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**
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**
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	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,799,914.65**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED October 15, 2025			**$ 3,570,408.97**

Vendor#	Vendor Name	Class	Pay Code
18148	[redacted]		

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

Patient refund

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
18148	[redacted]	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

Supplies

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
	RFID FEE									

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

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

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
	OXYGEN									
5519693026		10/06/202	09/30/202	10/25/202			288.77	0.00	0.00	288.77

Rental

5519692815		10/06/202	09/30/202	10/25/202			1,067.96	0.00	0.00	1,067.96

Rental

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

Ink Cart.

1X31NV4CCLLD		09/24/202	09/19/202	10/19/202			58.18	0.00	0.00	58.18

Stripper Floor pad

1Y7D4NXDCMJJ		09/24/202	09/19/202	10/19/202			637.80	0.00	0.00	637.80

Keypad Entry

1WXF971XCM1F		09/24/202	09/19/202	10/19/202			327.81	0.00	0.00	327.81

Sponges, Bins, Floor Pads

1MKTGF79D4N1		09/24/202	09/22/202	10/22/202			940.22	0.00	0.00	940.22

Storage/Filing Cabinet

1QKC374Y6DJ7		09/24/202	09/23/202	10/23/202			331.23	0.00	0.00	331.23

Office Desk

1J9PGX911HQK		09/24/202	09/24/202	10/24/202			65.94	0.00	0.00	65.94

Patient Parking Sign

1FJCTLHW613D		10/08/202	09/24/202	10/24/202			55.33	0.00	0.00	55.33

Floor Pads / Paper folders

1DGH9CFY7VLY	10/08/202	09/29/202	10/29/202		300.59	0.00	0.00	300.59

Binder/ Paint Sprayer/ Cabinet Door lock

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	2,723.88	0.00	0.00	2,723.88

Vendor# 10931 — Vendor Name: AMERICAN APPLIANCE — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37902		10/08/202	10/03/202	10/18/202			699.00	0.00	0.00	699.00

Refrigerator (LR)

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10931	AMERICAN APPLIANCE	699.00	0.00	0.00	699.00

Vendor# 15456 — Vendor Name: AMERITEX ELEVATOR SERVICES INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20260878	ELEVATOR MAINT	10/06/202	10/01/202	10/01/202			750.00	0.00	0.00	750.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15456	AMERITEX ELEVATOR SERVICES INC	750.00	0.00	0.00	750.00

Vendor# 17660 — Vendor Name: [redacted] — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BOOBET0001		09/25/202	03/27/202	10/20/202			116.36	0.00	0.00	116.36

Patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17660	[redacted]	116.36	0.00	0.00	116.36

Vendor# 17728 — Vendor Name: [redacted] — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WILTAN0001		09/25/202	03/26/202	10/20/202			40.00	0.00	0.00	40.00

Patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17728	[redacted]	40.00	0.00	0.00	40.00

Vendor# 11247 — Vendor Name: AVENO NETWORKS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
16287		10/06/202	10/01/202	10/11/202			4,500.00	0.00	0.00	4,500.00
16269		10/06/202	10/01/202	10/11/202			850.00	0.00	0.00	850.00

Server/network maintenance

Datalender Hosting & maintenance

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11247	AVENO NETWORKS	5,350.00	0.00	0.00	5,350.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112258079		09/24/202	09/22/202	10/17/202			245.67	0.00	0.00	245.67
112276972		10/06/202	10/02/202	10/27/202			2,976.28	0.00	0.00	2,976.28
112277050		10/06/202	10/02/202	10/27/202			4,010.56	0.00	0.00	4,010.56
7391191		10/07/202	09/24/202	10/19/202			8,887.95	0.00	0.00	8,887.95
5507263		10/07/202	09/25/202	10/20/202			1,337.05	0.00	0.00	1,337.05
112271556		10/07/202	09/29/202	10/24/202			116.86	0.00	0.00	116.86

Supplies

Meter billing

Reuse

Supplies

4588710		10/08/202 08/21/202 09/15/202			1,484.00	0.00	0.00	1,484.00
Service Contract 8/21 - 9/20/25								
4593627		10/08/202 10/03/202 10/28/202			1,484.00	0.00	0.00	1,484.00
Service Contract 10/3 - 11/2/25								
112279293		10/08/202 10/03/202 10/28/202			3,887.18	0.00	0.00	3,887.18
Supplies								
112283341		10/08/202 10/06/202 10/31/202			1,203.21	0.00	0.00	1,203.21
Cell Control								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC			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 Trauma - Blanca Hernandez / Julie Nguyen								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	13448	BILL HAMLYN			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
Specialty IFA Lyph								
908603081		10/08/202	09/25/202	10/08/202		242.62	0.00	0.00	242.62
Pediatric Zika.								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC			1,263.24	0.00	0.00	1,263.24
Vendor#	Vendor Name			Class	Pay Code			
17720	[redacted]							
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			Gross	Discount	No-Pay	Net
	17720	[redacted]			40.00	0.00	0.00	40.00
Vendor#	Vendor Name			Class	Pay Code			
17708	[redacted]							
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			Gross	Discount	No-Pay	Net
	17708	[redacted]			60.00	0.00	0.00	60.00
Vendor#	Vendor Name			Class	Pay Code			
C1048	CALHOUN COUNTY			W				
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			Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY			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			Gross	Discount	No-Pay	Net
	14120	CALHOUN COUNTY EMS			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# 17656 Vendor Name [redacted] Class Pay Code

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

Patient Refund

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
17656	[redacted]	280.69	0.00	0.00	280.69

Vendor# 14064 Vendor Name CAPITAL ONE Class Pay Code

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

Walmart - Supplies

Vendor Totals:

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
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# 18132 Vendor Name [redacted] Class Pay Code

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

Patient refund

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
18132	[redacted]	35.64	0.00	0.00	35.64

Vendor# 14236 Vendor Name CARRIER CORPORATION Class Pay Code

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

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

Zebra Ribbon

Vendor Totals:

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

Vendor# 13264 Vendor Name CERVEY, LLC Class Pay Code

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

340B Monthly fee

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
	Vendor Totals:	Number	Name	CENA Coverage Sept. 2025			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	October 2025			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	September 2025			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 SOLUTONS				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	Can liners			Gross	Discount	No-Pay	Net
		C1166	COASTAL OFFICE SOLUTONS				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	Ubys. Beverages			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# 12264 Vendor Name: CROSSROADS MECHANICAL, INC — Class: — Pay Code:

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

Taxes included - removed 1,772.18

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12264	CROSSROADS MECHANICAL, INC	1,913.76	0.00	0.00	1,913.76

Vendor# 17540 Vendor Name: [redacted] — Class: — Pay Code:

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

patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17540	[redacted]	23.61	0.00	0.00	23.61

Vendor# 17760 Vendor Name: [redacted] — Class: — Pay Code:

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

patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17760	[redacted]	36.72	0.00	0.00	36.72

Vendor# 11368 Vendor Name: CYRACOM LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2025066471		09/30/202	09/30/202	10/30/202			361.03	0.00	0.00	361.03
	INTERPRET SERVICES									

Sept. 2025

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	361.03	0.00	0.00	361.03

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

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

Marker / Sharpie pack

6886621		10/08/202	07/29/202	08/23/202			58.91	0.00	0.00	58.91

Highlighter pack

C7788820		10/08/202	01/03/202	01/28/202			-24.50	0.00	0.00	-24.50

Credit

C7794910		10/08/202	01/16/202	02/10/202			-7.61	0.00	0.00	-7.61

Credit

8049960		10/08/202	08/20/202	09/14/202			72.87	0.00	0.00	72.87

Pen / highlighters / notes

8083530		10/08/202	09/17/202	10/12/202			95.79	0.00	0.00	95.79

Cartridge

8086130		10/08/202	09/18/202	10/13/202			480.00	0.00	0.00	480.00

Envelopes

8087510		10/08/202	09/23/202	10/18/202			497.06	0.00	0.00	497.06

Envelopes / Binders / pen / Staples

8100100		10/08/202	10/01/202	10/26/202			127.97	0.00	0.00	127.97

Paper / markers / Cartridge

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,391.51	0.00	0.00	1,391.51

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 CPR

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

Rodent

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	EQUIFAX 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	[redacted]		

