MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 29, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	961,902.10
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	864,844.44
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED October 29, 2025	$	1,826,746.54

APPROVED

OCT 29 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 29, 2025

PAYABLES AND PAYROLL			
10/23/2025	Weekly Payables	284,696.69	
10/27/2025	McKesson-340B Prescription Expense	15,948.45	
10/27/2025	Amerisource Bergen-340B Prescription Expense	120.97	
10/27/2025	Amerisource Bergen-340B Prescription Expense	282.41	
	Prosperity Electronic Bank Payments		
10/27/2025	90 Degree Benefits - employee insurance claims	20,801.00	
10/27/2025	90 Degree Benefits - employee insurance claims	48,355.50	
10/27/2025	90 Degree Benefits - employee insurance claims	96,801.60	
10/27/2025	90 Degree Benefits - employee insurance claims	412,018.03	
10/27/2025	HPHG - October healh insurance premium payment	80,198.66	
10/27/2025	Pay Plus-Patient Claims Processing Fee	2,678.79	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 961,902.10**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
10/27/2025	Nursing Home UPL-Nexion Transfer	258,459.95	
10/27/2025	Nursing Home UPL-HMG Transfer	66,063.49	
10/27/2025	Nursing Home UPL-Tuscany Transfer	447,348.37	
10/27/2025	Nursing Home UPL-HSL Transfer	23,408.88	
QIPP CHECKS TO MMC			
10/27/2025	Lavaca Bay-QIPP Y6 Final IGT Recon	283.74	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
10/27/2025	Lavaca Bay to MMC - Claims owed to MMC/Medicare Recoup	65,647.36	
10/27/2025	Crescent to MMC-Medicare Recoup	718.78	
10/27/2025	Fort Bend to MMC-Humana Recoup	1,571.29	
10/27/2025	Solera to MMC-Medicare Recoup	1,342.58	
TOTAL NURSING HOME UPL EXPENSES			**$ 864,844.44**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED October 29, 2025			**$ 1,826,746.54**

RECEIVED BY THE
COUNTY AUDITOR ON
OCT 23 2025
CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
17272	ALAN KNIGHT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101525A		10/21/202	10/21/202	10/21/202			46.16	0.00	0.00	46.16
	TRAVEL REIMB - Watermelon Lowes Pickup									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17272	ALAN KNIGHT	46.16	0.00	0.00	46.16

Vendor#	Vendor Name	Class	Pay Code
A1705	ALIMED INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV004502532		10/13/202	10/10/202	10/25/202			171.73	0.00	0.00	171.73
	Electrode Valumade									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	171.73	0.00	0.00	171.73

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
1RM9F377F1CJ		10/13/202	10/08/202	11/07/202			1,586.73	0.00	0.00	1,586.73
	SUPPLIES									
1LWJ19LVPKK6		10/15/202	10/13/202	11/12/202			269.75	0.00	0.00	269.75
1KTFMRRGTY4X	Bathmate Door Swing Cartridge	10/20/202	10/13/202	11/12/202			219.37	0.00	0.00	219.37
167QNM3GWLNW	Labwire Display Case/ Water Test Strips Poly Sheet Protectors	10/20/202	10/14/202	11/13/202			14.29	0.00	0.00	14.29

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	2,090.14	0.00	0.00	2,090.14

Vendor#	Vendor Name	Class	Pay Code
17836	ANDRIE FLORES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101625		10/22/202	10/16/202	10/16/202			64.94	0.00	0.00	64.94
	SOFTWARE - Security Video									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17836	ANDRIE FLORES	64.94	0.00	0.00	64.94

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
7000105863		10/22/202	07/08/202	07/09/202			6,897.40	0.00	0.00	6,897.40
	Software									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX, LLC	6,897.40	0.00	0.00	6,897.40

Vendor#	Vendor Name	Class	Pay Code
14088	AZALEA HEALTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
131554		10/21/202	10/01/202	10/01/202			712.80	0.00	0.00	712.80
	OCTOBER 2025									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14088	AZALEA HEALTH	712.80	0.00	0.00	712.80

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
84616430		10/20/202	10/01/202	10/26/202			631.20	0.00	0.00	631.20
	Lease/Contract 10/1 - 11/1/25									

84615468		10/20/202 10/01/202 10/26/202			3,071.40	0.00	0.00	3,071.40
	Lease Billing - Pumps/Software 10/1 - 11/1 25							
84647925		10/20/202 10/10/202 11/04/202			191.61	0.00	0.00	191.61
	Measer / Valves Adapter							
84653847		10/20/202 10/13/202 11/07/202			46.04	0.00	0.00	46.04
	Sterile water for irrigation							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	3,940.25	0.00	0.00	3,940.25

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112284242		10/08/202	10/08/202	11/02/202			107.58	0.00	0.00	107.58
	Process Sprue									
112290400		10/13/202	10/09/202	11/03/202			181.28	0.00	0.00	181.28
	Contrad / Process									
112295215		10/16/202	10/13/202	11/07/202			5,016.58	0.00	0.00	5,016.58
	LAB SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	5,305.44	0.00	0.00	5,305.44

Vendor# 10024 — Vendor Name: BECTON, DICKINSON & CO (BD) — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9114887013		10/20/202	10/14/202	11/13/202			273.25	0.00	0.00	273.25
	Safesite 20Ga									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10024	BECTON, DICKINSON & CO (BD)	273.25	0.00	0.00	273.25

Vendor# 11072 — Vendor Name: BIO-RAD LABORATORIES, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
908597598		10/20/202	09/24/202	10/20/202			445.24	0.00	0.00	445.24
	Ethanol / Ammonia									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	445.24	0.00	0.00	445.24

Vendor# B1650 — Vendor Name: BOSART LOCK & KEY INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
130597		10/15/202	10/14/202	11/13/202			84.00	0.00	0.00	84.00
	14 keys									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC	84.00	0.00	0.00	84.00

Vendor# 11295 — Vendor Name: CALHOUN COUNTY INDIGENT ACCOUN — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101525		10/21/202	10/15/202	10/16/202			50.00	0.00	0.00	50.00
	INDIGENT COPAYS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN	50.00	0.00	0.00	50.00

Vendor# 10541 — Vendor Name: CARESFIELD — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
200031361		10/08/202	10/03/202	11/02/202			81.50	0.00	0.00	81.50
	Blood Collection Set / Holder for Blood Tubes									
200031452		10/20/202	10/14/202	11/13/202			751.18	0.00	0.00	751.18
	Supplies									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	10541	CARESFIELD					832.68	0.00	0.00	832.68
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
	101425		10/22/202	10/14/202	11/05/202		159.56	0.00	0.00	159.56
	101425A	WATER	10/22/202	10/14/202	11/05/202		52.01	0.00	0.00	52.01
	101425B	WATER	10/22/202	10/14/202	11/05/202		3,638.08	0.00	0.00	3,638.08
	101425C	WATER	10/22/202	10/14/202	11/05/202		120.74	0.00	0.00	120.74
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		C1730	CITY OF PORT LAVACA				3,970.39	0.00	0.00	3,970.39
Vendor#	Vendor Name				Class	Pay Code				
17980	CMG TEXAS MEDIA LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	093025	VICTORIA ADVOCATE	10/22/202	10/15/202	10/15/202		598.00	0.00	0.00	598.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		17980	CMG TEXAS MEDIA LLC				598.00	0.00	0.00	598.00
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
	701280623		10/08/202	10/06/202	11/05/202		42.50	0.00	0.00	42.50
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		S1405	CORPORATE ACCOUNTING				42.50	0.00	0.00	42.50
Vendor#	Vendor Name				Class	Pay Code				
10006	CUSTOM ASSEMBLIES, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV22630		10/20/202	10/15/202	10/20/202		802.64	0.00	0.00	802.64
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10006	CUSTOM ASSEMBLIES, INC				802.64	0.00	0.00	802.64
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
	8113001		10/20/202	10/16/202	11/10/202		2.21	0.00	0.00	2.21
	8120070		10/20/202	10/17/202	11/11/202		863.32	0.00	0.00	863.32
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				865.53	0.00	0.00	865.53
Vendor#	Vendor Name				Class	Pay Code				
14800	DIRECTV ENTERTAINMENT HOLDINGS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	251012	TV SERVICE	10/22/202	10/22/202	10/31/202		499.20	0.00	0.00	499.20
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14800	DIRECTV ENTERTAINMENT HOLDINGS				499.20	0.00	0.00	499.20
Vendor#	Vendor Name				Class	Pay Code				
11091	ECOLAB									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	6355346109	MPPA CHARGES	10/21/202	10/10/202	10/10/202		300.00	0.00	0.00	300.00

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11091	ECOLAB					300.00	0.00	0.00	300.00

