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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: 10/11/2025

As of: 10/10/2025 Page: 003
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/11/2025 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	
10/10/2025	10/14/2025	7595420462	245382896	115Invoice	18.21	910.32		✓ 892.11	✓	7595420462	
10/10/2025	10/14/2025	7595420463	244646657	115Invoice	1.44	71.89		✓ 70.45	✓	7595420463	
10/10/2025	10/14/2025	7595420464	253128232	115Invoice	0.01	0.32		✓ 0.31	✓	7595420464	
10/10/2025	10/14/2025	7595420465	248887070	115Invoice	0.01	0.32		✓ 0.31	✓	7595420465	
10/10/2025	10/14/2025	7595420466	249636442	115Invoice	0.01	0.63		✓ 0.62	✓	7595420466	

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:

82,303.31 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 121,855.86
10/06/2025

If Paid By 10/14/2025,
Pay This Amount:

80,657.25 USD

If Paid After 10/14/2025,
Pay this Amount:

82,303.31 USD

Due If Paid On Time:

USD 80,657.25

Disc lost if paid late:

1,646.06

Due If Paid Late:

USD 82,303.31

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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

McKESSON**STATEMENT**

As of: 10/10/2025

Page: 001

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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: 10/11/2025

As of: 10/10/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 10/11/2025 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											
10/06/2025	10/14/2025	7594251241	B2510-055-235433	115Invoice	4.62	231.24	✓	226.62	✓	7594251241	
10/06/2025	10/14/2025	7594251242	B2510-055-235472	115Invoice	0.64	31.84	✓	31.20	✓	7594251242	
10/09/2025	10/14/2025	7595037391	B2510-055-237414	115Invoice	0.26	13.12	✓	12.86	✓	7595037391	

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: 276.20 USD

Future Due: 0.00

If Paid By 10/14/2025,
Pay This Amount:

270.68 USD

Due If Paid On Time:
USD

270.68

Past Due: 0.00

Disc lost if paid late:

5.52

Last Payment 121,855.86
10/06/2025

If Paid After 10/14/2025,
Pay this Amount:

276.20 USD

Due If Paid Late:
USD

276.20

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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

McKESSON**STATEMENT**

As of: 10/10/2025

Page: 001

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

Company: 8000

CVS PHCY 7416/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyDC: 8115
Customer INV SupplD:
Territory: 7001Customer: 835437
Date: 10/11/2025As of: 10/10/2025 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835437 PLEASE CHECK ANY
Date: 10/11/2025 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 835437 CVS PHCY 7416/MEM MC PHS											
10/08/2025	10/14/2025	7594956923	4462891	115Invoice	0.09	4.54		✓ 4.45 ✓		7594956923	

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

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

Subtotals: 4.54 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 101.03
09/15/2025If Paid By 10/14/2025,
Pay This Amount:

4.45 USD

If Paid After 10/14/2025,
Pay this Amount:

4.54 USD

Due If Paid On Time:
USD

4.45

Disc lost if paid late:

0.09

Due If Paid Late:
USD

4.54

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CALHOUN COUNTY, TEXAS<>
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McKESSON**STATEMENT**

As of: 10/10/2025

Page: 001

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

Company: 8000

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyDC: 8115
Customer INV SupplD:
Territory: 7001Customer: 835438
Date: 10/11/2025As of: 10/10/2025 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438 PLEASE CHECK ANY
Date: 10/11/2025 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 835438 CVS PHCY 7475/MEM MC PHS											
10/08/2025	10/14/2025	7594947780	4464186	115Invoice	7.14	357.15		✓ 350.01	✓	7594947780	

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

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS

Subtotals: 357.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 50.30
08/25/2025If Paid By 10/14/2025,
Pay This Amount:

350.01 USD

If Paid After 10/14/2025,
Pay this Amount:

357.15 USD

Due If Paid On Time:
USD

350.01

Disc lost if paid late:

7.14

Due If Paid Late:
USD

357.15

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS<>
For AR Inquiries please contact 800-867-0333

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:	1,077.44
Past Due:	0.00
Total Due:	1,077.44
Account Balance:	1,077.44

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-29-2025	10-10-2025	3228314955	7010641070	Invoice	487.79		0.00	✓ 487.79
09-29-2025	10-10-2025	3228314956	7010651360	Invoice	2.40		0.00	✓ 2.40
09-30-2025	10-10-2025	3228403948	7010659659	Invoice	173.65		0.00	✓ 173.65
10-01-2025	10-10-2025	3228624033	7010664530	Invoice	71.03		0.00	✓ 71.03
10-02-2025	10-10-2025	3228760040	7010671449	Invoice	268.07		0.00	✓ 268.07
10-03-2025	10-10-2025	3228916486	7010682255	Invoice	74.50		0.00	✓ 74.50

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,077.44	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
10-10-2025	✓ 1,077.44
Total Due:	1,077.44

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:	216.87
Past Due:	0.00
Total Due:	216.87
Account Balance:	216.87

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-29-2025	10-10-2025	3228301158	7010648876	Invoice	147.10		0.00	147.10 ✓
09-29-2025	10-10-2025	3228367470	7010659315	Invoice	3.24		0.00	3.24 ✓
09-30-2025	10-10-2025	3228519479	7010664485	Invoice	13.83		0.00	13.83 ✓
10-01-2025	10-10-2025	3228662399	7010671685	Invoice	19.64		0.00	19.64 ✓
10-03-2025	10-10-2025	3228918381	7010682367	Invoice	33.06		0.00	33.06 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
216.87	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
10-10-2025	216.87
Total Due:	216.87

APPROVED ON
OCT 13 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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:	65.29
Past Due:	0.00
Total Due:	65.29
Account Balance:	65.29

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-06-2025	10-17-2025	3229034549	7010689244	Invoice	3.33		0.00	✓ 3.33 ✓
10-06-2025	10-17-2025	3229034551	7010697711	Invoice	28.66		0.00	✓ 28.66 ✓
10-06-2025	10-17-2025	3229034553	7010701871	Invoice	16.29		0.00	✓ 16.29 ✓
10-08-2025	10-17-2025	3229387055	7010721036	Invoice	3.55		0.00	✓ 3.55 ✓
10-09-2025	10-17-2025	3229519326	7010726137	Invoice	12.55		0.00	✓ 12.55 ✓
10-10-2025	10-17-2025	3229654503	7010731941	Invoice	0.91		0.00	✓ 0.91 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
65.29	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
10-17-2025	65.29
Total Due:	65.29 ✓



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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary
Not Yet Due: 0.00
Current: 125.46
Past Due: 0.00
Total Due: 125.46
Account Balance: 125.46

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-06-2025	10-17-2025	3229052360	7010689744	Invoice	12.94		0.00	✓ 12.94
10-06-2025	10-17-2025	3229052361	7010695051	Invoice	41.24		0.00	✓ 41.24
10-07-2025	10-17-2025	3229202959	7010707746	Invoice	6.24		0.00	✓ 6.24
10-08-2025	10-17-2025	3229352967	7010714600	Invoice	26.76		0.00	✓ 26.76
10-09-2025	10-17-2025	3229476806	7010720356	Invoice	2.10		0.00	✓ 2.10
10-10-2025	10-17-2025	3229627517	7010725513	Invoice	36.18		0.00	✓ 36.18

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
125.46	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
10-17-2025	✓ 125.46
Total Due:	✓ 125.46

APPROVED ON
OCT 13 2025

BY COUNTY AUDITOR
GALHOUN COUNTY TEXAS

✓ CC



STATEMENT

Statement Number: 70693958
Date: 10-10-2025

1 of 1

Served By:
AMERISOURCEBERGEN DRUG CORP
12577 STATELINE ROAD
OLIVE BRANCH MS 38654DEA: RA0504743
866-451-9655**Customer:**
ACCREDITO MEMPHIS 340B
MEMORIAL MEDICAL CENTER
1620 CENTURY CENTER PKWY #109
MEMPHIS TN 38134-8849**Remit To:**
AMERISOURCEBERGEN
POST OFFICE
PO Box 29808
NEW YORK NY 10087-9808**Customer Number**

100302028 / 100302028

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	3,914.99
Past Due:	0.00
Total Due:	3,914.99
Account Balance:	3,914.99

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-06-2025	10-17-2025	3229178714	B1006014655604	Invoice	3,914.99		0.00	3,914.99

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
3,914.99	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
10-17-2025	3,914.99
Total Due:	3,914.99