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

patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17664	[redacted]	20.00	0.00	0.00	20.00

Vendor#	Vendor Name	Class	Pay Code
17736	[redacted]		

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

patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17736	[redacted]	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
	WEBSITE MONTHLY INVOICE									

Vendor Totals:	Number	Name	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	[redacted]		

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

patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17292	[redacted]	20.00	0.00	0.00	20.00

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

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

Semi inspection Sprinkler/Fire Alarm inspection

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14336	FIRETRON, INC	2,625.00	0.00	0.00	2,625.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
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# 10599 — Vendor Name: FORVIS — Class: — Pay Code:

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

ASSY W/ August financial statements

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10599	FORVIS	15,225.00	0.00	0.00	15,225.00

Vendor# 11183 — Vendor Name: FRONTIER — Class: — Pay Code:

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# 14156 — Vendor Name: FUJI FILM — Class: — Pay Code:

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# 17724 — Vendor Name: [redacted] — Class: — Pay Code:

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

Patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17724	[redacted]	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
	100125-101325 BILL PERIOD									
6003051903		10/06/202	10/01/202	10/31/202			1,044.26	0.00	0.00	1,044.26
	100125-103125 BILL PERIOD									
600351616		10/06/202	10/01/202	10/31/202			25.86	0.00	0.00	25.86
	100125-101325 BILL PERIOD									
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 [redacted]

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	[redacted]	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# W1300 — Vendor Name: GRAINGER — Class: M — Pay Code:

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# 12948 — Vendor Name: GREAT AMERICA FINANCIAL SVCS — Class: — Pay Code:

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
40224625		10/07/202	09/29/202	10/24/202			66.53	0.00	0.00	66.53

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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# G0401 — Vendor Name: GULF COAST DELIVERY — Class: — Pay Code:

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# 17752 — Vendor Name: [redacted] — Class: — Pay Code:

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	[redacted]	37.58	0.00	0.00	37.58

Vendor# 17324 — Vendor Name: [redacted] — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DEWHAR01	PT REFUND	08/25/202	03/25/202	10/30/202			50.00	0.00	0.00	50.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17324	[redacted]	50.00	0.00	0.00	50.00

Vendor# 12380 — Vendor Name: HEALTH SOLUTIONS DIETETICS — Class: — Pay Code:

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

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Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS	3,400.00	0.00	0.00	3,400.00

Vendor# 17652 — Vendor Name: [redacted] — Class: — Pay Code:

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	[redacted]	40.00	0.00	0.00	40.00

Vendor# H0031 — Vendor Name: HEB CREDIT RECEIVABLES DEPT308 — Class: — Pay Code:

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
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
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
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
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
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 [redacted]

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

patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18156	[redacted]	40.00	0.00	0.00	40.00

Vendor# 18068 Vendor Name [redacted] Class Pay Code

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

patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18068	[redacted]	42.21	0.00	0.00	42.21

Vendor# 18116 Vendor Name JENNIFER MORALES Class Pay Code

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# 18120 Vendor Name [redacted] Class Pay Code

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

patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18120	[redacted]	11.18	0.00	0.00	11.18

Vendor# 18152 Vendor Name [redacted] Class Pay Code

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

patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18152	[redacted]	40.00	0.00	0.00	40.00

Vendor# 17692 Vendor Name [redacted] Class Pay Code

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

patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17692	[redacted]	15.00	0.00	0.00	15.00

Vendor# 17672 Vendor Name [redacted] Class Pay Code

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

patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17672	[redacted]	46.87	0.00	0.00	46.87

Vendor# 18160 Vendor Name KYLIE TAYLOR Class Pay Code

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
85037856		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# 12792 Vendor Name: LAVACA BAY NURSING AND REHAB Class: Pay Code:

remove - Nursing Homes

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		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# 18128 Vendor Name: [redacted] Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
HERLIN0002		10/07/202	09/30/202	10/07/202			120.00	0.00	0.00	120.00

Patient refund

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

Vendor# 10972 Vendor Name: M G TRUST Class: Pay Code:

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# J1350 Vendor Name: M.C. JOHNSON COMPANY INC Class: M Pay Code:

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

Supplies

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

Vendor# 17704 Vendor Name: [redacted] Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WEEMAD0001		09/25/202	03/26/202	10/20/202			36.07	0.00	0.00	36.07

Patient refund

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

Vendor# Vendor Name: Class: Pay Code:

17972 MALEK INC

Invoice#	Comment	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

Coil Cleaning

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

Vendor# 17756 Vendor Name [redacted] Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MYEKAM0001		09/25/202	03/26/202	10/20/202			36.12	0.00	0.00	36.12

patient refund

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

Vendor# 17696 Vendor Name [redacted] Class Pay Code

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

patient refund

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

Vendor# 17648 Vendor Name [redacted] Class Pay Code

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

patient refund

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

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

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

Vulvar kit

24430181		10/08/202	10/02/202	10/17/202			158.00	0.00	0.00	158.00

Tube Breach

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# 18092 Vendor Name MEDICAL SOLUTIONS LLC Class Pay Code

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

Service Lab Theresa Tarzen

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
18092	MEDICAL SOLUTIONS LLC	4,950.75	0.00	0.00	4,950.75

Vendor# 12588 Vendor Name MEDICAL TECHNOLOGY ASSOCIATES Class Pay Code

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

Scope Semi Annual Prev. Maintenance

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

Vendor# 10613 Vendor Name MEDIMPACT HEALTHCARE SYS, INC. Class A/P Pay Code

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

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	17.66	0.00	0.00	17.66

Vendor#	Vendor Name	Class	Pay Code
M2470	MEDLINE INDUSTRIES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2389903302		09/24/202	09/23/202	10/18/202			28.70	0.00	0.00	28.70
	Walker									
2389903303		09/24/202	09/23/202	10/18/202			24.32	0.00	0.00	24.32
	Mask/Shield									
2390067724		09/24/202	09/23/202	10/18/202			64.95	0.00	0.00	64.95
	DL patient care									
2390228598		09/24/202	09/24/202	10/19/202			335.63	0.00	0.00	335.63
	Supplies									
2390228590		09/24/202	09/24/202	10/19/202			57.04	0.00	0.00	57.04
	Arm Board									
2390229709		09/24/202	09/24/202	10/19/202			132.84	0.00	0.00	132.84
	Suture Coated Vicryl Plus									
2390229700		09/24/202	09/24/202	10/19/202			38.04	0.00	0.00	38.04
	Tube									
2390228596		09/24/202	09/24/202	10/19/202			15.35	0.00	0.00	15.35
	Gauze Tube									
2390228594		09/24/202	09/24/202	10/19/202			1,184.52	0.00	0.00	1,184.52
	Supplies									
2390229705		09/24/202	09/24/202	10/19/202			85.13	0.00	0.00	85.13
	Peri Feeding Tube									
2390229702		09/24/202	09/24/202	10/19/202			11.51	0.00	0.00	11.51
	Splint									
2390228599		09/24/202	09/24/202	10/19/202			844.07	0.00	0.00	844.07
	Supplies									
2390228592		09/24/202	09/24/202	10/19/202			55.26	0.00	0.00	55.26
	Gel									
2390229708		09/24/202	09/24/202	10/19/202			3,501.70	0.00	0.00	3,501.70
	Supplies									
2390228593		09/24/202	09/24/202	10/19/202			12,830.74	0.00	0.00	12,830.74
	Supplies									
2390228587		09/24/202	09/24/202	10/19/202			455.18	0.00	0.00	455.18
	Supplies									
2390228597		09/24/202	09/24/202	10/19/202			338.86	0.00	0.00	338.86
	Solution									
2390228589		09/24/202	09/24/202	10/19/202			14.14	0.00	0.00	14.14
	Control Bacteria									
2390229701		09/24/202	09/24/202	10/19/202			11.51	0.00	0.00	11.51
	Splint									
2390229703		09/24/202	09/24/202	10/19/202			36.06	0.00	0.00	36.06
	Specimen Bag									
2390229704		09/24/202	09/24/202	10/19/202			18.45	0.00	0.00	18.45
	Connector Oxygen Tube									
1703479706		10/06/202	05/24/202	06/18/202			899.15	0.00	0.00	899.15
1703552362		10/06/202	09/27/202	10/22/202			281.38	0.00	0.00	281.38
2390289871		10/08/202	09/24/202	10/19/202			133.34	0.00	0.00	133.34
	Carrot Broth									
2390494184		10/08/202	09/25/202	10/20/202			222.58	0.00	0.00	222.58
	Supplies									