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
44809		10/22/202	10/31/202	11/10/202			40,062.50	0.00	0.00	40,062.50
	PHYS SERVICES 16TH-EOM DUE 2025									

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
15832	EVERON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
159782777		10/21/202	10/02/202	11/01/202			58.43	0.00	0.00	58.43
	FIRE MONITORING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15832	EVERON	58.43	0.00	0.00	58.43

Vendor#	Vendor Name	Class	Pay Code
14336	FIRETRON, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
302358		10/22/202	10/14/202	11/13/202			703.00	0.00	0.00	703.00
	REPAIR / heat Detector 3rd floor									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14336	FIRETRON, INC	703.00	0.00	0.00	703.00

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4264394		10/20/202	10/13/202	11/07/202			6,824.22	0.00	0.00	6,824.22
4296144	Lab Supplies	10/21/202	10/14/202	11/08/202			54.09	0.00	0.00	54.09
	LAB SUPPLIES									
4296145		10/21/202	10/14/202	11/08/202			2,081.25	0.00	0.00	2,081.25
	LAB SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	8,959.56	0.00	0.00	8,959.56

Vendor#	Vendor Name	Class	Pay Code
12404	GE PRECISION HEALTHCARE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6003064548		10/21/202	10/13/202	11/12/202			2,083.69	0.00	0.00	2,083.69
	SERFVICE AGREEMENT 11/18/25									
6003064550		10/21/202	10/13/202	11/12/202			1,406.60	0.00	0.00	1,406.60
	SERVICE AGREEMENT 11/18/25									
6003064549		10/21/202	10/13/202	11/12/202			50.32	0.00	0.00	50.32
	SERVICE AGREEMENT 11/18/25									
6003064551		10/21/202	10/13/202	11/12/202			35.81	0.00	0.00	35.81
	SERVICE AGREEMENT 11/18/25									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC	3,576.42	0.00	0.00	3,576.42

Vendor#	Vendor Name	Class	Pay Code
G1210	GULF COAST PAPER COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2692923		10/20/202	10/14/202	11/13/202			305.70	0.00	0.00	305.70
	Shines									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	305.70	0.00	0.00	305.70

Vendor#	Vendor Name	Class	Pay Code
H0032	H + H SYSTEM, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
048141		10/20/202	10/10/202	10/20/202			23.25	0.00	0.00	23.25

Sewing Bags

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0032	H + H SYSTEM, INC.	23.25	0.00	0.00	23.25

Vendor#	Vendor Name	Class	Pay Code
H1100	HAYES ELECTRIC SERVICE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A225101301		10/22/202	10/13/202	10/23/202			159.99	0.00	0.00	159.99
	PARTS FOR SURGERY AC REPAI									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H1100	HAYES ELECTRIC SERVICE	159.99	0.00	0.00	159.99

Vendor#	Vendor Name	Class	Pay Code
14916	HEWLETT-PACKARD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100001460137		10/22/202	10/17/202	10/17/202			573.53	0.00	0.00	573.53
	RENTAL LEASE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14916	HEWLETT-PACKARD	573.53	0.00	0.00	573.53

Vendor#	Vendor Name	Class	Pay Code
10833	JAIME'S AUTO SHOP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
53609		10/22/202	09/23/202	09/23/202			250.00	0.00	0.00	250.00
	UPHOLSTERY	4 Stool bottoms								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10833	JAIME'S AUTO SHOP	250.00	0.00	0.00	250.00

Vendor#	Vendor Name	Class	Pay Code
J1400	JOHNSON & JOHNSON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
943930606		10/08/202	09/24/202	10/20/202			4,300.00	0.00	0.00	4,300.00
		Supplies								
943932976		10/08/202	09/24/202	10/20/202			4,435.00	0.00	0.00	4,435.00
		Supplies								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	J1400	JOHNSON & JOHNSON	8,735.00	0.00	0.00	8,735.00

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102225		10/22/202	10/22/202	10/22/202			895.00	0.00	0.00	895.00
	PAYROLL CLEARING									

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

Vendor#	Vendor Name	Class	Pay Code
15200	MANAGED CARE PARTNERS INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6863		10/22/202	11/01/202	11/01/202			515.00	0.00	0.00	515.00
	PROF SERVICES 110125									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15200	MANAGED CARE PARTNERS INC.	515.00	0.00	0.00	515.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24458953		10/14/202	10/08/202	10/23/202			87.01	0.00	0.00	87.01
		Wrap								
24481061		10/20/202	10/14/202	10/29/202			115.27	0.00	0.00	115.27
		Urethral pac								

13548067		10/21/202	05/31/202	05/31/202	6.13	0.00	0.00	6.13
13582755		10/21/202	06/30/202	06/30/202	2.36	0.00	0.00	2.36
	INTEREST CHARGE							
13616969		10/21/202	07/31/202	07/31/202	4.18	0.00	0.00	4.18
13651366		10/21/202	08/31/202	08/31/202	5.57	0.00	0.00	5.57
13685222		10/21/202	09/30/202	09/30/202	5.78	0.00	0.00	5.78
24510112		10/21/202	10/20/202	11/04/202	85.86	0.00	0.00	85.86
	Syringe							
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC			312.16	0.00	0.00	312.16

Vendor#	Vendor Name	Class	Pay Code
11612	MEDICAL AIR SERVICES ASSOC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2213050		10/21/202	10/21/202	10/21/202			1,426.00	0.00	0.00	1,426.00
	PAYROLL CLEARING									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11612	MEDICAL AIR SERVICES ASSOC.					1,426.00	0.00	0.00	1,426.00

Vendor#	Vendor Name	Class	Pay Code
18092	MEDICAL SOLUTIONS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
201037343		10/22/202	10/14/202	11/10/202			2,656.50	0.00	0.00	2,656.50
	AGENCY STAFFING / Theresia Nguyen									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	18092	MEDICAL SOLUTIONS LLC					2,656.50	0.00	0.00	2,656.50

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
2393325610		10/20/202	10/13/202	11/07/202			265.21	0.00	0.00	265.21
	Urine Test									
2393511983		10/20/202	10/14/202	11/08/202			142.56	0.00	0.00	142.56
	Twill-S 3pk									
2393511984		10/20/202	10/14/202	11/08/202			127.88	0.00	0.00	127.88
	"		"							
2393612580		10/20/202	10/15/202	11/09/202			9.13	0.00	0.00	9.13
	Splint									
2393612587		10/20/202	10/15/202	11/09/202			1,416.46	0.00	0.00	1,416.46
	Catheter Pack / Gradiance / baby wipes / ext									
2393615201		10/20/202	10/15/202	11/09/202			23.44	0.00	0.00	23.44
	Catheter									
2393612582		10/20/202	10/15/202	11/09/202			515.58	0.00	0.00	515.58
	Gauze Suture / Exc.									
2393612591		10/20/202	10/15/202	11/09/202			102.60	0.00	0.00	102.60
	Staminus pack Test									
2393612599		10/20/202	10/15/202	11/09/202			510.47	0.00	0.00	510.47
	Supplies									
2393612595		10/20/202	10/15/202	11/09/202			5,557.89	0.00	0.00	5,557.89
2393802056		10/20/202	10/16/202	11/10/202			83.89	0.00	0.00	83.89
	Wrap bowtie									
2394307845		10/20/202	10/18/202	11/12/202			57.81	0.00	0.00	57.81