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ CC

6544	76351	2	5	0	2025	269002055	0	10/6/2025	\$76.18	1	AARON M MCGUIRE OD	P	457	0		OVS	F	9/17/2025	9/17/2025	742208337
6545	76351	2	5	0	2025	268001140	0	10/6/2025	\$132.01	1	KHIM VU DO PA	P	172	0		AB	F	3/26/2025	3/26/2025	451261253
6547	76351	3	8	0	2025	273001043	0	10/6/2025	\$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0		OV	F	9/24/2025	9/24/2025	742605670
6548	76351	3	73	0	2025	273001084	0	10/6/2025	\$38.75	1	CLINICAL PATHOLOGY LABS, INC	P	172	0		AB	F	9/16/2025	9/16/2025	742554159
6552	76351	3	21	1	2025	269001153	0	10/6/2025	\$60.89	1	PORT LAVACA CLINIC	P	177	0		OV	F	9/23/2025	9/23/2025	742605670
6554	76351	3	57	0	2025	267004665	0	10/6/2025	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0		OV	F	9/19/2025	9/19/2025	742605670
6555	76351	3	69	1	2025	268001120	0	10/6/2025	\$69.04	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0		OV	F	9/22/2025	9/22/2025	741605670
6556	76351	3	12	0	2025	277001074	0	10/6/2025	\$79.81	1	SINGLETON ASSOCIATES PA	P	172	0		AB	F	9/16/2025	9/16/2025	741680498
6559	76351	3	23	0	2025	269000632	0	10/6/2025	\$93.80	1	EBERLY MATTHEW	P	457	0		OVS	F	9/8/2025	9/8/2025	863759949
6560	76351	3	8	0	2025	268000670	0	10/6/2025	\$124.18	1	HEALTH AND WELLNESS SOLUTIONS PA	P	457	0		OVS	F	9/16/2025	9/16/2025	260406833
6562	76351	3	79	0	2025	268000382	0	10/6/2025	\$149.26	1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	8/5/2025	8/5/2025	815248556
6566	76351	3	25	0	2025	269001939	0	10/6/2025	\$538.56	1	NORTHSTAR ANESTHESIA PA	P	172	0		AB	F	8/18/2025	8/18/2025	201218565
6569	76351	3	79	0	2025	268000503	0	10/6/2025	\$1,650.00	1	METHODIST PATHOLOGY ASSOCIATES	P	185	0		LAB	F	8/18/2025	8/18/2025	371520288
6570	76351	3	43	0	2025	269000361	0	10/6/2025	\$2,254.00	1	LOVE STAR EMERGENCY ASSOCIATES	P	189	0		ERD	F	8/18/2025	8/18/2025	271112877
6571	76351	3	57	2	2025	272000992	0	10/6/2025	\$4,278.87	1	METHODIST HOSPITAL	P	406	0		ER	F	9/20/2025	9/20/2025	742730328
6574	76360	2	11	0	2025	268000915	0	10/6/2025	\$105.81	1	REGIONAL EMPLOYEE ASSISTANCE PROGRAM	P	457	0		OVS	F	8/16/2025	8/16/2025	760423386
6576	76360	2	111	1	2025	272001093	0	10/6/2025	\$149.26	1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	8/23/2025	8/23/2025	815248556
6579	76360	3	114	0	2025	268000746	0	10/6/2025	\$11.37	1	CITIZENS MEDICAL PROFESSIONAL	P	176	0		AO	F	8/26/2025	8/26/2025	471158090
6580	76360	3	23	0	2025	269001124	0	10/6/2025	\$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0		OV	F	9/23/2025	9/23/2025	742605670
6582	76360	3	7	0	2025	268000584	0	10/6/2025	\$39.09	1	SINGLETON ASSOCIATES PA	P	189	0		ERD	F	9/5/2025	9/5/2025	741680498
6590	76360	3	127	0	2025	272001098	0	10/6/2025	\$59.68	1	CLINICAL PATHOLOGY LABS, INC	P	172	0		AB	F	9/18/2025	9/18/2025	742554159
6591	76360	3	49	2	2025	269000660	0	10/6/2025	\$60.36	1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	189	0		ERD	F	9/18/2025	9/18/2025	760686474
6592	76360	3	60	0	2025	272001069	0	10/6/2025	\$65.89	1	FRANK S PARMA MD	P	177	0		OV	F	9/24/2025	9/24/2025	742608003
6593	76360	3	134	0	2025	268000267	0	10/6/2025	\$72.52	1	VICTORIA WOMENS CLINIC	P	180	0		XRDR	F	8/24/2025	8/24/2025	741831291
6598	76360	3	7	0	2025	269002061	0	10/6/2025	\$133.18	1	SINGLETON ASSOCIATES PA	P	181	0		XRAY	F	9/17/2025	9/17/2025	741680498
6599	76360	3	139	0	2025	269000621	0	10/6/2025	\$134.18	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0		OV	F	9/15/2025	9/15/2025	742605670
6600	76360	3	3	0	2025	268001117	0	10/6/2025	\$149.26	1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	8/21/2025	8/21/2025	815248556
6601	76360	3	127	0	2025	273001090	0	10/6/2025	\$165.72	1	VICTORIA WOMENS CLINIC	P	177	0		OV	F	9/18/2025	9/18/2025	741831291
6602	76360	3	68	0	2025	272001059	0	10/6/2025	\$241.28	1	SINGLETON ASSOCIATES PA	P	321	0		MRO	F	9/19/2025	9/19/2025	741680498
6604	76360	3	21	1	2025	267002274	0	10/6/2025	\$303.85	1	VICTORIA NEPHROLOGY ASSOCIATES	P	466	0		DI	F	8/19/2025	8/19/2025	453050693
6605	76360	3	40	0	2025	267004663	0	10/6/2025	\$365.74	1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	8/18/2025	8/18/2025	815248556
6612	76360	3	63	0	2025	269001102	0	10/6/2025	\$1,251.98	1	VICTORIA HEART VASCULAR CENTER	P	484	0		ODXS	F	9/2/2025	9/2/2025	562284144
6613	76360	3	49	2	2025	269001616	0	10/6/2025	\$2,053.97	1	CITIZENS MEDICAL CENTER	P	406	0		ER	F	9/18/2025	9/18/2025	741698143
6615	76360	999	35	0	2025	277001054	0	10/6/2025	\$158.77	1	INPATIENT HOSPITALISTS TEXAS MEDICAL	P	188	0		HV	F	8/1/2025	8/1/2025	830594617
6616	76360	999	35	0	2025	269002051	0	10/6/2025	\$415.24	1	HOUSTON RADIOLOGY ASSOCIATED	P	183	0		RAD	F	8/2/2025	8/2/2025	741688740
6617	76360	999	35	0	2025	269002067	0	10/6/2025	\$425.04	1	HOUSTON RADIOLOGY ASSOCIATED	P	179	0		SI	F	8/5/2025	8/5/2025	741688740
6618	76360	999	35	0	2025	269002050	0	10/6/2025	\$563.86	1	HOUSTON RADIOLOGY ASSOCIATED	P	183	0		RAD	F	8/1/2025	8/1/2025	741688740
6619	76360	999	35	0	2025	268000587	0	10/6/2025	\$690.06	1	TRAVIS COUNTY EMERGENCY PHYSICIANS PA	P	189	0		ERD	F	8/22/2025	8/22/2025	742501542
6622	76370	3	16	0	2025	268000666	0	10/6/2025	\$288.02	1	RICHARD ARROYO DIAZ	P	178	0		SO	F	8/6/2025	8/6/2025	583137003

CO2
10/13/25

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — Sep 26, 2025 - Oct 12, 2025

1,749,529.91 +
1,177.00 -
378,969.10 -
121,845.63 -
431,653.02 -
70,691.46 -
20,801.00 -
1,294.31 -
66,451.17 -
121,855.86 -
21,522.00 -
267.53 -
15,145.63 -
117,925.68 -
1,047.00 -
265.65 -
366,795.32 -
11,822.55 +
11,822.55 -
0.00 +

Date	Bank Description
10/10/2025	PAY PLUS ACHTrans 92854751 101000691349128 P
10/10/2025	HEALTH EQUITY INC HealthEqui 1356888 91000018
10/10/2025	AMERISOURCE BERG PAYMENTS 0100007768 21000002
10/10/2025	TSYS/TRANSFIRST MERCH FEES 39300982541616 61
10/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332401 61
10/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332493 61
10/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332419 61
10/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801368397 61
10/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332385 61
10/10/2025	MEMORIAL MEDICAL PAYROLL 746003411 11122650
10/10/2025	IRS USATAXPYMT 270564351 175643 6103601010108
10/9/2025	PAY PLUS ACHTrans 92592206 101000699411069 P
10/8/2025	STATE COMPTROLA TEXNET 08894900/51007 21000002
10/8/2025	PAY PLUS ACHTrans 92394594 101000698437868 P
10/8/2025	HPHG LLC PORT LAVA MemMedCtr Pilav 113122650
10/8/2025	HPHG LLC port lava MemMedCtr Pilav 113122650
10/8/2025	HPHG LLC port lava MemMedCtr Pilav 113122650
10/7/2025	PAY PLUS ACHTrans 92176514 101000697016776 P
10/7/2025	MCKESSON DRUG AUTO ACH ACH06722084 910000125
10/6/2025	PAY PLUS ACHTrans 91892897 101000695385774 P
10/6/2025	FDMS FDMS PYMT 052-1601830-000 4100012885778
10/6/2025	FDMS FDMS PYMT 052-2000500-000 4100012886903
10/6/2025	FDMS FDMS PYMT 052-2182557-000 4100012887777
10/6/2025	FDMS FDMS PYMT 052-2182545-000 4100012887753
10/3/2025	STATE COMPTROLA TEXNET 08894024/53002 21000007
10/3/2025	PAY PLUS ACHTrans 91610312 101000693835148 P
10/3/2025	MERCHANT BANKCO FEE 971160913887 91000012805
10/3/2025	MERCHANT BANKCO FEE 971160910883 91000012805
10/3/2025	MERCHANT BANKCO DISCOUNT 971160913887 910000
10/3/2025	MERCHANT BANKCO DISCOUNT 971160910883 910000
10/3/2025	MERCHANT BANKCO INTERCHNG 971160913887 910000
10/3/2025	AMERISOURCE BERG PAYMENTS 0100007768 21000002
10/2/2025	PAY PLUS ACHTrans 91324861 101000691359658 P
10/2/2025	AUTHNET GATEWAY BILLING 143535552 1040000169
10/1/2025	PAY PLUS ACHTrans 91093274 101000699571014 P
9/30/2025	PAY PLUS ACHTrans 90848807 101000697953707 P
9/30/2025	MCKESSON DRUG AUTO ACH ACH06716264 9100000180
9/29/2025	PAY PLUS ACHTrans 90560287 101000696180326 P
9/29/2025	IRS USATAXPYMT 270567274299796 6101601001830
9/26/2025	PAY PLUS ACHTrans 90352008 101000694858234 P
9/26/2025	HEALTH EQUITY INC HealthEqui 1356888 91000017
9/26/2025	AMERISOURCE BERG PAYMENTS 0100007768 21000002
9/26/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650