2390699486		10/08/202	09/27/202	10/22/202		133.85	0.00	0.00	133.85
2390968824	Oz mask	10/08/202	09/30/202	10/25/202		222.95	0.00	0.00	222.95
2390968826	Insta Pad	10/08/202	09/30/202	10/25/202		109.84	0.00	0.00	109.84
2390968823	Pack 1/2 x	10/08/202	09/30/202	10/25/202		34.31	0.00	0.00	34.31
2391201885	Wraps - Ear Cunnulas	10/08/202	10/01/202	10/26/202		492.74	0.00	0.00	492.74
2391201877	Tray - Spinal Epiaural	10/08/202	10/01/202	10/26/202		22.33	0.00	0.00	22.33
2391201883	Swab	10/08/202	10/01/202	10/26/202		393.47	0.00	0.00	393.47
2391201897	Drape Shoulder	10/08/202	10/01/202	10/26/202		35.72	0.00	0.00	35.72
2391201895	Shield Nipple	10/08/202	10/01/202	10/26/202		20.68	0.00	0.00	20.68
2391774633	Brace Foot - Left	10/08/202	10/03/202	10/28/202		-93.53	0.00	0.00	-93.53

Vendor Totals: Number M2470 Name MEDLINE INDUSTRIES INC — Credit

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

Vendor# M2621 Vendor Name MMC AUXILIARY GIFT SHOP Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092525		09/25/202	09/25/202	10/07/202			347.16	0.00	0.00	347.16

Vendor Totals: Number M2621 Name MMC AUXILIARY GIFT SHOP — Gift Shop - Sept. 2020

Gross	Discount	No-Pay	Net
347.16	0.00	0.00	347.16

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3887182		10/07/202	09/23/202	10/03/202			9,880.22	0.00	0.00	9,880.22
3885009	Meds	10/07/202	09/23/202	10/03/202			946.95	0.00	0.00	946.95
3887181	"	10/07/202	09/23/202	10/03/202			900.76	0.00	0.00	900.76
CM47850	"	10/07/202	09/24/202	10/04/202			-3.51	0.00	0.00	-3.51
3889432	Credit	10/07/202	09/24/202	10/04/202			196.25	0.00	0.00	196.25
3892186	Meds	10/07/202	09/24/202	10/04/202			107.16	0.00	0.00	107.16
3889431	Meds	10/07/202	09/24/202	10/04/202			170.65	0.00	0.00	170.65
3892187	"	10/07/202	09/24/202	10/04/202			641.96	0.00	0.00	641.96
3894464	"	10/07/202	09/25/202	10/05/202			2.79	0.00	0.00	2.79
3894465	"	10/07/202	09/25/202	10/05/202			196.25	0.00	0.00	196.25
SC9038	"	10/07/202	09/25/202	10/05/202			171.15	0.00	0.00	171.15
3896214	"	10/07/202	09/25/202	10/05/202			127.11	0.00	0.00	127.11

3894132	10/07/202 09/25/202 10/05/202	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	10/07/202 09/25/202 10/05/202	121.89	0.00	0.00	121.89	✓
3902225	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	10/07/202 10/01/202 10/11/202	2,777.11	0.00	0.00	2,777.11	✓
CM49872	10/07/202 10/01/202 10/11/202	-10.75	0.00	0.00	-10.75	✓
3916104	10/07/202 10/01/202 10/11/202	26.32	0.00	0.00	26.32	✓
CM49870	10/07/202 10/01/202 10/11/202	-22.94	0.00	0.00	-22.94	✓
3919072	10/07/202 10/01/202 10/11/202	3.85	0.00	0.00	3.85	✓
CM49871	10/07/202 10/01/202 10/11/202	-22.94	0.00	0.00	-22.94	✓
3916105	10/07/202 10/01/202 10/11/202	66.10	0.00	0.00	66.10	✓
3919071	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

Meds

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# M2659 — Vendor Name: MXR IMAGING, INC — Class: 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

Ellipse probe cover

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	83.51	0.00	0.00	83.51

Vendor# 13548 — Vendor Name: NACOGDOCHES TRANSCRIPTION — Class: Pay Code

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

9/13/25 9/26/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	91.42	0.00	0.00	91.42

Vendor# 17684 — Vendor Name: [redacted] — Class: Pay Code

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

patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17684	[redacted]	43.96	0.00	0.00	43.96

Vendor# 13624 — Vendor Name: NEXION HEALTH AT NAVASOTA INC — Class: Pay Code

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

Telemedicine Reim. Sept. 2025

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# G0425 — Vendor Name: ODEFEY WITTE WALL & VILLAFRANC — Class: 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

Lawyer Fees

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	G0425	ODEFEY WITTE WALL & VILLAFRANC				4,717.25	0.00	0.00	4,717.25
Vendor#	Vendor Name				Class	Pay Code			
O1500	OLYMPUS AMERICA INC				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	38740527		10/08/202	09/30/202	10/25/202		273.99	0.00	0.00	273.99
	Vendor Totals:	Number	Name	Disp. Spiral Snare			Gross	Discount	No-Pay	Net
		O1500	OLYMPUS AMERICA INC				273.99	0.00	0.00	273.99
Vendor#	Vendor Name				Class	Pay Code				
11155	PARAREV									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2025596		10/08/202	10/01/202	10/31/202		3,084.00	0.00	0.00	3,084.00
	Vendor Totals:	Number	Name	Revenue integrity program / Bed & maint.			Gross	Discount	No-Pay	Net
		11155	PARAREV				3,084.00	0.00	0.00	3,084.00
Vendor#	Vendor Name				Class	Pay Code				
P1800	PITNEY BOWES INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1028184426		09/01/202	09/22/202	10/22/202		970.00	0.00	0.00	970.00
	Vendor Totals:	Number	Name	postage Service			Gross	Discount	No-Pay	Net
		P1800	PITNEY BOWES INC				970.00	0.00	0.00	970.00
Vendor#	Vendor Name				Class	Pay Code				
14764	PL-CPR, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	407		09/30/202	09/24/202	09/24/202		525.00	0.00	0.00	525.00
		ACLS recertification (3)								
	409		10/06/202	10/03/202	10/03/202		1,380.00	0.00	0.00	1,380.00
		PALS CERTIFICATION (8)								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14764	PL-CPR, LLC				1,905.00	0.00	0.00	1,905.00
Vendor#	Vendor Name				Class	Pay Code				
P2100	PORT LAVACA WAVE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV0036		09/30/202	09/29/202	10/24/202		1,100.00	0.00	0.00	1,100.00
	Vendor Totals:	Number	Name	Advertise			Gross	Discount	No-Pay	Net
		P2100	PORT LAVACA WAVE				1,100.00	0.00	0.00	1,100.00
Vendor#	Vendor Name				Class	Pay Code				
P2200	POWER HARDWARE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	A122997		10/06/202	10/01/202	10/11/202		11.98	0.00	0.00	11.98
	Vendor Totals:	Number	Name	Supplies			Gross	Discount	No-Pay	Net
		P2200	POWER HARDWARE				11.98	0.00	0.00	11.98
Vendor#	Vendor Name				Class	Pay Code				
11932	PRESS GANEY ASSOCIATES, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	IN000724736		09/30/202	09/30/202	10/30/202		2,952.47	0.00	0.00	2,952.47
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11932	PRESS GANEY ASSOCIATES, INC.				2,952.47	0.00	0.00	2,952.47
Vendor#	Vendor Name				Class	Pay Code				
10896	QIAGEN INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	999822839		09/24/202	09/16/202	10/16/202		1,299.91	0.00	0.00	1,299.91
		Annisure HPV test								