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	M2470	MEDLINE INDUSTRIES INC					8,812.92	0.00	0.00	8,812.92
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
	102225		10/22/202	10/22/202	10/22/202		235.33	0.00	0.00	235.33
		GIFT SHOP DEDUCTS								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				235.33	0.00	0.00	235.33
Vendor#	Vendor Name				Class	Pay Code				
10680	MMC EMPLOYEES ACTIVITIES TEAM									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	101625		10/21/202	10/16/202	10/16/202		1,740.00	0.00	0.00	1,740.00
		REIMB FOR PAYROLL DED								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10680	MMC EMPLOYEES ACTIVITIES TEAM				1,740.00	0.00	0.00	1,740.00
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
	3972146		10/22/202	10/15/202	10/25/202		49.06	0.00	0.00	49.06
		SUPPLIES								
	3969803		10/22/202	10/15/202	10/25/202		125.95	0.00	0.00	125.95
		SUPPLIES								
	3972145		10/22/202	10/15/202	10/25/202		12.41	0.00	0.00	12.41
		SUPPLIES								
	3969802		10/22/202	10/15/202	10/25/202		43.44	0.00	0.00	43.44
		SUPPLIES								
	3977065		10/22/202	10/16/202	10/26/202		251.90	0.00	0.00	251.90
		SUPPLIES								
	0171557		10/22/202	10/16/202	10/26/202		675.84	0.00	0.00	675.84
		SUPPLIES								
	3977066		10/22/202	10/16/202	10/26/202		1,525.34	0.00	0.00	1,525.34
		SUPPLIES								
	3982472		10/22/202	10/19/202	10/29/202		42.65	0.00	0.00	42.65
		SUPPLIES								
	3982470		10/22/202	10/19/202	10/29/202		74.79	0.00	0.00	74.79
		SUPPLIES								
	3982471		10/22/202	10/19/202	10/29/202		5.59	0.00	0.00	5.59
		SUPPLIES								
	3983802		10/22/202	10/19/202	10/29/202		512.16	0.00	0.00	512.16
		SUPPLIES								
	3983803		10/22/202	10/19/202	10/29/202		1,064.47	0.00	0.00	1,064.47
		SUPPLIES								
	3985839		10/22/202	10/20/202	10/30/202		827.73	0.00	0.00	827.73
		SUPPLIES								
	3988551		10/22/202	10/20/202	10/30/202		875.05	0.00	0.00	875.05
		SUPPLIES								
	3988552		10/22/202	10/20/202	10/30/202		287.10	0.00	0.00	287.10
		SUPPLIES								
	3993807		10/22/202	10/21/202	10/31/202		74.96	0.00	0.00	74.96
		SUPPLIES								
	0172283		10/22/202	10/21/202	10/31/202		631.42	0.00	0.00	631.42
		SUPPLIES								
	3993808		10/22/202	10/21/202	10/31/202		1,679.33	0.00	0.00	1,679.33
		SUPPLIES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC				8,759.19	0.00	0.00	8,759.19

Vendor#	Vendor Name	Class	Pay Code
M2659	MXR IMAGING, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8801292372		10/08/202	09/23/202	10/23/202			186.78	0.00	0.00	186.78

Transducer Covers

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	186.78	0.00	0.00	186.78

Vendor#	Vendor Name	Class	Pay Code
12388	NATIONAL FARM LIFE INSURANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4597114		10/21/202	10/10/202	11/01/202			2,843.84	0.00	0.00	2,843.84
	PAYROLL CLEARING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LIFE INSURANCE	2,843.84	0.00	0.00	2,843.84

Vendor#	Vendor Name	Class	Pay Code
10152	PARTSSOURCE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
05985333		10/20/202	10/02/202	11/01/202			108.04	0.00	0.00	108.04

O Rings for TEE wtr

05986286		10/20/202	10/02/202	11/01/202			70.94	0.00	0.00	70.94

Lever Depression Sensor

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC	178.98	0.00	0.00	178.98

Vendor#	Vendor Name	Class	Pay Code
S0905	PERFORMANCE HEALTH	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN9924698		10/20/202	10/13/202	11/07/202			34.08	0.00	0.00	34.08

Prayer Spoon

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0905	PERFORMANCE HEALTH	34.08	0.00	0.00	34.08

Vendor#	Vendor Name	Class	Pay Code
16160	PHELPS DUNBAR LLP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1449812		10/22/202	10/15/202	10/15/202			460.00	0.00	0.00	460.00
	PROF SERVICES THROUGH 0930									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16160	PHELPS DUNBAR LLP	460.00	0.00	0.00	460.00

Vendor#	Vendor Name	Class	Pay Code
10032	PHILIPS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9028638373		10/21/202	07/24/202	08/18/202			237.30	0.00	0.00	237.30

easy Lure Wtr

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE	237.30	0.00	0.00	237.30

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
A123483		10/22/202	10/15/202	10/25/202			77.84	0.00	0.00	77.84
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE	77.84	0.00	0.00	77.84

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
9360133225		10/08/202	10/06/202	11/05/202			204.36	0.00	0.00	204.36

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)					204.36	0.00	0.00	204.36

Vendor#	Vendor Name			Class	Pay Code					
11932	PRESS GANEY ASSOCIATES, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	CM000000824		10/22/202	06/06/202	07/06/202			-701.83	0.00	0.00	-701.83
	IN000710836		10/22/202	06/30/202	07/30/202			2,952.47	0.00	0.00	2,952.47

Credit

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11932	PRESS GANEY ASSOCIATES, INC.	2,250.64	0.00	0.00	2,250.64

Vendor#	Vendor Name			Class	Pay Code					
12480	PRO ENERGY PARTNERS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	R7925		10/22/202	10/16/202	10/31/202			1,784.30	0.00	0.00	1,784.30
		NATURAL GAS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LLC	1,784.30	0.00	0.00	1,784.30

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
	9100125687		10/14/202	10/08/202	11/07/202			69.79	0.00	0.00	69.79
		BLOOD BANK SUPPLIES									
	9100125685		10/14/202	10/08/202	11/07/202			787.53	0.00	0.00	787.53
		BLOOD BANK SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1416	QUIDELORTHO SALES COMPANY LLC	857.32	0.00	0.00	857.32

Vendor#	Vendor Name			Class	Pay Code					
11080	RADSOURCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	PSI007466		10/21/202	10/12/202	11/06/202			2,050.00	0.00	0.00	2,050.00
		SERVICE AGREEMENT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	2,050.00	0.00	0.00	2,050.00

Vendor#	Vendor Name			Class	Pay Code					
10699	SIGN AD, LTD.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	318659		10/22/202	10/16/202	10/26/202			440.00	0.00	0.00	440.00

Advertising lease space 10/22 - 11/18/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	440.00	0.00	0.00	440.00

Vendor#	Vendor Name			Class	Pay Code					
S2362	SMITH & NEPHEW, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	984635457		10/21/202	10/20/202	10/21/202			7,250.00	0.00	0.00	7,250.00
		SURGERY SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.	7,250.00	0.00	0.00	7,250.00

Vendor#	Vendor Name			Class	Pay Code					
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	I07054619		10/22/202	10/15/202	11/09/202			7,079.00	0.00	0.00	7,079.00
		BLOOD BANK									
	CM16044		10/22/202	10/15/202	11/09/202			-3,360.00	0.00	0.00	-3,360.00
		BLOOD BANK									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	11296	SOUTH TEXAS BLOOD & TISSUE CEN					3,719.00	0.00	0.00	3,719.00
Vendor#	Vendor Name				Class	Pay Code				
S2694	STANFORD VACUUM SERVICE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	266573		10/22/202	10/14/202	10/22/202			625.00	0.00	0.00	625.00
		Pump Exhaust Trap									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2694	STANFORD VACUUM SERVICE					625.00	0.00	0.00	625.00
Vendor#	Vendor Name				Class	Pay Code				
S3940	STERIS CORPORATION				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	14431306		10/20/202	10/10/202	11/04/202			18.53	0.00	0.00	18.53
		Printer Ribbon									
	14442382		10/20/202	10/14/202	11/08/202			447.74	0.00	0.00	447.74
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S3940	STERIS CORPORATION					466.27	0.00	0.00	466.27
Vendor#	Vendor Name				Class	Pay Code				
17248	SUMMIT PAIN AND WELLNESS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1331		10/15/202	10/12/202	11/11/202			2,880.00	0.00	0.00	2,880.00
		EVU's 10/2025									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17248	SUMMIT PAIN AND WELLNESS					2,880.00	0.00	0.00	2,880.00
Vendor#	Vendor Name				Class	Pay Code				
T2539	T-SYSTEM, INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2025122		10/15/202	10/10/202	11/09/202			146.00	0.00	0.00	146.00
		ER SOFTWARE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC					146.00	0.00	0.00	146.00
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
	0026021		10/22/202	10/16/202	10/17/202			6,915.00	0.00	0.00	6,915.00
		Jennifer Stephens 10/11/25									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10758	TEXAS SELECT STAFFING, LLC					6,915.00	0.00	0.00	6,915.00
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
	T2510081378		10/23/202	10/08/202	11/02/202			108,683.14	0.00	0.00	108,683.14
		BUSINESS OFFICE SERVICES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C2510	TRUBRIDGE					108,683.14	0.00	0.00	108,683.14
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
	2921071247		10/15/202	10/13/202	11/07/202			248.41	0.00	0.00	248.41
		UNIFORM									
	2921071037		10/22/202	10/09/202	11/03/202			3,056.43	0.00	0.00	3,056.43
		Supplies									
	2921071075		10/22/202	10/09/202	11/03/202			432.97	0.00	0.00	432.97
		UNIFORMS									
	2921071239		10/22/202	10/13/202	11/07/202			3,592.37	0.00	0.00	3,592.37
		Laundry									

2921071632		10/22/202	10/16/202	11/10/202		385.82	0.00	0.00	385.82
	UNIFORMS								
2921071614		10/22/202	10/16/202	11/10/202		289.83	0.00	0.00	289.83
	UNIFORMS								
2921071619		10/22/202	10/16/202	11/10/202		289.05	0.00	0.00	289.05
	UNIFORMS								
2921071605		10/22/202	10/16/202	11/10/202		357.17	0.00	0.00	357.17
	UNIFORMS								
2921071594		10/22/202	10/16/202	11/10/202		3,066.08	0.00	0.00	3,066.08
	UNIFORMS								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	11,718.13	0.00	0.00	11,718.13