MMC Notes
- 3rd Party Payor Fee
- EmpDeduct/Employer Contribut
- 340B Drug Program Expense
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Payroll
- Payroll Taxes
- 3rd Party Payor Fee
- OSH IGT
- 3rd Party Payor Fee
- Health Insurance Premium Payment
- Health Insurance Premium Payment
- Health Insurance Premium Payment
- 3rd Party Payor Fee
- 340B Drug Program Expense
- 3rd Party Payor Fee
- Credit Card Machine Lease Fee
- Credit Card Machine Lease Fee
- Credit Card Machine Lease Fee
- Credit Card Machine Lease Fee
- ATLAS IGT
- 3rd Party Payor Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- 340B Drug Program Expense
- 3rd Party Payor Fee
- 3rd Party Payor Fee
- 3rd Party Payor Fee
- 340B Drug Program Expense
- 3rd Party Payor Fee
- Payroll Taxes
- 3rd Party Payor Fee
- EmpDeduct/Employer Contribut
- 340B Drug Program Expense
- Payroll

Amount	CPSI "Handwritten Check" #
1,187.49	901904
1,177.00 *	901905
1,294.31	901906
4,829.80	901907
880.46	901908
1,544.89	901909
52.40	901910
358.98	901911
179.52	901912
378,969.10 *	
121,845.63 *	901914
40.79	901915
431,653.02 *	901916
109.64	901917
70,691.46 *	901918
20,801.00 *	901919
66,451.17	901920
12.72	901921
121,855.86	901922
100.68	901923
26.87	901924
26.87	901925
26.87	901926
26.87	901927
21,522.00 *	901928
174.70	901929
164.85	901930
9.95	901931
476.48	901932
29.95	901933
174.02	901934
267.53 *	901935
164.57	901936
25.20	901937
116.86	901938
44.27	901939
15,145.63 *	901940
95.16	901941
117,925.68 *	901942
914.64	901943
1,047.00 *	901944
265.65 *	901945
366,795.32 *	

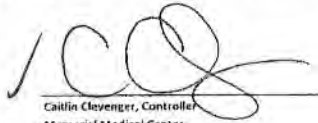
1,187.49 +
40.79 +
109.64 +
12.72 +
100.68 +
174.70 +
164.57 +
116.86 +
44.27 +
95.16 +
914.64 +
2,961.52 +
4,829.80 +
880.46 +
1,544.89 +
52.40 +
358.98 +
179.52 +
378,969.10 +
121,845.63 +
40.79 +
431,653.02 +
109.64 +
70,691.46 +
20,801.00 +
66,451.17 +
12.72 +
121,855.86 +
100.68 +
26.87 +
26.87 +
26.87 +
21,522.00 +
174.70 +
164.85 +
9.95 +
476.48 +
29.95 +
174.02 +
267.53 +
164.57 +
25.20 +
116.86 +
44.27 +
15,145.63 +
95.16 +
117,925.68 +
914.64 +
1,047.00 +
265.65 +
366,795.32 +

pay plus

proc. fee

lease fee

num net

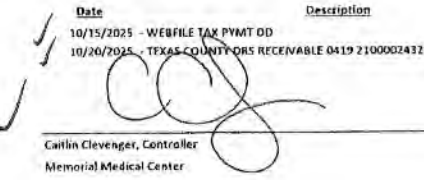

Caitlin Clevenger, Controller
Memorial Medical Center

October 13, 2025

* Approved on 10.01.25
** Approved on 09.24.25

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — ESTIMATED ACHS


Caitlin Clevenger, Controller
Memorial Medical Center

October 13, 2025

Date	Description	MMC Notes
10/15/2025	WEBFILE TAX PYMT 00	- Sales Tax
10/20/2025	TEXAS COUNTY ORS RECEIVABLE 0419 21000024329	- Retirement Funding

Amount
2,616.04
177,157.92
179,773.96

APPROVED ON
OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

2,961.52 +
8,500.30 +
335.53 +
25.20 +
11,822.55 +
45.64 +
335.53 +
25.20 +
25.20 +

Date/Time 09-30-2025 / 03:17 PM
Submitted By Emilyv04

Pay Date 09-30-2025

Employee Deposits	\$72,520.95
Employer Contributions	\$104,636.97
Group Term Life Premiums	\$0.00
Total	\$177,157.92

Comments

Payroll File September 2025.xlsx

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Sales and Use Tax

Taxpayer [REDACTED] MEMORIAL MEDICAL CENTER
Address: 815 N VIRGINIA ST, PORT LAVACA TX 77979-3025
Tax Type: Sales and Use Tax

Return Summary Original Return for Period Ending 09/30/2025 (2509)

Total Amount Due and Payable may not reflect all payments or discounts. Please allow pending payments 3-5 business days to process and appear on this page.

CREDITS TAKEN

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	31,869	31,869	0	31,869	1,991.81	31,869	0.02000	637.38
SubTotal	31,869	31,869	0	31,869	1,991.81	31,869		637.38

Total Tax for Locations **\$2,629.19**

Total Tax Due: \$2,629.19

Balance Due: \$2,629.20

Pending Payments: - \$2,616.04

(State amount due is \$0.00)

(Local amount due is \$13.16)

Total Amount Due and Payable may not reflect all payments or discounts. Please allow pending payments 3-5 business days to process and appear on this page.

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OCT 09 2025

MEMORIAL MEDICAL CENTER

10/09/2025

10:07

AP Open Invoice List

0

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Due Dates Through: 10/31/2025

Vendor# Vendor Name

Class Pay Code

11836 ✓ GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 092425A		09/30/202	09/24/202	10/31/202			17,687.10	0.00	0.00	17,687.10	✓
✓ 092425	ins. amt dep. into mmc opt in error	09/30/202	09/24/202	10/31/202			70,878.61	0.00	0.00	70,878.61	✓
✓ 092525		09/30/202	09/25/202	10/31/202			40,804.71	0.00	0.00	40,804.71	✓
✓ 092625		09/30/202	09/26/202	10/31/202			308.04	0.00	0.00	308.04	✓
✓ 092625B		09/30/202	09/26/202	10/31/202			2,375.00	0.00	0.00	2,375.00	✓
✓ 092625A		09/30/202	09/26/202	10/31/202			985.50	0.00	0.00	985.50	✓
✓ 092925		09/30/202	09/29/202	10/31/202			6,050.00	0.00	0.00	6,050.00	✓
✓ 093025		09/30/202	09/30/202	10/31/202			412.22	0.00	0.00	412.22	✓
✓ 093025A		09/30/202	09/30/202	10/31/202			665.39	0.00	0.00	665.39	✓
✓ 093025B		09/30/202	09/30/202	10/31/202			4,530.34	0.00	0.00	4,530.34	✓
✓ 100125		10/08/202	10/01/202	10/31/202			2,791.49	0.00	0.00	2,791.49	✓
✓ 100225		10/08/202	10/02/202	10/31/202			384.75	0.00	0.00	384.75	✓
✓ 100625A		10/08/202	10/06/202	10/31/202			356.54	0.00	0.00	356.54	✓
✓ 100625		10/08/202	10/06/202	10/31/202			189.40	0.00	0.00	189.40	✓
✓ 100725		10/08/202	10/07/202	10/31/202			6,500.00	0.00	0.00	6,500.00	✓

Vendor Totals: Number Name
11836 GOLDENCREEK HEALTHCARE

Gross Discount No-Pay Net
154,919.09 0.00 0.00 154,919.09

Grand Totals:

Gross Discount No-Pay Net
154,919.09 0.00 0.00 154,919.09

APPROVED ON

OCT 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 210824

OCT 09 2025

MEMORIAL MEDICAL CENTER

10/09/2025

10:21

AP Open Invoice List

0

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Due Dates Through: 10/31/2025

Vendor# / Vendor Name

Class Pay Code

13004 ✓ TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 092425A		09/30/202	09/24/202	10/31/202			6,240.00	0.00	0.00	6,240.00	✓
✓ 092425		09/30/202	09/24/202	10/31/202			3,640.00	0.00	0.00	3,640.00	✓
✓ 092525		09/30/202	09/25/202	10/31/202			12,497.45	0.00	0.00	12,497.45	✓
✓ 092625		09/30/202	09/26/202	10/31/202			6,240.00	0.00	0.00	6,240.00	✓
✓ 092625C		09/30/202	09/26/202	10/31/202			550.16	0.00	0.00	550.16	✓
✓ 092625B		09/30/202	09/26/202	10/31/202			975.00	0.00	0.00	975.00	✓
✓ 092925		09/30/202	09/29/202	10/31/202			100.00	0.00	0.00	100.00	✓
✓ 093025		09/30/202	09/30/202	10/31/202			628.50	0.00	0.00	628.50	✓
✓ 061125		10/08/202	06/11/202	10/31/202			50,322.84	0.00	0.00	50,322.84	✓
✓ 100125		10/08/202	10/01/202	10/31/202			4,818.50	0.00	0.00	4,818.50	✓
✓ 100225		10/08/202	10/02/202	10/31/202			628.50	0.00	0.00	628.50	✓
✓ 100325A		10/08/202	10/03/202	10/31/202			10,195.52	0.00	0.00	10,195.52	✓
✓ 100325		10/08/202	10/03/202	10/31/202			30,714.36	0.00	0.00	30,714.36	✓
✓ 100625		10/08/202	10/06/202	10/31/202			31,691.44	0.00	0.00	31,691.44	✓
✓ 100725		10/08/202	10/07/202	10/31/202			6,924.13	0.00	0.00	6,924.13	✓
✓ 100725A		10/08/202	10/07/202	10/31/202			1,181.29	0.00	0.00	1,181.29	✓
✓ 061125A		10/09/202	06/11/202	10/31/202			20,818.07	0.00	0.00	20,818.07	✓