999827967		09/24/202	09/19/202	10/19/202	355.60	0.00	0.00	355.60

Positive & negative controls

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10896	QIAGEN INC	1,655.51	0.00	0.00	1,655.51

Vendor# 11024 — Vendor Name: REED, CLAYMON, MEEKER & HARGET — Class: — Pay Code:

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

Xtpp / Nexion Discussion

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11024	REED, CLAYMON, MEEKER & HARGET	265.50	0.00	0.00	265.50

Vendor# 14920 — Vendor Name: REPUBLIC SERVICES, INC. — Class: — Pay Code:

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

Waste container

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14920	REPUBLIC SERVICES, INC.	2,926.54	0.00	0.00	2,926.54

Vendor# 17748 — Vendor Name: [redacted] — Class: — Pay Code:

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

patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17748	[redacted]	40.00	0.00	0.00	40.00

Vendor# S0900 — Vendor Name: SAMS CLUB DIRECT — Class: W — Pay Code:

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# 10936 — Vendor Name: SIEMENS FINANCIAL SERVICES — Class: — Pay Code:

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

Rental

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES	1,333.33	0.00	0.00	1,333.33

Vendor# S2001 — Vendor Name: SIEMENS MEDICAL SOLUTIONS INC — Class: M — Pay Code:

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

Contract Billing 9/24 - 10/23/25

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# 10681 — Vendor Name: SIMMLER, INC. — Class: — Pay Code:

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

Fetal Cell Stain Kit

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10681	SIMMLER, INC.	239.00	0.00	0.00	239.00

Vendor# 17992 — Vendor Name: SOUTHWEST MEDICAL EQUIPMENT — Class: — Pay Code:

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

Stretcher 300

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

Internet

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
		Parts								
INV050001025		10/06/202	10/01/202	10/02/202			9,836.92	0.00	0.00	9,836.92

Monthly warrior billing

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

Amber Hulter 9/1, 9/2, 9/4

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
		edge take up hose								
14385277		10/08/202	09/30/202	10/25/202			218.40	0.00	0.00	218.40
		Reprocide								

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

RVU's 9/26/25

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

Beyond Cure Remote

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

Vendor#	Vendor Name	Class	Pay Code
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

Shawn Jerchke 9/30/25

0025974		09/30/202	10/02/202	10/03/202			6,147.50	0.00	0.00	6,147.50

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
T2509161378		09/18/202	09/16/202	10/20/202			102,950.39	0.00	0.00	102,950.39

Business Services

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
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

Remove - Nursing homes

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	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	157.09	0.00	0.00	157.09	
2921070010	10/06/202	09/25/202	10/20/202	75.17	0.00	0.00	75.17	
2921070026	10/06/202	09/25/202	10/20/202	201.60	0.00	0.00	201.60	
2921070036	10/06/202	09/25/202	10/20/202	159.80	0.00	0.00	159.80	
2921070185	10/06/202	09/29/202	10/24/202	268.33	0.00	0.00	268.33	
2921070536	10/06/202	10/02/202	10/27/202	289.05	0.00	0.00	289.05	
2921070520	10/06/202	10/02/202	10/27/202	97.19	0.00	0.00	97.19	
2921069532	10/07/202	09/18/202	10/13/202	272.46	0.00	0.00	272.46	
2921070034	10/07/202	09/25/202	10/20/202	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	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# 11057 — Vendor Name: UNITED STATES TREASURY — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063025		10/07/202	09/29/202	10/07/202			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# 18100 — Vendor Name: UNITEDHEALTHCARE — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100725		10/07/202	10/07/202	10/07/202			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# 12400 — Vendor Name: UPDOX LLC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00616112		10/07/202	10/01/202	10/07/202			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# 15616 — Vendor Name: UTHEALTH CQHII — Class — Pay Code

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

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

SLP Contract

Professional Consulting 12/29/25 - 12/28/26

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15616	UTHEALTH CCHII	1,900.00	0.00	0.00	1,900.00

Vendor# 10768 — Vendor Name: VICTORIA MEDICAL FOUNDATION — Class: — Pay Code:

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 Prep Fee

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10768	VICTORIA MEDICAL FOUNDATION	400.00	0.00	0.00	400.00

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

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

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# 12548 — Vendor Name: WAGEWORKS, INC — Class: — Pay Code:

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

Cobra Sept 2025

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12548	WAGEWORKS, INC	131.25	0.00	0.00	131.25

Vendor# 17740 — Vendor Name: [redacted] — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SCOKAI0001		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# I1110 — Vendor Name: WERFEN USA LLC — Class: — Pay Code:

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
	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 - > Pg 1e. Taxes removed
1,772.18 +
154,919.09 - Pg 10/11 removed NH
16,018.46 - Pg 14 " "
188,165.76 - Pg 24 " "
987,231.36 ◇

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	210668	10/15/25	24.00	[redacted]
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	AMERITEX ELEVATOR SERVICES INC
A/P	210676	10/15/25	116.36	[redacted]
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	[redacted]
A/P	210681	10/15/25	1,263.24	BIO-RAD LABORATORIES, INC
A/P	210682	10/15/25	40.00	[redacted]
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	[redacted]
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	[redacted]
A/P	210691	10/15/25	25,660.00	CARRIER CORPORATION
A/P	210692	10/15/25	108.38	CDW 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 SOLUTONS
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	1,772.18	CROSSROADS MECHANICAL, INC
A/P	210703	10/15/25	23.61	[redacted]
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	[redacted]
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	[redacted]

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	210718	10/15/25	20.00	[redacted]
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	[redacted]
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	[redacted]
A/P	210729	10/15/25	9,293.08	GE PRECISION HEALTHCARE, LLC
A/P	210730	10/15/25	40.00	[redacted]
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	[redacted]
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	[redacted]
A/P	210738	10/15/25	282.20	HEB 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	[redacted]
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	[redacted]
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	[redacted]
A/P	210759	10/15/25	5,300.00	MALEK INC
A/P	210760	10/15/25	36.12	[redacted]
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

BANK	CHECK 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	[redacted]
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	PRESS 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	[redacted]
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

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	[redacted]
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 154,919.09 +
KPERS 188,165.76 +
16,018.46 +
1,346,334.67 ◊

McKESSON

Company: 8000

STATEMENT

As of: 10/03/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 10/03/2025

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 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 (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 124,342.91 USD

Future Due:	0.00				**Due If Paid On Time:** USD	121,855.86
Past Due:	0.00	**If Paid By 10/07/2025, Pay This Amount:**	121,855.86	USD	**Disc lost if paid late:**	2,487.05
Last Payment 08/07/2017	2,451.97	**If Paid After 10/07/2025, Pay this Amount:**	124,342.91	USD	**Due If Paid Late:** USD	124,342.91

121•622•02 +
134•91 +
98•93 +
121•855•86 ◊

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

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/03/2025 Page: 009

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: 009
Mail to: Comp: 8000

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: 10/03/2025 ITEMS NOT PAID (✓)

National Account 632536

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

Past Due: 0.00

Last Payment 15,145.63
09/29/2025

If Paid By 10/07/2025,
Pay This Amount: 121,622.02 USD

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

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

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/03/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/03/2025