Vendor#	Vendor Name	Class	Pay Code
U2000	US POSTAL SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102025		10/21/202	10/20/202	10/20/202			2,200.00	0.00	0.00	2,200.00
	POSTAGE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE	2,200.00	0.00	0.00	2,200.00

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9111993585		10/08/202	10/06/202	10/31/202			103.82	0.00	0.00	103.82
9112000106		10/20/202	10/13/202	11/07/202			522.60	0.00	0.00	522.60
9112000105		10/20/202	10/13/202	11/07/202			374.86	0.00	0.00	374.86
9112003819		10/20/202	10/15/202	11/09/202			1,571.66	0.00	0.00	1,571.66

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	2,572.94	0.00	0.00	2,572.94

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS00007547		10/22/202	10/14/202	11/12/202			6,400.00	0.00	0.00	6,400.00
	SEPTEMBER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	6,400.00	0.00	0.00	6,400.00

Vendor#	Vendor Name	Class	Pay Code
17880	YOUR PHONE GUYS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
22595		10/15/202	10/14/202	11/13/202			1,000.00	0.00	0.00	1,000.00
	ALLWRX PHONE SERVICE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17880	YOUR PHONE GUYS LLC	1,000.00	0.00	0.00	1,000.00

Vendor#	Vendor Name	Class	Pay Code
Z1005	ZIMMER US, INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9004253573		10/22/202	10/15/202	10/22/202			1,764.00	0.00	0.00	1,764.00

APPROVED ON
OCT 23 2025
BY AUDITOR
CALHOUN COUNTY TEXAS

Verify line

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	Z1005	ZIMMER US, INC.	1,764.00	0.00	0.00	1,764.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	284,696.69	0.00	0.00	284,696.69

Chk# 210892 210900

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	210892	10/29/25	46.16	ALAN KNIGHT
A/P	210893	10/29/25	171.73	ALIMED INC.
A/P	210894	10/29/25	2,090.14	AMAZON CAPITAL SERVICES
A/P	210895	10/29/25	64.94	ANDRIE FLORES
A/P	210896	10/29/25	6,897.40	AUTHORITYRX, LLC
A/P	210897	10/29/25	712.80	AZALEA HEALTH
A/P	210898	10/29/25	3,940.25	BAXTER HEALTHCARE
A/P	210899	10/29/25	5,305.44	BECKMAN COULTER INC
A/P	210900	10/29/25	273.25	BECTON, DICKINSON & CO (BD)
A/P	210901	10/29/25	445.24	BIO-RAD LABORATORIES, INC
A/P	210902	10/29/25	84.00	BOSART LOCK & KEY INC
A/P	210903	10/29/25	50.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	210904	10/29/25	832.68	CARESFIELD
A/P	210905	10/29/25	3,970.39	CITY OF PORT LAVACA
A/P	210906	10/29/25	598.00	CMG TEXAS MEDIA LLC
A/P	210907	10/29/25	42.50	CORPORATE ACCOUNTING
A/P	210908	10/29/25	802.64	CUSTOM ASSEMBLIES, INC
A/P	210909	10/29/25	865.53	DEWITT POTH & SON
A/P	210910	10/29/25	499.20	DIRECTV ENTERTAINMENT HOLDINGS
A/P	210911	10/29/25	300.00	ECOLAB
A/P	210912	10/29/25	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	210913	10/29/25	58.43	EVERON
A/P	210914	10/29/25	703.00	FIRETRON, INC
A/P	210915	10/29/25	8,959.56	FISHER HEALTHCARE
A/P	210916	10/29/25	3,576.42	GE PRECISION HEALTHCARE, LLC
A/P	210917	10/29/25	305.70	GULF COAST PAPER COMPANY
A/P	210918	10/29/25	23.25	H + H SYSTEM, INC.
A/P	210919	10/29/25	159.99	HAYES ELECTRIC SERVICE
A/P	210920	10/29/25	573.53	HEWLETT-PACKARD
A/P	210921	10/29/25	250.00	JAIME'S AUTO SHOP
A/P	210922	10/29/25	8,735.00	JOHNSON & JOHNSON
A/P	210923	10/29/25	895.00	M G TRUST
A/P	210924	10/29/25	515.00	MANAGED CARE PARTNERS INC.
A/P	210925	10/29/25	312.16	MCKESSON MEDICAL SURGICAL INC
A/P	210926	10/29/25	1,426.00	MEDICAL AIR SERVICES ASSOC.
A/P	210927	10/29/25	2,656.50	MEDICAL SOLUTIONS LLC
A/P	210928	10/29/25	.00	VOIDED
A/P	210929	10/29/25	8,812.92	MEDLINE INDUSTRIES INC
A/P	210930	10/29/25	235.33	MMC AUXILIARY GIFT SHOP
A/P	210931	10/29/25	1,740.00	MMC EMPLOYEES ACTIVITIES TEAM
A/P	210932	10/29/25	.00	VOIDED
A/P	210933	10/29/25	8,759.19	MORRIS & DICKSON CO, LLC
A/P	210934	10/29/25	186.78	MXR IMAGING, INC
A/P	210935	10/29/25	2,843.84	NATIONAL FARM LIFE INSURANCE
A/P	210936	10/29/25	178.98	PARTSSOURCE, LLC
A/P	210937	10/29/25	34.08	PERFORMANCE HEALTH
A/P	210938	10/29/25	460.00	PHELPS DUNBAR LLP
A/P	210939	10/29/25	237.30	PHILIPS HEALTHCARE
A/P	210940	10/29/25	77.84	POWER HARDWARE
A/P	210941	10/29/25	204.36	PRECISION DYNAMICS CORP (PDC)

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	210942	10/29/25	2,250.64	PRESS GANEY ASSOCIATES, INC.
A/P	210943	10/29/25	1,784.30	PRO ENERGY PARTNERS LLC
A/P	210944	10/29/25	857.32	QUIDELORTHO SALES COMPANY LLC
A/P	210945	10/29/25	2,050.00	RADSOURCE
A/P	210946	10/29/25	440.00	SIGN AD, LTD.
A/P	210947	10/29/25	7,250.00	SMITH & NEPHEW, INC.
A/P	210948	10/29/25	3,719.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	210949	10/29/25	625.00	STANFORD VACUUM SERVICE
A/P	210950	10/29/25	466.27	STERIS CORPORATION
A/P	210951	10/29/25	2,880.00	SUMMIT PAIN AND WELLNESS
A/P	210952	10/29/25	146.00	T-SYSTEM, INC
A/P	210953	10/29/25	6,915.00	TEXAS SELECT STAFFING, LLC
A/P	210954	10/29/25	108,683.14	TRUBRIDGE
A/P	210955	10/29/25	11,718.13	UNIFIRST HOLDINGS INC
A/P	210956	10/29/25	2,200.00	US POSTAL SERVICE
A/P	210957	10/29/25	2,572.94	WERFEN USA LLC
A/P	210958	10/29/25	6,400.00	WOUND CARE SPECIALISTS
A/P	210959	10/29/25	1,000.00	YOUR PHONE GUYS LLC
A/P	210960	10/29/25	1,764.00	ZIMMER US, INC.
TOTALS:			284,696.69	

APPROVED ON

OCT 29 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/24/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 10/25/2025

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

As of: 10/24/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 10/25/2025 **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: 16,273.92 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 10/28/2025,
Pay This Amount: 15,948.45 USD

If Paid After 10/28/2025,
Pay this Amount: 16,273.92 USD

Due If Paid On Time:
USD 15,948.45

Disc lost if paid late:
325.47

Due If Paid Late:
USD 16,273.92

15,945.61 +
2.84 +
15,948.45 ◊

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/24/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/25/2025