Vendor Totals: Number

Name

Gross

Discount

No-Pay

Net

13004

TUSCANY VILLAGE

188,165.76

0.00

0.00

188,165.76

Grand Totals:

Gross

Discount

No-Pay

Net

188,165.76

0.00

0.00

188,165.76

APPROVED ON

OCT 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 210829

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 09 2025

10/09/2025

10:22

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/31/2025

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	
✓ 092425A		09/30/202	09/24/202	10/31/202			2,507.10	0.00	0.00	2,507.10	✓
✓ 092425	INS. PMT. CLER. INTO MMC DUE IN ERROR	09/30/202	09/24/202	10/31/202			55.22	0.00	0.00	55.22	✓
✓ 092625A		09/30/202	09/26/202	10/31/202			4,886.00	0.00	0.00	4,886.00	✓
✓ 092625		09/30/202	09/26/202	10/31/202			1,676.00	0.00	0.00	1,676.00	✓
✓ 093025		09/30/202	09/30/202	10/31/202			2,330.57	0.00	0.00	2,330.57	✓
✓ 093025A		09/30/202	09/30/202	10/31/202			373.57	0.00	0.00	373.57	✓
✓ 100225		10/08/202	10/02/202	10/31/202			4,190.00	0.00	0.00	4,190.00	✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	LAVACA BAY NURSING AND REHAB	16,018.46	0.00	0.00	16,018.46

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	16,018.46	0.00	0.00	16,018.46

APPROVED ON

OCT 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 210827

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/13/2025

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		0.26		60.78	0
						Bank Balance	60.78
						Variance	-
						Leave in Balance	100.00

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Adjust Balance/Transfer Amt	(39.22)
Broadmoor		102.11		0.19			102.30
						Bank Balance	102.30
						Variance	0.00
						Leave in Balance	100.00

						Adjust Balance/Transfer Amt	2.30
Crescent		100.00		0.76			100.76
						Bank Balance	100.76
						Variance	-
						Leave in Balance	100.00

						Adjust Balance/Transfer Amt	0.76
Fort Bend		40,189.48	40,089.48	20.82			120.82
						Bank Balance	120.82
						Variance	-
						Leave in Balance	100.00

						Adjust Balance/Transfer Amt	(385.38)
Solera at W Houston		137,443.60	137,343.60	5,130.61			5,230.61
						Bank Balance	5,230.61
						Variance	-
						Leave in Balance	100.00

APPROVED ON

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

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt 5,130.61

TOTAL TRANSFERS 5,130.61

Approved:
Caitlin Clevenger, Controller

45,943.00

10/13/25

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

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

Ashford Gardens

9/30/2025 Added to Account

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	0.26		0.26
✓	-		-
-	-		-
-	-		-
-	-		-
-	0.26	-	0.26

Broadmoor

9/30/2025 Added to Account

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	0.19		0.19
✓	-		-
-	-		-
-	-		-
-	-		-
-	0.19	-	0.19

Crescent

9/30/2025 Added to Account

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	0.76		0.76
-	-		-
-	-		-
✓	-		-
-	-		-
-	-		-
-	0.76	-	0.76

Fort Bend

10/1/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III

9/30/2025 Added to Account

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
40,089.48 ✓	-		-
-	20.82		20.82
-	-		-
-	-		-
-	-		-
✓	-		-
-	-		-
40,089.48	20.82	-	20.82

Solera at West Houston

10/3/2025 HUMANA CHA DISB HCCLAIMPMT 85817657 42000014

10/2/2025 Deposit

10/1/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III

9/30/2025 Added to Account

9/26/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000143

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
- ✓	3,382.11		3,382.11
✓	1,574.28		1,574.28
137,343.60	-		-
-	71.72		71.72
-	102.50		102.50
-	-		-
137,343.60	5,130.61	-	5,130.61
	5,152.64	-	5,152.64

TOTALS

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,617,499.92	\$1,825,453.84	\$1,617,499.92	\$1,940,003.42
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$60.78 ✓ ✓	\$60.78	\$60.78	\$60.78
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$102.30 ✓ ✓	\$102.30	\$102.30	\$102.30
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$100.76 ✓ ✓	\$100.76	\$100.76	\$100.76
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$5,230.61 ✓ ✓	\$5,230.61	\$5,230.61	\$5,230.61
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$120.82 ✓ ✓	\$120.82	\$120.82	\$120.82
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$575,871.22 ✓	\$575,871.22	\$575,871.22	\$569,476.47
*4551 CAL CO INDIGENT HEALTHCARE	\$4,827.63	\$4,827.63	\$4,827.63	\$4,827.63
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$127,634.87	\$127,634.87	\$127,634.87	\$127,634.87
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.26	\$100.26	\$100.26	\$100.26
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$760,896.82	\$760,896.82	\$760,896.82	\$748,745.93
*3407 MMC -NH TUSCANY VILLAGE	\$289,436.21	\$289,436.21	\$289,436.21	\$289,436.21
*2998 MMC -MONEY MARKET FUND	\$68,830.50	\$68,830.50	\$68,830.50	\$68,830.50
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$22,903.15	\$22,903.15	\$22,903.15	\$22,265.58
Total Balance	\$3,473,615.85	\$3,681,569.77	\$3,473,615.85	\$3,776,936.14

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10/13/2025

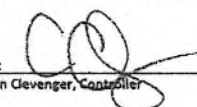
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		128,948.66	127,527.34	574,449.90		575,871.22	511,727.78
					Bank Balance	575,871.22	
					Variance	-	
					Leave in Balance	100.00	
					Q1PP Q3 OWED TO MMC	63,491.39	

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

July Interest 229.79
Aug Interest 77.27
Sept Interest 244.99

Adjust Balance/Transfer Amt 511,727.78

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

10/13/2025

APPROVED ON
OCT 13 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

10/10/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 10/10/2025 GOLDEN CREEK HEALTH MERC DEP 1220356 9100001984
 10/9/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 10/9/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 10/9/2025 Am Health TX PAYMENT 21531 84307030014113
 10/8/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 10/8/2025 GOLDEN CREEK HEALTH MERC DEP 1220356 9100001368
 10/7/2025 GOLDEN CREEK HEALTH MERC DEP 1220356 9100001498
 10/7/2025 GOLDEN CREEK HEALTH MERC DEP 1220356 9100001498
 10/7/2025 GOLDEN CREEK HEALTH MERC DEP 1220356 9100001498
 10/7/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 10/6/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 10/6/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 10/6/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 10/6/2025 GOLDEN CREEK HEALTH MERC DEP 1220356 9100001467
 10/3/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 10/3/2025 GOLDEN CREEK HEALTH MERC DEP 1220356 9100001288
 10/2/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 10/2/2025 GOLDEN CREEK HEALTH MERC DEP 1220356 9100001056
 10/1/2025 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 10/1/2025 Deposit
 10/1/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 10/1/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 10/1/2025 NOVITAS SOLUTION HCCLAIMPMT 676097 420000185
 9/30/2025 Added to Account
 9/30/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 9/30/2025 HNB - ECHO HCCLAIMPMT 746003411 440000257775
 9/29/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 9/29/2025 HNB - ECHO HCCLAIMPMT 746003411 440000295230
 9/26/2025 NOVITAS SOLUTION HCCLAIMPMT 676097 420000143
 9/26/2025 Centene Manage ACH 008765433514 1110000297

Transfer-Out	Transfer-In	MMC	
		PORTION	NH PORTION
-	1,155.00		1,155.00
-	5,239.75		5,239.75
-	2,500.00		2,500.00
-	838.00		838.00
-	11,500.00		11,500.00
-	2,335.00		2,335.00
-	8,260.99		8,260.99
-	1,666.95		1,666.95
-	1,674.43		1,674.43
-	5,115.00		5,115.00
-	3,611.13		3,611.13
-	1,710.00		1,710.00
-	2,222.00		2,222.00
-	1,406.42		1,406.42
-	6,582.06		6,582.06
-	713.00		713.00
-	6,787.00		6,787.00
-	46.00		46.00
-	4,950.00		4,950.00
127,527.34	-		-
-	162,850.37		162,850.37
-	1,027.00		1,027.00
-	448.00		448.00
-	1,223.96		1,223.96
-	244.99		244.99
-	224.00		224.00
-	1,856.85		1,856.85
-	1,534.85		1,534.85
-	12,192.02		12,192.02
-	2,751.57		2,751.57
-	321,783.56	63,491.39	258,292.17
127,527.34	574,449.90	63,491.39	510,958.51

