MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 5, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	910,162.31
TOTAL TRANSFERS BETWEEN FUNDS	$	348,606.41
TOTAL NURSING HOME UPL EXPENSES	$	495,131.48
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED November 5, 2025	$	1,753,900.20

APPROVED

NOV 0 5 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 5, 2025

PAYABLES AND PAYROLL			
10/30/2025	Weekly Payables	170,700.85	
10/30/2025	Patient Refunds	96.00	
11/3/2025	First United Methodist Church - Critical November Lease 2025	1,450.00	
11/3/2025	McKesson-340B Prescription Expense	24,551.22	
11/3/2025	Amerisource Bergen-340B Prescription Expense	578.58	
11/3/2025	Amerisource Bergen-340B Prescription Expense	3,199.59	
11/3/2025	Payroll Liabilities-Payroll Taxes	116,164.31	
11/3/2025	Payroll	367,511.74	
	Prosperity Electronic Bank Payments		
11/3/2025	90 Degree Benefits - employee insurance claims	41,650.28	
11/3/2025	TCDRS October Retirement	181,962.31	
11/3/2025	Pay Plus-Patient Claims Processing Fee	1,120.43	
11/3/2025	Health Equity -HSA Contributions	1,177.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 910,162.31**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
10/30/2025	MMC Operating to Fort bend-Correction of insurance payment deposited into MMC Operating in error	838.00	
10/30/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	97,758.80	
10/30/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	119,199.53	
10/30/2025	MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	130,810.08	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 348,606.41**
NURSING HOME UPL EXPENSES			
11/3/2025	Nursing Home UPL-Cantex Transfer	57,764.21	
11/3/2025	Nursing Home UPL-Nexion Transfer	136,711.89	
11/3/2025	Nursing Home UPL-HMG Transfer	82,051.89	
11/3/2025	Nursing Home UPL-Tuscany Transfer	92,868.57	
11/3/2025	Nursing Home UPL-HSL Transfer	70,934.96	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
11/3/2025	Lavaca Bay to MMC - Medicare Recoup	48,884.44	
11/3/2025	Golden Creek to MMC - UHC Community Plan Recoup	32.00	
11/3/2025	Broadmoor to MMC-Medicare Recoup	5,883.52	
TOTAL NURSING HOME UPL EXPENSES			**$ 495,131.48**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED November 5, 2025			**$ 1,753,900.20**

Vendor#	Vendor Name	Class	Pay Code
13180	ADVANCED STERILIZATION PRODUCT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8020955383	SURGERY SUPPLIES	10/21/202	10/20/202	10/21/202			362.94	0.00	0.00	362.94

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13180	ADVANCED STERILIZATION PRODUCT	362.94	0.00	0.00	362.94

Vendor#	Vendor Name	Class	Pay Code
A1679	AIR SPECIALTY & EQUIPMENT CO	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
527036	REPAIRS	10/29/202	08/01/202	08/31/202			1,703.95	0.00	0.00	1,703.95

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1679	AIR SPECIALTY & EQUIPMENT CO	1,703.95	0.00	0.00	1,703.95

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
1LFNX1WJ9JVJ	Electric tank water heater / fridge door	10/17/202	09/12/202	10/12/202			256.97	0.00	0.00	256.97
1G3Y7Y93H9LP	SUPPLIES , Control Valve	10/22/202	10/21/202	11/20/202			149.15	0.00	0.00	149.15
13H4M4LC9MFQ	Supplies	10/29/202	08/18/202	09/17/202			866.27	0.00	0.00	866.27

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	1,272.39	0.00	0.00	1,272.39

Vendor#	Vendor Name	Class	Pay Code
A2271	ARTHREX, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
925455845	Aspirating Ablator	10/29/202	10/22/202	10/29/202			705.00	0.00	0.00	705.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2271	ARTHREX, INC	705.00	0.00	0.00	705.00

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
84659438	Sodium Chl. Irrigation	10/20/202	10/14/202	11/08/202			47.36	0.00	0.00	47.36

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	47.36	0.00	0.00	47.36

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6012284963		10/28/202	10/16/202	10/14/202			1,170.32	0.00	0.00	1,170.32

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	1,170.32	0.00	0.00	1,170.32

Vendor#	Vendor Name	Class	Pay Code
15912	BAYLOR COLLEGE OF MEDICINE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4723	Medical Directorship Sept 2025	10/29/202	10/13/202	10/13/202			~~187.50~~	0.00	0.00	~~187.50~~

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	15912	BAYLOR COLLEGE OF MEDICINE					187.50	0.00	0.00	187.50
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
	112223262		10/17/202	09/03/202	09/28/202		1,608.62	0.00	0.00	1,608.62
		Supplies								
	112225849		10/17/202	09/04/202	09/29/202		560.82	0.00	0.00	560.82
		"	"							
	5508164		10/29/202	05/23/202	06/17/202		1,935.15	0.00	0.00	1,935.15
		Lease 10/2025								
	112302059		10/29/202	10/15/202	11/09/202		128.95	0.00	0.00	128.95
		SUPPLIES								
	4595339		10/29/202	10/21/202	11/15/202		1,484.00	0.00	0.00	1,484.00
		Service Contract 10/21 - 11/20/25								
	7392914		10/29/202	10/21/202	11/15/202		8,588.61	0.00	0.00	8,588.61
		Meter Billing								
	5508343		10/29/202	10/25/202	11/19/202		1,337.05	0.00	0.00	1,337.05
		SUPPLIES Lease 10/2025								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				15,643.20	0.00	0.00	15,643.20
Vendor#	Vendor Name				Class	Pay Code				
10590	BETHANN DIGGS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	102425		10/29/202	10/24/202	10/24/202		484.82	0.00	0.00	484.82
		TRAVEL CTHQ Conf. San Antonio, TX 10/19 - 10/23/25								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10590	BETHANN DIGGS				484.82	0.00	0.00	484.82
Vendor#	Vendor Name				Class	Pay Code				
B1650	BOSART LOCK & KEY INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	130680		10/29/202	10/27/202	10/27/202		42.00	0.00	0.00	42.00
		14 Keys X 3								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		B1650	BOSART LOCK & KEY INC				42.00	0.00	0.00	42.00
Vendor#	Vendor Name				Class	Pay Code				
C1048	CALHOUN COUNTY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	102425		10/29/202	10/24/202	10/24/202		201.51	0.00	0.00	201.51
		FUEL								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		C1048	CALHOUN COUNTY				201.51	0.00	0.00	201.51
Vendor#	Vendor Name				Class	Pay Code				
A1746	CALIBRESCIENTIFIC US, INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	90061696		10/29/202	10/22/202	10/29/202		112.15	0.00	0.00	112.15
		SUPPLIES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		A1746	CALIBRESCIENTIFIC US, INC				112.15	0.00	0.00	112.15
Vendor#	Vendor Name				Class	Pay Code				
14064	CAPITAL ONE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	101925		10/30/202	10/19/202	10/19/202		821.54	0.00	0.00	821.54
		Supplies								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14064	CAPITAL ONE				821.54	0.00	0.00	821.54
Vendor#	Vendor Name				Class	Pay Code				