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

AMT DUE REMITTED VIA ACH DEBIT
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As of: 10/03/2025 Page: 001
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 (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342	**WALMART 1098/MEM MED PHS**										
09/27/2025	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	0.95		0.93		7592957304	
09/27/2025	10/07/2025	7592957305	242231226	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	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/03/2025

Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/03/2025

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

AMT DUE REMITTED VIA ACH DEBIT
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As of: 10/03/2025 Page: 002
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 (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	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	6.47		6.34		7593441774	
09/30/2025	10/07/2025	7593441775	247220821	115Invoice	0.13	6.47		6.34		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	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/03/2025 Page: 003

DC: 8115
Customer INV SuppID:
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: 003
Mail to: Comp: 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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/03/2025 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
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	249065329	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	242760490	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	251969648	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	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 10/03/2025 Page: 004

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

Company: 8000

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/03/2025

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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 (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	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	242297210	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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Territory: 7001

Customer: 256342
Date: 10/03/2025

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
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PORT LAVACA TX 77979

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Date: 10/03/2025

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National Account 632536

Billing Date	Due Date	Receivable Number	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	246859284	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	245661449	115Invoice	12.26	613.18		600.92		7593684077	
10/02/2025	10/07/2025	7593906248	243668246	115Invoice	0.68	33.12		32.46		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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STATEMENT

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Territory: 7001

Customer: 256342
Date: 10/03/2025

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Cust: 256342 **PLEASE CHECK ANY**
Date: 10/03/2025 **ITEMS NOT PAID (✓)**

National Account 632536

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

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Customer: 256342
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WALMART 1098/MEM MED PHS
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Cust: 256342 **PLEASE CHECK ANY**
Date: 10/03/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
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	243360656	115Invoice	24.28	1,213.76		1,189.48		7593919207	
10/02/2025	10/07/2025	7593919208	243515647	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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STATEMENT

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National Account 632536

Billing Date	Due Date	Receivable Number	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

McKESSON
Empowering Healthcare

Company: 8000

STATEMENT

As of: 10/03/2025 Page: 001

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

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

As of: 10/03/2025 Page: 001
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 820405
Date:

PLEASE CHECK ANY 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

OTAL

uture Due: 0.00

ast Due: 0.00

ast Payment: 15,145.63
9/29/2025

otal Discount: 2.75

Subtotals: 137.66 USD

If Paid By 10/07/2025
Pay This Amount: 134.91 USD

If Paid After 10/07/2025
Pay This Amount: 137.66 USD

Due If Paid On Time: 134.91 USD

Disc lost if paid late: 2.75 USD

Due if paid late: 137.66 USD

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

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 10/03/2025 Page: 001

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 190813
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: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 10/03/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
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

Past Due: 0.00

Last Payment 101.03
09/15/2025

If Paid By 10/07/2025, Pay This Amount: 98.93 USD

If Paid After 10/07/2025, Pay this Amount: 100.94 USD

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/10/2025 Page: 002

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 10/11/2025

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 10/11/2025 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Total for all

Subtotals: 82,941.20 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 10/14/2025,
Pay This Amount: 81,282.39 USD

If Paid After 10/14/2025,
Pay this Amount: 82,941.20 USD

Due If Paid On Time:
USD 81,282.39

Disc lost if paid late:
1,658.81

Due If Paid Late:
USD 82,941.20

80,657.25 +
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

Company: 8000

As of: 10/10/2025

Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/11/2025

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/10/2025 Page: 001
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 (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
10/06/2025	10/14/2025	7594460217	251630814	115Invoice	8.86	443.11		434.25		7594460217	
10/06/2025	10/14/2025	7594460218	243284969	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	62.62	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	0.62	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

Company: 8000

As of: 10/10/2025

Page: 002

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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 SuppID:
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
Date: 10/11/2025

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
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	246887070	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	253064849	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	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/10/2025 Page: 003

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/11/2025

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

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 (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/10/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 10/11/2025

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

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 (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
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

Past Due: 0.00

Last Payment 121,855.86
10/06/2025

If Paid By 10/14/2025,
Pay This Amount: 270.68 USD

If Paid After 10/14/2025,
Pay this Amount: 276.20 USD

Due If Paid On Time:
USD 270.68

Disc lost if paid late:
5.52

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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As of: 10/10/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 10/11/2025

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 10/11/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
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
09/15/2025

If 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

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/10/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835438
Date: 10/11/2025

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 10/11/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 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
08/25/2025

If 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

AmerisourceBergen

STATEMENT

Statement Number: 70651205
Date: 10-03-2025

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	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

AmerisourceBergen

STATEMENT

Statement Number: 70667657
Date: 10-03-2025

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

DEA: RA0316958
866-451-9655

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

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

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	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

AmerisourceBergen

STATEMENT

Statement Number: 70700034
Date: 10-10-2025

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

DEA: RA0316958
866-451-9655

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

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

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

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

CC

AmerisourceBergen

STATEMENT

Statement Number: 70683848
Date: 10-10-2025

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	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

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

Reminders

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

AmerisourceBergen

STATEMENT

Statement Number: 70693958
Date: 10-10-2025

Serviced By:
AMERISOURCEBERGEN DRUG CORP
12577 STATELINE ROAD
OLIVE BRANCH MS 38654

DEA: RA0504743
866-451-9655

Customer:
ACCREDO 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	[redacted]	OVS	F	9/17/2025	9/17/2025	742208337
6545	76351	2	5	0	2025	268001140	0	10/6/2025	$132.01	1	KHIEM VU DO PA	P	172	0	[redacted]	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	[redacted]	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	[redacted]	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	[redacted]	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	[redacted]	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	[redacted]	OV	F	9/22/2025	9/22/2025	742605670
6556	76351	3	12	0	2025	272001074	0	10/6/2025	$79.81	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]	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	[redacted]	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	[redacted]	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	[redacted]	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	[redacted]	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	[redacted]	LAB	F	8/18/2025	8/18/2025	371520288
6570	76351	3	43	0	2025	269000361	0	10/6/2025	$2,254.00	1	LONE STAR EMERGENCY ASSOCIATES	P	189	0	[redacted]	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	[redacted]	ER	F	9/20/2025	9/20/2025	742730328
6574	76360	2	11	0	2025	268000315	0	10/6/2025	$105.81	1	REGIONAL EMPLOYEE ASSISTANCE PROGRAM	P	457	0	[redacted]	OVS	F	8/26/2025	8/26/2025	760423386
6576	76360	2	111	1	2025	272001093	0	10/6/2025	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]	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	[redacted]	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	[redacted]	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	[redacted]	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	[redacted]	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	[redacted]	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	[redacted]	OV	F	9/24/2025	9/24/2025	742608003
6593	76360	3	134	0	2025	268000267	0	10/6/2025	$72.62	1	VICTORIA WOMENS CLINIC	P	180	0	[redacted]	XRDR	F	8/28/2025	8/28/2025	741831291
6598	76360	3	7	0	2025	269002061	0	10/6/2025	$133.18	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]	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	[redacted]	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	[redacted]	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	[redacted]	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	[redacted]	MNO	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	[redacted]	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	[redacted]	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	[redacted]	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	[redacted]	ER	F	9/18/2025	9/18/2025	741698143
6615	76360	999	35	0	2025	272001054	0	10/6/2025	$158.77	1	INPATIENT HOSPTIALISTS TEXAS MEDICAL	P	188	0	[redacted]	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	[redacted]	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	[redacted]	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	[redacted]	RAD	F	8/1/2025	8/2/2025	741688740
6619	76360	999	35	0	2025	268000587	0	10/6/2025	$690.06	1	TRAVIS COUNTY EMERGENCY PHYSICIANS PA	P	189	0	[redacted]	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	[redacted]	SO	F	8/6/2025	8/6/2025	583137003
									$17,573.67											

CS
10/13/25

APPROVED ON

OCT 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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 ◇