Balances Overview

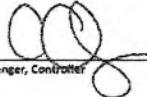
Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,617,499.92	\$1,825,453.84	\$1,617,499.92	\$1,940,003.42
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$60.78	\$60.78	\$60.78	\$60.78
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$102.30	\$102.30	\$102.30	\$102.30
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$100.76	\$100.76	\$100.76	\$100.76
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$5,230.61	\$5,230.61	\$5,230.61	\$5,230.61
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$120.82	\$120.82	\$120.82	\$120.82
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$575,871.22	\$575,871.22	\$575,871.22	\$569,476.47
*4551 CAL CO INDIGENT HEALTHCARE	\$4,827.63	\$4,827.63	\$4,827.63	\$4,827.63
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$127,634.87	\$127,634.87	\$127,634.87	\$127,634.87
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.26	\$100.26	\$100.26	\$100.26
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$760,896.82	\$760,896.82	\$760,896.82	\$748,745.93
*3407 MMC -NH TUSCANY VILLAGE	\$289,436.21	\$289,436.21	\$289,436.21	\$289,436.21
*2998 MMC -MONEY MARKET FUND	\$68,830.50	\$68,830.50	\$68,830.50	\$68,830.50
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$22,903.15	\$22,903.15	\$22,903.15	\$22,265.58
Total Balance	\$3,473,615.85	\$3,681,569.77	\$3,473,615.85	\$3,776,936.14

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
10/13/2025

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		41,415.45	39,693.66	125,849.08			127,634.87	No Transfer
						Bank Balance	127,634.87	
						Variance		
						Leave in Balance	100.00	
						Claims owed to MMC	130,291.92	
						Claims owed to MMC	1,275.72	
						Claims owed to MMC	49.00	
						Claims owed to MMC	361.07	
						Adjust Balance/Transfer Amt	(4,442.84)	
Gulf Pointe Plaza- Medicare/Medicaid		100.14		0.12			100.26	NO TRANSFER
						Bank Balance	100.26	
						Variance		
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	0.26	
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
10/13/2025

APPROVED ON
OCT 13 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

10/9/2025 HNB - ECHO HCCLAIMPMT 746003411 440000296957
10/8/2025 HNB - ECHO HCCLAIMPMT 746003411 440000256364
10/7/2025 HNB - ECHO HCCLAIMPMT 746003411 440000222545
10/7/2025 HNB - ECHO HCCLAIMPMT 746003411 440000221760
10/6/2025 HNB - ECHO HCCLAIMPMT 746003411 440000252727
10/3/2025 HNB - ECHO HCCLAIMPMT 746003411 440000206466
10/3/2025 HNB - ECHO HCCLAIMPMT 746003411 440000206793
10/2/2025 HNB - ECHO HCCLAIMPMT 746003411 440000253390
10/1/2025 WIRE OUT HMG Rockport SNF, LP -Commerical
10/1/2025 HNB - ECHO HCCLAIMPMT 746003411 440000206073
9/30/2025 Added to Account

Transfer-Out	Transfer-In	MMC	
		PORTION	NH PORTION
-	3,816.47		3,816.47
-	467.79		467.79
-	45,453.05		45,453.05
-	185.20		185.20
-	17,733.35		17,733.35
-	95.04		95.04
✓	15,923.89		15,923.89
-	35,468.48		
39,633.66	-		
-	6,679.35		
-	26.46		
	✓		
39,633.66	125,849.08	-	83,674.79

Gulf Pointe Plaza-Medicare/Medicaid

9/30/2025 Added to Account

Transfer-Out	Transfer-In	MMC	
		PORTION	NH PORTION
✓	✓ 0.12		0.12
-	0.12	-	0.12
39,633.66	125,849.20	-	83,674.91

Balances Overview

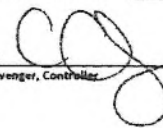
Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,617,499.92	\$1,825,453.84	\$1,617,499.92	\$1,940,003.42
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$60.78	\$60.78	\$60.78	\$60.78
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$102.30	\$102.30	\$102.30	\$102.30
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$100.76	\$100.76	\$100.76	\$100.76
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$5,230.61	\$5,230.61	\$5,230.61	\$5,230.61
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$120.82	\$120.82	\$120.82	\$120.82
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$575,871.22	\$575,871.22	\$575,871.22	\$569,476.47
*4551 CAL CO INDIGENT HEALTHCARE	\$4,827.63	\$4,827.63	\$4,827.63	\$4,827.63
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$127,634.87 ✓	\$127,634.87	\$127,634.87	\$127,634.87
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.26 ✓	\$100.26	\$100.26	\$100.26
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$760,896.82	\$760,896.82	\$760,896.82	\$748,745.93
*3407 MMC -NH TUSCANY VILLAGE	\$289,436.21	\$289,436.21	\$289,436.21	\$289,436.21
*2998 MMC -MONEY MARKET FUND	\$68,830.50	\$68,830.50	\$68,830.50	\$68,830.50
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$22,903.15	\$22,903.15	\$22,903.15	\$22,265.58
Total Balance	\$3,473,615.85	\$3,681,569.77	\$3,473,615.85	\$3,776,936.14

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 10/13/2025

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		373,424.41	373,324.41	289,336.21	-	-	289,436.21	223,184.75
						Bank Balance Variance	289,436.21	
						Leave in Balance	100.00	
						QIPP Q3 OWED TO MMC	66,151.46	

Adjust Balance/Transfer Amt 223,184.75

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 10/13/2025

APPROVED ON
 OCT 13 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village

10/9/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000175
10/8/2025 HNB - ECHO HCCLAIMPMT 746003411 440000256364
10/8/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000142
10/7/2025 Deposit
10/6/2025 Deposit
10/3/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000112
10/2/2025 Deposit
10/1/2025 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE
10/1/2025 Deposit
9/30/2025 Added to Account
9/30/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000101
9/26/2025 MOLINA HEALTHCAR MOLINAACH 01452014 42000016
9/26/2025 WELLPOINT CO AP E-PAYMENT EE53064624 1110000

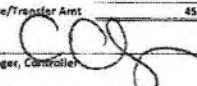
Transfer-Out	Transfer-In	MMC	
		PORTION	NH PORTION
-	40,357.50		40,357.50
-	8,905.05		8,905.05
-	21,462.97		21,462.97
-	15,965.00		15,965.00
-	19,693.00		19,693.00
-	24,203.73		24,203.73
-	1,119.35		1,119.35
373,324.41	-		-
-	29,568.82		29,568.82
-	279.90		279.90
-	33,884.32		33,884.32
-	93,753.42	63,491.39	30,262.03
-	143.15		143.15
			-
373,324.41	289,336.21	63,491.39	225,844.82

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,617,499.92	\$1,825,453.84	\$1,617,499.92	\$1,940,003.42
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$60.78	\$60.78	\$60.78	\$60.78
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$102.30	\$102.30	\$102.30	\$102.30
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$100.76	\$100.76	\$100.76	\$100.76
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$5,230.61	\$5,230.61	\$5,230.61	\$5,230.61
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$120.82	\$120.82	\$120.82	\$120.82
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$575,871.22	\$575,871.22	\$575,871.22	\$569,476.47
*4551 CAL CO INDIGENT HEALTHCARE	\$4,827.63	\$4,827.63	\$4,827.63	\$4,827.63
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$127,634.87	\$127,634.87	\$127,634.87	\$127,634.87
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.26	\$100.26	\$100.26	\$100.26
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$760,896.82	\$760,896.82	\$760,896.82	\$748,745.93
*3407 MMC -NH TUSCANY VILLAGE	\$289,436.21 ✓	\$289,436.21	\$289,436.21	\$289,436.21
*2998 MMC -MONEY MARKET FUND	\$68,830.50	\$68,830.50	\$68,830.50	\$68,830.50
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$22,903.15	\$22,903.15	\$22,903.15	\$22,265.58
Total Balance	\$3,473,615.85	\$3,681,569.77	\$3,473,615.85	\$3,776,936.14

Memorial Medical Center
Nursing Home UPL
Weekly HSL Transfer
Prosperity Accounts
10/13/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Lavaca Bay Nursing and Rehab		223,111.88	133,349.56	670,934.48			760,896.82	452,669.22
						Bank Balance	760,896.82	
						Variance		
						Leave in Balance	100.00	
						Medicare Recoup to MMC	68,368.21	
						QPPP Q3 owed to MMC	237,469.61	
						Lavaca Bay to Sweeney	1,549.05	
						July Interest	249.88	
						August Interest	210.85	
						September Interest	279.90	

✓ Adjust Balance/Transfer Amt 452,669.22 452,669.22
Approved: 
Caitlin Clevenger, Controller 10/13/2025

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
OCT 13 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab

10/10/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
 10/9/2025 ck8466
 10/9/2025 HOSPICE OF SOUTH Payments NF 113122650006351
 10/8/2025 NDC SWEEP FAC 02330 56009680014801 SWEEP FR
 10/8/2025 Marketplace HCCLAIMPMT 91000015852487
 10/7/2025 Deposit
 10/7/2025 Deposit
 10/7/2025 HUMANA INS CO HCCLAIMPMT 85963626 8300005537
 10/7/2025 HIC KY HCCLAIMPMT 86166217 42000010718073 45
 10/3/2025 HOSPICE OF SOUTH Payments NF 113122650029442
 10/3/2025 CENTENE CORP HCCLAIMPMT 53101124490849
 10/2/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000156
 10/1/2025 WIRE OUT REG Leased OpCo LLC
 10/1/2025 Deposit
 10/1/2025 HN8 - ECHO HCCLAIMPMT 746003411 440000206073
 10/1/2025 CENTENE CORP HCCLAIMPMT 53101123662128
 9/30/2025 Added to Account
 9/30/2025 NDC SWEEP FAC 02330 56009680011721 SWEEP FR
 9/30/2025 Deposit
 9/30/2025 CENTENE CORP HCCLAIMPMT 53101126879278
 9/29/2025 Care Hospice Payment 41008 71000288226391
 9/29/2025 PaySpan ACCTVERIFY 53101125395420
 9/26/2025 WELLPOINT CO AP E-PAYMENT EES3064625 1110000
 9/26/2025 HOSPICE OF SOUTH Payments NF 113122650030091
 9/26/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
 9/26/2025 Centene Manageme ACH 008765433514 1110000297
 9/26/2025 CENTENE CORP HCCLAIMPMT 53101122129644

