MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 22, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	868,859.44
TOTAL TRANSFERS BETWEEN FUNDS	$	730,887.96
TOTAL NURSING HOME UPL EXPENSES	$	538,391.03
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED October 22, 2025	$	2,138,138.43

APPROVED

OCT 2 2 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 22, 2025

PAYABLES AND PAYROLL			
10/16/2025	Weekly Payables	303,890.84	
10/17/2025	City of Port Lavaca - Water Bill	3,694.93	
10/16/2025	Patient Refunds	2,780.48	
10/16/2025	Citibank Credit Card-see attached (Erin)	2,458.08	
10/20/2025	McKesson-340B Prescription Expense	36,214.34	
10/20/2025	Amerisource Bergen-340B Prescription Expense	1,478.26	
10/20/2025	Amerisource Bergen-340B Prescription Expense	154.75	
10/20/2025	Payroll Liabilities-Payroll Taxes	121,205.09	
10/20/2025	Payroll	377,097.48	
	Prosperity Electronic Bank Payments		
10/20/2025	90 Degree Benefits - employee insurance claims	17,573.67	
10/20/2025	Pay Plus-Patient Claims Processing Fee	729.93	
10/20/2025	Credit Card Leasing Fee	285.82	
10/20/2025	Harland Clarke - Check Order	118.77	
10/20/2025	Health Equity -HSA Contributions	1,177.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 868,859.44**
TRANSFERS BETWEEN FUNDS-MMC			
10/20/2025	Transfer from Prosperity Operating Account to Prosperity Money Market	500,000.00	
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
10/16/2025	MMC Operating to Solera-Correction of insurance payment deposited into MMC Operating in error	3,771.00	
10/16/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	126,957.26	
10/16/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	98,579.48	
10/16/2025	MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	1,580.22	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 730,887.96**
NURSING HOME UPL EXPENSES			
10/20/2025	Nursing Home UPL-Cantex Transfer	1,647.88	
10/20/2025	Nursing Home UPL-Nexion Transfer	30,964.86	
10/20/2025	Nursing Home UPL-HMG Transfer	70,568.16	
10/20/2025	Nursing Home UPL-Tuscany Transfer	361,749.18	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
10/20/2025	Lavaca Bay to MMC - Claims owed to MMC/Medicare Recoup	73,460.95	
TOTAL NURSING HOME UPL EXPENSES			**$ 538,391.03**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED October 22, 2025			**$ 2,138,138.43**

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
9165589293	OXYGEN	10/15/202	10/08/202	11/02/202			3,536.86	0.00	0.00	3,536.86

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,536.86	0.00	0.00	3,536.86

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
136Y9WLH1GFW	SUPPLIES	10/08/202	10/06/202	11/05/202			57.39	0.00	0.00	57.39
1XRQYKKV3XRY	SUPPLIES	10/08/202	10/06/202	11/05/202			225.06	0.00	0.00	225.06
1VXJKXTV7MXN		10/08/202	10/06/202	11/05/202			661.50	0.00	0.00	661.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	943.95	0.00	0.00	943.95

Vendor#	Vendor Name	Class	Pay Code
12800	AUTHORITYRX, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7000120416	SOFTWARE - Pharmacy	10/15/202	10/09/202	10/10/202			40,696.66	0.00	0.00	40,696.66

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX, LLC	40,696.66	0.00	0.00	40,696.66

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112282618	LAB SUPPLIES - System Calibrator	10/16/202	10/06/202	10/31/202			282.85	0.00	0.00	282.85
112282239	SUPPLIES - Nest Sample Cup	10/16/202	10/06/202	10/31/202			179.38	0.00	0.00	179.38
112282170	SUPPLIES - Calibrator	10/16/202	10/06/202	10/31/202			90.13	0.00	0.00	90.13
112284538	LAB SUPPLIES - Norfentanyl	10/16/202	10/07/202	11/01/202			162.76	0.00	0.00	162.76
112284639	SUPPLIES - Hardware / System billing	10/16/202	10/07/202	11/01/202			5,759.11	0.00	0.00	5,759.11

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	6,474.23	0.00	0.00	6,474.23

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
908624017	Diabetes 1 Liq.	10/13/202	10/01/202	10/13/202			877.62	0.00	0.00	877.62
908644830	LAB INVENTORY	10/13/202	10/09/202	10/09/202			2,177.64	0.00	0.00	2,177.64

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	3,055.26	0.00	0.00	3,055.26

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

53599125	09/30/202 09/29/202 10/29/202			1,954.35	0.00	0.00	1,954.35
SHELL ENERGY MMC CLINIC 1016 N. Virginia St							
53599117	09/30/202 09/29/202 10/29/202			32,870.02	0.00	0.00	32,870.02
SHELL ENERGY 410spital St							
53599119	09/30/202 09/29/202 10/29/202			18.84	0.00	0.00	18.84
SHELL ENERGY Hospital St DA							
53604759	09/30/202 09/29/202 10/29/202			8.33	0.00	0.00	8.33
SHELL ENERGY 815 N. Virginia St.							
53599300	09/30/202 09/29/202 10/29/202			705.63	0.00	0.00	705.63
SHELL ENERGY 701 N. Virginia St							
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
C1048 CALHOUN COUNTY				35,557.17	0.00	0.00	35,557.17

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003980977		10/16/202	10/09/202	11/03/202			206.00	0.00	0.00	206.00
	RAD SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C1325 CARDINAL HEALTH 414, INC.							206.00	0.00	0.00	206.00

Vendor#	Vendor Name	Class	Pay Code
10541	CARESFIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
200031264		09/24/202	09/22/202	11/05/202			128.40	0.00	0.00	128.40
	LAB SUPPLIES									
200031389		10/13/202	10/08/202	11/05/202			59.90	0.00	0.00	59.90
	LAB INVENTORY									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10541 CARESFIELD							188.30	0.00	0.00	188.30

Vendor#	Vendor Name	Class	Pay Code
C1730	CITY OF PORT LAVACA	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091225C		09/30/202	09/12/202	10/05/202			7,153.25	0.00	0.00	7,153.25
	WATER BILL Removed - Incorrect amount									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C1730 CITY OF PORT LAVACA							7,153.25	0.00	0.00	7,153.25

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
17656093025		09/30/202	09/30/202	09/30/202			21,519.77	0.00	0.00	21,519.77
	SEPTEMEBER INVOICE									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10212 CLINICAL PATHOLOGY LABS							21,519.77	0.00	0.00	21,519.77

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
OEQT327992CM		10/15/202	08/08/202	08/18/202			-68.42	0.00	0.00	-68.42
	SUPPLIES									
OEQT332131		10/15/202	09/04/202	09/14/202			166.11	0.00	0.00	166.11
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C1166 COASTAL OFFICE SOLUTONS							97.69	0.00	0.00	97.69

Vendor#	Vendor Name	Class	Pay Code
S1405	CORPORATE ACCOUNTING	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
701280439		10/08/202	10/03/202	11/02/202			149.04	0.00	0.00	149.04

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S1405	CORPORATE ACCOUNTING					149.04	0.00	0.00	149.04
Vendor#	Vendor Name				Class	Pay Code				
14080	CORROHEALTH, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2025333		10/15/202	09/30/202	10/30/202		2,826.10	0.00	0.00	2,826.10
		CODING SERVICES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14080	CORROHEALTH, INC.					2,826.10	0.00	0.00	2,826.10
Vendor#	Vendor Name				Class	Pay Code				
14400	CULINARY CONCESSIONS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV310526		09/30/202	09/30/202	10/30/202		35,149.04	0.00	0.00	35,149.04
		LUBYS FEES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14400	CULINARY CONCESSIONS LLC					35,149.04	0.00	0.00	35,149.04
Vendor#	Vendor Name				Class	Pay Code				
D1200	DETAR HOSPITAL				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	DTR2509013		09/30/202	10/03/202	10/03/202		656.79	0.00	0.00	656.79
		SEPTEMBER INVOICE								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	D1200	DETAR HOSPITAL					656.79	0.00	0.00	656.79
Vendor#	Vendor Name				Class	Pay Code				
10368	DEWITT POTH & SON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	8113000		10/15/202	10/09/202	11/03/202		427.35	0.00	0.00	427.35
		CLINIC SUPPLIES - paper								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					427.35	0.00	0.00	427.35
Vendor#	Vendor Name				Class	Pay Code				
14832	DR JOHN CLINTON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	100725		09/30/202	10/07/202	10/07/202		3,600.00	0.00	0.00	3,600.00
		OB CALL - 9/1, 9/2-9/4, 9/22-9/25, 9/26-9/28								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14832	DR JOHN CLINTON					3,600.00	0.00	0.00	3,600.00
Vendor#	Vendor Name				Class	Pay Code				
14924	DR. TIMU KWI									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	100725		09/30/202	10/07/202	10/07/202		4,800.00	0.00	0.00	4,800.00
		OB CALL 9/5-9/7, 9/15-9/18, 9/19-9/21, 9/29-9/30								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14924	DR. TIMU KWI					4,800.00	0.00	0.00	4,800.00
Vendor#	Vendor Name				Class	Pay Code				
11284	EMERGENCY STAFFING SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	44764		10/15/202	10/15/202	10/25/202		40,062.50	0.00	0.00	40,062.50
		PHYS SERVICES 01-15								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS					40,062.50	0.00	0.00	40,062.50
Vendor#	Vendor Name				Class	Pay Code				
10003	FILTER TECHNOLOGY CO, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	126441		10/15/202	10/03/202	11/01/202		657.90	0.00	0.00	657.90
		SUPPLIES - Multi Flow Synthetic Box								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLOGY CO, INC	657.90	0.00	0.00	657.90

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4141369		10/13/202	10/07/202	11/01/202			915.95	0.00	0.00	915.95
4141368		10/13/202	10/07/202	11/01/202			2,627.54	0.00	0.00	2,627.54
4174124		10/13/202	10/08/202	11/02/202			196.45	0.00	0.00	196.45
4235115	LAB INVENTORY	10/13/202	10/10/202	11/04/202			163.30	0.00	0.00	163.30

Supplies

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	3,903.24	0.00	0.00	3,903.24

Vendor#	Vendor Name	Class	Pay Code
10678	FIVE STAR STERILIZER SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8780		10/08/202	10/09/202	11/03/202			529.42	0.00	0.00	529.42
10073	SURGERY SUPPLIES	10/14/202	10/10/202	11/04/202			742.49	0.00	0.00	742.49

Water level Board

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES	1,271.91	0.00	0.00	1,271.91

Vendor#	Vendor Name	Class	Pay Code
15208	HOSPITAL CARE CONSULTANTS INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6950	PHYS SERVICES 01-15	10/15/202	10/15/202	10/25/202			23,663.00	0.00	0.00	23,663.00

October

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15208	HOSPITAL CARE CONSULTANTS INC.	23,663.00	0.00	0.00	23,663.00

Vendor#	Vendor Name	Class	Pay Code
W1372	JOHN B WRIGHT LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100725	OB CALL	09/30/202	10/07/202	10/07/202			2,700.00	0.00	0.00	2,700.00

Sept.