14260 CAREFUSION SOLUTIONS, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10026094193		10/29/202	10/07/202	10/07/202			2.00	0.00	0.00	2.00
	SOFTWARE									
10026094185		10/29/202	10/07/202	10/29/202			1,788.00	0.00	0.00	1,788.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14260	CAREFUSION SOLUTIONS, LLC	1,790.00	0.00	0.00	1,790.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
200031471		10/20/202	10/15/202	11/14/202			77.07	0.00	0.00	77.07
	non-latex Tourniquet									
200031506		10/28/202	10/21/202	11/20/202			77.07	0.00	0.00	77.07

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10541	CARESFIELD	154.14	0.00	0.00	154.14

Vendor# C1390 Vendor Name: CENTRAL DRUG — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0941		10/29/202	10/27/202	11/01/202			24.25	0.00	0.00	24.25
	5 pre-op dil									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUG	24.25	0.00	0.00	24.25

Vendor# 12768 Vendor Name: CHEMAQUA — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9349096		10/29/202	10/10/202	10/20/202			635.24	0.00	0.00	635.24
	WATER TREATMENT PROGRAM									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12768	CHEMAQUA	635.24	0.00	0.00	635.24

Vendor# C1166 Vendor Name: COASTAL OFFICE SOLUTONS — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OEQT338733		10/28/202	10/24/202	11/03/202			77.12	0.00	0.00	77.12
	Press Wringer & Mop Bucket									
OEQT338732		10/28/202	10/24/202	11/03/202			15.83	0.00	0.00	15.83
	Dust Mop Head									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	92.95	0.00	0.00	92.95

Vendor# 11030 Vendor Name: COMBINED INSURANCE — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110125		10/29/202	10/29/202	11/01/202			501.72	0.00	0.00	501.72
	INSURANCE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE	501.72	0.00	0.00	501.72

Vendor# 15116 Vendor Name: COMPUGROUP MEDICAL - EMDS INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9090137923		10/29/202	10/23/202	10/23/202			6,040.12	0.00	0.00	6,040.12
	EMDS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15116	COMPUGROUP MEDICAL - EMDS INC.	6,040.12	0.00	0.00	6,040.12

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8124050		10/29/202	10/20/202	11/14/202			215.00	0.00	0.00	215.00
	envelopes									
8133580		10/29/202	10/24/202	11/18/202			481.00	0.00	0.00	481.00
	supplies									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	696.00	0.00	0.00	696.00

Vendor# 11291 Vendor Name: DOWELL PEST CONTROL — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
61675		10/29/202	10/27/202	10/27/202			105.00	0.00	0.00	105.00
	PEST CONTROL									
61676		10/29/202	10/27/202	10/27/202			160.00	0.00	0.00	160.00
	PEST CONTROL									
61643		10/29/202	10/27/202	10/27/202			505.00	0.00	0.00	505.00
	PEST CONTROL									
61645		10/29/202	10/27/202	10/27/202			260.00	0.00	0.00	260.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	1,030.00	0.00	0.00	1,030.00

Vendor# 12484 Vendor Name: EL CAMPO REFRIGERATION — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
108596		10/29/202	10/27/202	10/27/202			2,700.00	0.00	0.00	2,700.00
	LEASE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12484	EL CAMPO REFRIGERATION	2,700.00	0.00	0.00	2,700.00

Vendor# 10042 Vendor Name: ERBE USA INC SURGICAL SYSTEMS — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37225601		10/29/202	10/21/202	10/29/202			169.50	0.00	0.00	169.50
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	169.50	0.00	0.00	169.50

Vendor# S0501 Vendor Name: EVOQUA WATER TECHNOLOGIES LLC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907269158		10/29/202	10/22/202	11/16/202			235.00	0.00	0.00	235.00
	WATER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	235.00	0.00	0.00	235.00

Vendor# 10003 Vendor Name: FILTER TECHNOLOGY CO, INC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
126399		10/08/202	10/03/202	10/06/202			630.31	0.00	0.00	630.31
126400		10/08/202	10/06/202	11/02/202			365.64	0.00	0.00	365.64

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLOGY CO, INC	995.95	0.00	0.00	995.95

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
300719		10/29/202	09/30/202	10/30/202			375.00	0.00	0.00	375.00
	REPAIRS									
	PVC Detectors									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	14336	FIRETRON, INC					375.00	0.00	0.00	375.00
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
	3409275		10/13/202	09/04/202	09/29/202			84.83	0.00	0.00	84.83
		Supplies									
	4508476		10/28/202	10/23/202	11/17/202			882.24	0.00	0.00	882.24
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE					967.07	0.00	0.00	967.07
Vendor#	Vendor Name				Class	Pay Code				
12636	FUSION CONNECT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1029453814		10/29/202	10/16/202	11/15/202			1,002.28	0.00	0.00	1,002.28
		TELEPHONE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12636	FUSION CONNECT					1,002.28	0.00	0.00	1,002.28
Vendor#	Vendor Name				Class	Pay Code				
11149	GBS ADMINISTRATORS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	514506507880		10/29/202	10/01/202	10/01/202			5,600.67	0.00	0.00	5,600.67
		EMPL EXP LNG TRM DIS OCT									
	768453643296		10/29/202	11/01/202	11/01/202			5,170.39	0.00	0.00	5,170.39
		EMP EXP TRM DIS NOV									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11149	GBS ADMINISTRATORS, INC					10,771.06	0.00	0.00	10,771.06
Vendor#	Vendor Name				Class	Pay Code				
10334	HEALTH CARE LOGISTICS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	310145354		10/20/202	10/29/202	11/14/202			74.45	0.00	0.00	74.45
		Supplies									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10334	HEALTH CARE LOGISTICS INC					74.45	0.00	0.00	74.45
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
	6887A		10/29/202	06/30/202	07/10/202			4,505.00	0.00	0.00	4,505.00
		PHYS SERVICES									
	6968		10/29/202	06/30/202	07/10/202			-12,956.00	0.00	0.00	-12,956.00
		CREDIT FROM AUDIT									
	6961		10/29/202	10/31/202	11/10/202			23,663.00	0.00	0.00	23,663.00
		PHYSICIAN SERVICES 16TH-EOM									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15208	HOSPITAL CARE CONSULTANTS INC					15,212.00	0.00	0.00	15,212.00
Vendor#	Vendor Name				Class	Pay Code				
14364	JACQUELINE HERRERA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	102925		10/29/202	10/29/202	10/29/202			128.73	0.00	0.00	128.73
		TRAVEL - Flu Vaccines Gonzales, TX									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14364	JACQUELINE HERRERA					128.73	0.00	0.00	128.73
Vendor#	Vendor Name				Class	Pay Code				
K0530	KCI USA				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	33743774		10/29/202	10/17/202	10/17/202			451.23	0.00	0.00	451.23
		SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	K0530	KCI USA	451.23	0.00	0.00	451.23

Vendor#	Vendor Name	Class	Pay Code
14432	LGC CLINICAL DIAGNOSTICS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90313229		10/28/202	06/04/202	10/28/202			2,232.00	0.00	0.00	2,232.00

Validate LP

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14432	LGC CLINICAL DIAGNOSTICS, INC.	2,232.00	0.00	0.00	2,232.00