Transfer-Out	Transfer-In	MMC	
		PORTION	NH PORTION
-	12,150.89		12,150.89
4,540.00	-		-
-	1,365.61		1,365.61
-	24,402.94		24,402.94
-	1,462.64		1,462.64
-	79,775.17		79,775.17
-	42,097.32		42,097.32
-	694.67		694.67
-	552.40		552.40
-	1,013.96		1,013.96
-	645.95		645.95
-	4,363.88		4,363.88
128,809.56	-		-
-	61,919.77		61,919.77
-	2,285.92		2,285.92
-	11,698.24		11,698.24
-	284.99		284.99
-	1,970.00		1,970.00
-	16,580.56		16,580.56
-	14,872.72		14,872.72
-	25,288.52		25,288.52
-	0.15		0.15
-	134,836.85	65,330.96	69,505.89
-	1,128.56		1,128.56
-	7,420.50		7,420.50
-	223,961.70	172,138.65	51,823.05
-	160.58		160.58
✓	✓		-
133,349.56	670,934.49	237,469.61	433,464.88

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,617,499.92	\$1,825,453.84	\$1,617,499.92	\$1,940,003.42
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$60.78	\$60.78	\$60.78	\$60.78
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$102.30	\$102.30	\$102.30	\$102.30
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$100.76	\$100.76	\$100.76	\$100.76
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$5,230.61	\$5,230.61	\$5,230.61	\$5,230.61
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$120.82	\$120.82	\$120.82	\$120.82
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$575,871.22	\$575,871.22	\$575,871.22	\$569,476.47
*4551 CAL CO INDIGENT HEALTHCARE	\$4,827.63	\$4,827.63	\$4,827.63	\$4,827.63
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$127,634.87	\$127,634.87	\$127,634.87	\$127,634.87
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.26	\$100.26	\$100.26	\$100.26
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$760,896.82 ✓	\$760,896.82	\$760,896.82	\$748,745.93
*3407 MMC -NH TUSCANY VILLAGE	\$289,436.21	\$289,436.21	\$289,436.21	\$289,436.21
*2998 MMC -MONEY MARKET FUND	\$68,830.50	\$68,830.50	\$68,830.50	\$68,830.50
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$22,903.15	\$22,903.15	\$22,903.15	\$22,265.58
Total Balance	\$3,473,615.85	\$3,681,569.77	\$3,473,615.85	\$3,776,936.14

Tuscania

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
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E
MMC Operating

Date Requested: 10/13/2025

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check 001192

FOR ACCT USE ONLY

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

AMOUNT: \$ 66,151.46 ✓

G/L NUMBER: 10255040

EXPLANATION: QIPP Q3 owed to MMC

REQUESTED BY: Caitlin Clevenger

✓
AUTHORIZED BY: M&C

Golden Creele

MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC Operating Date Requested: 10/13/2025

A

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Under 000244

FOR ACCT USE ONLY

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

AMOUNT: \$ 63,491.39 ✓ G/L NUMBER: 10255040

EXPLANATION: QIPP Q3 owed to MMC

REQUESTED BY: Caitlin Clevenger

✓
AUTHORIZED BY: MCL

Lavaca Bay

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
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MMC Operating

Date Requested: 10/13/2025

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ch#001120

FOR ACCT USE ONLY

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

AMOUNT: \$ 237,469.61 ✓

G/L NUMBER: 10255040

EXPLANATION: QIPP Q3 owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: M&C

LWACA Bay

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E

MMC OPERATING

Date Requested: 10/13/2025

FOR ACCT USE ONLY

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

APPROVED ON

OCT 13 2025

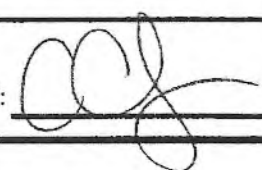
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT: \$ 234.76

G/L NUMBER: _____

EXPLANATION: CLAIMS OWED TO MMC

REQUESTED BY: KATRINA POKLUDA

AUTHORIZED BY: 

Vanessa Baur

MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC OPERATING
A _____
Y _____
E _____
E _____

Date Requested: 10/13/2025

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: \$ 20,473.62

G/L NUMBER: _____

EXPLANATION: CLAIMS OWED TO MMC

REQUESTED BY: KATRINA POKLUDA

AUTHORIZED BY: *[Signature]*

LAVACA Bay

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

MMC OPERATING

Date Requested:

10/13/2025

A

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT:

\$

16,253.59

G/L NUMBER:

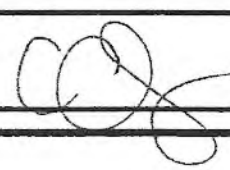
EXPLANATION:

CLAIMS OWED TO MMC

REQUESTED BY:

KATRINA POKLUDA

AUTHORIZED BY:



Lanaca Bay

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

MMC OPERATING

Date Requested:

10/13/2025

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT:

\$

1,219.70

G/L NUMBER:

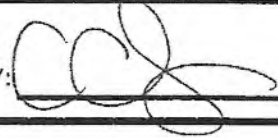
EXPLANATION:

CLAIMS OWED TO MMC

REQUESTED BY:

KATRINA POKLUDA

AUTHORIZED BY:



MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

APPROVED ON

Y Port Lavaca, TX 77979

OCT 13 2025

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

E

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

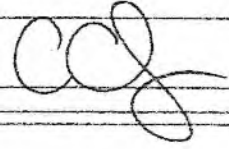
☐ Return Check to Dept

AMOUNT \$8,253.65

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P

Memorial Medical Center

Date Requested: 10/06/2025

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815 N. Virginia St.

Y

E

Port Lavaca, TX 77979

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

APPROVED ON

OCT 13 2025

AMOUNT \$6,679.35

G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: CCJ

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P

Memorial Medical Center

Date Requested: 10/06/2025

A

815 N. Virginia St.

Y

Port Lavaca, TX 77979

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

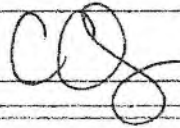
☐ Return Check to Dept

AMOUNT \$14,303.64

G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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E

APPROVED ON
OCT 13 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT \$26,325.36

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: COQ

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P

MMC Operating

Date Requested: 10/13/2025

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

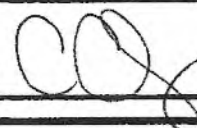
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: \$ 63.12

G/L NUMBER: 20654000

EXPLANATION: Claims owed to MMC

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/09/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

E Port Lavaca, TX 77979

E Port Lavaca, TX 77979

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT \$943.44

G/L NUMBER: 20654000

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: [Signature]

MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC Operating

Date Requested: 10/13/2025

A _____

Y _____

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E _____

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

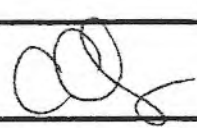
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: \$ 71.00

G/L NUMBER: 20654000

EXPLANATION: Claims owed to MMC

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

E Port Lavaca, TX 77979

E Port Lavaca, TX 77979

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

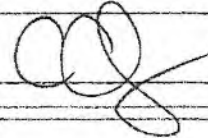
AMOUNT \$49.00

G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: _____



MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

V Port Lavaca, TX 77979

E APPROVED ON

E OCT 13 2025

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT \$61.86

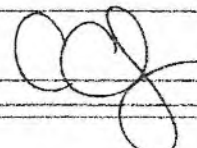
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: _____



MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

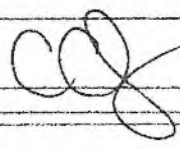
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$128.56

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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APPROVED ON
OCT 13 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT \$144.38

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

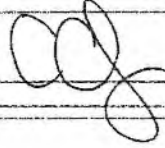
☐ Return Check to Dept

AMOUNT \$139.13

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

E APPROVED ON
OCT 13 2025

E BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT \$288.77

G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: COJ

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y APPROVED ON

E Port Lavaca, TX 77979 OCT 13 2025

E BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

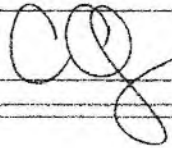
☐ Return Check to Dept

AMOUNT \$717.10

G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

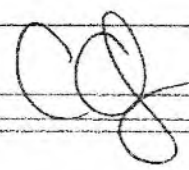
☐ Return Check to Dept

AMOUNT \$144.38

G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

E APPROVED ON
OCT 13 2025

FOR ACCT. USE ONLY

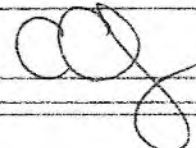
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$115.50

BY COUNTY AUDITOR
CALHOUN COUNTY G/EN NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

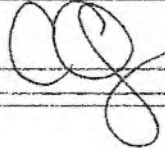
☐ Return Check to Dept

AMOUNT \$61.86

G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

APPROVED ON

OCT 13 2025

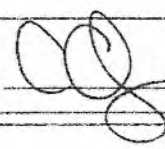
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

AMOUNT \$577.52

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

APPROVED ON

OCT 13 2025

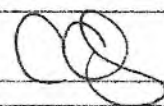
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT \$68.03