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

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten" Check #
10/10/2025	PAY PLUS ACHTrans 92854751 101000691349128 P	- 3rd Party Payor Fee	1,187.49	901904
10/10/2025	HEALTHEQUITY INC HealthEqui 1356888 91000018	- EmpDeduct/Employer Contribut	1,177.00 *	901905
10/10/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1,294.31	901906
10/10/2025	TSYS/TRANSFIRST MERCH FEES 391009825416L6 61	- Credit Card Processing Fee	4,829.80	901907
10/10/2025	TSYS/TRANSFIRST MERCH FEES 413998013324O1 61	- Credit Card Processing Fee	880.46	901908
10/10/2025	TSYS/TRANSFIRST MERCH FEES 413998013324I3 61	- Credit Card Processing Fee	1,544.89	901909
10/10/2025	TSYS/TRANSFIRST MERCH FEES 413998013324I9 61	- Credit Card Processing Fee	57.40	901910
10/10/2025	TSYS/TRANSFIRST MERCH FEES 413998013683I7 61	- Credit Card Processing Fee	158.98	901911
10/10/2025	TSYS/TRANSFIRST MERCH FEES 413998013323B5 61	- Credit Card Processing Fee	173.52	901912
10/10/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	378,969.10 *	
10/10/2025	IRS USATAXPYMT 270568351175643 6103601010108	- Payroll Taxes	121,845.63 *	901914
10/9/2025	PAY PLUS ACHTrans 92592206 101000699411069 P	- 3rd Party Payor Fee	40.79	901915
10/8/2025	STATE COMPTRLR TEXNET 08894900/51007 2100002	-DSH IGT	431,653.02 *	901916
10/8/2025	PAY PLUS ACHTrans 92394594 101000698437868 P	3rd Party Payor Fee	109.64	901917
10/8/2025	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Premium Payment	70,691.46 *	901918
10/8/2025	HPHG LLC port lava MemMedCtr PtLav 113122650	- Health Insurance Premium Payment	20,801.00 *	901919
10/8/2025	HPHG LLC port lava MemMedCtr PtLav 113122650	- Health Insurance Premium Payment	66,451.17 *	901920
10/7/2025	PAY PLUS ACHTrans 92176514 101000697016276 P	- 3rd Party Payor Fee	12.72	901921
10/7/2025	MCKESSON DRUG AUTO ACH ACH067220084 910000125	- 340B Drug Program Expense	121,855.86 *	901922
10/6/2025	PAY PLUS ACHTrans 91892897 101000695385724 P	- 3rd Party Payor Fee	100.68	901923
10/6/2025	FDMS FDMS PYMT 052-1601830-000 4100012885778	- Credit Card Machine Lease Fee	32.45	901924
10/6/2025	FDMS FDMS PYMT 052-2000500-000 4100012886903	- Credit Card Machine Lease Fee	75.67	901925
10/6/2025	FDMS FDMS PYMT 052-2182557-000 4100012887777	- Credit Card Machine Lease Fee	181.77	901926
10/6/2025	FDMS FDMS PYMT 052-2182545-000 4100012887753	- Credit Card Machine Lease Fee	45.64	901927
10/3/2025	STATE COMPTRLR TEXNET 08898024/51002 2100002	-ATLIS IGT	21,522.00 *	901928
10/3/2025	PAY PLUS ACHTrans 91610312 101000693835148 P	- 3rd Party Payor Fee	174.70	901929
10/3/2025	MERCHANT BANKCD FEE 971160913887 910000012805	- Credit Card Processing Fee	164.85	901930
10/3/2025	MERCHANT BANKCD FEE 971160910883 910000012805	- Credit Card Processing Fee	9.95	901931
10/3/2025	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	476.48	901932
10/3/2025	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	29.95	901933
10/3/2025	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	174.02	901934
10/3/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	267.53 *	901935
10/2/2025	PAY PLUS ACHTrans 91324861 101000691359658 P	- 3rd Party Payor Fee	164.57	901936
10/2/2025	AUTHNET GATEWAY BILLING 143535552 1040000169	- 3rd Party Payor Fee	25.20	901937
10/1/2025	PAY PLUS ACHTrans 91093274 101000699571014 P	- 3rd Party Payor Fee	116.86	901938
9/30/2025	PAY PLUS ACHTrans 90848807 101000697953707 P	- 3rd Party Payor Fee	44.27	901939
9/30/2025	MCKESSON DRUG AUTO ACH ACH067216264 910000180	- 340B Drug Program Expense	15,145.63 *	901940
9/29/2025	PAY PLUS ACHTrans 90560287 101000696180326 P	- 3rd Party Payor Fee	95.16	901941
9/29/2025	IRS USATAXPYMT 270567274299796 6103601001830	- Payroll Taxes	117,925.68 * **	901942
9/26/2025	PAY PLUS ACHTrans 90352008 101000694858234 P	- 3rd Party Payor Fee	914.64	901943
9/26/2025	HEALTHEQUITY INC HealthEqui 1356888 91000017	- EmpDeduct/Employer Contribut	1,047.00 * **	901944
9/26/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	265.65 * **	901945
9/26/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	366,795.32 * **	
			1,749,529.91	

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

Date	Description	MMC Notes	Amount
10/15/2025	- WEBFILE TAX PYMT OD	- Sales Tax	2,616.04
10/20/2025	- TEXAS COUNTY ORS RECEIVABLE 0419 21000024329	- Retirement Funding	177,157.92
			179,773.96

Caitlin Clevenger, Controller
Memorial Medical Center
October 13, 2025

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

1,187.49 +
40.79 +
109.64 +
12.72 +
pay plus 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 +
57.40 +
proc. fee 158.98 +
173.52 +
164.85 +
9.95 +
476.48 +
29.95 +
174.02 +
8,500.30 ◇

lease fee 32.45 +
75.67 +
181.77 +
45.64 +
335.53 +
dumnet 25.20 +
25.20 ◇

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

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

CLOSE PRINT

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 Licenced Customs Broker Export Certifications?	No

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	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

COMPTROLLER.TEXAS.GOV

(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.

Print | Return to Main Menu

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 09 2025

CALHOUN COUNTY, TEXAS

10/09/2025
10:07

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/31/2025
Class Pay Code

0
ap_open_invoice.template

Vendor# Vendor Name
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

INS. dmt dep. into MMC Opt inerror

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	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# 210826

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 0 9 2025

CALHOUN COUNTY, TEXAS

10/09/2025
10:21

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/31/2025
Class Pay Code

0
ap_open_invoice.template

Vendor# Vendor Name
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
	Ins. pmt dep into mmcupt in error									
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

CALHOUN COUNTY, TEXAS

10/09/2025
10:22

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. clep. into mmc acct 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	
						Adjust Balance/Transfer Amt	(39.22)	
Broadmoor		102.11	-	0.19			102.30	0
						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	0
						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	
						CLAIMS OWED TO MMC	406.20	
						Adjust Balance/Transfer Amt	(385.38)	
Solera at W Houston		137,443.60	137,343.60	5,130.61			5,230.61	5,130.61
						Bank Balance	5,230.61	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	5,130.61	
						TOTAL TRANSFERS		5,130.61

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

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

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

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.