Vendor#	Vendor Name	Class	Pay Code
13268	LONE STAR COMMUNICATIONS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
163124		10/29/202	06/09/202	07/09/202			856.57	0.00	0.00	856.57
	REPAIRS , Housing assembly for console									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13268	LONE STAR COMMUNICATIONS, INC	856.57	0.00	0.00	856.57

Vendor#	Vendor Name	Class	Pay Code
17972	MALEK INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
W18749		10/29/202	10/20/202	10/20/202			2,806.70	0.00	0.00	2,806.70
	REPAIRS	HVAC - Heater coil								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17972	MALEK INC	2,806.70	0.00	0.00	2,806.70

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
24513039		10/28/202	10/21/202	11/05/202			88.31	0.00	0.00	88.31
		Wrap								
24524267		10/28/202	10/22/202	11/06/202			43.39	0.00	0.00	43.39
		Applicator, Chloraprep								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	131.70	0.00	0.00	131.70

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
201053972		10/29/202	10/10/202	10/17/202			2,587.50	0.00	0.00	2,587.50
	AGENCY STAFFING , Theresa Langen 10/25									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18092	MEDICAL SOLUTIONS LLC	2,587.50	0.00	0.00	2,587.50

Vendor#	Vendor Name	Class	Pay Code
12588	MEDICAL TECHNOLOGY ASSOCIATES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV276988		10/08/202	09/25/202	11/14/202			~~16,407.09~~	0.00	0.00	~~16,407.09~~
		removed - Permmc								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12588	MEDICAL TECHNOLOGY ASSOCIATES	~~16,407.09~~	0.00	0.00	~~16,407.09~~

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
2394696764		10/28/202	10/22/202	11/16/202			109.84	0.00	0.00	109.84
	SUPPLIES									
2394696759		10/28/202	10/22/202	11/16/202			93.53	0.00	0.00	93.53
		Specula								
2394696760		10/28/202	10/22/202	11/16/202			93.53	0.00	0.00	93.53
		"	"							
2394696767		10/28/202	10/22/202	11/16/202			11.51	0.00	0.00	11.51
		Splint								

2394696762		10/28/202	10/22/202	11/16/202	2,164.20	0.00	0.00	2,164.20
	Gowns, Gloves, Syringe, etc.							
2394696758		10/28/202	10/22/202	11/16/202	27.76	0.00	0.00	27.76
	Blade, Disposable							
2394696761		10/28/202	10/22/202	11/16/202	67.94	0.00	0.00	67.94
	Walker							
2394696765		10/28/202	10/22/202	11/16/202	48.22	0.00	0.00	48.22
	Wipes							
2394696766		10/28/202	10/22/202	11/16/202	27.76	0.00	0.00	27.76
	Blade, Disposable							
2395011921		10/28/202	10/23/202	11/17/202	15.38	0.00	0.00	15.38
	Cuff							
2395011920		10/28/202	10/23/202	11/17/202	19.27	0.00	0.00	19.27
	Syr. 1ML Polycarbona							
1703571900		10/29/202	10/25/202	11/19/202	116.12	0.00	0.00	116.12

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	2,795.06	0.00	0.00	2,795.06

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
3999499		10/29/202	10/22/202	11/01/202			41.16	0.00	0.00	41.16
	SUPPLIES									
4003403		10/29/202	10/23/202	11/02/202			161.92	0.00	0.00	161.92
4003404		10/29/202	10/23/202	11/02/202			570.43	0.00	0.00	570.43
4010300		10/29/202	10/26/202	11/05/202			41.51	0.00	0.00	41.51
	SUPPLIES									
4010301		10/29/202	10/26/202	11/05/202			562.12	0.00	0.00	562.12
	SUPPLIES									
4014673		10/29/202	10/27/202	11/06/202			3,938.90	0.00	0.00	3,938.90
SC9229		10/29/202	10/27/202	11/06/202			173.63	0.00	0.00	173.63
	SUPPLIES									
SC9230		10/29/202	10/27/202	11/06/202			119.30	0.00	0.00	119.30
	SUPPLIES									
4014671		10/29/202	10/27/202	11/06/202			1,686.72	0.00	0.00	1,686.72
4014672		10/29/202	10/27/202	11/06/202			103.00	0.00	0.00	103.00
	SUPPLIES									
SC9231		10/29/202	10/27/202	11/06/202			94.81	0.00	0.00	94.81
	SUPPLIES									
4019973		10/29/202	10/28/202	11/07/202			648.45	0.00	0.00	648.45
4019792		10/29/202	10/28/202	11/07/202			4.96	0.00	0.00	4.96
	SUPPLIES									
4019793		10/29/202	10/28/202	11/07/202			8.69	0.00	0.00	8.69
	SUPPLIES									
4018186		10/29/202	10/28/202	11/07/202			4,694.94	0.00	0.00	4,694.94
	SUPPLIES									
4018944		10/29/202	10/28/202	11/07/202			20.83	0.00	0.00	20.83
	SUPPLIES									
4018943		10/29/202	10/28/202	11/07/202			11.24	0.00	0.00	11.24

4019972		10/29/202 10/28/202 11/07/202			162.58	0.00	0.00	162.58
	SUPPLIES							
4018942		10/29/202 10/28/202 11/07/202			674.36	0.00	0.00	674.36

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
10536	MORRIS & DICKSON CO, LLC	13,719.55	0.00	0.00	13,719.55

Vendor# 15224 Vendor Name: MUTUAL OF OMAHA — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
001972867008		10/29/202	10/29/202	10/29/202			22,271.80	0.00	0.00	22,271.80

insurance

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
15224	MUTUAL OF OMAHA	22,271.80	0.00	0.00	22,271.80

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8868		10/22/202	10/15/202	11/14/202			63.42	0.00	0.00	63.42
	092725-101025 BILLING PERIOD									

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
13548	NACOGDOCHES TRANSCRIPTION	63.42	0.00	0.00	63.42

Vendor# N1800 Vendor Name: NURSES CHOICE CORPORATION — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0179702IN		10/28/202	10/20/202	10/28/202			122.84	0.00	0.00	122.84

White mittens

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
N1800	NURSES CHOICE CORPORATION	122.84	0.00	0.00	122.84

Vendor# O1500 Vendor Name: OLYMPUS AMERICA INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
38847836		10/29/202	10/21/202	11/15/202			204.60	0.00	0.00	204.60

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
O1500	OLYMPUS AMERICA INC	204.60	0.00	0.00	204.60

Vendor# 18112 Vendor Name: OSTEOREMEDIES LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10061705		10/20/202	10/16/202	10/20/202			1,000.00	0.00	0.00	1,000.00

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
18112	OSTEOREMEDIES LLC	1,000.00	0.00	0.00	1,000.00

Vendor# 10032 Vendor Name: PHILIPS HEALTHCARE — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9029280950		10/20/202	10/20/202	11/14/202			96.93	0.00	0.00	96.93
10152025		10/21/202	10/21/202	11/15/202			24.75	0.00	0.00	24.75
	INTEREST CHARGE									

thermal paper

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
10032	PHILIPS HEALTHCARE	121.68	0.00	0.00	121.68

Vendor# 14764 Vendor Name: PL-CPR, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
413		10/29/202	10/20/202	10/20/202			1,050.00	0.00	0.00	1,050.00