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1372	JOHN B WRIGHT LLC	2,700.00	0.00	0.00	2,700.00

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
84935349	LAB SERVICES	10/16/202	09/27/202	10/22/202			50.00	0.00	0.00	50.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	50.00	0.00	0.00	50.00

Vendor#	Vendor Name	Class	Pay Code
10371	LOFTIN EQUIPMENT COMPANY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00071864	GENERATOR SERVICE	10/14/202	10/10/202	10/14/202			1,045.00	0.00	0.00	1,045.00
00071865	GENERATOR SERVICE	10/14/202	10/10/202	10/14/202			910.00	0.00	0.00	910.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10371	LOFTIN EQUIPMENT COMPANY	1,955.00	0.00	0.00	1,955.00

Vendor#	Vendor Name	Class	Pay Code
L1640	LOWE'S BUSINESS ACCT/SYNCB	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100125		10/15/202	10/01/202	10/15/202			1,050.46	0.00	0.00	1,050.46
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	L1640	LOWE'S BUSINESS ACCT/SYNCB					1,050.46	0.00	0.00	1,050.46

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24457572		10/14/202	10/08/202	10/23/202			31.44	0.00	0.00	31.44
	LAB SUPPLIES									
24466210		10/14/202	10/10/202	10/25/202			344.59	0.00	0.00	344.59
	LAB SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC					376.03	0.00	0.00	376.03

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
2384038486A		09/01/202	08/13/202	11/05/202			6,033.91	0.00	0.00	6,033.91
	SUPPLIES - Sling, Book, Diapers, pads									
2392268656		10/08/202	10/07/202	11/01/202			222.95	0.00	0.00	222.95
	insta pad									
2392268657		10/08/202	10/07/202	11/01/202			59.54	0.00	0.00	59.54
	Crutch									
2391201898		10/13/202	10/01/202	10/26/202			93.53	0.00	0.00	93.53
	Speculum									
2391201880		10/13/202	10/01/202	10/26/202			46.40	0.00	0.00	46.40
	Catheter									
2391201894		10/13/202	10/01/202	10/26/202			3.35	0.00	0.00	3.35
	Splint									
2391201886		10/13/202	10/01/202	10/26/202			781.25	0.00	0.00	781.25
	SUPPLIES									
2391201878		10/13/202	10/01/202	10/26/202			8.64	0.00	0.00	8.64
	Disc.									
2391201893		10/13/202	10/01/202	10/26/202			5.62	0.00	0.00	5.62
	Immobilizer									
2391498037		10/13/202	10/02/202	10/27/202			11.51	0.00	0.00	11.51
	SUPPLIES - Splint									
2392415073		10/14/202	10/08/202	11/02/202			102.60	0.00	0.00	102.60
	Supplies									
2392415076		10/14/202	10/08/202	11/02/202			842.12	0.00	0.00	842.12
	" "									
2392415072		10/14/202	10/08/202	11/02/202			149.27	0.00	0.00	149.27
	" "									
2392415074		10/14/202	10/08/202	11/02/202			5,704.44	0.00	0.00	5,704.44
	" "									
2392415075		10/14/202	10/08/202	11/02/202			1,583.13	0.00	0.00	1,583.13
	" "									
2392609346		10/14/202	10/09/202	11/03/202			11.51	0.00	0.00	11.51
	Splint									
2392927252		10/14/202	10/10/202	11/04/202			-54.47	0.00	0.00	-54.47
	Credit									
2392927250		10/14/202	10/10/202	11/04/202			20.19	0.00	0.00	20.19
	SUPPLIES - Tape									
2392927247		10/14/202	10/10/202	11/04/202			1,604.75	0.00	0.00	1,604.75
	Pads | Catheter | Scalpel | Tube | Dressing | etc.									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	M2470	MEDLINE INDUSTRIES INC					17,230.24	0.00	0.00	17,230.24
Vendor#	Vendor Name				Class	Pay Code				
M2621	MMC AUXILIARY GIFT SHOP				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	100925		10/15/202	10/09/202	10/09/202			220.28	0.00	0.00	220.28
		GIFT SHOP DEDUCTS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP					220.28	0.00	0.00	220.28
Vendor#	Vendor Name				Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0169643		10/15/202	10/06/202	10/16/202			18,719.82	0.00	0.00	18,719.82
		PHARMACY SUPPLIES									
	0169642		10/15/202	10/06/202	10/16/202			1,697.65	0.00	0.00	1,697.65
		PHARMACY SUPPLIES									
	3940852		10/15/202	10/07/202	10/17/202			653.55	0.00	0.00	653.55
		PHARMACY SUPPLIES									
	3940851		10/15/202	10/07/202	10/17/202			1,437.08	0.00	0.00	1,437.08
	3943164		10/15/202	10/08/202	10/18/202			46.69	0.00	0.00	46.69
		PHARMACY SUPPLIES									
	3943166		10/15/202	10/08/202	10/18/202			282.67	0.00	0.00	282.67
		PHARMACY SUPPLIES									
	3943167		10/15/202	10/08/202	10/18/202			518.22	0.00	0.00	518.22
		PHARMACY SUPPLIES									
	3943168		10/15/202	10/08/202	10/18/202			101.76	0.00	0.00	101.76
		PHARMACY SUPPLIES									
	3945707		10/15/202	10/08/202	10/18/202			1,770.74	0.00	0.00	1,770.74
		PHARMACY SUPPLIES									
	3945706		10/15/202	10/08/202	10/18/202			474.78	0.00	0.00	474.78
		PHARMACY SUPPLIES									
	3949925		10/15/202	10/09/202	10/19/202			258.68	0.00	0.00	258.68
		PHARMACY SUPPLIES									
	CM52284		10/15/202	10/09/202	10/19/202			-24.32	0.00	0.00	-24.32
		Credit									
	3949924		10/15/202	10/09/202	10/19/202			67.40	0.00	0.00	67.40
		PHARMACY SUPPLIES									
	CM52619		10/15/202	10/10/202	10/20/202			-2.88	0.00	0.00	-2.88
		PHARMACY SUPPLIES									
	CM52618		10/15/202	10/10/202	10/20/202			-18,046.23	0.00	0.00	-18,046.23
		Credit									
	3957866		10/15/202	10/12/202	10/22/202			2,288.39	0.00	0.00	2,288.39
		PHARMACY SUPPLIES									
	3957865		10/15/202	10/12/202	10/22/202			260.58	0.00	0.00	260.58
	3960058		10/15/202	10/13/202	10/23/202			337.75	0.00	0.00	337.75
		PHARMACY SUPPLIES									
	3962867		10/15/202	10/13/202	10/23/202			203.09	0.00	0.00	203.09
		PHARMACY SUPPLIES									
	3959471		10/15/202	10/13/202	10/23/202			899.15	0.00	0.00	899.15
		PHARMACY SUPPLIES									
	3967404		10/15/202	10/14/202	10/24/202			1,220.57	0.00	0.00	1,220.57
		PHARMACY SUPPLIES									
	3967403		10/15/202	10/14/202	10/24/202			19.50	0.00	0.00	19.50
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	10536	MORRIS & DICKSON CO, LLC					13,184.64	0.00	0.00	13,184.64
Vendor#	Vendor Name				Class	Pay Code				
12096	NEOGENOMICS LABORATORIES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9398694		10/16/202	09/30/202	09/30/202			31,453.00	0.00	0.00	31,453.00
		LAB SERVICES - remove a (Detar Invoice)									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12096	NEOGENOMICS LABORATORIES					31,453.00	0.00	0.00	31,453.00
Vendor#	Vendor Name				Class	Pay Code				
11198	NORTH COAST MEDICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	5376324		10/08/202	10/10/202	11/05/202			128.14	0.00	0.00	128.14
		PT SUPPLIES - Gait Belt									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11198	NORTH COAST MEDICAL INC					128.14	0.00	0.00	128.14
Vendor#	Vendor Name				Class	Pay Code				
G0425	ODEFEY WITTE WALL & VILLAFRANC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	5024		10/06/202	10/02/202	11/01/202			3,412.50	0.00	0.00	3,412.50
		LEGAL SERVICES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		G0425	ODEFEY WITTE WALL & VILLAFRANC					3,412.50	0.00	0.00	3,412.50
Vendor#	Vendor Name				Class	Pay Code				
O1201	OZARK BIOMEDICAL, LLC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	361178		10/14/202	02/13/202	10/14/202			144.00	0.00	0.00	144.00
		LAB SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		O1201	OZARK BIOMEDICAL, LLC					144.00	0.00	0.00	144.00
Vendor#	Vendor Name				Class	Pay Code				
12708	POC ELECTRIC, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	4450		10/15/202	10/09/202	11/01/202			320.67	0.00	0.00	320.67
		ER ROOM DOOR LOCK REPAIR									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12708	POC ELECTRIC, LLC					320.67	0.00	0.00	320.67
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
	100425		10/15/202	10/04/202	10/04/202			45.00	0.00	0.00	45.00
		PL WAVE SUBSCRIPTION									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		P2100	PORT LAVACA WAVE					45.00	0.00	0.00	45.00
Vendor#	Vendor Name				Class	Pay Code				
P2200	POWER HARDWARE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	A123322		10/15/202	10/11/202	10/21/202			15.98	0.00	0.00	15.98
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		P2200	POWER HARDWARE					15.98	0.00	0.00	15.98
Vendor#	Vendor Name				Class	Pay Code				
10372	PRECISION DYNAMICS CORP (PDC)									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9360143224		10/13/202	10/07/202	11/06/202			167.60	0.00	0.00	167.60
		LAB INVENTORY									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	10372	PRECISION DYNAMICS CORP (PDC)					167.60	0.00	0.00	167.60
Vendor#	Vendor Name				Class	Pay Code				
O1416	QUIDELORTHO SALES COMPANY LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9100124946		10/14/202	10/07/202	11/06/202			221.50	0.00	0.00	221.50
		LAB SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		O1416	QUIDELORTHO SALES COMPANY LLC					221.50	0.00	0.00	221.50
Vendor#	Vendor Name				Class	Pay Code				
S1800	SHERWIN WILLIAMS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	093025		10/16/202	10/14/202	10/29/202			1,313.60	0.00	0.00	1,313.60
		PAINT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS					1,313.60	0.00	0.00	1,313.60
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
	101625		10/15/202	10/12/202	10/13/202			134.16	0.00	0.00	134.16
		PHONE SERVICE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1010	SPARKLIGHT					134.16	0.00	0.00	134.16
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
	1250001087		09/26/202	09/26/202	09/26/202			3,850.00	0.00	0.00	3,850.00
		ER STAFFING Amber Heltzer Sept. 2025									
	1250001054		09/30/202	09/19/202	09/19/202			3,650.00	0.00	0.00	3,650.00
		AGENCY STAFFING									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15236	SPECIALTY PROFESSIONAL					7,500.00	0.00	0.00	7,500.00
Vendor#	Vendor Name				Class	Pay Code				
11772	STERIS INSTRUMENT MANAGEMENT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	3100322		10/14/202	10/06/202	10/31/202			89.20	0.00	0.00	89.20
		SURGERY SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11772	STERIS INSTRUMENT MANAGEMENT					89.20	0.00	0.00	89.20
Vendor#	Vendor Name				Class	Pay Code				
10735	STRYKER SALES, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9210456051		10/08/202	10/02/202	11/01/202			288.74	0.00	0.00	288.74
		Xcel Universal Stability.									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10735	STRYKER SALES, LLC					288.74	0.00	0.00	288.74
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
	0026000		10/15/202	10/09/202	10/10/202			5,810.00	0.00	0.00	5,810.00
		AGENCY STAFFING Jennifer Stephens / Shaun Jeschke 10/2025									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10758	TEXAS SELECT STAFFING, LLC					5,810.00	0.00	0.00	5,810.00
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
	1033069		10/08/202	09/29/202	11/05/202			2,700.00	0.00	0.00	2,700.00
		Patient Connect Implementation									