I:\NH Weekly Transfers\NH UPL Transfer Summary\2025\NH UPL Transfer Summary 10.13.25

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
9/30/2025 Added to Account	-	0.26		0.26
	-	-		-
		-		-
		-		-
				-
	-	0.26	-	0.26

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
9/30/2025 Added to Account	-	0.19		0.19
	-	-		-
		-		-
		-		-
		-		-
		-		-
	-	0.19	-	0.19

Crescent

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
9/30/2025 Added to Account	-	0.76		0.76
	-	-		-
		-		-
		-		-
		-		-
		-		-
		-		-
	-	0.76	-	0.76

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/1/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	40,089.48	-		-
9/30/2025 Added to Account	-	20.82		20.82
				-
		-		-
		-		-
				-
				-
				-
	40,089.48	20.82	-	20.82

Solera at West Houston

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/3/2025 HUMANA CHA DISB HCCLAIMPMT 85817657 42000014	-	3,382.11		3,382.11
10/2/2025 Deposit		1,574.28		1,574.28
10/1/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	137,343.60	-		-
9/30/2025 Added to Account	-	71.72		71.72
9/26/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000143	-	102.50		102.50
	-			-
				-
	137,343.60	5,130.61	-	5,130.61

TOTALS	**5,152.64**	-	**5,152.64**

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	
						QIPP Q3 OWED TO MMC	63,491.39	
						July Interest	229.79	
						Aug Interest	77.27	
						Sept Interest	244.99	
						Adjust Balance/Transfer Amt	511,727.78	

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

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

Approved:
Caitlin Clevenger, Controller 10/13/2025

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

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/10/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	1,155.00		1,155.00
10/10/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001984	-	5,239.75		5,239.75
10/9/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	2,500.00		2,500.00
10/9/2025	HEALTH HUMAN SVC HCCLAIMPMT 174600341130ll 2	-	838.00		838.00
10/9/2025	Am Health TX PAYMENT 21531 84307030014113	-	11,500.00		11,500.00
10/8/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	2,335.00		2,335.00
10/8/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001368	-	8,260.99		8,260.99
10/7/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001498	-	1,666.95		1,666.95
10/7/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001498	-	1,674.43		1,674.43
10/7/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001498	-	5,115.00		5,115.00
10/7/2025	HEALTH HUMAN SVC HCCLAIMPMT 174600341130ll 2	-	3,611.13		3,611.13
10/6/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	1,710.00		1,710.00
10/6/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	2,222.00		2,222.00
10/6/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	1,406.42		1,406.42
10/6/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001467	-	6,582.06		6,582.06
10/3/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	713.00		713.00
10/3/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001288	-	6,787.00		6,787.00
10/2/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	46.00		46.00
10/2/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001056	-	4,950.00		4,950.00
10/1/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	127,527.34	-		-
10/1/2025	Deposit	-	162,850.37		162,850.37
10/1/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	1,027.00		1,027.00
10/1/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	448.00		448.00
10/1/2025	NOVITAS SOLUTION HCCLAIMPMT 676097 420000185	-	1,223.96		1,223.96
9/30/2025	Added to Account	-	244.99		244.99
9/30/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	224.00		224.00
9/30/2025	HNB - ECHO HCCLAIMPMT 746003411 440000257775	-	1,856.85		1,856.85
9/29/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	1,534.85		1,534.85
9/29/2025	HNB - ECHO HCCLAIMPMT 746003411 440000295230	-	12,192.02		12,192.02
9/26/2025	NOVITAS SOLUTION HCCLAIMPMT 676097 420000143	-	2,751.57		2,751.57
9/26/2025	Centene Manageme ACH 008765433514 1110000297	-	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	39,633.66	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)	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		100.14	-	0.12		-		100.26	NO TRANSFER
							Bank Balance	100.26	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	0.26	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	-

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

Approved:
Caitlin Clevenger, Controller 10/13/2025

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

Gulf Pointe Plaza-Private Pay		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/9/2025	HNB - ECHO HCCLAIMPMT 746003411 440000296957	-	3,816.47		3,816.47
10/8/2025	HNB - ECHO HCCLAIMPMT 746003411 440000256364	-	467.79		467.79
10/7/2025	HNB - ECHO HCCLAIMPMT 746003411 440000222545	-	45,453.05		45,453.05
10/7/2025	HNB - ECHO HCCLAIMPMT 746003411 440000221760	-	185.20		185.20
10/6/2025	HNB - ECHO HCCLAIMPMT 746003411 440000252727	-	17,733.35		17,733.35
10/3/2025	HNB - ECHO HCCLAIMPMT 746003411 440000206466	-	95.04		95.04
10/3/2025	HNB - ECHO HCCLAIMPMT 746003411 440000206793	-	15,923.89		15,923.89
10/2/2025	HNB - ECHO HCCLAIMPMT 746003411 440000253390	-	35,468.48		
10/1/2025	WIRE OUT HMG Rockport SNF, LP -Commerical	39,633.66	-		
10/1/2025	HNB - ECHO HCCLAIMPMT 746003411 440000206073	-	6,679.35		
9/30/2025	Added to Account	-	26.46		
			-		-
		39,633.66	125,849.08	-	83,674.79

Gulf Pointe Plaza-Medicare/Medicaid		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
9/30/2025	Added to Account	-	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	289,436.21	
							Variance	-	

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		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/9/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000175	-	40,357.50		40,357.50
10/8/2025	HNB - ECHO HCCLAIMPMT 746003411 440000256364	-	8,905.05		8,905.05
10/8/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000142	-	21,462.97		21,462.97
10/7/2025	Deposit	-	15,965.00		15,965.00
10/6/2025	Deposit	-	19,693.00		19,693.00
10/3/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000112	-	24,203.73		24,203.73
10/2/2025	Deposit	-	1,119.35		1,119.35
10/1/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	373,324.41	-		-
10/1/2025	Deposit	-	29,568.82		29,568.82
9/30/2025	Added to Account	-	279.90		279.90
9/30/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000101	-	33,884.32		33,884.32
9/26/2025	MOLINA HEALTHCAR MOLINAACH 01452014 42000016	-	93,753.42	**63,491.39**	30,262.03
9/26/2025	WELLPOINT CO AP E-PAYMENT EE53064624 1110000	-	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 HSLTransfer
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		223,311.89	133,349.56	670,934.49				760,896.82	452,669.22
							Bank Balance	760,896.82	
							Variance	-	
							Leave in Balance	100.00	
							Medicare Recoup to MMC	68,368.21	
							QIPP Q3 owed to MMC	237,469.61	
							Lavaca Bay to Sweeny	1,549.05	
							July Interest	249.98	
							August Interest	210.85	
							September Interest	279.90	
							Adjust Balance/Transfer Amt	452,669.22	452,669.22

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

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/10/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	12,150.89		12,150.89
10/9/2025	ck8466	4,540.00	-		-
10/9/2025	HOSPICE OF SOUTH Payments NF 113122650006351	-	1,365.61		1,365.61
10/8/2025	NDC SWEEP FAC 02330 56009680014801 SWEEP FR	-	24,402.94		24,402.94
10/8/2025	Marketplace HCCLAIMPMT 91000015852487	-	1,462.64		1,462.64
10/7/2025	Deposit	-	79,775.17		79,775.17
10/7/2025	Deposit	-	42,097.32		42,097.32
10/7/2025	HUMANA INS CO HCCLAIMPMT 85963626 8300005537	-	694.67		694.67
10/7/2025	HIC KY HCCLAIMPMT 86166217 42000010718073 45	-	552.40		552.40
10/3/2025	HOSPICE OF SOUTH Payments NF 113122650029442	-	1,013.96		1,013.96
10/3/2025	CENTENE CORP HCCLAIMPMT 53101124490849	-	645.95		645.95
10/2/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000156	-	4,363.88		4,363.88
10/1/2025	WIRE OUT REG Leased OpCo LLC	128,809.56	-		-
10/1/2025	Deposit	-	61,919.77		61,919.77
10/1/2025	HNB - ECHO HCCLAIMPMT 746003411 440000206073	-	2,285.92		2,285.92
10/1/2025	CENTENE CORP HCCLAIMPMT 53101123662128	-	11,698.24		11,698.24
9/30/2025	Added to Account	-	284.99		284.99
9/30/2025	NDC SWEEP FAC 02330 56009680011721 SWEEP FR	-	1,970.00		1,970.00
9/30/2025	Deposit	-	16,580.56		16,580.56
9/30/2025	CENTENE CORP HCCLAIMPMT 53101126879278	-	14,872.72		14,872.72
9/29/2025	Care Hospice Payment 41008 71000288226391	-	25,288.52		25,288.52
9/29/2025	PaySpan ACCTVERIFY 53101125395420	-	0.15		0.15
9/26/2025	WELLPOINT CO AP E-PAYMENT EES3064625 1110000	-	134,836.85	65,330.96	69,505.89
9/26/2025	HOSPICE OF SOUTH Payments NF 113122650030091	-	1,128.56		1,128.56
9/26/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	7,420.50		7,420.50
9/26/2025	Centene Manageme ACH 008765433514 1110000297	-	223,961.70	172,138.65	51,823.05
9/26/2025	CENTENE CORP HCCLAIMPMT 53101122129644	-	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