PALS recertification

Vendor Totals: Number Name

Gross	Discount	No-Pay	Net

	14764	PL-CPR, LLC					1,050.00	0.00	0.00	1,050.00
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
	B78346		10/29/202	10/24/202	11/03/202		11.98	0.00	0.00	11.98
		SUPPLIES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		P2200	POWER HARDWARE				11.98	0.00	0.00	11.98
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
	9360073258		10/29/202	09/27/202	10/27/202		204.36	0.00	0.00	204.36
		SUPPLIES								
	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				
14536	QUVA PHARMA INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	WA0000004978		10/29/202	10/18/202	10/18/202		218.04	0.00	0.00	218.04
		Meds								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14536	QUVA PHARMA INC				218.04	0.00	0.00	218.04
Vendor#	Vendor Name				Class	Pay Code				
S0900	SAMS CLUB DIRECT				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	102025		10/30/202	10/20/202	10/20/202		327.30	0.00	0.00	327.30
		DIETARY SUPPLIES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		S0900	SAMS CLUB DIRECT				327.30	0.00	0.00	327.30
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
	984648796		10/28/202	10/23/202	10/28/202		3,600.00	0.00	0.00	3,600.00
		Rally HV All in one System								
	984653591		10/28/202	10/24/202	10/24/202		7,250.00	0.00	0.00	7,250.00
		Supplies								
	984652967		10/28/202	10/24/202	10/28/202		6,650.00	0.00	0.00	6,650.00
		SUPPLIES								
	984652966		10/28/202	10/24/202	10/28/202		6,650.00	0.00	0.00	6,650.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW, INC.				24,150.00	0.00	0.00	24,150.00
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
	1250001105		10/29/202	10/03/202	10/03/202		2,450.00	0.00	0.00	2,450.00
		AGENCY STAFFING, Amber Helzer 9/19 & 9/21/25								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		15236	SPECIALTY PROFESSIONAL				2,450.00	0.00	0.00	2,450.00
Vendor#	Vendor Name				Class	Pay Code				
S3960	STERICYCLE, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	8012350843		10/21/202	10/18/202	11/17/202		3,210.57	0.00	0.00	3,210.57
		SHRED SERVICES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		S3960	STERICYCLE, INC				3,210.57	0.00	0.00	3,210.57

Vendor#	Vendor Name				Class	Pay Code				
14524	SYSMEX AMERICA, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	96161792		10/28/202	10/24/202	10/28/202			527.44	0.00	0.00	527.44
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14524	SYSMEX AMERICA, INC.					527.44	0.00	0.00	527.44
Vendor#	Vendor Name				Class	Pay Code				
10758	TEXAS SELECT STAFFING, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0026052	AGENCY STAFFING	10/29/202	10/23/202	10/24/202			9,848.75	0.00	0.00	9,848.75
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10758	TEXAS SELECT STAFFING, LLC					9,848.75	0.00	0.00	9,848.75
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
	2921071778	UNIFORMS	10/22/202	10/20/202	11/14/202			3,669.84	0.00	0.00	3,669.84
	2921071787	UNIFORM	10/22/202	10/20/202	11/14/202			260.13	0.00	0.00	260.13
	2921071637		10/29/202	10/16/202	11/10/202			167.45	0.00	0.00	167.45
	2921071624		10/29/202	10/16/202	11/10/202			209.47	0.00	0.00	209.47
	2921071628	UNIFORMS	10/29/202	10/16/202	11/10/202			541.57	0.00	0.00	541.57
	2921072137	UNIFORMS	10/29/202	10/23/202	11/17/202			3,041.94	0.00	0.00	3,041.94
	2921072153		10/29/202	10/23/202	11/17/202			157.12	0.00	0.00	157.12
	2921072146		10/29/202	10/23/202	11/17/202			218.14	0.00	0.00	218.14
	2921072148	UNIFORMS	10/29/202	10/23/202	11/17/202			490.27	0.00	0.00	490.27
	2921072142		10/29/202	10/23/202	11/17/202			289.83	0.00	0.00	289.83
	2921072145	UNIFORMS	10/29/202	10/23/202	11/17/202			289.05	0.00	0.00	289.05
	2921072139		10/29/202	10/23/202	11/17/202			51.59	0.00	0.00	51.59
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC					9,386.40	0.00	0.00	9,386.40
Vendor#	Vendor Name				Class	Pay Code				
11199	UNIVERSAL MEDICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	00223078		10/29/202	09/17/202	10/29/202			157.95	0.00	0.00	157.95
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11199	UNIVERSAL MEDICAL					157.95	0.00	0.00	157.95
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
	9111997124		10/28/202	10/08/202	11/02/202			255.80	0.00	0.00	255.80
	9112009618		10/29/202	10/21/202	11/15/202			1,325.57	0.00	0.00	1,325.57

Beyond cure - remote

Jennifer Stephens 10/18/25

Rubber patient restraint strap

LAB SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,581.37	0.00	0.00	1,581.37

Vendor#	Vendor Name	Class	Pay Code
11400	WEST COAST MEDICAL RESOURCES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV133820		10/17/202	09/19/202	09/24/202			250.00	0.00	0.00	250.00
INV135080	Supplies	10/28/202	10/22/202	10/28/202			100.00	0.00	0.00	100.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11400	WEST COAST MEDICAL RESOURCES	350.00	0.00	0.00	350.00

Vendor#	Vendor Name	Class	Pay Code
17640	YUE HUA GU		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
GUOYUE0001	patient refund	10/29/202	02/20/202	02/20/202			55.90	0.00	0.00	55.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17640	YUE HUA GU	55.90	0.00	0.00	55.90

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
9004319561	Quattro suture passer needle	10/28/202	10/22/202	10/28/202			1,015.00	0.00	0.00	1,015.00
9004251873	Vertix Link	10/29/202	10/15/202	10/29/202			441.00	0.00	0.00	441.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	Z1005	ZIMMER US, INC.	1,456.00	0.00	0.00	1,456.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	187,107.94	0.00	0.00	187,107.94

APPROVED ON

OCT 30 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 210961 -211026

187,107.94 +
16,407.09 - Pg 6. remove per mmc
170,700.85 =

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 03 2025

11/03/2025
09:55

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/20/2025
Class Pay Code

0
ap_open_invoice.template

Vendor#	Vendor Name
17276	FIRST UNITED METHODIST CHURCH

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110125	LEASE NOV. 2025	11/03/202	11/01/202	11/01/202			1,450.00	0.00	0.00	1,450.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17276	FIRST UNITED METHODIST CHURCH	1,450.00	0.00	0.00	1,450.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,450.00	0.00	0.00	1,450.00

APPROVED ON

NOV 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 210988

RECEIVED BY THE
COUNTY AUDITOR ON
OCT 30 2025

RUN DATE: 10/30/25 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 10:54 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
6002011 01 [redacted]	CALHOUN COUNTY, TEXAS	103025	96.00	5		REFUND FOR [redacted]	
	TX 77951						
	ARID=0001 TOTAL		96.00				
TOTAL			96.00				