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

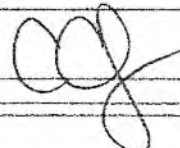
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$288.77

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

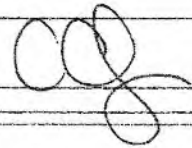
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$21.46

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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FOR ACCT. USE ONLY

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

APPROVED ON

OCT 13 2025

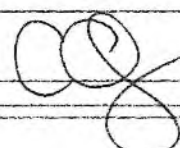
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT \$24.00

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

E APPROVED ON

OCT 13 2025

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FOR ACCT. USE ONLY

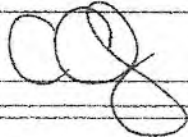
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$16.00

BY COUNTY AUDITOR
CALHOUN COUNTY
G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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FOR ACCT. USE ONLY

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

APPROVED ON
OCT 13 2025

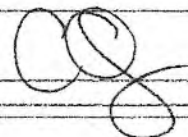
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT \$24.00

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

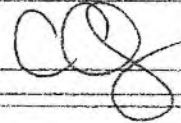
AMOUNT \$48.00

G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: _____



MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

APPROVED ON

OCT 13 2025

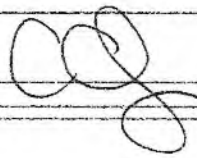
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT \$48.00

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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FOR ACCT. USE ONLY

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☐ Return Check to Dept

APPROVED ON

OCT 13 2025

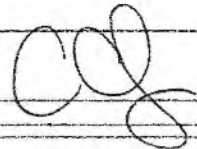
AMOUNT \$16.00

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

GL NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

E APPROVED ON

E OCT 13 2025

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

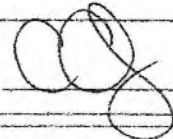
AMOUNT \$91.40

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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FOR ACCT. USE ONLY

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

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT \$24.00

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: CO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

E APPROVED ON
OCT 13 2025

E BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

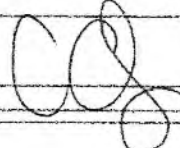
☐ Return Check to Dept

AMOUNT \$61.86

G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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FOR ACCT. USE ONLY

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

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT \$43.53

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: COJ

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT \$49.00

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: CO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

E APPROVED ON

E OCT 13 2025

FOR ACCT. USE ONLY

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

AMOUNT \$361.07

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: CO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

E APPROVED ON
E OCT 13 2025

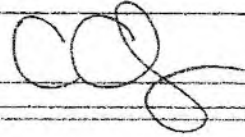
FOR ACCT. USE ONLY

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

AMOUNT \$600.00 BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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E

APPROVED ON
OCT 13 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT \$590.40

G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: CO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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E

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

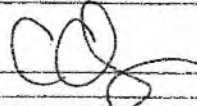
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$127.56

G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

E APPROVED ON

E OCT 13 2025

FOR ACCT. USE ONLY

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

AMOUNT \$1,695.95

G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: COQ

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

APPROVED ON

Y Port Lavaca, TX 77979

OCT 13 2025

E

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

E

FOR ACCT. USE ONLY

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

AMOUNT \$186.20

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: COJ

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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E

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

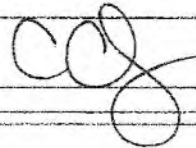
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$1,328.00

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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E

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

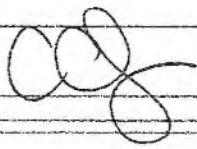
☐ Return Check to Dept

AMOUNT \$1,180.80

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

E

E

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT \$697.60

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: CC

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

E APPROVED ON
OCT 13 2025

E BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

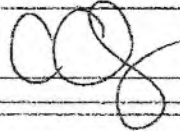
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$425.72

G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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FOR ACCT. USE ONLY

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

APPROVED ON
OCT 13 2025

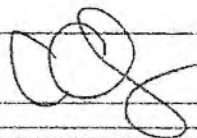
AMOUNT \$2,617.56

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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FOR ACCT. USE ONLY

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

APPROVED ON

OCT 13 2025

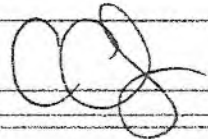
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT \$5,503.39

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

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

AMOUNT \$65.63

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: COQ

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

APPROVED ON

Y Port Lavaca, TX 77979

OCT 13 2025

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

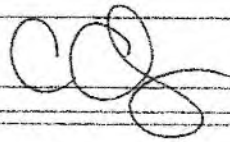
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$1,070.10

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

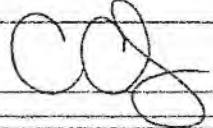
APPROVED ON
OCT 13 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT \$1,934.48

G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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FOR ACCT. USE ONLY

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

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

AMOUNT \$1,630.55

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: CCS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

APPROVED ON

OCT 13 2025

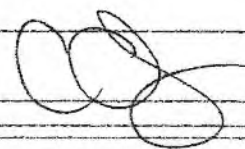
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

AMOUNT \$1,433.54

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

APPROVED ON

OCT 13 2025

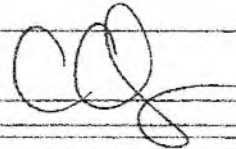
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

AMOUNT \$5,114.35

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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FOR ACCT. USE ONLY

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

APPROVED ON

OCT 13 2025

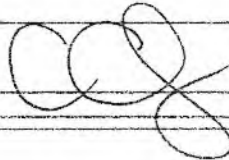
BY COUNTY AUDITOR
CALHOUN COUNTY

AMOUNT \$35,468.48

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 10/06/2025

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

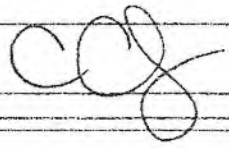
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept.

AMOUNT \$8,338.86

G/L NUMBER: _____

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MMC Claims deposited to GPP account

✓	63.12	✓
✓	943.44	✓
✓	71.00	✓
✓	49.00	✓
✓	61.86	✓
✓	128.56	✓
✓	144.38	✓
✓	139.13	✓
✓	288.77	✓
✓	717.10	✓
✓	144.38	✓
✓	115.50	✓
✓	61.86	✓
✓	577.52	✓
✓	68.03	✓
✓	288.77	✓
✓	21.46	✓
✓	24.00	✓
✓	16.00	✓
✓	24.00	✓
✓	48.00	✓
✓	48.00	✓
✓	16.00	✓
✓	91.40	✓
✓	24.00	✓
✓	61.86	✓
✓	43.53	✓
✓	49.00	✓
✓	361.07	✓
✓	600.00	✓
✓	590.40	✓
✓	127.56	✓
✓	1,695.96	✓
✓	186.20	✓
✓	1,328.00	✓
✓	1,180.80	✓
✓	697.60	✓
✓	425.72	✓
✓	2,617.56	✓
✓	5,503.39	✓
✓	65.63	✓
✓	1,070.10	✓
✓	1,934.48	✓
✓	1,630.55	✓
✓	1,433.54	✓
✓	5,144.35	✓
✓	35,468.48	✓
✓	8,338.86	✓
✓	8,253.65	✓
✓	6,679.35	✓
✓	14,303.64	✓
✓	26,325.36	✓
	130,291.92	

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CH#001155

Lavaca Bay

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

MMC Operating

Date Requested:

10/13/2025

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check # 001159

FOR ACCT USE ONLY

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

AMOUNT:

\$740.73

G/L NUMBER:

21400015

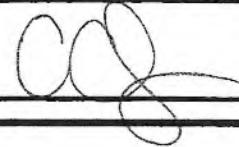
EXPLANATION:

Q3 Interest pymt

REQUESTED BY:

Emily Vick

AUTHORIZED BY:



Golden Creek

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

MMC Operating

Date Requested:

10/13/2025

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 000245

FOR ACCT USE ONLY

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

AMOUNT:

\$552.05

G/L NUMBER:

21400013

EXPLANATION:

Q3 Interest pymt

REQUESTED BY:

Emily Vick

AUTHORIZED BY:

CCJ

Lavaca Bay → MMC

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

MMC Operating

Date Requested:

10/13/2025

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT:

\$

10,972.94

G/L NUMBER:

20656000

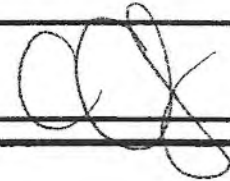
EXPLANATION:

MEDICARE RECOUPS ON MMC FOR LAVACA BAY PATIENTS

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY:



Lavaca Bay → MMC

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
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MMC Operating

Date Requested: 10/13/2025

APPROVED ON
OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

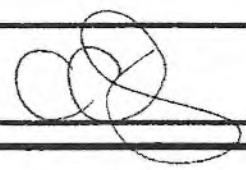
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: \$ 36,671.66

G/L NUMBER: 20656000

EXPLANATION: MEDICARE RECOUPS ON MMC FOR LAVACA BAY PATIENTS

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Lavaca Bay → MMC

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E

MMC

Date Requested: 10/10/25

APPROVED ON

OCT 13 2025

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT \$158.81

G/L NUMBER: 20656000

EXPLANATION: Medicare withhold - Lavaca Bay (7-2-25)

REQUESTED BY: K. Pokluda

AUTHORIZED BY:

Lavaca Bay → mmc

MEMORIAL MEDICAL CENTER

CHECK REQUEST

P
A
Y
E
E

mmc

Date Requested: 9-30-25

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

AMOUNT \$3723.87 G/L NUMBER: 20456000

EXPLANATION: Humana recap - Lavaca Bay

REQUESTED BY: K. Pokluda AUTHORIZED BY: COJ

Lavaca Bay → mme

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
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mme