PAYEE: MMC Operating

Date Requested: 10/13/2025

APPROVED ON
OCT 13 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 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: MSC

Golden Creek

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 10/13/2025

APPROVED ON
OCT 13 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS
Check# 0002444

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: MGL

Lavaca Bay

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 10/13/2025

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

Chk# 0011160

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: MSL

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: 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: $ 234.76

G/L NUMBER:

EXPLANATION: CLAIMS OWED TO MMC

REQUESTED BY: KATRINA POKLUDA

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: 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: $ 20,473.62

G/L NUMBER:

EXPLANATION: CLAIMS OWED TO MMC

REQUESTED BY: KATRINA POKLUDA

AUTHORIZED BY:

Lavaca Bay

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: 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: $ 16,253.59

G/L NUMBER:

EXPLANATION: CLAIMS OWED TO MMC

REQUESTED BY: KATRINA POKLUDA

AUTHORIZED BY:

Lavaca Bay

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: 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: $ 1,219.70

G/L NUMBER:

EXPLANATION: CLAIMS OWED TO MMC

REQUESTED BY: KATRINA POKLUDA

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $8,253.65

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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: $6,679.35

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $14,303.64

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $26,325.36

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: 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: $ 63.12

G/L NUMBER: 20654000

EXPLANATION: Claims owed to MMC

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/09/2025

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 $943.44

G/L NUMBER: 20654000

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: 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: $ 71.00

G/L NUMBER: 20654000

EXPLANATION: Claims owed to MMC

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $49.00

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

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

Date Requested: 10/06/2025

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

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $128.56

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

APPROVED ON
OCT 13 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Date Requested: 10/06/2025

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

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $139.13

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $288.77

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $717.10

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $144.38

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $115.50

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $61.86

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $577.52

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $68.03

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $288.77

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $21.46

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 10/06/2025

815 N. Virginia St.

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: $24.00

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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: $16.00

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $24.00

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $48.00

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $48.00

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $16.00

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $91.40

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $24.00

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $61.86

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $43.53

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $49.00

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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: $361.07

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $600.00

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 10/06/2025

815 N. Virginia St.

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: $590.40

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $127.56

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $1,695.95

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $186.20

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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: $1,328.00

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $1,180.80

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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: $697.60

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $425.72

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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: $2,617.56

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $5,503.39

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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: $65.63

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $1,070.10

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $1,934.48

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $1,630.55

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $1,433.54

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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 $5,114.35

G/L NUMBER:

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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

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

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

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 10/06/2025

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: $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

Chk# 001155

Lavaca Bay

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 10/13/2025

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

Chk# 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

PAYEE: MMC Operating

Date Requested: 10/13/2025

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

Interest To MMC From NH

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Golden Creek	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	21400013	July- September	552.05	10/13/2025
Lavaca Bay	[redacted] Prosperity		MMC -Prosperity Operating [redacted]	21400015	July- September	740.73	10/13/2025
						1,292.78	

Note:

Approved:
Caitlin Clevenger, Controller 10/13/2025

Lavaca Bay → mmc

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: 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: $ 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

PAYEE: 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

PAYEE: mmc

Date Requested: 101025

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

FOR ACCT. USE ONLY

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

AMOUNT #158.31

G/L NUMBER: 20656000

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

REQUESTED BY: K. Pokluda

AUTHORIZED BY:

CAT # 10303 / FM 1600

Lavaca Bay → mmc

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: 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 $372.87 G/L NUMBER: 20656000

EXPLANATION: Humana recoup - Lavaca Bay

REQUESTED BY: K. Poklada AUTHORIZED BY:

CAT # 10303 / FM 1600

Lavaca Bay → mmc

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: 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 $172.76 G/L NUMBER: 20656000

EXPLANATION: Humana recoup - Lavaca Bay

REQUESTED BY: K. Pokluda AUTHORIZED BY:

CAT # 10303 / FM 1600

Lavaca Bay → mmc

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: 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: 20056000

EXPLANATION: Humana recoup - Lavaca Bay

REQUESTED BY: K. Pokluda AUTHORIZED BY:

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

MMC

Date Requested: 10-3-25

PAYEE

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

FOR ACCT. USE ONLY

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

AMOUNT #67173

G/L NUMBER: 20656000

EXPLANATION: Humana recoup - Lavaca Bay

REQUESTED BY: K. Pokleda

AUTHORIZED BY:

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

MMC

Date Requested: 10-3-25

PAYEE

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. Pokleda AUTHORIZED BY: CO

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

MMC

Date Requested: 10-3-25

PAYEE

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: CDS

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

MMC

Date Requested: 10-3-25

PAYEE

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. Pokleda

AUTHORIZED BY:

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: 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 $271.95 G/L NUMBER: 20656000

EXPLANATION: Medicare recoup- Lavaca Bay

REQUESTED BY: K. Pokluda AUTHORIZED BY: CCS

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 10-3-25

FOR ACCT. USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Voucher Check

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

AMOUNT #15.82 G/L NUMBER: 20656000

EXPLANATION: Medicare recoup- Lavaca Bay

REQUESTED BY: K. Pokleda AUTHORIZED BY: CO

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

MMC

Date Requested: 10-3-25

PAYEE:

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. Pokleda

AUTHORIZED BY: CO

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER

CHECK REQUEST

MMC

Date Requested: 10-3-25

PAYEE

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:

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: 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 #1520.45 G/L NUMBER: 20656000

EXPLANATION: Humana recoup - Lavaca Bay

REQUESTED BY: K. Pokluda AUTHORIZED BY: CO

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: 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 #2422.44 G/L NUMBER: 20656000

EXPLANATION: Humana recoup- Lavaca Bay

REQUESTED BY: K. Pokleda AUTHORIZED BY: CDS

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

MMC

Date Requested: 10-3-25

PAYEE

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: CDS

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: 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. Pokleda

AUTHORIZED BY: CG

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: 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 (7-8.25

REQUESTED BY: K. Pokluda AUTHORIZED BY:

CAT # 10303 / FM 1600

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

Check 001157

Fort Bend → mmc

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: 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 Gantry - Crescent

REQUESTED BY: K. Pokluda AUTHORIZED BY:

CAT # 10303 / FM 1600

Lavaca Bay → Sweeny

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Sweeny

Date Requested: 10/13/2025

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

Chk#00116

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:

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

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

Security features are included. Details on back.

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

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

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

Security features are included. Details on back.

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

MEMORIAL MEDICAL CENTER
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 $ 237,469.61

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

PROSPERITY BANK®

FOR QIPP Q3

Security features are included. Details on back.

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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 OF Memorial medical Center $ 130,291.92

one hundred thirty thousand - two hundred ninety dollars - ninety two cents DOLLARS

PROSPERITY BANK®

FOR Claims owed to mmc

MP

Security features are included. Details on back.

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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 OF Memorial medical Center $ 740.73

Seven hundred forty dollars - Seventy three cents DOLLARS

PROSPERITY BANK®

FOR

MP

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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 OF Memorial Medical Center $ 552.05

five hundred fifty two dollars - five Cents DOLLARS

PROSPERITY BANK®

FOR Interest Pymt

MP

Security features are included. Details on back.

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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

MP

Security features are included. Details on back.

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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

MP

Security features are included. Details on back.

RUN DATE:10/15/25 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:00 CHECK REGISTER GLCKREG
10/15/25 THRU 10/15/25

BANK	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	SWEENY HOSPITAL DISTRIC
TUS	*	001192	10/15/25	66,151.46	MMC OPERATING

[redacted]