PT IMPLEMENTATION

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE	2,700.00	0.00	0.00	2,700.00

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
2921068990		10/15/202	09/11/202	10/06/202			207.62	0.00	0.00	207.62
2921070031		10/15/202	09/25/202	10/20/202			207.62	0.00	0.00	207.62
2921070543		10/15/202	10/02/202	10/27/202			444.67	0.00	0.00	444.67
2921070527		10/15/202	10/02/202	10/27/202			289.83	0.00	0.00	289.83
	UNIFORMS									
2921070552		10/15/202	10/02/202	10/27/202			178.08	0.00	0.00	178.08
2921070805		10/15/202	10/06/202	10/31/202			248.41	0.00	0.00	248.41
	UNIFORMS									
2921071047		10/15/202	10/09/202	11/03/202			155.49	0.00	0.00	155.49
	UNIFORM									
2921071064		10/15/202	10/09/202	11/03/202			289.05	0.00	0.00	289.05
2921071068		10/15/202	10/09/202	11/03/202			209.47	0.00	0.00	209.47
2921071060		10/15/202	10/09/202	11/03/202			289.83	0.00	0.00	289.83
	UNIFORM									
2921071077		10/15/202	10/09/202	11/03/202			167.40	0.00	0.00	167.40
2921070513A		10/16/202	10/02/202	10/27/202			3,203.15	0.00	0.00	3,203.15
	UNIFORMS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	5,890.62	0.00	0.00	5,890.62

Vendor#	Vendor Name	Class	Pay Code
15444	VANDERBILT HEALTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CI00119028		10/15/202	10/01/202	10/01/202			450.00	0.00	0.00	450.00
	ANNUAL FEE OCT-DEC									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15444	VANDERBILT HEALTH	450.00	0.00	0.00	450.00

Vendor#	Vendor Name	Class	Pay Code
11280	VICTORIA ADVOCATE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0349388		10/15/202	07/31/202	10/15/202			28.80	0.00	0.00	28.80
	NEWSPAPER									
0350691		10/15/202	08/29/202	10/15/202			35.00	0.00	0.00	35.00
	NEWSPAPER									
0351348		10/15/202	09/01/202	09/30/202			30.00	0.00	0.00	30.00
	NEWSPAPER DELIVERY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11280	VICTORIA ADVOCATE	93.80	0.00	0.00	93.80

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
219832		09/24/202	09/19/202	11/05/202			1,213.00	0.00	0.00	1,213.00
	FAN BLADE INSTALL									
221116		10/15/202	10/14/202				1,060.95	0.00	0.00	1,060.95

	AC REPAIR SERVICE							
221298		10/15/202	10/14/202	10/14/202	1,368.75	0.00	0.00	1,368.75

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V1056	VICTORIA AIR CONDITIONING LTD	3,642.70	0.00	0.00	3,642.70

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
41405		09/30/202	10/03/202	11/02/202			3,467.50	0.00	0.00	3,467.50
	AGENCY STAFFING									

Dave Barnes 9/27/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17832	VOCA LLC	3,467.50	0.00	0.00	3,467.50

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
9111982287		09/24/202	09/23/202	11/05/202			1,845.72	0.00	0.00	1,845.72
	LAB SUPPLIES - Cuvettes									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,845.72	0.00	0.00	1,845.72

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	~~342,497.09~~	0.00	0.00	~~342,497.09~~

303,890.84

APPROVED ON

OCT 16 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 210830 - 210884

342,497.09 +
7,153.25 - Pg 2. Water Bill removed - incorrect amount
31,453.00 - Pg 7. removed - not mmc's
303,890.84 ◊

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 17 2025

CALHOUN COUNTY, TEXAS

10/17/2025
15:47

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/06/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
C1730	CITY OF PORT LAVACA	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091225CC		10/17/202	09/12/202	10/06/202			3,694.93	0.00	0.00	3,694.93

Water Bill

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	3,694.93	0.00	0.00	3,694.93

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,694.93	0.00	0.00	3,694.93

APPROVED ON

OCT 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 210838

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 16 2025

CALHOUN COUNTY, TEXAS

RUN DATE: 10/17/25 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 15:25 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1634614 0	[redacted] KY 400310589	101525	2624.48	2		REFUND FOR [redacted]	
1636247 0	TX 77979	101525	136.00	2		REFUND FOR	
6002327 0	TX 77979	101525	20.00	5		REFUND FOR	

ARID=0001 TOTAL 2780.48

TOTAL 2780.48

APPROVED ON

OCT 16 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 210889-
210891

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	210830	10/22/25	3,536.86	AIRGAS USA, LLC - CENTRAL DIV
A/P	210831	10/22/25	943.95	AMAZON CAPITAL SERVICES
A/P	210832	10/22/25	40,696.66	AUTHORITYRX, LLC
A/P	210833	10/22/25	6,474.23	BECKMAN COULTER INC
A/P	210834	10/22/25	3,055.26	BIO-RAD LABORATORIES, INC
A/P	210835	10/22/25	35,557.17	CALHOUN COUNTY
A/P	210836	10/22/25	206.00	CARDINAL HEALTH 414, INC.
A/P	210837	10/22/25	188.30	CARESFIELD
A/P	210838	10/22/25	3,694.93	CITY OF PORT LAVACA
A/P	210839	10/22/25	21,519.77	CLINICAL PATHOLOGY LABS
A/P	210840	10/22/25	97.69	COASTAL OFFICE SOLUTONS
A/P	210841	10/22/25	149.04	CORPORATE ACCOUNTING
A/P	210842	10/22/25	2,826.10	CORROHEALTH, INC.
A/P	210843	10/22/25	35,149.04	CULINARY CONCESSIONS LLC
A/P	210844	10/22/25	656.79	DETAR HOSPITAL
A/P	210845	10/22/25	427.35	DEWITT POTH & SON
A/P	210846	10/22/25	3,600.00	DR JOHN CLINTON
A/P	210847	10/22/25	4,800.00	DR. TIMU KWI
A/P	210848	10/22/25	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	210849	10/22/25	657.90	FILTER TECHNOLOGY CO, INC
A/P	210850	10/22/25	3,903.24	FISHER HEALTHCARE
A/P	210851	10/22/25	1,271.91	FIVE STAR STERILIZER SERVICES
A/P	210852	10/22/25	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	210853	10/22/25	2,700.00	JOHN B WRIGHT LLC
A/P	210854	10/22/25	50.00	LABCORP OF AMERICA HOLDINGS
A/P	210855	10/22/25	1,955.00	LOFTIN EQUIPMENT COMPANY
A/P	210856	10/22/25	1,050.46	LOWE'S BUSINESS ACCT/SYNCB
A/P	210857	10/22/25	376.03	MCKESSON MEDICAL SURGICAL INC
A/P	210858	10/22/25	.00	VOIDED
A/P	210859	10/22/25	.00	VOIDED
A/P	210860	10/22/25	17,230.24	MEDLINE INDUSTRIES INC
A/P	210861	10/22/25	220.28	MMC AUXILIARY GIFT SHOP
A/P	210862	10/22/25	.00	VOIDED
A/P	210863	10/22/25	13,164.64	MORRIS & DICKSON CO, LLC
A/P	210864	10/22/25	128.14	NORTH COAST MEDICAL INC
A/P	210865	10/22/25	3,412.50	ODEFEY WITTE WALL & VILLAFRANC
A/P	210866	10/22/25	144.00	OZARK BIOMEDICAL, LLC
A/P	210867	10/22/25	320.67	POC ELECTRIC, LLC
A/P	210868	10/22/25	45.00	PORT LAVACA WAVE
A/P	210869	10/22/25	15.98	POWER HARDWARE
A/P	210870	10/22/25	167.60	PRECISION DYNAMICS CORP (PDC)
A/P	210871	10/22/25	221.50	QUIDELORTHO SALES COMPANY LLC
A/P	210872	10/22/25	1,313.60	SHERWIN WILLIAMS
A/P	210873	10/22/25	134.16	SPARKLIGHT
A/P	210874	10/22/25	7,500.00	SPECIALTY PROFESSIONAL
A/P	210875	10/22/25	89.20	STERIS INSTRUMENT MANAGEMENT
A/P	210876	10/22/25	288.74	STRYKER SALES, LLC
A/P	210877	10/22/25	5,810.00	TEXAS SELECT STAFFING, LLC
A/P	210878	10/22/25	2,700.00	TRUBRIDGE
A/P	210879	10/22/25	5,890.62	UNIFIRST HOLDINGS INC