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

As of: 10/24/2025 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

Cust: 256342 PLEASE CHECK ANY
Date: 10/25/2025 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**										
10/18/2025	10/28/2025	7596783751	254040478	115Invoice	5.46	273.23		267.77		7596783751	
10/18/2025	10/28/2025	7596783752	246108022	115Invoice	6.69	334.56		327.87		7596783752	
10/18/2025	10/28/2025	7596783753	246382445	115Invoice	6.69	334.56		327.87		7596783753	
10/18/2025	10/28/2025	7596783754	248285396	115Invoice	21.26	1,063.04		1,041.78		7596783754	
10/18/2025	10/28/2025	7596783755	244646657	115Invoice	1.78	88.95		87.17		7596783755	
10/18/2025	10/28/2025	7596788226	253747142	115Invoice	0.01	0.63		0.62		7596788226	
10/18/2025	10/28/2025	7596788227	253975017	115Invoice	0.01	0.32		0.31		7596788227	
10/20/2025	10/28/2025	7597022183	248134642	115Invoice	0.01	0.63		0.62		7597022183	
10/20/2025	10/28/2025	7597022184	248208937	115Invoice	0.01	0.32		0.31		7597022184	
10/20/2025	10/28/2025	7597022185	254287597	115Invoice	0.01	0.63		0.62		7597022185	
10/20/2025	10/28/2025	7597022186	254359338	115Invoice	0.01	0.63		0.62		7597022186	
10/20/2025	10/28/2025	7597022187	254426203	115Invoice	0.01	0.63		0.62		7597022187	
10/20/2025	10/28/2025	7597022188	245237335	115Invoice	0.04	1.90		1.86		7597022188	
10/20/2025	10/28/2025	7597022189	248349843	115Invoice	7.09	354.35		347.26		7597022189	
10/20/2025	10/28/2025	7597022190	246382445	115Invoice	13.38	669.12		655.74		7597022190	
10/20/2025	10/28/2025	7597022191	246253289	115Invoice	6.07	303.44		297.37		7597022191	
10/20/2025	10/28/2025	7597022192	254040478	115Invoice	0.01	0.32		0.31		7597022192	
10/21/2025	10/28/2025	7597265057	252741267	115Invoice	2.85	142.46		139.61		7597265057	
10/21/2025	10/28/2025	7597265058	252497792	115Invoice	0.01	0.32		0.31		7597265058	
10/21/2025	10/28/2025	7597265059	244646657	115Invoice	3.98	199.22		195.24		7597265059	
10/21/2025	10/28/2025	7597265060	247368547	115Invoice	1.33	66.41		65.08		7597265060	
10/21/2025	10/28/2025	7597265061	247624586	115Invoice	1.33	66.41		65.08		7597265061	
10/21/2025	10/28/2025	7597265062	248208937	115Invoice	1.33	66.41		65.08		7597265062	
10/21/2025	10/28/2025	7597265063	246382445	115Invoice	13.38	669.12		655.74		7597265063	
10/21/2025	10/28/2025	7597265064	248349843	115Invoice	14.17	708.69		694.52		7597265064	
10/21/2025	10/28/2025	7597265065	246253289	115Invoice	6.07	303.44		297.37		7597265065	
10/21/2025	10/28/2025	7597265066	246382445	115Invoice	12.14	606.88		594.74		7597265066	
10/21/2025	10/28/2025	7597265067	254478254	115Invoice	28.16	1,408.24		1,380.08		7597265067	
10/21/2025	10/28/2025	7597265068	254040478	115Invoice	0.02	0.95		0.93		7597265068	
10/22/2025	10/28/2025	7597519557	246609293	115Invoice	0.02	1.02		1.00		7597519557	
10/22/2025	10/28/2025	7597519558	254040478	115Invoice	12.68	634.02		621.34		7597519558	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 10/24/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/25/2025

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

As of: 10/24/2025 Page: 002
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
Date: 10/25/2025

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/22/2025	10/28/2025	7597519559	250049669	115Invoice	2.13	106.74		104.61		7597519559	
10/22/2025	10/28/2025	7597519560	252256655	115Invoice	2.13	106.74		104.61		7597519560	
10/22/2025	10/28/2025	7597519561	245237335	115Invoice	1.78	88.95		87.17		7597519561	
10/22/2025	10/28/2025	7597519562	254739715	115Invoice	0.64	31.93		31.29		7597519562	
10/22/2025	10/28/2025	7597519563	253900242	115Invoice	0.04	2.12		2.08		7597519563	
10/22/2025	10/28/2025	7597519564	244530782	115Invoice	12.30	615.06		602.76		7597519564	
10/22/2025	10/28/2025	7597519565	254670802	115Invoice	2.63	131.42		128.79		7597519565	
10/22/2025	10/28/2025	7597519566	253900242	115Invoice	2.07	103.51		101.44		7597519566	
10/22/2025	10/28/2025	7597519567	246382445	115Invoice	6.69	334.56		327.87		7597519567	
10/22/2025	10/28/2025	7597519568	246527021	115Invoice	13.38	669.12		655.74		7597519568	
10/22/2025	10/28/2025	7597532725	254670802	115Invoice	0.02	0.95		0.93		7597532725	
10/22/2025	10/28/2025	7597532726	253366384	115Invoice		0.10		0.10		7597532726	
10/22/2025	10/28/2025	7597532727	254670802	115Invoice	5.11	255.41		250.30		7597532727	
10/22/2025	10/28/2025	7597532728	254670802	115Invoice	2.64	131.76		129.12		7597532728	
10/23/2025	10/28/2025	7597752857	254826610	115Invoice	2.63	131.42		128.79		7597752857	
10/23/2025	10/28/2025	7597752858	246570128	115Invoice	13.38	669.12		655.74		7597752858	
10/23/2025	10/28/2025	7597752859	254826610	115Invoice	0.01	0.63		0.62		7597752859	
10/23/2025	10/28/2025	7597752860	254901038	115Invoice	0.01	0.63		0.62		7597752860	
10/24/2025	10/28/2025	7597968752	246609293	115Invoice	13.38	669.12		655.74		7597968752	
10/24/2025	10/28/2025	7597968753	246954306	115Invoice	6.69	334.56		327.87		7597968753	
10/24/2025	10/28/2025	7597968754	255038577	115Invoice	2.23	111.46		109.23		7597968754	
10/24/2025	10/28/2025	7597968755	248349843	115Invoice	21.26	1,063.04		1,041.78		7597968755	
10/24/2025	10/28/2025	7597968756	248613461	115Invoice	7.09	354.35		347.26		7597968756	
10/24/2025	10/28/2025	7597980117	249131313	115Invoice	1.92	95.81		93.89		7597980117	
10/24/2025	10/28/2025	7597980118	245512070	115Invoice	0.01	0.63		0.62		7597980118	
10/24/2025	10/28/2025	7597980119	254965940	115Invoice	0.01	0.63		0.62		7597980119	
10/24/2025	10/28/2025	7597980120	254965940	115Invoice	5.11	255.41		250.30		7597980120	
10/24/2025	10/28/2025	7597980121	246453385	115Invoice	12.14	606.88		594.74		7597980121	
10/24/2025	10/28/2025	7597980122	246609293	115Invoice	6.07	303.44		297.37		7597980122	
10/24/2025	10/28/2025	7597980123	250704705	115Invoice	5.30	264.89		259.59		7597980123	
10/24/2025	10/28/2025	7597980124	250743763	115Invoice	5.30	264.89		259.59		7597980124	

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 10/24/2025 Page: 003

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 10/25/2025

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/24/2025 Page: 003
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 10/25/2025 **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	
10/24/2025	10/28/2025	7597980125	250995687	115Invoice	5.30	264.89		259.59		7597980125	

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: 16,271.02 USD

Future Due:	0.00			Due If Paid On Time: USD	15,945.61
Past Due:	0.00	If Paid By 10/28/2025, Pay This Amount:	15,945.61 USD	Disc lost if paid late:	325.41
Last Payment 10/20/2025	36,214.34	If Paid After 10/28/2025, Pay this Amount:	16,271.02 USD	Due If Paid Late: USD	16,271.02

APPROVED ON
OCT 27 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: 10/24/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 10/25/2025

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

As of: 10/24/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 10/25/2025 **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											
10/22/2025	10/28/2025	7597474507	4498652	115Invoice	0.06	2.90		2.84		7597474507	

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: 2.90 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 36,214.34
10/20/2025

If Paid By 10/28/2025,
Pay This Amount: 2.84 USD

If Paid After 10/28/2025,
Pay this Amount: 2.90 USD

Due If Paid On Time:
USD 2.84

Disc lost if paid late:
0.06

Due If Paid Late:
USD 2.90

APPROVED ON

OCT 27 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 70763232
Date: 10-24-2025

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:	120.97
Past Due:	0.00
Total Due:	120.97
Account Balance:	120.97

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-20-2025	10-31-2025	3230475990	7010778936	Invoice	33.50		0.00	33.50
10-20-2025	10-31-2025	3230475991	7010792670	Invoice	30.32		0.00	30.32
10-22-2025	10-31-2025	3230761218	7010803344	Invoice	7.23		0.00	7.23
10-23-2025	10-31-2025	3230888529	7010806315	Invoice	49.92		0.00	49.92

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
120.97	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
10-31-2025	120.97
Total Due:	120.97

Wholesale distribution and other related pharmacy and pharmaceutical solution services sold by Cencora are performed through Cencora subsidiary companies and brands including AmerisourceBergen Drug Corporation, ASD Specialty Healthcare LLC, Besse Medical, Oncology Supply, SmartSource, and Good Neighbor Pharmacy.

cencora

STATEMENT

Statement Number: 70779325
Date: 10-24-2025

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:	282.41
Past Due:	0.00
Total Due:	282.41
Account Balance:	282.41

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-20-2025	10-31-2025	3230455488	7010785516	Invoice	3.39		0.00	3.39
10-20-2025	10-31-2025	3230455490	7010794562	Invoice	4.54		0.00	4.54
10-20-2025	10-31-2025	3230521067	7010795701	Invoice	0.31		0.00	0.31
10-20-2025	10-31-2025	3230521068	7010795701	Invoice	257.69		0.00	257.69
10-21-2025	10-31-2025	3230660361	7010803364	Invoice	7.98		0.00	7.98
10-22-2025	10-31-2025	3230797304	7010806288	Invoice	0.31		0.00	0.31
10-24-2025	10-31-2025	3231064585	7010814467	Invoice	8.19		0.00	8.19

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
282.41	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
10-31-2025	282.41
Total Due:	282.41

Wholesale distribution and other related pharmacy and pharmaceutical solution services sold by Cencora are performed through Cencora subsidiary companies and brands including AmerisourceBergen Drug Corporation, ASD Specialty Healthcare LLC, Besse Medical, Oncology Supply, SmartSource, and Good Neighbor Pharmacy.