APPROVED ON
OCT 30 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 211027

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
	A/P	210961	11/05/25	362.94	ADVANCED STERILIZATION PRODUCT
	A/P	210962	11/05/25	1,703.95	AIR SPECIALTY & EQUIPMENT CO
	A/P	210963	11/05/25	1,272.39	AMAZON CAPITAL SERVICES
	A/P	210964	11/05/25	705.00	ARTHREX, INC
	A/P	210965	11/05/25	47.36	BAXTER HEALTHCARE
	A/P	210966	11/05/25	1,170.32	BAYER HEALTHCARE
	A/P	210967	11/05/25	187.50	BAYLOR COLLEGE OF MEDICINE
	A/P	210968	11/05/25	15,643.20	BECKMAN COULTER INC
	A/P	210969	11/05/25	484.82	BETHANN DIGGS
	A/P	210970	11/05/25	42.00	BOSART LOCK & KEY INC
	A/P	210971	11/05/25	201.51	CALHOUN COUNTY
	A/P	210972	11/05/25	112.15	CALIBRESCIENTIFIC US, INC
	A/P	210973	11/05/25	821.54	CAPITAL ONE
	A/P	210974	11/05/25	1,790.00	CAREFUSION SOLUTIONS, LLC
	A/P	210975	11/05/25	154.14	CARESFIELD
	A/P	210976	11/05/25	24.25	CENTRAL DRUG
	A/P	210977	11/05/25	635.24	CHEMAQUA
	A/P	210978	11/05/25	92.95	COASTAL OFFICE SOLUTONS
	A/P	210979	11/05/25	501.72	COMBINED INSURANCE
	A/P	210980	11/05/25	6,040.12	COMPUGROUP MEDICAL - EMDS INC.
	A/P	210981	11/05/25	696.00	DEWITT POTH & SON
	A/P	210982	11/05/25	1,030.00	DOWELL PEST CONTROL
	A/P	210983	11/05/25	2,700.00	EL CAMPO REFRIGERATION
	A/P	210984	11/05/25	169.50	ERBE USA INC SURGICAL SYSTEMS
	A/P	210985	11/05/25	235.00	EVOQUA WATER TECHNOLOGIES LLC
	A/P	210986	11/05/25	995.95	FILTER TECHNOLOGY CO, INC
	A/P	210987	11/05/25	375.00	FIRETRON, INC
	A/P	210988	11/05/25	1,450.00	FIRST UNITED METHODIST CHURCH
	A/P	210989	11/05/25	967.07	FISHER HEALTHCARE
	A/P	210990	11/05/25	1,002.28	FUSION CONNECT
	A/P	210991	11/05/25	10,771.06	GBS ADMINISTRATORS, INC
	A/P	210992	11/05/25	74.45	HEALTH CARE LOGISTICS INC
	A/P	210993	11/05/25	15,212.00	HOSPITAL CARE CONSULTANTS INC.
	A/P	210994	11/05/25	128.73	JACQUELINE HERRERA
	A/P	210995	11/05/25	451.23	KCI USA
	A/P	210996	11/05/25	2,232.00	LGC CLINICAL DIAGNOSTICS, INC.
	A/P	210997	11/05/25	856.57	LONE STAR COMMUNICATIONS, INC
	A/P	210998	11/05/25	2,806.70	MALEK INC
	A/P	210999	11/05/25	131.70	MCKESSON MEDICAL SURGICAL INC
	A/P	211000	11/05/25	2,587.50	MEDICAL SOLUTIONS LLC
	A/P	211001	11/05/25	.00	VOIDED
	A/P	211002	11/05/25	2,795.06	MEDLINE INDUSTRIES INC
	A/P	211003	11/05/25	.00	VOIDED
	A/P	211004	11/05/25	13,719.55	MORRIS & DICKSON CO, LLC
	A/P	211005	11/05/25	22,271.80	MUTUAL OF OMAHA
	A/P	211006	11/05/25	63.42	NACOGDOCHES TRANSCRIPTION
	A/P	211007	11/05/25	122.84	NURSES CHOICE CORPORATION
	A/P	211008	11/05/25	204.60	OLYMPUS AMERICA INC
	A/P	211009	11/05/25	1,000.00	OSTEOREMEDIES LLC
	A/P	211010	11/05/25	121.68	PHILIPS HEALTHCARE

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	211011	11/05/25	1,050.00	PL-CPR, LLC
A/P	211012	11/05/25	11.98	POWER HARDWARE
A/P	211013	11/05/25	204.36	PRECISION DYNAMICS CORP (PDC)
A/P	211014	11/05/25	218.04	QUVA PHARMA INC
A/P	211015	11/05/25	327.30	SAMS CLUB DIRECT
A/P	211016	11/05/25	24,150.00	SMITH & NEPHEW, INC.
A/P	211017	11/05/25	2,450.00	SPECIALTY PROFESSIONAL
A/P	211018	11/05/25	3,210.57	STERICYCLE, INC
A/P	211019	11/05/25	527.44	SYSMEX AMERICA, INC.
A/P	211020	11/05/25	9,848.75	TEXAS SELECT STAFFING, LLC
A/P	211021	11/05/25	9,386.40	UNIFIRST HOLDINGS INC
A/P	211022	11/05/25	157.95	UNIVERSAL MEDICAL
A/P	211023	11/05/25	1,581.37	WERFEN USA LLC
A/P	211024	11/05/25	350.00	WEST COAST MEDICAL RESOURCES
A/P	211025	11/05/25	55.90	YUE HUA GU
A/P	211026	11/05/25	1,456.00	ZIMMER US, INC.
A/P	211027	11/05/25	96.00	[redacted]
A/P	211028	11/05/25	838.00	FORTBEND HEALTHCARE CENTER
A/P	211029	11/05/25	97,758.80	GOLDENCREEK HEALTHCARE
A/P	211030	11/05/25	130,810.08	LAVACA BAY NURSING AND REHAB
A/P	211031	11/05/25	.00	VOIDED
A/P	211032	11/05/25	119,199.53	TUSCANY VILLAGE
TOTALS:			520,853.26	

APPROVED ON

NOV 05 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 170,700.85 +
< 1,450.00 +
Pat. refund 96.00 +
838.00 +
NH 97,758.80 +
Vers < 119,199.53 +
130,810.08 +
520,853.26 ◇

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/31/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 11/01/2025

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

As of: 10/31/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 11/01/2025 **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: 25,052.24 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 11/04/2025, Pay This Amount: 24,551.22 USD

If Paid After 11/04/2025, Pay this Amount: 25,052.24 USD

Due If Paid On Time: USD 24,551.22

Disc lost if paid late: 501.02

Due If Paid Late: USD 25,052.24

✓ CCJ ✓ 11/3/25

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

24•402•29 +
137•13 +
11•80 +
24•551•22 ◊

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

McKESSON

STATEMENT

Company: 8000

As of: 10/31/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 11/01/2025

APPROVED ON
NOV 03 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: 10/31/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 11/01/2025