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	210880	10/22/25	450.00	VANDERBILT HEALTH
A/P	210881	10/22/25	93.80	VICTORIA ADVOCATE
A/P	210882	10/22/25	3,642.70	VICTORIA AIR CONDITIONING LTD
A/P	210883	10/22/25	3,467.50	VOCA LLC
A/P	210884	10/22/25	1,845.72	WERFEN USA LLC
A/P	210885	10/22/25	126,957.26	GOLDENCREEK HEALTHCARE
A/P	210886	10/22/25	1,580.22	LAVACA BAY NURSING AND REHAB
A/P	210887	10/22/25	3,771.00	SOLERA WEST HOUSTON
A/P	210888	10/22/25	98,579.48	TUSCANY VILLAGE
A/P	210889	10/22/25	136.00	[redacted]
A/P	210890	10/22/25	20.00	
A/P	210891	10/22/25	2,624.48	
TOTALS:			541,254.21	

APPROVED ON

OCT 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables
303,890.84 +
3,694.93 +
Pat. ref. — 2,780.48 +
3,771.00 +
NH 126,957.26 +
xfers 98,579.48 +
1,580.22 +
541,254.21 ◇

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ERIN CLEVENGER

citi

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

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity	
Total Activity	$2,458.08

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

Pd 10/27/25 RC

Not an invoice. For your records only.	
Credit Limit	$20,000
Cash Advance Limit	$5,000
Statement Closing Date	10/03/2025
Days in Billing Period	30

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location				Amount
			********** NOTICE MEMO ITEM(S) LISTED BELOW **********						
09/05	09/04	9399	05134375248600069754805	1	CLIA LABORATORY PROGRA 77146798925	BALTIMORE MD	21244	USA	248.00
09/05	09/04	5732	05227025247300269888962	2	ALTEX COMPUTER AND ELE CSCOR172952	SAN ANTONIO TX	78223	USA	1,524.95
09/12	09/11	9399	05134375255600069848888	3	NPDB NPDB.HRSA.GOV N139864045	ROCKVILLE MD	20852	USA	2.50
09/12	09/12	8999	55432865255202403585724	4	AMA*CREDENTIALING	800-621-8335 IL	60611	USA	44.00
09/16	09/15	9399	05134375259600070786982	5	NPDB NPDB.HRSA.GOV N140030518	ROCKVILLE MD	20852	USA	5.00
09/23	09/22	5047	05436845265300240217328	6	PENN JERSEY X RAY LLC	JACKSONVILLE FL	32205	USA	490.71
10/02	10/02	8999	55432865275209441337006	7	FAXAGE	303-991-6020 CO	80222	USA	75.42
10/03	10/02	9399	05134375276600070897291	8	NPDB NPDB.HRSA.GOV N141087887	ROCKVILLE MD	20852	USA	67.50
					********** TOTAL AMOUNT OF MEMO ITEM(S): $2,458.08				

Confirmation # DWR-03752207

APPROVED ON
OCT 16 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

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

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

Not an invoice.
For your records only.

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

00010079643

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 10/8/2025

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		CLIA Laboratory Program			✓ 248.00
2		248.00 +	Atlex Computers & Electronics			✓ 1524.95
3		1,524.95 +	IT			
		2.50 +				
4		44.00 +	NPDB - 1 enrollment (Doctor)			✓ 2.50
		5.00 +				
5		490.71 +	AMA - 1 Doctor - Amt + CM			✓ 44.00
6		75.42 +	NPDB - 2 enrollments (Doctors)			✓ 5.00
		67.50 +				
7		2,458.08 ◇	Penn Jersey X-ray - Replacement			✓ 490.71
8			Pads - Surg			
9	—		Foxage - Fax lines & SVS			✓ 75.42
10	—		NPDB - 27 Renewals (Providers)			✓ 67.50

Est. Freight _____ Est. Total Cost _____ TOTAL COST 2,458.08

NOTES:

Charges made to Erin's credit card

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____

McKESSON

Company: 8000

STATEMENT

As of: 10/17/2025 Page: 002

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 10/17/2025

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: 10/17/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 10/17/2025 **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: 36,953.43 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 10/21/2025, Pay This Amount: 36,214.34 USD

If Paid After 10/21/2025, Pay this Amount: 36,953.43 USD

Due If Paid On Time: USD 36,214.34

Disc lost if paid late: 739.09

Due If Paid Late: USD 36,953.43

36,193.02 +
18.66 +
2.66 +
36,214.34 ◊

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/17/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 10/17/2025

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

As of: 10/17/2025 Page: 001
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

APPROVED ON OCT 20 [illegible]
BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

Cust: 256342 PLEASE CHECK ANY
Date: 10/17/2025 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**										
10/11/2025	10/21/2025	7595518614	244646657	115Invoice	6.11	305.31		299.20		7595518614	
10/11/2025	10/21/2025	7595518615	244793404	115Invoice	26.76	1,338.24		1,311.48		7595518615	
10/11/2025	10/21/2025	7595518616	244873333	115Invoice	26.76	1,338.24		1,311.48		7595518616	
10/11/2025	10/21/2025	7595518617	245382896	115Invoice	40.15	2,007.37		1,967.22		7595518617	
10/11/2025	10/21/2025	7595518618	243447517	115Invoice	12.30	615.06		602.76		7595518618	
10/11/2025	10/21/2025	7595518619	249636442	115Invoice	0.01	0.32		0.31		7595518619	
10/11/2025	10/21/2025	7595518620	253064649	115Invoice	0.02	0.95		0.93		7595518620	
10/11/2025	10/21/2025	7595518621	253128232	115Invoice	0.02	0.95		0.93		7595518621	
10/11/2025	10/21/2025	7595518622	244793404	115Invoice	1.44	71.89		70.45		7595518622	
10/11/2025	10/21/2025	7595518623	247453253	115Invoice	1.44	71.89		70.45		7595518623	
10/11/2025	10/21/2025	7595518624	247862519	115Invoice	1.44	71.89		70.45		7595518624	
10/11/2025	10/21/2025	7595518625	245382896	115Invoice	0.01	0.32		0.31		7595518625	
10/11/2025	10/21/2025	7595518626	245512070	115Invoice	28.35	1,417.39		1,389.04		7595518626	
10/11/2025	10/21/2025	7595518627	245934552	115Invoice	14.17	708.69		694.52		7595518627	
10/11/2025	10/21/2025	7595518628	246007098	115Invoice	14.17	708.69		694.52		7595518628	
10/11/2025	10/21/2025	7595518629	246108022	115Invoice	14.17	708.69		694.52		7595518629	
10/11/2025	10/21/2025	7595518630	246253289	115Invoice	14.17	708.69		694.52		7595518630	
10/11/2025	10/21/2025	7595518631	244233047	115Invoice	0.04	2.12		2.08		7595518631	
10/11/2025	10/21/2025	7595518632	244646657	115Invoice	0.01	0.63		0.62		7595518632	
10/11/2025	10/21/2025	7595518633	245512070	115Invoice	0.03	1.27		1.24		7595518633	
10/11/2025	10/21/2025	7595518634	245382896	115Invoice	6.07	303.44		297.37		7595518634	
10/11/2025	10/21/2025	7595518635	249100462	115Invoice	0.01	0.32		0.31		7595518635	
10/13/2025	10/21/2025	7595746465	245819546	115Invoice	0.44	21.76		21.32		7595746465	
10/13/2025	10/21/2025	7595746466	249497709	115Invoice	0.44	21.76		21.32		7595746466	
10/13/2025	10/21/2025	7595746467	251369670	115Invoice	0.44	21.76		21.32		7595746467	
10/13/2025	10/21/2025	7595746468	245512070	115Invoice	12.30	615.06		602.76		7595746468	
10/13/2025	10/21/2025	7595746469	244646657	115Invoice	12.21	610.61		598.40		7595746469	
10/13/2025	10/21/2025	7595746470	245512070	115Invoice	6.11	305.31		299.20		7595746470	
10/13/2025	10/21/2025	7595746471	246253289	115Invoice	14.17	708.69		694.52		7595746471	
10/13/2025	10/21/2025	7595746472	246382445	115Invoice	28.35	1,417.39		1,389.04		7595746472	
10/13/2025	10/21/2025	7595746473	247220821	115Invoice	14.17	708.69		694.52		7595746473	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/17/2025 Page: 002