Processing Number 3000007125324025 Document Type: Customer Statement 20251025164250

6265	76360	3	21	1	2025	254000682	0	9/18/2025	$20,801.00		1	LIBERTY DIALYSIS VICTORIA	P		465	0	[redacted]	HDI	F	8/1/2025	8/31/2025	262438451
									$20,801.00														

CCl
10/24/25

APPROVED ON

OCT 27 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

5965	76360	2	35	0	2025	225001305	0	8/19/2025	$48,355.50	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P		459	0	[redacted]	HCT	F		5/23/2025	5/23/2025	760545192
									$48,355.50														

CCJ
10/24/25

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

5795	76360	2	35	0	2025	Z20002171	0	8/12/2025	596,801.60	1	HOUSTON METHODIST HOSPITAL	F	485	0	[redacted]	INLM	F	5/4/2025	5/14/2025	741180155
									$96,801.60											

CCJ
10/24/25

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
5964	76351	3	49	0	2025	219002217	0	8/18/2025	$412,018.03	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	485	0	ROBIN	PLEDGER	INLM	F	11/11/2024	11/16/2024	760545192
									$412,018.03												

10/27/25

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 10/1/2025

MEMORIAL MEDICAL CENTER (Mst Grp: 76350)
815 N VIRGINIA STREET
PORT LAVACA, TX 77979

Master Group Totals

						Total Due
SPEC AGG	164	$67,085.88	Adjustments	6	$475.20	$67,561.08
ADMIN FEES	164	$7,298.00	Adjustments	6	$83.00	$7,381.00
PPO UR	164	$3,517.80	Adjustments	6	$38.78	$3,556.58
ANNUAL SETUP		$1,000.00				$1,000.00
CHIC MGMT FEE		$700.00				$700.00

Balance Forward:		$132,841.94
Payments:	-	$132,841.94
Adjustments:	+	$0.00
Beginning Balance:		$0.00
Current Amount Due:	+	$79,601.68
Current Adjustments:	+	$596.98
Total Amount Due:		**$80,198.66**

10/23/25

Description	Medical
EE	95
ES	17
EF	13
EC	39
Mst Total	164

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Make Check Payable To: Attn: Revenue Department
90 Degree Benefits
PO Box 13246
Birmingham, AL 35202

Please pay premium as billed. Changes received after billing has processed will be reflected on the next months bill.
Premium payment is due by the 10th of the month.

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" #
10/24/2025	PAY PLUS ACHTrans 95430304 101000697530875 P		1,352.69	901960
10/24/2025	HEALTHEQUITY INC HealthEqui 1356888 91000016		1,177.00 *	901961
10/24/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002		1,633.01 *	901962
10/24/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650		376,668.17 *	901963
10/23/2025	PAY PLUS ACHTrans 95219463 101000696138256 P		340.71	901964
10/22/2025	PAY PLUS ACHTrans 94902315 101000694463562 P		371.74	901965
10/21/2025	UnitedHealthcare REVERSAL 746003411 91000014	Prit reversals	246.17	901966
10/21/2025	UHC COMMUNITY PL REVERSAL 746003411 91000014		5,220.04	901967
10/21/2025	PAY PLUS ACHTrans 94633749 101000692840434 P		184.95	901968
10/21/2025	MCKESSON DRUG AUTO ACH ACH06743411 910000110		36,214.34 *	901969
10/20/2025	WEBFILE TAX PYMT DD 902/80605419 21000023237		2,616.04 * *	901970
10/20/2025	PAY PLUS ACHTrans 94327713 101000691220809 P		428.70	901971
			426,453.56	

October 27, 2025
Caitlin Clevenger
Memorial Medical Center

*Approved on 10.22.25 cc
**Approved on 10.15.25 cc

1,352.69 +
340.71 +
371.74 +
184.95 +
428.70 +
2,678.79 ◊

pay plus

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
			-

October 27, 2025
Caitlin Clevenger
Memorial Medical Center

426,453.56 +
1,177.00 -
1,633.01 -
376,668.17 -
36,214.34 -
2,616.04 -
8,145.00 ◊
246.17 -
5,220.04 -
2,678.79 ◊
2,678.79 -
0.00 ◊

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/27/2025

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		1,747.88	1,647.88	-			100.00	0
						Bank Balance	100.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	-	
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	
						Claims Owed to MMC	718.78	
						Adjust Balance/Transfer Amt	(718.02)	
Fort Bend		120.82	-	-			120.82	-
						Bank Balance	120.82	
						Variance	-	
						Leave in Balance	100.00	
						Claims Owed to MMC	483.39	
						Claims Owed to MMC	406.20	
						Claims Owed to MMC	1,087.90	
						Adjust Balance/Transfer Amt	(1,956.67)	
Solera at W Houston		31.47	-	643.20			674.67	0
						Bank Balance	674.67	
						Variance	-	
						Leave in Balance	100.00	
						Claims Owed to MMC	1,342.58	
						Adjust Balance/Transfer Amt	(767.91)	
						TOTAL TRANSFERS		-

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

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

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Approved:
Caitlin Clevenger, Controller **10/27/2025**

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.

I:\NH Weekly Transfers\NH UPL Transfer Summary\2025\NH UPL Transfer Summary 10.27.25

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/22/2025 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	1,647.88	-		-
		-		-
		-		-
		-		-
				-
	1,647.88	-	-	-

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
10/24/2025 HNB - ECHO HCCLAIMPMT 746003411 440000287301		643.20		643.20
		-		-
				-
				-
	-			-
				-
	-	643.20	-	643.20

TOTALS	**643.20**	**-**	**643.20**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,222,571.65	$1,179,239.74	$1,222,571.65	$1,555,043.74
*4381 MEMORIAL MEDICAL / NH ASHFORD	$100.00	$100.00	$100.00	$100.00
*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	$674.67	$674.67	$674.67	$31.47
*4446 MEMORIAL MEDICAL / NH FORT BEND	$120.82	$120.82	$120.82	$120.82
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$258,559.95	$261,164.49	$258,559.95	$255,149.44
*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	$66,163.49	$104,367.03	$66,163.49	$56,956.97
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.26	$100.26	$100.26	$100.26
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$90,989.03	$90,989.03	$90,989.03	$149,110.73
*3407 MMC -NH TUSCANY VILLAGE	$447,448.37	$447,448.37	$447,448.37	$329,540.75
*2998 MMC -MONEY MARKET FUND	$1,068,830.50	$1,068,830.50	$1,068,830.50	$1,068,830.50
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$25,711.17	$25,711.17	$25,711.17	$25,041.97
Total Balance	**$3,186,300.60**	**$3,183,776.77**	**$3,186,300.60**	**$3,445,057.34**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10/27/2025

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		31,064.86	30,964.86	258,459.95		-	258,559.95	258,459.95
						Bank Balance	258,559.95	
						Variance	-	
						Leave in Balance	100.00	