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	
Customer Number 256342	**WALMART 1098/MEM MED PHS**										
10/25/2025	11/04/2025	7598051068	245382896	115Invoice	1.78	88.95		87.17		7598051068	
10/25/2025	11/04/2025	7598051069	245661449	115Invoice	1.78	88.95		87.17		7598051069	
10/25/2025	11/04/2025	7598051070	245148101	115Invoice	12.30	615.06		602.76		7598051070	
10/25/2025	11/04/2025	7598051071	248613461	115Invoice	21.26	1,063.04		1,041.78		7598051071	
10/25/2025	11/04/2025	7598051072	247939881	115Invoice	12.30	615.06		602.76		7598051072	
10/25/2025	11/04/2025	7598054035	245382896	115Invoice	0.01	0.63		0.62		7598054035	
10/25/2025	11/04/2025	7598054036	246609293	115Invoice	6.07	303.44		297.37		7598054036	
10/25/2025	11/04/2025	7598054037	246678425	115Invoice	6.07	303.44		297.37		7598054037	
10/27/2025	11/04/2025	7598273783	245819546	115Invoice	3.56	177.90		174.34		7598273783	
10/27/2025	11/04/2025	7598273784	252256655	115Invoice	2.13	106.74		104.61		7598273784	
10/27/2025	11/04/2025	7598273785	255167438	115Invoice	0.21	10.64		10.43		7598273785	
10/27/2025	11/04/2025	7598273786	255213069	115Invoice	0.85	42.57		41.72		7598273786	
10/27/2025	11/04/2025	7598289606	255213069	115Invoice	5.11	255.41		250.30		7598289606	
10/27/2025	11/04/2025	7598289607	249361517	115Invoice	1.92	95.81		93.89		7598289607	
10/27/2025	11/04/2025	7598289608	255213069	115Invoice	0.04	1.90		1.86		7598289608	
10/27/2025	11/04/2025	7598289609	248316975	115Invoice	6.13	306.59		300.46		7598289609	
10/27/2025	11/04/2025	7598289610	248613461	115Invoice	6.13	306.59		300.46		7598289610	
10/27/2025	11/04/2025	7598289611	255167438	115Invoice	5.46	273.23		267.77		7598289611	
10/27/2025	11/04/2025	7598289612	255213069	115Invoice	5.46	273.23		267.77		7598289612	
10/27/2025	11/04/2025	7598289613	248755753	115Invoice	14.17	708.69		694.52		7598289613	
10/27/2025	11/04/2025	7598289614	248887070	115Invoice	28.35	1,417.39		1,389.04		7598289614	
10/27/2025	11/04/2025	7598289615	248953712	115Invoice	14.17	708.69		694.52		7598289615	
10/27/2025	11/04/2025	7598289616	249026068	115Invoice	14.17	708.69		694.52		7598289616	
10/27/2025	11/04/2025	7598289617	246954306	115Invoice	20.07	1,003.68		983.61		7598289617	
10/27/2025	11/04/2025	7598289618	247094452	115Invoice	26.76	1,338.24		1,311.48		7598289618	
10/27/2025	11/04/2025	7598289619	254040478	115Invoice	1.82	90.82		89.00		7598289619	
10/27/2025	11/04/2025	7598289620	246678425	115Invoice	18.21	910.32		892.11		7598289620	
10/27/2025	11/04/2025	7598289621	246741249	115Invoice	18.21	910.32		892.11		7598289621	
10/27/2025	11/04/2025	7598289622	255124341	115Invoice	0.01	0.32		0.31		7598289622	
10/28/2025	11/04/2025	7598549754	255502361	115Invoice	0.01	0.63		0.62		7598549754	
10/28/2025	11/04/2025	7598549755	248613461	115Invoice	2.01	100.30		98.29		7598549755	

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 10/31/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 11/01/2025

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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

As of: 10/31/2025 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 **PLEASE CHECK ANY**
Date: 11/01/2025 **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	
10/28/2025	11/04/2025	7598549756	251773019	115Invoice	1.89	94.47		92.58		7598549756	
10/28/2025	11/04/2025	7598549757	247167188	115Invoice	13.38	669.12		655.74		7598549757	
10/28/2025	11/04/2025	7598549758	255213069	115Invoice	5.46	273.23		267.77		7598549758	
10/28/2025	11/04/2025	7598549759	247220821	115Invoice	5.49	274.64		269.15		7598549759	
10/28/2025	11/04/2025	7598549760	255502361	115Invoice	0.91	45.41		44.50		7598549760	
10/28/2025	11/04/2025	7598549761	253438167	115Invoice	2.70	134.88		132.18		7598549761	
10/28/2025	11/04/2025	7598549762	254201609	115Invoice	5.40	269.76		264.36		7598549762	
10/29/2025	11/04/2025	7598775832	245512070	115Invoice	0.01	0.51		0.50		7598775832	
10/29/2025	11/04/2025	7598775833	251369670	115Invoice	0.01	0.26		0.25		7598775833	
10/29/2025	11/04/2025	7598775834	248134642	115Invoice	12.30	615.06		602.76		7598775834	
10/29/2025	11/04/2025	7598775835	251598404	115Invoice	6.80	339.95		333.15		7598775835	
10/29/2025	11/04/2025	7598775836	252192781	115Invoice	6.80	339.95		333.15		7598775836	
10/29/2025	11/04/2025	7598775837	247415261	115Invoice	13.38	669.12		655.74		7598775837	
10/29/2025	11/04/2025	7598775838	249026068	115Invoice	14.17	708.69		694.52		7598775838	
10/29/2025	11/04/2025	7598775839	249065329	115Invoice	14.17	708.69		694.52		7598775839	
10/29/2025	11/04/2025	7598789413	252741267	115Invoice	2.85	142.46		139.61		7598789413	
10/29/2025	11/04/2025	7598789414	246741249	115Invoice	6.07	303.44		297.37		7598789414	
10/29/2025	11/04/2025	7598789415	247939881	115Invoice	12.14	606.88		594.74		7598789415	
10/30/2025	11/04/2025	7599007413	254670802	115Invoice	16.45	822.47		806.02		7599007413	
10/30/2025	11/04/2025	7599007414	248208937	115Invoice	2.66	132.82		130.16		7599007414	
10/30/2025	11/04/2025	7599007415	249100462	115Invoice	1.33	66.41		65.08		7599007415	
10/30/2025	11/04/2025	7599007416	246453385	115Invoice	0.33	16.56		16.23		7599007416	
10/30/2025	11/04/2025	7599007417	248613461	115Invoice	6.13	306.59		300.46		7599007417	
10/30/2025	11/04/2025	7599007418	255776160	115Invoice	0.01	0.32		0.31		7599007418	
10/30/2025	11/04/2025	7599007419	255776160	115Invoice	0.85	42.57		41.72		7599007419	
10/30/2025	11/04/2025	7599007420	255776160	115Invoice	5.46	273.23		267.77		7599007420	
10/30/2025	11/04/2025	7599007421	246609293	115Invoice	17.03	851.56		834.53		7599007421	
10/30/2025	11/04/2025	7599007422	247939881	115Invoice	6.07	303.44		297.37		7599007422	
10/30/2025	11/04/2025	7599007423	253900242	115Invoice	0.01	0.32		0.31		7599007423	
10/30/2025	11/04/2025	7599007424	255365336	115Invoice	0.01	0.63		0.62		7599007424	
10/30/2025	11/04/2025	7599007425	248676928	115Invoice	6.13	306.59		300.46		7599007425	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/31/2025 Page: 003