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 10/17/2025

APPROVED ON OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

National Account 632536

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

As of: 10/17/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/17/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/13/2025	10/21/2025	7595746474	247453253	115Invoice	14.17	708.69		694.52		7595746474	
10/13/2025	10/21/2025	7595746475	247581055	115Invoice	14.17	708.69		694.52		7595746475	
10/13/2025	10/21/2025	7595746476	247624586	115Invoice	14.17	708.69		694.52		7595746476	
10/13/2025	10/21/2025	7595746477	248011438	115Invoice	28.35	1,417.39		1,389.04		7595746477	
10/13/2025	10/21/2025	7595759653	253281048	115Invoice	0.01	0.32		0.31		7595759653	
10/13/2025	10/21/2025	7595759655	253366384	115Invoice	0.02	0.95		0.93		7595759655	
10/13/2025	10/21/2025	7595759657	249361517	115Invoice	0.02	0.95		0.93		7595759657	
10/13/2025	10/21/2025	7595759660	245382896	115Invoice	12.14	606.88		594.74		7595759660	
10/13/2025	10/21/2025	7595759662	245747047	115Invoice	24.28	1,213.76		1,189.48		7595759662	
10/13/2025	10/21/2025	7595759664	246007098	115Invoice	6.07	303.44		297.37		7595759664	
10/13/2025	10/21/2025	7595759667	245459941	115Invoice	6.69	334.56		327.87		7595759667	
10/13/2025	10/21/2025	7595759669	253366384	115Invoice	0.02	0.95		0.93		7595759669	
10/13/2025	10/21/2025	7595759671	253366384	115Invoice	0.04	1.90		1.86		7595759671	
10/13/2025	10/21/2025	7595759672	252529610	115Invoice	2.85	142.46		139.61		7595759672	
10/13/2025	10/21/2025	7595759673	252670797	115Invoice	2.85	142.46		139.61		7595759673	
10/13/2025	10/21/2025	7595759674	253366384	115Invoice	0.01	0.32		0.31		7595759674	
10/14/2025	10/21/2025	7596006617	246382445	115Invoice	1.71	85.63		83.92		7596006617	
10/14/2025	10/21/2025	7596006618	249702443	115Invoice	10.05	502.42		492.37		7596006618	
10/14/2025	10/21/2025	7596006619	243616762	115Invoice	35.76	1,787.86		1,752.10		7596006619	
10/14/2025	10/21/2025	7596006620	248068007	115Invoice	7.09	354.35		347.26		7596006620	
10/14/2025	10/21/2025	7596006621	253556380	115Invoice	10.93	546.47		535.54		7596006621	
10/14/2025	10/21/2025	7596006622	253632826	115Invoice	5.46	273.23		267.77		7596006622	
10/14/2025	10/21/2025	7596006623	243870715	115Invoice	3.12	156.02		152.90		7596006623	
10/14/2025	10/21/2025	7596006624	243749847	165Invoice	3.85	192.61		188.76		7596006624	
10/14/2025	10/21/2025	7596006625	244143254	195Invoice	21.02	1,051.10		1,030.08		7596006625	
10/14/2025	10/21/2025	7596006626	245459941	115Invoice	6.69	334.56		327.87		7596006626	
10/14/2025	10/21/2025	7596006627	243616762	115Invoice	55.05	2,752.44		2,697.39		7596006627	
10/14/2025	10/21/2025	7596006628	243743889	163Invoice	5.10	255.10		250.00		7596006628	
10/14/2025	10/21/2025	7596006629	244396938	195Invoice	3.83	191.55		187.72		7596006629	
10/14/2025	10/21/2025	7596006630	243749844	115Invoice	4.29	214.47		210.18		7596006630	
10/14/2025	10/21/2025	7596006631	243743889	163Invoice	2.85	142.33		139.48		7596006631	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/17/2025 Page: 003

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/17/2025

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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: 10/17/2025 Page: 003
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 10/17/2025 **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	
10/14/2025	10/21/2025	7596006632	244080790	115Invoice	59.55	2,977.74		2,918.19		7596006632	
10/14/2025	10/21/2025	7596006633	253556380	115Invoice	0.01	0.63		0.62		7596006633	
10/14/2025	10/21/2025	7596006634	243743890	195Invoice	0.03	1.58		1.55		7596006634	
10/14/2025	10/21/2025	7596006635	243612402	195Invoice	0.29	14.55		14.26		7596006635	
10/14/2025	10/21/2025	7596006636	243870717	165Invoice	0.09	4.44		4.35		7596006636	
10/14/2025	10/21/2025	7596006637	243616762	115Invoice	0.18	8.86		8.68		7596006637	
10/14/2025	10/21/2025	7596006639	253556380	115Invoice	0.01	0.63		0.62		7596006639	
10/14/2025	10/21/2025	7596006640	251251549	165Invoice	0.01	0.32		0.31		7596006640	
10/14/2025	10/21/2025	7596006641	253556380	115Invoice	0.01	0.63		0.62		7596006641	
10/14/2025	10/21/2025	7596006643	243870715	115Invoice	0.15	7.28		7.13		7596006643	
10/14/2025	10/21/2025	7596012706	251104823	195Invoice	0.15	7.59		7.44		7596012706	
10/15/2025	10/21/2025	7596245904	243865246	195Invoice	5.11	255.41		250.30		7596245904	
10/15/2025	10/21/2025	7596245905	243932732	115Invoice	0.49	24.28		23.79		7596245905	
10/15/2025	10/21/2025	7596245906	243749847	165Invoice	0.26	12.94		12.68		7596245906	
10/15/2025	10/21/2025	7596245907	248068007	115Invoice	7.09	354.35		347.26		7596245907	
10/15/2025	10/21/2025	7596245908	248285396	115Invoice	7.09	354.35		347.26		7596245908	
10/15/2025	10/21/2025	7596245909	245747047	115Invoice	5.41	270.70		265.29		7596245909	
10/15/2025	10/21/2025	7596245910	243865246	195Invoice	0.01	0.32		0.31		7596245910	
10/16/2025	10/21/2025	7596480962	247368547	115Invoice	12.26	613.18		600.92		7596480962	
10/16/2025	10/21/2025	7596480963	246108022	115Invoice	6.69	334.56		327.87		7596480963	
10/16/2025	10/21/2025	7596480964	253747142	115Invoice	0.01	0.32		0.31		7596480964	
10/17/2025	10/21/2025	7596701272	245459941	115Invoice	2.13	106.74		104.61		7596701272	
10/17/2025	10/21/2025	7596701273	245934552	115Invoice	2.13	106.74		104.61		7596701273	
10/17/2025	10/21/2025	7596701274	244000373	115Invoice	12.30	615.06		602.76		7596701274	
10/17/2025	10/21/2025	7596701275	246007098	115Invoice	6.07	303.44		297.37		7596701275	
10/17/2025	10/21/2025	7596701276	246253289	115Invoice	12.14	606.88		594.74		7596701276	
10/17/2025	10/21/2025	7596701277	253975017	115Invoice	0.01	0.63		0.62		7596701277	
10/17/2025	10/21/2025	7596701278	254040478	115Invoice	0.01	0.32		0.31		7596701278	
10/17/2025	10/21/2025	7596701279	254040478	115Invoice	0.03	1.27		1.24		7596701279	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/17/2025 Page: 004

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/17/2025

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

As of: 10/17/2025 Page: 004
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: 10/17/2025 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: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 36,931.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 81,282.39
10/13/2025

If Paid By 10/21/2025,
Pay This Amount: 36,193.02 USD

If Paid After 10/21/2025,
Pay this Amount: 36,931.68 USD

Due If Paid On Time:
USD 36,193.02

Disc lost if paid late:
738.66

Due If Paid Late:
USD 36,931.68

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: 10/17/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 10/17/2025

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

As of: 10/17/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 10/17/2025 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											
10/13/2025	10/21/2025	7595530987	B2510-055-238295	115Invoice	0.06	3.12		3.06		7595530987	
10/13/2025	10/21/2025	7595530988	B2510-055-238323	115Invoice	0.32	15.92		15.60		7595530988	

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: 19.04 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 81,282.39
10/13/2025

If Paid By 10/21/2025, Pay This Amount: 18.66 USD

If Paid After 10/21/2025, Pay this Amount: 19.04 USD

Due If Paid On Time: USD 18.66

Disc lost if paid late: 0.38

Due If Paid Late: USD 19.04

APPROVED ON
OCT 20 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

As of: 10/17/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 10/17/2025

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

As of: 10/17/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 10/17/2025 **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											
10/15/2025	10/21/2025	7596193542	4480646	115Invoice	0.05	2.71		2.66		7596193542	

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: 2.71 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 81,282.39
10/13/2025

If Paid By 10/21/2025, Pay This Amount: 2.66 USD

If Paid After 10/21/2025, Pay this Amount: 2.71 USD

Due If Paid On Time: USD 2.66

Disc lost if paid late: 0.05

Due If Paid Late: USD 2.71

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 70751045
Date: 10-17-2025

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:	1,478.26
Past Due:	0.00
Total Due:	1,478.26
Account Balance:	1,478.26

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-13-2025	10-24-2025	3229751836	7010742636	Invoice	337.03		0.00	337.03
10-13-2025	10-24-2025	3229751838	7010748155	Invoice	647.73		0.00	647.73
10-14-2025	10-24-2025	3229936810	7010752421	Invoice	10.31		0.00	10.31
10-15-2025	10-24-2025	3230091054	7010764809	Invoice	4.34		0.00	4.34
10-15-2025	10-24-2025	3230091055	7010764809	Invoice	257.69		0.00	257.69
10-16-2025	10-24-2025	3230224883	7010772846	Invoice	8.19		0.00	8.19
10-17-2025	10-24-2025	3230358433	7010778198	Invoice	212.97		0.00	212.97

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,478.26	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
10-24-2025	1,478.26
Total Due:	1,478.26

Processing Number 000000711152502 Document Type Customer Statement 20251018133821

AmerisourceBergen®

STATEMENT

Statement Number: 70734897
Date: 10-17-2025

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:	154.75
Past Due:	0.00
Total Due:	154.75
Account Balance:	154.75

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-13-2025	10-24-2025	3229776704	7010742457	Invoice	35.90		0.00	35.90
10-14-2025	10-24-2025	3229935705	7010752469	Invoice	3.21		0.00	3.21
10-15-2025	10-24-2025	3230056813	7010758995	Invoice	24.89		0.00	24.89
10-16-2025	10-24-2025	3230190150	7010764379	Invoice	7.57		0.00	7.57
10-17-2025	10-24-2025	3230316338	7010772091	Invoice	83.18		0.00	83.18

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
154.75	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
10-24-2025	154.75
Total Due:	154.75

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

		#### ###	ENTER:
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☐	"ENTER YOUR 4-DIGIT PIN"		
☐	"MAKE A PAYMENT, PRESS 1"		1
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941 #
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	25
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★	12
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 121,205.09 #
	"1 TO CONFIRM"		1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 63,162.94 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14,772.10 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 43,270.05 #
☐	"6-DIGIT SETTLEMENT DATE"	★	
	"1 TO CONFIRM"		1
☐	ACKNOWLEDGEMENT NUMBER		

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

"ENTER VOID CKS AS NEGATIVE NUMBERS"