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

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

Adjust Balance/Transfer Amt 258,459.95

Approved:
Caitlin Clevenger, Controller 10/27/2025

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/23/2025	AETNA AS01 HCCLAIMPMT 1588075964 51000017487	-	255.32		255.3
10/21/2025	Deposit	-	154,919.09		154919.0
10/24/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	1,884.71		1884.7
10/22/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	2,739.42		2739.4
10/20/2025	HNB - ECHO HCCLAIMPMT 746003411 440000209631	-	11,800.33		11800.3
10/23/2025	HNB - ECHO HCCLAIMPMT 746003411 440000243516	-	817.24		817.24
10/23/2025	HNB - ECHO HCCLAIMPMT 746003411 440000243516	-	41.98		41.98
10/21/2025	HNB - ECHO HCCLAIMPMT 746003411 440000270384	-	177.11		177.11
10/24/2025	HNB - ECHO HCCLAIMPMT 746003411 440000287301	-	1,525.80		1525.8
10/21/2025	LUMINOS HOLDCO L RB Golden 113114890700100	-	2,180.60		2180.6
10/22/2025	LUMINOS HOLDCO L RB Golden 113114890700166	-	188.36		188.36
10/21/2025	NOVITAS SOLUTION HCCLAIMPMT 676097 420000125	-	75,909.22		75909.22
10/23/2025	NOVITAS SOLUTION HCCLAIMPMT 676097 420000171	-	5,532.17		5532.17
10/20/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	488.60		488.6
10/22/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	30,964.86	-		0
					-
		30,964.86	**258,459.95**	-	**258,459.95**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,222,571.65	$1,179,239.74	$1,222,571.65	$1,555,043.74
*4381 MEMORIAL MEDICAL / NH ASHFORD	$100.00	$100.00	$100.00	$100.00
*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	$674.67	$674.67	$674.67	$31.47
*4446 MEMORIAL MEDICAL / NH FORT BEND	$120.82	$120.82	$120.82	$120.82
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$258,559.95	$261,164.49	$258,559.95	$255,149.44
*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	$66,163.49	$104,367.03	$66,163.49	$56,956.97
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.26	$100.26	$100.26	$100.26
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$90,989.03	$90,989.03	$90,989.03	$149,110.73
*3407 MMC -NH TUSCANY VILLAGE	$447,448.37	$447,448.37	$447,448.37	$329,540.75
*2998 MMC -MONEY MARKET FUND	$1,068,830.50	$1,068,830.50	$1,068,830.50	$1,068,830.50
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$25,711.17	$25,711.17	$25,711.17	$25,041.97
Total Balance	**$3,186,300.60**	**$3,183,776.77**	**$3,186,300.60**	**$3,445,057.34**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
10/27/2025

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		70,668.16	70,568.16	66,063.49	-			66,163.49	66,063.49
							Bank Balance	66,163.49	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	66,063.49	

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	
						TOTAL TRANSFERS		-	

Routing information for Gulf Pointe Plaza:

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

Approved:
Caitlin Clevenger, Controller 10/27/2025

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
45,952.00	HNB - ECHO HCCLAIMPMT 746003411 440000205062	-	4,197.44		4,197.44
45,950.00	HNB - ECHO HCCLAIMPMT 746003411 440000209631	-	144.38		144.38
45,950.00	HNB - ECHO HCCLAIMPMT 746003411 440000209631	-	9,770.00		9,770.00
45,953.00	HNB - ECHO HCCLAIMPMT 746003411 440000243516	-	34,271.32		34,271.32
45,951.00	HNB - ECHO HCCLAIMPMT 746003411 440000270384	-	144.38		144.38
45,951.00	HNB - ECHO HCCLAIMPMT 746003411 440000270384	-	8,329.45		8,329.45
45,954.00	HNB - ECHO HCCLAIMPMT 746003411 440000287301	-	9,079.67		9,079.67
45,954.00	HNB - ECHO HCCLAIMPMT 746003411 440000287301	-	126.85		
45,952.00	WIRE OUT HMG Rockport SNF, LP -Commerical	70,568.16	-		
			-		-
		70,568.16	66,063.49	-	65,936.64

Gulf Pointe Plaza-Medicare/Medicaid		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
	no activity				-
					-
		-	-	-	-
		70,568.16	66,063.49	-	65,936.64

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,222,571.65	$1,179,239.74	$1,222,571.65	$1,555,043.74
*4381 MEMORIAL MEDICAL / NH ASHFORD	$100.00	$100.00	$100.00	$100.00
*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	$674.67	$674.67	$674.67	$31.47
*4446 MEMORIAL MEDICAL / NH FORT BEND	$120.82	$120.82	$120.82	$120.82
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$258,559.95	$261,164.49	$258,559.95	$255,149.44
*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	$66,163.49	$104,367.03	$66,163.49	$56,956.97
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.26	$100.26	$100.26	$100.26
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$90,989.03	$90,989.03	$90,989.03	$149,110.73
*3407 MMC -NH TUSCANY VILLAGE	$447,448.37	$447,448.37	$447,448.37	$329,540.75
*2998 MMC -MONEY MARKET FUND	$1,068,830.50	$1,068,830.50	$1,068,830.50	$1,068,830.50
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$25,711.17	$25,711.17	$25,711.17	$25,041.97
Total Balance	**$3,186,300.60**	**$3,183,776.77**	**$3,186,300.60**	**$3,445,057.34**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
10/27/2025

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		361,849.18	361,749.18	447,348.37	-	-		-	447,448.37	447,348.37
							Bank Balance		447,448.37	
							Variance		-	
							Leave in Balance		100.00	

Adjust Balance/Transfer Amt 447,348.37

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

Approved:
Caitlin Clevenger, Controller 10/27/2025

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/24/2025	Deposit	-	19,328.14		19,328.14
10/24/2025	Deposit	-	98,579.48		98,579.48
10/22/2025	Deposit	-	30,126.59		30,126.59
10/20/2025	Deposit	-	30,205.17		30,205.17
10/22/2025	HNB - ECHO HCCLAIMPMT 746003411 440000205062	-	4,733.67		4,733.67
10/20/2025	HNB - ECHO HCCLAIMPMT 746003411 440000209631	-	58,661.15		58,661.15
10/21/2025	HNB - ECHO HCCLAIMPMT 746003411 440000270191	-	6,447.10		6,447.10
10/21/2025	HNB - ECHO HCCLAIMPMT 746003411 440000270384	-	27,296.54		27,296.54
10/22/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000158	-	4,581.44		4,581.44
10/23/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000171	-	167,389.09		167,389.09
10/22/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	361,749.18	-		-
					-
		361,749.18	**447,348.37**	**-**	**447,348.37**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,222,571.65	$1,179,239.74	$1,222,571.65	$1,555,043.74
*4381 MEMORIAL MEDICAL / NH ASHFORD	$100.00	$100.00	$100.00	$100.00
*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	$674.67	$674.67	$674.67	$31.47
*4446 MEMORIAL MEDICAL / NH FORT BEND	$120.82	$120.82	$120.82	$120.82
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$258,559.95	$261,164.49	$258,559.95	$255,149.44
*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	$66,163.49	$104,367.03	$66,163.49	$56,956.97
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.26	$100.26	$100.26	$100.26
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$90,989.03	$90,989.03	$90,989.03	$149,110.73
*3407 MMC -NH TUSCANY VILLAGE	$447,448.37	$447,448.37	$447,448.37	$329,540.75
*2998 MMC -MONEY MARKET FUND	$1,068,830.50	$1,068,830.50	$1,068,830.50	$1,068,830.50
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$25,711.17	$25,711.17	$25,711.17	$25,041.97
Total Balance	**$3,186,300.60**	**$3,183,776.77**	**$3,186,300.60**	**$3,445,057.34**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
10/27/2025

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		70,980.15	73,460.95	93,469.93			-	90,989.03	23,408.88
							Bank Balance	90,989.03	
							Variance	-	
							Leave in Balance	100.00	
							Laveca Bay to Sweeny	1,549.05	
							Qipp Y6 IGT Recon	283.74	
							Claims owed to MMC	65,647.36	
								-	
								-	

Adjust Balance/Transfer Amt 23,408.88

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

Approved:
Caitlin Clevenger, Controller 10/27/2025

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/22/2025	CENTENE CORP HCCLAIMPMT 53101124695716	-	4,252.22		4,252.22
10/24/2025	Check	73,460.95	-		-
10/24/2025	Deposit	-	14,024.74		14,024.74
10/21/2025	Deposit	-	16,018.46		16,018.46
10/21/2025	HNB - ECHO HCCLAIMPMT 746003411 440000270384	-	115.26		115.26
10/24/2025	HOSPICE OF SOUTH Payments NF 113122650042076	-	1,194.91		1,194.91
10/20/2025	Marketplace HCCLAIMPMT 91000013943347	-	325.04		325.04
10/22/2025	Marketplace HCCLAIMPMT 91000014904007	-	690.71		690.71
10/24/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000104	-	119.60		119.60
10/21/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000125	-	177.72		177.72
10/20/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000172	-	56,551.17		56,551.17
					-
		73,460.95	**93,469.83**	**-**	**93,469.83**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,222,571.65	$1,179,239.74	$1,222,571.65	$1,555,043.74
*4381 MEMORIAL MEDICAL / NH ASHFORD	$100.00	$100.00	$100.00	$100.00
*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	$674.67	$674.67	$674.67	$31.47
*4446 MEMORIAL MEDICAL / NH FORT BEND	$120.82	$120.82	$120.82	$120.82
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$258,559.95	$261,164.49	$258,559.95	$255,149.44
*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	$66,163.49	$104,367.03	$66,163.49	$56,956.97
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.26	$100.26	$100.26	$100.26
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$90,989.03	$90,989.03	$90,989.03	$149,110.73
*3407 MMC -NH TUSCANY VILLAGE	$447,448.37	$447,448.37	$447,448.37	$329,540.75
*2998 MMC -MONEY MARKET FUND	$1,068,830.50	$1,068,830.50	$1,068,830.50	$1,068,830.50
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$25,711.17	$25,711.17	$25,711.17	$25,041.97
Total Balance	**$3,186,300.60**	**$3,183,776.77**	**$3,186,300.60**	**$3,445,057.34**