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 11/01/2025

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

As of: 10/31/2025 Page: 003
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 11/01/2025 **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	
10/31/2025	11/04/2025	7599234971	252256655	115Invoice	0.01	0.26		0.25		7599234971	
10/31/2025	11/04/2025	7599234972	252741267	115Invoice	2.85	142.46		139.61		7599234972	
10/31/2025	11/04/2025	7599234973	253197431	115Invoice	2.84	142.18		139.34		7599234973	
10/31/2025	11/04/2025	7599234974	253747142	115Invoice	2.84	142.18		139.34		7599234974	
10/31/2025	11/04/2025	7599234975	246253289	115Invoice	8.65	432.64		423.99		7599234975	
10/31/2025	11/04/2025	7599234976	246954306	115Invoice	5.41	270.70		265.29		7599234976	
10/31/2025	11/04/2025	7599234977	254478254	115Invoice	11.59	579.30		567.71		7599234977	
10/31/2025	11/04/2025	7599234978	249065329	115Invoice	14.17	708.69		694.52		7599234978	
10/31/2025	11/04/2025	7599234979	247939881	115Invoice	6.69	334.56		327.87		7599234979	

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: 24,900.27 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 15,948.45
10/27/2025

If Paid By 11/04/2025,
Pay This Amount: 24,402.29 USD

If Paid After 11/04/2025,
Pay this Amount: 24,900.27 USD

Due If Paid On Time:
USD 24,402.29

Disc lost if paid late:
497.98

Due If Paid Late:
USD 24,900.27

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/31/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 11/01/2025

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

As of: 10/31/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 11/01/2025 **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											
10/30/2025	11/04/2025	7598845075	B2510-055-245487	115Invoice	2.80	139.93		✓ 137.13	✓	7598845075	

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: 139.93 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 36,214.34
10/20/2025

If Paid By 11/04/2025, Pay This Amount: 137.13 USD

If Paid After 11/04/2025, Pay this Amount: 139.93 USD

Due If Paid On Time: USD 137.13

Disc lost if paid late: 2.80

Due If Paid Late: USD 139.93

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

CVS PHCY 8923/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: 10/31/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 11/01/2025

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

As of: 10/31/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 11/01/2025 **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 835434 CVS PHCY 8923/MEM MC PHS											
10/29/2025	11/04/2025	7598751555	4518636	115Invoice	0.24	12.04		11.80	✓	7598751555	

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 12.04 USD

Future Due:	0.00			**Due If Paid On Time:** USD	11.80
Past Due:	0.00	**If Paid By 11/04/2025, Pay This Amount:**	11.80 USD	**Disc lost if paid late:**	0.24
Last Payment 09/22/2025	727.40	**If Paid After 11/04/2025, Pay this Amount:**	12.04 USD	**Due If Paid Late:** USD	12.04

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 70812137
Date: 10-31-2025

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:	578.58
Past Due:	0.00
Total Due:	578.58
Account Balance:	578.58

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-27-2025	11-07-2025	3231184594	7010814379	Invoice	476.25		0.00	476.25
10-27-2025	11-07-2025	3231184595	7010834700	Invoice	19.42		0.00	19.42
10-30-2025	11-07-2025	3231605160	7010858985	Invoice	44.68		0.00	44.68
10-31-2025	11-07-2025	3231740370	7010867644	Invoice	38.23		0.00	38.23

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
578.58	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
11-07-2025	578.58
Total Due:	578.58

11/3/25

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: 70828476
Date: 10-31-2025

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:	3,199.59
Past Due:	0.00
Total Due:	3,199.59
Account Balance:	3,199.59

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-27-2025	11-07-2025	3231163575	7010824608	Invoice	419.45		0.00	419.45
10-27-2025	11-07-2025	3231163578	7010834500	Invoice	156.69		0.00	156.69
10-27-2025	11-07-2025	3231163580	7010840303	Invoice	5.18		0.00	5.18
10-28-2025	11-07-2025	3231376555	7010852142	Invoice	206.21		0.00	206.21
10-29-2025	11-07-2025	3231511316	7010858905	Invoice	662.76		0.00	662.76
10-30-2025	11-07-2025	3231646263	7010866636	Invoice	652.63		0.00	652.63
10-30-2025	11-07-2025	3231646264	7010866636	Invoice	773.07		0.00	773.07
10-31-2025	11-07-2025	3231780898	7010872716	Invoice	323.60		0.00	323.60

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
3,199.59	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
11-07-2025	3,199.59
Total Due:	3,199.59

CO
11/3/25

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"	★	12	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 116,164.31	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 61,650.38	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14,418.16	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 40,095.77	#
☐ "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	10/17/2025					
PAY PERIOD: END	10/30/2025					
PAY DATE:	11/7/2025					
GROSS PAY:	$ 532,784.61			$ -		$ 532,784.61
DEDUCTIONS:						
A/R	$ 461.24					$ 461.24
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	$ 28,530.08					$ 28,530.08
	$ -					$ -
	$ -					$ -
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	$ 40,095.77					$ 40,095.77
FICA-M	$ 7,209.08					$ 7,209.08
FICA-O	$ 30,825.19					$ 30,825.19
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 4,197.10					$ 4,197.10
FLX-FE	$ -					$ -
GIFT S	$ 210.26					$ 210.26
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	$ 7,348.41					$ 7,348.41
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	$ 36,100.94					$ 36,100.94
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 165,272.87	$ -	$ -	$ -	$ -	$ 165,272.87
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 367,511.74	$ -	$ -	$ -	$ -	$ 367,511.74
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 35,605.32	Less Exempt:				
TAXABLE PAY:	$ 497,179.29	$ 497,179.29				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,209.10		
FICA - MED (EE)	1.45%	$ 7,209.10	$ 7,209.08	$ 0.02
FICA - SOC SEC (ER)	6.20%	$ 30,825.12		
FICA - SOC SEC (EE)	6.20%	$ 30,825.12	$ 30,825.19	$ (0.07)
FED WITHHOLDING		$ 40,095.77	$ 40,095.77	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 116,164.21	$ 116,164.31	
FICA - MEDICARE	2.90%	$ 14,418.20	$14,418.16	
FICA - SOCIAL SECURITY	12.40%	$ 61,650.24	$61,650.38	PREPARED BY: Sariah Rubio
FED WITHHOLDING		$ 40,095.77	$40,095.77	PREPARED DATE: 11/3/2025
TOTAL TAX:		$ 116,164.21	$116,164.31	$ (0.10)

Final Summary

-- PayCode Summary --

PayCd	Description	Hrs	OT	SH	WE	HO	CE	Gross
1	REGULAR PAY-S1	9740.75	N		N	N		232651.57
1	REGULAR PAY-S1	1921.50	N		N	N	N	99747.13
1	REGULAR PAY-S1	231.25	Y		N	N		9063.45
2	REGULAR PAY-S2	2347.25	N		N	N		66276.12
2	REGULAR PAY-S2	88.25	Y		N	N		3591.51
3	REGULAR PAY-S3	1496.50	N		N	N		51492.89
3	REGULAR PAY-S3	76.25	Y		N	N		3548.34
4	CALL BACK PAY	19.50	N	1	N	N	Y	1059.58
4	CALL BACK PAY	2.00	N	2	N	N	Y	112.25
4	CALL BACK PAY	2.00	N	3	N	N	Y	114.25
4	CALL BACK PAY	2.00	Y	1	N	N	Y	83.16
C	CALL PAY	2565.00	N	1	N	N		5130.00
D	DOUBLE TIME	27.00	N	2	N	N		2041.83
D	DOUBLE TIME	55.25	N	3	N	N		4275.66
D	DOUBLE TIME	1.50	Y	3	N	N		207.36
E	EXTRA WAGES		N	1	N	N		60.00
E	EXTRA WAGES		N	1	N	N	N	1991.25
F	FUNERAL LEAVE	24.00	N	1	N	N		1014.00
I	INSERVICE	18.00	N	1	N	N		748.28
J	JURY LEAVE	16.00	N	1	N	N		1153.85
K	EXTENDED-ILLNESS-BANK	170.00	N	1	N	N		6063.26
P	PAID-TIME-OFF	122.00	N		N	N	N	3926.34
P	PAID-TIME-OFF	1158.00	N	1	N	N		36169.53
X	CALL PAY 2	162.00	N	1	N	N		324.00
Z	CALL PAY 3	48.00	N	1	N	N		144.00
t	PHONE & DATA		N		N	N	N	1795.00