Date Requested: 9-30-25

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

APPROVED ON

OCT 13 2025

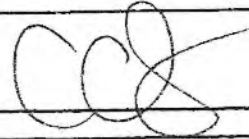
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT \$172.76

G/L NUMBER: 20656000

EXPLANATION: Humana recoup - Lavaca Bay

REQUESTED BY: K. Polkuda

AUTHORIZED BY: 

Lavaca Bay → mmc

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E

mmc

Date Requested: 9-30-25

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

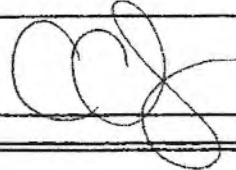
- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

AMOUNT \$1598.33

G/L NUMBER: 20656000

EXPLANATION: Humana recoup - Lavaca Bay

REQUESTED BY: K. Pokluda

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

mmc

Date Requested: 10-3-25

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

AMOUNT \$671.73

G/L NUMBER: 20656000

EXPLANATION: Humana recoup- Lavaca Bay

REQUESTED BY: K. Pokluda

AUTHORIZED BY: COJ

MEMORIAL MEDICAL CENTER
CHECK REQUEST

mnc

Date Requested: 10-3-25

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

AMOUNT \$865.34

G/L NUMBER: 20656000

EXPLANATION: Medicare recoup- Lavaca Bay

REQUESTED BY: K. Poklada

AUTHORIZED BY: COJ

MEMORIAL MEDICAL CENTER
CHECK REQUEST

mnc

Date Requested: 10-3-25

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

AMOUNT \$7710.19

G/L NUMBER: 20656000

EXPLANATION: Medicare recoup- Lavaca Bay

REQUESTED BY: K. Poklada

AUTHORIZED BY: COG

MEMORIAL MEDICAL CENTER
CHECK REQUEST

mnc

Date Requested: 10-3-25

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

AMOUNT \$236.61

G/L NUMBER: 20656000

EXPLANATION: Medicare recoup- Lavaca Bay

REQUESTED BY: K. Poklada

AUTHORIZED BY: CCJ

MEMORIAL MEDICAL CENTER
CHECK REQUEST

mnc

Date Requested: 10-3-25

P
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E

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

AMOUNT \$271.95

G/L NUMBER: 20656000

EXPLANATION: Medicare recoup- Lavaca Bay

REQUESTED BY: K. Pokluda

AUTHORIZED BY: CCJ

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
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E

mnc

Date Requested: 10-3-25

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

APPROVED ON

OCT 13 2025

AMOUNT \$15.82

BY COUNTY AUDITOR
CALHOUN CO.

G/L NUMBER: 20656000

EXPLANATION: Medicare recoup- Lavaca Bay

REQUESTED BY: K. Pokloda

AUTHORIZED BY: COJ

MEMORIAL MEDICAL CENTER
CHECK REQUEST

mnc

Date Requested: 10-3-25

P
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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

AMOUNT \$494.32

G/L NUMBER: 20656000

EXPLANATION: Humana recoup- Lavaca Bay

REQUESTED BY: K. Poklada

AUTHORIZED BY: CO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

mnc

Date Requested: 10-3-25

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

AMOUNT \$101.96

G/L NUMBER: 20656000

EXPLANATION: Humana recoup- Lavaca Bay

REQUESTED BY: K. Pokluda

AUTHORIZED BY: CO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
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Y
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mnc

Date Requested: 10-3-25

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

AMOUNT \$1520.45

G/L NUMBER: 20656000

EXPLANATION: Humana recoup- Lavaca Bay

REQUESTED BY: K. Pokluda

AUTHORIZED BY: COG

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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mnc

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Date Requested: 10-3-25

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

AMOUNT \$2422.44

G/L NUMBER: 20656000

EXPLANATION: Humana recoup- Lavaca Bay

REQUESTED BY: K. Poklada

AUTHORIZED BY: COJ

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
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Y
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mnc

Date Requested: 10-3-25

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

AMOUNT \$71.60 G/L NUMBER: 20656000

EXPLANATION: Humana recoup- Lavaca Bay

REQUESTED BY: K. Pokluda AUTHORIZED BY: COJ

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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mmc

Date Requested: 10-3-25

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

AMOUNT \$195.45

G/L NUMBER: 20656000

EXPLANATION: Humana recoup- Lavaca Bay

REQUESTED BY: K. Pokloda

AUTHORIZED BY: COJ

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
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Y
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mmc

Date Requested: 10-10-25

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

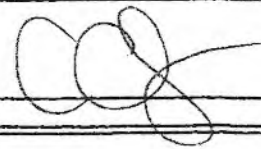
- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

AMOUNT \$191.43

G/L NUMBER: 20656000

EXPLANATION: Medicare withhold - Lavaca Bay 6-8-25

REQUESTED BY: K. Pokluda

AUTHORIZED BY: 

Medicare Recoups on MMC for Lavaca Bay Patients

10,972.94	✓
36,671.66	✓
158.81	✓
3,723.87	✓
172.76	✓
1,598.38	✓
671.73	✓
865.34	✓
7,710.19	✓
236.61	✓
271.95	✓
15.82	✓
494.82	✓
101.96	✓
1,820.45	✓
2,422.44	✓
71.60	✓
195.45	✓
191.43	✓
68,368.21	

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHUCK DOHSEY

Fort Bend → mmc

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
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mmc

Date Requested: 10-9-25

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Voucher Check

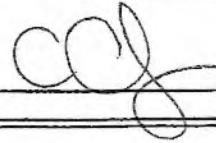
AMOUNT \$406.20

G/L NUMBER: 20652000

EXPLANATION: Check was mailed to Centex - Crescent

REQUESTED BY: K. Pokluda

AUTHORIZED BY:



Larica Bay → Sweeny

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Sweeny

Date Requested: 10/13/2025

A _____

Y _____

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APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check # 001161

FOR ACCT USE ONLY

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

AMOUNT: \$ 1,549.05 ✓

G/L NUMBER: _____

EXPLANATION: Claim payment owed to Sweeny HD

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ [Signature]

MEMORIAL MEDICAL CENTER

TUSCANY VILLAGE
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001192

Date 10/15/25 88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 66,151.46

Sixty six thousand - one hundred fifty one dollars - forty six cents DOLLARS



PROSPERITY
BANK

FOR QIPP Q3



MEMORIAL MEDICAL CENTER

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

000244

Date 10/15/25 88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 63,491.39

Sixty three thousand - four hundred ninety one dollars thirty nine cents DOLLARS



PROSPERITY
BANK

FOR QIPP Q3 owed to mmc



MEMORIAL MEDICAL CENTER

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

001160

Date 10/15/25 88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 237,464.61

Two hundred thirty seven thousand - four hundred sixty nine dollars - sixty one cents DOLLARS



PROSPERITY
BANK

FOR QIPP Q3



MEMORIAL MEDICAL CENTER

NH GULF POINTE - PRIVATE PAY

815 N. VIRGINIA ST.
PORT LAVACA, TX 77979

001155

Date 10/15/2025

88-2265/1131

PAY

TO THE
ORDER OFMemorial Medical Center\$ 130,291.92one hundred thirty thousand - two hundred ninety dollars - ninety two cents DOLLARSPROSPERITY
BANK

FOR

Claims owed to mmeSecurity Features are
included. Details on back.**MEMORIAL MEDICAL CENTER**

LAVACA BAY NURSING & REHAB

815 N VIRGINIA ST
PORT LAVACA, TX 77979

001159

Date 10/15/25

88-2265/1131

PAY

TO THE
ORDER OFMemorial Medical Center\$ 740.73Seven hundred forty dollars - Seventy three cents DOLLARSPROSPERITY
BANK

FOR

Security Features are
included. Details on back.**MEMORIAL MEDICAL CENTER**

NH GOLDEN CREEK HEALTHCARE & REHAB

815 N VIRGINIA ST
PORT LAVACA, TX 77979

000245

Date 10/15/25

88-2265/1131

PAY

TO THE
ORDER OFMemorial Medical Center\$ 552.05five hundred fifty two dollars - five cents DOLLARSPROSPERITY
BANK

FOR

Interest PymtSecurity Features are
included. Details on back.

MEMORIAL MEDICAL CENTER

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

001157

Date 10/15/2025 88-2265/1131

PAY

TO THE
ORDER OF

Memorial medical Center

\$ 68,368.21

Sixty eight thousand - three hundred Sixty eight dollars - twenty one cents DOLLARS



**PROSPERITY
BANK®**

FOR Medicare Recoup



Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

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

001161

Date 10/15/25 88-2265/1131

PAY

TO THE
ORDER OF

Sweeny hospital district

\$ 1,549.05

One thousand - five hundred forty nine dollars - five cents DOLLARS



**PROSPERITY
BANK®**

FOR Claims owed to Sweeny



Security features are
included. Details on back.

RUN DATE:10/15/25
TIME:13:00

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/15/25 THRU 10/15/25

PAGE 1
CLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG 000244 10/15/25 63,491.39 MMC OPERATING
NHG * 000245 10/15/25 552.05 MMC OPERATING
GPP * 001155 10/15/25 130,291.92 MMC OPERATING
BSL * 001157 10/15/25 68,368.21 MMC OPERATING
BSL 001159 10/15/25 740.73 MMC OPERATING
BSL 001160 10/15/25 237,469.61 MMC OPERATING
BSL * 001161 10/15/25 1,549.05 SWEENEY HOSPITAL DISTRIC
TUS * 001192 10/15/25 66,151.46 MMC OPERATING