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	10/3/2025					
PAY PERIOD: END	10/16/2025					
PAY DATE:	10/24/2025					
GROSS PAY:	$ 544,867.32			$ -		$ 544,867.32
DEDUCTIONS:						
A/R	$ 615.00					$ 615.00
ADVANC						$ -
BOOTS						$ -
MUTUAL CRITICAL ILLNESS						$ -
MUTUAL ACCIDENT						$ -
IRS TAX						$ -
MUTUAL SHORT TERM DIS						$ -
MUTUAL VISION	$ 791.28					$ 791.28
CAFÉ-D	$ 1,191.86					$ 1,191.86
CAFÉ-H	$ 28,414.08					$ 28,414.08
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ -					$ -
CLINIC						$ -
COMBIN	$ 228.60					$ 228.60
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE	$ 1,119.50					$ 1,119.50
MUTUAL HOSP INDEM	$ 563.50					$ 563.50
FED TAX	$ 43,270.05					$ 43,270.05
FICA-M	$ 7,386.05					$ 7,386.05
FICA-O	$ 31,581.47					$ 31,581.47
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 4,197.10					$ 4,197.10
FLX-FE	$ -					$ -
GIFT S	$ 278.97					$ 278.97
MUTUAL CRITICAL ILLNESS	$ 878.88					$ 878.88
MUTUAL ACCIDENT	$ 577.08					$ 577.08
MUTUAL SHORT TERM DIS	$ 1,818.78					$ 1,818.78
LEGAL	$ 934.95					$ 934.95
OTHER	$ 4,723.41					$ 4,723.41
NATIONAL FARM LIFE	$ 1,295.37					$ 1,295.37
MED SURCHARGE						$ -
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 895.00					$ 895.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 37,008.91					$ 37,008.91
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 167,769.84	$ -	$ -	$ -	$ -	$ 167,769.84
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
NET PAY:	$ 377,097.48	$ -	$ -	$ -	$ -	$ 377,097.48
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
TOTAL CAFÉ 125 PLAN:	$ 35,489.32	**Less Exempt:**				
TAXABLE PAY:	$ 509,378.00	$ 509,378.00				**Exempt Amt:**

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,385.98		
FICA - MED (EE)	1.45%	$ 7,385.98	$ 7,386.05	$ (0.07)
FICA - SOC SEC (ER)	6.20%	$ 31,581.44		
FICA - SOC SEC (EE)	6.20%	$ 31,581.44	$ 31,581.47	$ (0.03)
FED WITHHOLDING		$ 43,270.05	$ 43,270.05	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 121,204.89	$ 121,205.09	
FICA - MEDICARE	2.90%	$ 14,771.96	$14,772.10	
FICA - SOCIAL SECURITY	12.40%	$ 63,162.88	$63,162.94	**PREPARED BY:** Sariah Rubio
FED WITHHOLDING		**$ 43,270.05**	$43,270.05	**PREPARED DATE:** 10/20/2025
TOTAL TAX:		**$ 121,204.89**	**$121,205.09**	**$ (0.20)**

Final Summary

-- PayCode Summary --

PayCd	Description	Hrs	OT	SH	WZ	HO	CB	Gross
1	REGULAR PAY-S1	9611.50	N		N	N		231505.86
1	REGULAR PAY-S1	1930.00	N		N	N	N	97670.81
1	REGULAR PAY-S1	206.50	Y		N	N		9463.96
2	REGULAR PAY-S2	2435.00	N		N	N		68939.65
2	REGULAR PAY-S2	72.00	Y		N	N		3274.66
3	REGULAR PAY-S3	1603.00	N		N	N		55869.93
3	REGULAR PAY-S3	99.00	Y		N	N		4444.69
4	CALL BACK PAY	26.00	N	1	N	N	Y	1207.98
4	CALL BACK PAY	2.00	N	3	N	N	Y	127.87
4	CALL BACK PAY	2.00	Y	1	N	N	Y	102.56
C	CALL PAY	2228.75	N	1	N	N		4457.50
D	DOUBLE TIME	12.25	N	1	N	N		986.30
D	DOUBLE TIME	7.75	N	2	N	N		681.36
D	DOUBLE TIME	1.50	N	3	N	N		123.87
D	DOUBLE TIME	5.50	Y	3	N	N		805.16
E	EXTRA WAGES		N		N	N	N	17331.87
E	EXTRA WAGES		N	1	N	N	N	1907.50
I	INSERVICE	65.00	N	1	N	N		2603.61
I	INSERVICE	2.00	Y	1	N	N		114.71
K	EXTENDED-ILLNESS-BANK	210.00	N	1	N	N		7057.94
P	PAID-TIME-OFF	8.00	N		N	N	N	137.28
P	PAID-TIME-OFF	1094.00	N	1	N	N		35124.21
X	CALL PAY 2	238.00	N	1	N	N		476.00
Z	CALL PAY 3	144.00	N	1	N	N		432.00

-- Deductions Summary --

Code	Amount					
A/R	400.00	A/R2	215.00	A/R3		
ADVANC		AWARDS		BCBSVI		
BOOTS		CAFE H		CAFE-1		
CAFE-2		CAFE-3		CAFE-4		
CAFE-5		CAFE-C		CAFE-D	1191.86	
CAFE-F		CAFE-H	28414.08	CAFE-I		
CAFE-L		CAFE-P		CANCER		
CHILD		CLINIC		COMBIN	228.60	
CREDUN		DD ADV		DENTAL		
DEP-LF		DIS-LF		EAT		
EATCSH		EDTAX	43270.05	FICA-M	7386.05	
FICA-O	31581.47	FIRSTC		FLEX S	3670.10	
FLX FE		FORT D		FUTA		
GIFT S	278.91	GRANT		GRP-IN		
GTL		HOSP-I		HSA	527.00	
ID TFT		IRSTAX		LEAF		
LEGAL	221.95	MASA	713.00	MEALS	4322.49	
METVIS		MISC		MISC/		
MMCSHR		MOOACC	577.08	MOOILL	878.88	
MOOIND	563.56	MOOLIF	1119.50	MOOSTD	1818.78	
MOOVIS	791.28	NATFML	1295.37	OTHER		
PHI		PHI***		PR FIN		
RELAY		REPAY		SAMS		
SCRUBS		SIGNON		ST-TX		
STONDF	895.00	STONE		STONE2		
STUDEN		SUNACC		SUNILL		
SUNIND		SUNLIF		SUNSTD		
SUNVIS		SURCHG		TSA-1		
TSA-2		TSA-C		TSA-P		
TSA-R	37008.91	TUTION		UNIFOR	408.92	
UW/HOS						

-------------------- Grand Totals: 20004.75 ------- (Gross: 544867.32 Deductions: 167769.84 Net: 377097.48

Checks Count:- FT 197 PT 13 Other 44 Female 231 Male 22 Credit OverAmt 14 ZeroNet Term Total: 253

MSL

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	272000092	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	$241.38	1	SINGLETON ASSOCIATES PA	P	321	0	[redacted]	MRIO	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	269000587	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	269000666	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											

CC
10/13/25

APPROVED ON

OCT 20 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- Oct 14 2025 - Oct 19 2025

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
10/17/2025	PAY PLUS ACHTrans 93904220 101000699633852 P	- 3rd Party Payor Fee	569.62	901948
10/17/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	4105.74	901949
10/16/2025	PAY PLUS ACHTrans 93621732 101000697789847 P	- 3rd Party Payor Fee	65.16	901950
10/16/2025	HARLAND CLARKE CHK ORDERS 2FQM172802212R5 91	- Checks for NH Accounts	118.77	901951
10/15/2025	PAY PLUS ACHTrans 93394255 101000695451658 P	- 3rd Party Payor Fee	24.37	901952
10/15/2025	TEXAS COUNTY DRS RECEIVABLE 0419 21000024757	- Retirement Funding	177157.92	901953
10/15/2025	FDMS FDMS PYMT 052-1743548-000 4100012014993	- Credit Card Machine Lease Fee	80.06	901954
10/15/2025	FDMS FDMS PYMT 052-1743547-000 4100012014209	- Credit Card Machine Lease Fee	40.03	901955
10/15/2025	FDMS FDMS PYMT 052-2100911-000 4100012015527	- Credit Card Machine Lease Fee	45.64	901956
10/15/2025	FDMS FDMS PYMT 052-1737276-000 4100012013925	- Credit Card Machine Lease Fee	120.09	901957
10/14/2025	PAY PLUS ACHTrans 93173018 101000692804912 P	- 3rd Party Payor Fee	70.78	901958
10/14/2025	MCKESSON DRUG AUTO ACH ACH06737301 910000171	- 340B Drug Program Expense	81282.39	901959
			263,680.57	

October 20, 2025
Michelle Cumberland, CFO
Memorial Medical Center

*Approved on 10.15.25

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
			-

Michelle Cumberland
October 20, 2025
Michelle Cumberland, CFO
Memorial Medical Center

263,680.57 +
4,105.74 -
177,157.92 -
81,282.39 -
1,134.52 ◇
1,134.52 -
0.00 ◇

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

pay plus
569.62 +
65.16 +
24.37 +
70.78 +
729.93 ◇

chk order
118.77 +
118.77 ◇

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

729.93 +
118.77 +
285.82 +
1,134.52 ◇

Plan	Start Date	EE Per Pay Cost	ER Per Pay Cost
2025 Heath Equity Health Savings Account	10/1/2025	$40.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$30.00	$25.00
2025 Heath Equity Health Savings Account	2/1/2025	$5.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	10/1/2025	$15.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$137.00	$25.00
2025 Heath Equity Health Savings Account	10/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	9/1/2025	$10.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	3/1/2025	$5.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$50.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$25.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$175.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	9/1/2025	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$50.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	$10.00	$25.00
		$577.00	$600.00
	Total	$1,177.00	

Memorial Medical Center
Transfer Request

Amount: $ 500,000.00 ✓ **Date:** 10/20/2025

From Account: Prosperity Operating Account [redacted]

To Account: Prosperity Money Market [redacted]

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

Transfer from Prosperity Operating Account to Prosperity Money Market Account

Requested by: Michelle Cumberland **Date:** 10/20/2025

Authorized by: [signature] **Date:** 10/20/2025

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 16 2025

CALHOUN COUNTY, TEXAS

10/16/2025
11:03

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/07/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101025		10/16/202	10/10/202	11/07/202			3,771.00	0.00	0.00	3,771.00

ins. due into mmc opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	3,771.00	0.00	0.00	3,771.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,771.00	0.00	0.00	3,771.00