Bethany-Lavaca Bay

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 10/23/2025

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS
Chk# 001163

FOR ACCT USE ONLY

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

AMOUNT: $ 283.74

G/L NUMBER:

EXPLANATION: QIPP Y6 FINAL IGT RECON

REQUESTED BY: Emily Vick

AUTHORIZED BY: CCJ

Lavaca Bay Claims owed to MMC

4,258.96
713.83
54.57
574.52
408.76
8,521.05
799.60
4,780.17
5,991.33
4,459.84
31,574.54
745.59
2,764.60
65,647.36

APPROVED ON

OCT 27 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 001104

MEMORIAL MEDICAL CENTER

CHECK REQUEST

MMC

Date Requested: 10-24-25

PAYEE

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT $4258.96 G/L NUMBER: 20656000

EXPLANATION: Medicare recoup - Lavaca Bay 4.825

REQUESTED BY: K. Poklueda AUTHORIZED BY:

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

MMC

Date Requested: 10.24.25

PAYEE

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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

AMOUNT #713.83 G/L NUMBER: 20656000

EXPLANATION: Medicare recoup - Lavaca Bay 4-4-25

REQUESTED BY: K. Pokluda AUTHORIZED BY:

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: mmc

Date Requested: 10-24-25

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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

AMOUNT $5457 G/L NUMBER: 20656000

EXPLANATION: Medicare recoup - Lavaca Bay 4-2-25

REQUESTED BY: K. Pitluda AUTHORIZED BY:

CAT # 10303 / FM 1600

5

MEMORIAL MEDICAL CENTER
CHECK REQUEST

Mmc

Date Requested: 10-24-25

PAYEE

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

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

AMOUNT $574.52

G/L NUMBER: 20656000

EXPLANATION: Medicare recoup - Lavaca Bay 4-24-25

REQUESTED BY: K. Pokluda

AUTHORIZED BY:

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
CHECK REQUEST

mmc

Date Requested: 10-24-25

PAYEE

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT $408.76 G/L NUMBER: 20656000

EXPLANATION: Medicare recoup - Lavaca Bay 4-18-25

REQUESTED BY: K. Poklinda AUTHORIZED BY:

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: mmc

Date Requested: 10-24-25

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

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

AMOUNT #8521.05 GL NUMBER: 20656000

EXPLANATION: Medicare recoup - Lavaca Bay 3-31-25

REQUESTED BY: K. Pokluda AUTHORIZED BY:

CAT # 10303 / FM 1600

Lavaca Bay

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Lavaca Bay

Date Requested: 10.24.25

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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

AMOUNT $799.60 G/L NUMBER: 20056000

EXPLANATION: Medicaid recoup - Lavaca Bay 04-14-25

REQUESTED BY: K. Pokluda AUTHORIZED BY:

CAT # 10303 / FM 1600

Lavaca Bay

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC

Date Requested: 10-23-25

APPROVED ON OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

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

AMOUNT $4780.17 G/L NUMBER: 20656000

EXPLANATION: Humana recoup - Lavaca Bay 08-12-25

REQUESTED BY: K. Pokluda AUTHORIZED BY: CD

CAT # 10303 / FM 1600

Lavaca Bay

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 10.23.25

APPROVED ON
OCT 27
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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

AMOUNT $5991.33 G/L NUMBER: 20656000

EXPLANATION: Medicare recoup - Lavaca Bay 3-28-25

REQUESTED BY: K. Pokluda AUTHORIZED BY: CO

CAT # 10303 / FM 1600

Lavaca Bay

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Date Requested: 10-23-25

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

AMOUNT $4459.84 G/L NUMBER: 20656000

EXPLANATION: Medicare recoup- Lavaca Bay 4-1-25

REQUESTED BY: K. Pokluda AUTHORIZED BY: CO

CAT # 10303 / FM 1600

Lavaca Bay

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: mmc

Date Requested: 10-23-25

APPROVED ON
OCT 27
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT #31,574.54 G/L NUMBER: 20656000

EXPLANATION: Medicare recoup - Lavaca Bay 3-27-25

REQUESTED BY: K. Pokluda AUTHORIZED BY: CCJ

CAT # 10303 / FM 1600

Lavaca Bay

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 10-24-25

APPROVED ON: OCT 27
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

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

AMOUNT $745.59 G/L NUMBER: 20656000

EXPLANATION: Medicare Recoup-- Lavaca Bay 4-17-25

REQUESTED BY: K. Pokluda AUTHORIZED BY:

CAT # 10303 / FM 1600

Lavaca Bay

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC

APPROVED ON OCT 27 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Date Requested: 10-24-25

FOR ACCT. USE ONLY

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

AMOUNT $2764.60 G/L NUMBER: 20656000

EXPLANATION: Medicare recoup - Lavaca Bay 4.15-25

REQUESTED BY: K. Pokluda AUTHORIZED BY:

CAT # 10303 / FM 1600

Crescent

MEMORIAL MEDICAL CENTER

CHECK REQUEST

MMC

Date Requested: 10-24-25

PAYEE

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

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

AMOUNT $718.78 G/L NUMBER: 20652000

EXPLANATION: Medicare recap - Crescent 4.7.25

REQUESTED BY: K. Poklada AUTHORIZED BY: CO

CAT # 10303 / FM 1600

Fort Bend

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: mmc

Date Requested: 10.24.25

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk#000277

FOR ACCT. USE ONLY

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

AMOUNT $1087.90 G/L NUMBER: 20652000

EXPLANATION: Humana recoup - Fort Bend 6.18.25

REQUESTED BY: K. Pokluda AUTHORIZED BY: CCJ

CAT # 10303 / FM 1600

Fort Bend

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 10-24-25

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 000277

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

AMOUNT: #48339 G/L NUMBER: 20652000

EXPLANATION: Humana recoup- Fort Bend 6-17-25

REQUESTED BY: K. Pokluda AUTHORIZED BY: CCJ

CAT # 10303 / FM 1600

Solera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

APPROVED ON
OCT 27 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 0013216

Date Requested: 10-24-25

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

AMOUNT $1342.58 G/L NUMBER: 20652000

EXPLANATION: Medicare recoup - Solera 2-14-25.

REQUESTED BY: K. Pokluda AUTHORIZED BY: CQ

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

001164

Date 10/29/25 88-2265/1131

PAY
TO THE ORDER OF mmc $ 65,647.36

Sixty Five thousand - Six hundred forty seven dollars - thirty Six Cents DOLLARS

PROSPERITY BANK®

FOR Claims owed to mmc

Security features are included. Details on back.

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

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

001163

Date 10/29/25 88-2265/1131

PAY
TO THE ORDER OF mmc $ 283.74

two hundred eighty three dollars - Seventy four Cents DOLLARS

PROSPERITY BANK®

FOR QIPP Y6 Final IGT Recon

Security features are included. Details on back.

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

MEMORIAL MEDICAL CENTER
NH FORT BEND
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000277

88-2265/1131

Date 11/6/25

PAY
TO THE
ORDER OF MMC $ 1,571.29

One thousand - five hundred Seventy one dollars - twenty nine cents DOLLARS

PROSPERITY BANK®

FOR Humana Recoups

Security features are included. Details on back.

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

MEMORIAL MEDICAL CENTER
NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001326

88-2265/1131

Date 11/6/25

PAY
TO THE
ORDER OF MMC $ 1,342.58

One thousand - three hundred forty two dollars - fifty eight Cents DOLLARS

PROSPERITY BANK®

FOR Medicare Recoup

Security features are included. Details on back.

BANK CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
BSL	001163	11/03/25	283.74	MMC OPERATING
BSL	001164	11/03/25	65,647.36	MMC OPERATING
TOTALS:			65,931.10	

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
[redacted]				
NHF	* 000277	11/06/25	1,571.29	MMC OPERATING
[redacted]				
NHS	001326	11/06/25	1,342.58	MMC OPERATING
TOTALS:			52,236.51	