APPROVED ON

OCT 16 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 210887

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 16 2025

10/16/2025
11:04 CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/07/2025

0
ap_open_invoice.template

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
100825		10/16/202	10/08/202	11/07/202			20,421.73	0.00	0.00	20,421.73
100925		10/16/202	10/09/202	11/07/202			46,680.74	0.00	0.00	46,680.74
101025		10/16/202	10/10/202	11/07/202			48,019.07	0.00	0.00	48,019.07
101425A		10/16/202	10/14/202	11/07/202			10,059.89	0.00	0.00	10,059.89
101425		10/16/202	10/14/202	11/07/202			790.16	0.00	0.00	790.16
101425B		10/16/202	10/14/202	11/07/202			985.67	0.00	0.00	985.67

ins. pmt. dep. into mmc opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	126,957.26	0.00	0.00	126,957.26

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	126,957.26	0.00	0.00	126,957.26

APPROVED ON

OCT 16 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 210885

RECEIVED BY THE COUNTY AUDITOR ON

OCT 16 2025

CALHOUN COUNTY, TEXAS

10/16/2025 11:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/07/2025

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100825		10/16/202	10/08/202	11/07/202			359.21	0.00	0.00	359.21
100825A		10/16/202	10/08/202	11/07/202			160.08	0.00	0.00	160.08
100925		10/16/202	10/09/202	11/07/202			2,080.00	0.00	0.00	2,080.00
100925A		10/16/202	10/09/202	11/07/202			5,968.10	0.00	0.00	5,968.10
101025		10/16/202	10/10/202	11/07/202			196.88	0.00	0.00	196.88
101025A		10/16/202	10/10/202	11/07/202			14,908.50	0.00	0.00	14,908.50
101425		10/16/202	10/14/202	11/07/202			56,659.09	0.00	0.00	56,659.09
101425A		10/16/202	10/14/202	11/07/202			3,771.00	0.00	0.00	3,771.00
101425B		10/16/202	10/14/202	11/07/202			14,476.62	0.00	0.00	14,476.62

ins. pmt dep into MMC opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	98,579.48	0.00	0.00	98,579.48

APPROVED ON

OCT 16 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	98,579.48	0.00	0.00	98,579.48

Chk# 210888

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 16 2025

CALHOUN COUNTY, TEXAS

10/16/2025
11:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/07/2025

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
100825		10/16/202	10/08/202	11/07/202			833.60	0.00	0.00	833.60
100925		10/16/202	10/09/202	11/07/202			746.62	0.00	0.00	746.62

ins. pmt dep. into MMC opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	1,580.22	0.00	0.00	1,580.22

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,580.22	0.00	0.00	1,580.22

APPROVED ON

OCT 16 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 210886

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/20/2025

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		60.78	30.02	1,717.12			1,747.88	1,647.88
						Bank Balance	1,747.88	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Adjust Balance/Transfer Amt	1,647.88	
Broadmoor		102.30	-	-			-	102.30 0
						Bank Balance	102.30	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	2.30	
Crescent		100.76	-	-				100.76 0
						Bank Balance	100.76	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	0.76	
Fort Bend		120.82	-	-				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		5,230.61	5,199.14	-				31.47 0
						Bank Balance	31.47	
						Variance	0.00	
						Leave in Balance	100.00	

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

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

	Adjust Balance/Transfer Amt	(58.53)
TOTAL TRANSFERS		**1,647.88**

Approved:
Michelle Cumberland, CFO **10/20/2025**

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

J:\NH Weekly Transfers\NH UPL Transfer Summary\2025\NH UPL Transfer Summary 10.20.25

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/16/2025	HNB - ECHO HCCLAIMPMT 746003411 440000213877	-	1,717.12		1,717.12
10/15/2025	Enhanced Analysis Ch	30.02	-		-
			-		-
		✓	-	✓	-
					-
		30.02	**1,717.12**	**-**	**1,717.12**

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
	no activity	-			-
		-	-		-
		✓	✓		-
					-
					-
			-		-
		-	-	-	-

Crescent

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
	no activity	-			-
		-	-		-
			-		-
			-		-
			-		-
		✓	✓		-
					-
		-	-	-	-

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
	no activity				-
					-
					-
			-		-
		✓	-		-
			✓		-
					-
					-
					-
		-	-	-	-

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/15/2025	Enhanced Analysis Ch	68.53	-		-
10/15/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	5,130.61	-		-
					-
			✓		-
		✓			-
					-
		5,199.14	**-**	**-**	**-**

TOTALS	**1,717.12**	**-**	**1,717.12**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,329,417.48	$2,421,876.96	$2,329,417.48	$2,031,991.26
*4381 MEMORIAL MEDICAL / NH ASHFORD	$1,747.88 ✓	$1,747.88	$1,747.88	$1,747.88
*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	$31.47 ✓	$31.47	$31.47	$31.47
*4446 MEMORIAL MEDICAL / NH FORT BEND	$120.82 ✓	$120.82	$120.82	$120.82
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$31,064.86 ✓	$31,064.86	$31,064.86	$27,122.13
*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	$70,668.16 ✓	$70,668.16	$70,668.16	$180,238.23
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.26 ✓	$100.26	$100.26	$100.26
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$70,980.15 ✓	$127,531.32	$70,980.15	$130,269.09
*3407 MMC -NH TUSCANY VILLAGE	$361,849.18 ✓	$361,849.18	$361,849.18	$349,346.85
*2998 MMC -MONEY MARKET FUND	$68,830.50	$68,830.50	$68,830.50	$68,830.50
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$23,730.59	$23,730.59	$23,730.59	$23,730.59
Total Balance	**$2,963,572.04**	**$3,112,582.69**	**$2,963,572.04**	**$2,818,559.77**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10/20/2025

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		575,871.22	576,785.48	31,979.12		-	31,064.86	30,964.86
						Bank Balance	31,064.86	
						Variance	-	
						Leave in Balance	100.00	

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

Adjust Balance/Transfer Amt	30,964.86

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:
Michelle Cumberland, CFO 10/20/2025

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/17/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	983.00		983.00
10/17/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001971	-	1,574.00		1,574.00
10/17/2025	NOVITAS SOLUTION HCCLAIMPMT 676097 420000142	-	202.21		202.21
10/17/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	1,183.52		1,183.52
10/16/2025	244	63,491.39	-		-
10/16/2025	245	552.05	-		-
10/16/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	25.00		25.00
10/16/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	4,281.68		4,281.68
10/16/2025	HNB - ECHO HCCLAIMPMT 746003411 440000213877	-	529.25		529.25
10/16/2025	AETNA AS01 HCCLAIMPMT 1588075964 51000019591	-	2,698.30		2,698.30
10/15/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	511,727.78	-		-
10/15/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	1,476.60		1,476.60
10/15/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001984	-	3,782.00		3,782.00
10/15/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	10,895.93		10,895.93
10/14/2025	243	740.15	-		-
10/14/2025	242	274.11	-		-
10/14/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	1,100.00		1,100.00
10/14/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	793.00		793.00
10/14/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	2,454.63		2,454.63
					-
		576,785.48	**31,979.12**	**-**	**31,979.12**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,329,417.48	$2,421,876.96	$2,329,417.48	$2,031,991.26
*4381 MEMORIAL MEDICAL / NH ASHFORD	$1,747.88	$1,747.88	$1,747.88	$1,747.88
*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	$31.47	$31.47	$31.47	$31.47
*4446 MEMORIAL MEDICAL / NH FORT BEND	$120.82	$120.82	$120.82	$120.82
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$31,064.86	$31,064.86	$31,064.86	$27,122.13
*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	$70,668.16	$70,668.16	$70,668.16	$180,238.23
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.26	$100.26	$100.26	$100.26
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$70,980.15	$127,531.32	$70,980.15	$130,269.09
*3407 MMC -NH TUSCANY VILLAGE	$361,849.18	$361,849.18	$361,849.18	$349,346.85
*2998 MMC -MONEY MARKET FUND	$68,830.50	$68,830.50	$68,830.50	$68,830.50
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$23,730.59	$23,730.59	$23,730.59	$23,730.59
Total Balance	**$2,963,572.04**	**$3,112,582.69**	**$2,963,572.04**	**$2,818,559.77**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
10/20/2025

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		127,634.87	131,958.48	74,991.77	-	-		70,668.16	70,568.16
							Bank Balance	70,668.16	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	70,568.16	

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		100.26	-	-		-		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:
Michelle Cumberland, CFO 10/20/2025

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/17/2025	1155	130,291.92	-		-
10/17/2025	HNB - ECHO HCCLAIMPMT 746003411 440000260697	-	43.53		43.53
10/17/2025	HNB - ECHO HCCLAIMPMT 746003411 440000260697	-	5,177.57		5,177.57
10/17/2025	HNB - ECHO HCCLAIMPMT 746003411 440000261238	-	15,500.75		15,500.75
10/16/2025	HNB - ECHO HCCLAIMPMT 746003411 440000213877	-	1,769.69		1,769.69
10/15/2025	HNB - ECHO HCCLAIMPMT 746003411 440000270450	-	30,950.09		30,950.09
10/14/2025	1154	1,256.49	-		-
10/14/2025	1153	410.07	-		
10/14/2025	HNB - ECHO HCCLAIMPMT 746003411 440000279742	-	21,550.14		
			-		-
		131,958.48	74,991.77	-	53,441.63

Gulf Pointe Plaza-Medicare/Medicaid

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
	no activity				-
					-
		-	-	-	-
		131,958.48	74,991.77	-	53,441.63

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,329,417.48	$2,421,876.96	$2,329,417.48	$2,031,991.26
*4381 MEMORIAL MEDICAL / NH ASHFORD	$1,747.88	$1,747.88	$1,747.88	$1,747.88
*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	$31.47	$31.47	$31.47	$31.47
*4446 MEMORIAL MEDICAL / NH FORT BEND	$120.82	$120.82	$120.82	$120.82
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$31,064.86	$31,064.86	$31,064.86	$27,122.13
*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	$70,668.16	$70,668.16	$70,668.16	$180,238.23
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.26	$100.26	$100.26	$100.26
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$70,980.15	$127,531.32	$70,980.15	$130,269.09
*3407 MMC -NH TUSCANY VILLAGE	$361,849.18	$361,849.18	$361,849.18	$349,346.85
*2998 MMC -MONEY MARKET FUND	$68,830.50	$68,830.50	$68,830.50	$68,830.50
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$23,730.59	$23,730.59	$23,730.59	$23,730.59
Total Balance	**$2,963,572.04**	**$3,112,582.69**	**$2,963,572.04**	**$2,818,559.77**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
10/20/2025

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		289,436.21	289,336.21	361,749.18	-	-	-	361,849.18	361,749.18
							Bank Balance	361,849.18	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 361,749.18

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: NSC
Michelle Cumberland, CFO 10/20/2025

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/17/2025	HNB - ECHO HCCLAIMPMT 746003411 440000260198	-	12,502.33		12,502.33
10/16/2025	1192	66,151.46	-		-
10/16/2025	HNB - ECHO HCCLAIMPMT 746003411 440000213877	-	25,868.25		25,868.25
10/16/2025	HNB - ECHO HCCLAIMPMT 746003411 440000213846	-	4,986.10		4,986.10
10/16/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000197	-	10,350.38		10,350.38
10/15/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	223,184.75	-		-
10/15/2025	Merchant Capture Dep	-	741.21		741.21
10/15/2025	Deposit	-	188,165.76		188,165.76
10/15/2025	HNB - ECHO HCCLAIMPMT 746003411 440000269430	-	23,481.53		23,481.53
10/15/2025	HNB - ECHO HCCLAIMPMT 746003411 440000270962	-	53,993.71		53,993.71
10/15/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000118	-	11,388.40		11,388.40
10/14/2025	Deposit	-	23,297.03		23,297.03
10/14/2025	HNB - ECHO HCCLAIMPMT 746003411 440000279740	-	6,974.48		6,974.48
					-
		289,336.21	**361,749.18**	**-**	**361,749.18**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,329,417.48	$2,421,876.96	$2,329,417.48	$2,031,991.26
*4381 MEMORIAL MEDICAL / NH ASHFORD	$1,747.88	$1,747.88	$1,747.88	$1,747.88
*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	$31.47	$31.47	$31.47	$31.47
*4446 MEMORIAL MEDICAL / NH FORT BEND	$120.82	$120.82	$120.82	$120.82
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$31,064.86	$31,064.86	$31,064.86	$27,122.13
*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	$70,668.16	$70,668.16	$70,668.16	$180,238.23
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.26	$100.26	$100.26	$100.26
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$70,980.15	$127,531.32	$70,980.15	$130,269.09
*3407 MMC -NH TUSCANY VILLAGE	$361,849.18	$361,849.18	$361,849.18	$349,346.85
*2998 MMC -MONEY MARKET FUND	$68,830.50	$68,830.50	$68,830.50	$68,830.50
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$23,730.59	$23,730.59	$23,730.59	$23,730.59
Total Balance	**$2,963,572.04**	**$3,112,582.69**	**$2,963,572.04**	**$2,818,559.77**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
10/20/2025

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
Laveca Bay Nursing and Rehab		760,896.82	853,188.85	163,272.18			-	70,980.15	NO TRANSFER
							Bank Balance	70,980.15	
							Variance	(0.00)	
							Leave in Balance	100.00	
							Laveca Bay to Sweeny	1,549.05	
							Claims owed to MMC	73,460.95	
							Adjust Balance/Transfer Amt	(4,129.85)	(4,129.85)

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

Approved: MSL
Michelle Cumberlandt, CFO 10/20/2025

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/17/2025	1157	68,368.21	-		-
10/17/2025	NDC SWEEP FAC 02330 56009680010101 SWEEP FR	-	1,587.00		1,587.00
10/17/2025	HNB - ECHO HCCLAIMPMT 746003411 440000260697	-	2,805.36		2,805.36
10/17/2025	HNB - ECHO HCCLAIMPMT 746003411 440000261238	-	3,492.00		3,492.00
10/17/2025	HOSPICE OF SOUTH Payments NF 113122650024938	-	1,194.91		1,194.91
10/16/2025	1160	237,469.61	-		-
10/16/2025	1159	740.73	-		-
10/16/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000197	-	9,014.26		9,014.26
10/15/2025	WIRE OUT REG Leased OpCo LLC	452,669.22	-		-
10/15/2025	Deposit	-	30,931.18		30,931.18
10/15/2025	HNB - ECHO HCCLAIMPMT 746003411 440000270450	-	5,125.05		5,125.05
10/15/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	3,803.20		3,803.20
10/15/2025	CENTENE CORP HCCLAIMPMT 53101124112224	-	7,442.58		7,442.58
10/15/2025	CENTENE CORP HCCLAIMPMT 53101121557762	-	97,876.64		97,876.64
10/14/2025	1155	70,644.05	-		-
10/14/2025	1156	23,297.03	-		-
					-
		853,188.85	**163,272.18**	**-**	**163,272.18**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,329,417.48	$2,421,876.96	$2,329,417.48	$2,031,991.26
*4381 MEMORIAL MEDICAL / NH ASHFORD	$1,747.88	$1,747.88	$1,747.88	$1,747.88
*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	$31.47	$31.47	$31.47	$31.47
*4446 MEMORIAL MEDICAL / NH FORT BEND	$120.82	$120.82	$120.82	$120.82
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$31,064.86	$31,064.86	$31,064.86	$27,122.13
*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	$70,668.16	$70,668.16	$70,668.16	$180,238.23
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.26	$100.26	$100.26	$100.26
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$70,980.15	$127,531.32	$70,980.15	$130,269.09
*3407 MMC -NH TUSCANY VILLAGE	$361,849.18	$361,849.18	$361,849.18	$349,346.85
*2998 MMC -MONEY MARKET FUND	$68,830.50	$68,830.50	$68,830.50	$68,830.50
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$23,730.59	$23,730.59	$23,730.59	$23,730.59
Total Balance	**$2,963,572.04**	**$3,112,582.69**	**$2,963,572.04**	**$2,818,559.77**

Lavaca Bay Claims owed to MMC
194.11
28.95
20,201.67
983.09
15,388.25
159.41
22,073.55
3,234.15
1,613.09
3,918.60
389.96
76.12
719.82
4,261.24
218.94
73,460.95

APPROVED ON

OCT 20 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 001162

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 9-26-25

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $194.11 ✓

G/L NUMBER: 20656000

EXPLANATION: Medicare recoup from Lavaca Bay

REQUESTED BY: K. Pokluda

AUTHORIZED BY: ✓ CO

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC

Date Requested: 10-8-25

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT $28.95 ✓ G/L NUMBER: 20656000

EXPLANATION: Humana recoup- Lavaca Bay (7-7-25)

REQUESTED BY: K. Poklada AUTHORIZED BY: ✓ CCJ

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC Operating

Date Requested: 10/16/2025

APPROVED ON
OCT 20 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: $ 20,201.67

G/L NUMBER: 20656000

EXPLANATION: Medicare Recoup on MMC for Lavaca Bay patient

REQUESTED BY: Katrina Pokluda

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC Operating

Date Requested: 10/16/2025

APPROVED ON
OCT 20 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: $ 983.09

G/L NUMBER: 20656000

EXPLANATION: Medicare Recoup on MMC for Lavaca Bay patient

REQUESTED BY: Katrina Pokluda

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC Operating

Date Requested: 10/16/2025

APPROVED ON
OCT 20 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: $ 15,388.25 ✓

G/L NUMBER: 20656000

EXPLANATION: Medicare Recoup on MMC for Lavaca Bay patient

REQUESTED BY: Katrina Pokluda

AUTHORIZED BY: ✓ CDS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

mmc

Date Requested: 9-26-25

PAYEE

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT #159.41 ✓ G/L NUMBER: 2065600

EXPLANATION: Medicare recoup from Lavaca Bay

REQUESTED BY: K. Pokluda

AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

mmc

Date Requested: 9-26-25

PAYEE

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT $22,073.55 ✓ G/L NUMBER: 20656000

EXPLANATION: Humana recoup from Lavaca Bay

REQUESTED BY: K. Pokluda AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

Date Requested: 9-26-25

PAYEE: mmc

APPROVED ON OCT 20 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT $ 32345 ✓ G/L NUMBER: 20656000

EXPLANATION: Humana recoup from Lavaca Bay

REQUESTED BY: K. Pokluda AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

MMC

Date Requested: 9-26-25

PAYEE

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $1613.09 ✓ G/L NUMBER: 20656000

EXPLANATION: Humana recoup from Lavaca Bay

REQUESTED BY: K. Pokluda AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 9-26-25

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $3918.60 ✓ G/L NUMBER: 20656000

EXPLANATION: Humana recoup from Lavaca Bay

REQUESTED BY: K. Pokluda AUTHORIZED BY: ✓ CQ

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 9.26.25

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT #389.96 ✓ G/L NUMBER: 20656000

EXPLANATION: Humana recoup from Lavaca Bay

✓

REQUESTED BY: K. Pokluda AUTHORIZED BY:

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 9-26-25

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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

AMOUNT $76.12 ✓ G/L NUMBER: 2065000

EXPLANATION: Medicare recoup - Lavaca Bay

REQUESTED BY: K. Pokluda

AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 9-26-25

APPROVED ON
OCT 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $71982 ✓ G/L NUMBER: 20056000

EXPLANATION: Medicare recoup- Lavaca Bay

REQUESTED BY: K. Pokluda AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC

Date Requested: 9-30-25

APPROVED ON OCT 20 2025 BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

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

AMOUNT $4261.24 ✓ G/L NUMBER: 20056000

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 20 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $218.94 ✓ G/L NUMBER: 20656000

EXPLANATION: Medicare recoup - Lavaca Bay

REQUESTED BY: K. Pokleda AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

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

001162

Date 10/23/25

88-2265/1131

PAY
TO THE ORDER OF Memorial medical Center $ 73,460.95

Seventy three thousand - four hundred sixty dollars - ninety five cents DOLLARS

PROSPERITY BANK®

FOR Claims owed to MMC

Security features are included. Details on back.

RUN DATE:10/23/25 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:24 CHECK REGISTER GLCKREG
10/23/25 THRU 10/23/25

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
BSL	001162	10/23/25	73,460.95	MMC OPERATING
TOTALS:			73,460.95	