-- Deductions Summary --

Code	Amount	Code	Amount	Code	Amount
A/P	351.24	A/R2	110.00	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	28530.08	CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD		CLINIC		COMBIN	228.60
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH		FEDTAX	40095.77	FICA-M	7209.08
FICA-O	30825.19	FIRSTC		FLEX S	3670.10
FLX FE		FORT D		FUTA	
GIFT S	210.26	GRANT		GRP-IN	
GTL		HOSP-I		HSA	527.00
ID TFT		IRSTAX		LEAF	
LEGAL	221.95	MASA	713.00	MEALS	3610.42
METVIS		MISC		MISC/	
MMCSHR		MCOACC	577.08	MOOILL	878.88
MOOIND	563.50	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	36100.94	TUITION		UNIFOR	3737.99
UN/HOS					

-------------------- Grand Totals: 20294.00 ------- (Gross: 532784.61 Deductions: 165272.87 Net: 367511.74

Checks Count:- FT 198 PT 11 Other 43 Female 228 Male 23 Credit OverAmt 16 ZeroNet Term Total: 251

6667	76351	1	1	0	2025	296001551	0	10/27/2025	$31,133.73	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	[redacted]										
6668	76351	2	33	0	2025	281000771	0	10/27/2025	$17.48	1	CLINICAL PATHOLOGY LABS INC	P	185											
6669	76351	2	33	0	2025	281000724	0	10/27/2025	$24.70	1	CLINICAL PATHOLOGY LABORATORIES INC	P	185											
6671	76351	3	72	2	2025	268000375	0	10/27/2025	$6.08	1	SINGLETON ASSOCIATES PA	P	181											
6673	76351	3	23	0	2025	287001182	0	10/27/2025	$9.92	1	CUERO REGIONAL HOSPITAL	P	177											
6674	76351	3	79	1	2025	281000723	0	10/27/2025	$20.37	1	CLINICAL PATHOLOGY LABORATORIES INC	P	220											
6675	76351	3	8	0	2025	274000496	0	10/27/2025	$29.10	1	PORT LAVACA CLINIC	P	177											
6676	76351	3	79	0	2025	290000057	0	10/27/2025	$36.58	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	481											
6680	76351	3	31	0	2025	289000409	0	10/27/2025	$76.18	1	VICTORIA EYE CENTER	P	457											
6683	76351	3	69	1	2025	290001096	0	10/27/2025	$79.81	1	SINGLETON ASSOCIATES PA	P	172											
6684	76351	3	79	0	2025	286000838	0	10/27/2025	$79.99	1	CITIZENS MEDICAL PROFESSIONALS	P	177											
6686	76351	3	79	0	2025	268000334	0	10/27/2025	$97.74	1	US ANES PARTNERS OF TX PA	P	176											
6688	76351	3	79	0	2025	289001056	0	10/27/2025	$110.87	1	CITIZENS MEDICAL PROFESSIONALS	P	177											
6689	76351	3	79	0	2025	288000835	0	10/27/2025	$117.25	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	752											
6690	76351	3	43	0	2025	294000779	0	10/27/2025	$119.22	1	PORT LAVACA CLINIC	P	172											
6691	76351	3	73	0	2025	274000488	0	10/27/2025	$142.61	1	JACKSON MEDICAL CLINIC EDNA	P	177											
6692	76351	3	43	0	2025	295000438	0	10/27/2025	$150.81	1	HOUSTON CARDIOVASCULAR ASSOCIATES LLC	P	457											
6695	76351	3	14	0	2025	288000804	0	10/27/2025	$216.48	1	ESS OF PORT LAVACA LLC	P	189											
6696	76351	3	42	0	2025	280001174	0	10/27/2025	$272.00	1	CITIZENS MEDICAL PROFESSIONALS	P	176											
6697	76351	3	79	1	2025	275000494	0	10/27/2025	$274.37	1	VICTORIA WOMENS CLINIC	P	172											
6699	76351	3	57	2	2025	283000378	0	10/27/2025	$360.46	1	EMERGENCY MEDICINE SERVICES OF TX PL	P	189											
6706	76351	999	37	0	2025	274000566	0	10/27/2025	$49.94	1	LLC VICTORIA NEPHROLOGY ASSO	P	457											
6707	76351	999	37	0	2025	289001065	0	10/27/2025	$90.34	1	CITIZENS MEDICAL PROFESSIONALS	P	177											
6710	76360	2	56	0	2025	281000747	0	10/27/2025	$78.70	1	SINGLETON ASSOCIATES PA	P	481											
6714	76360	2	35	0	2025	283001097	0	10/27/2025	$108.75	1	INPATIENT HOSPTIALISTS TEXAS MEDICAL	P	188											
6715	76360	2	11	0	2025	283000263	0	10/27/2025	$115.81	1	REGIONAL EMPLOYEE ASSISTANCE PROGRAM INC	P	177											
6719	76360	3	80	0	2025	290001089	0	10/27/2025	$9.92	1	PORT LAVACA CLINIC	P	177											
6720	76360	3	80	0	2025	290001107	0	10/27/2025	$9.92	1	PORT LAVACA CLINIC	P	177											
6722	76360	3	43	1	2025	295000447	0	10/27/2025	$33.62	1	MHK FAMILY PRACTICE PLLC	P	177											
6723	76360	3	26	1	2025	280001165	0	10/27/2025	$34.10	1	SINGLETON ASSOCIATES PA	P	181											
6724	76360	3	90	0	2025	286000840	0	10/27/2025	$34.10	1	SINGLETON ASSOCIATES PA	P	189											
6725	76360	3	92	0	2025	286000861	0	10/27/2025	$35.36	1	SINGLETON ASSOCIATES PA	P	181											
6726	76360	3	32	4	2025	290000377	0	10/27/2025	$38.68	1	MELISSA A KAINER ERWIN MD PA	P	457											
6727	76360	3	32	1	2025	290000378	0	10/27/2025	$38.68	1	MELISSA A KAINER ERWIN MD PA	P	457											
6728	76360	3	105	0	2025	289001083	0	10/27/2025	$40.33	1	SINGLETON ASSOCIATES PA	P	181											
6729	76360	3	131	1	2025	283000258	0	10/27/2025	$50.12	1	ARKANSAS DHS	P	532											
6731	76360	3	119	0	2025	287001149	0	10/27/2025	$55.89	1	NOE R. OLVERA, MD, PA	P	457											
6732	76360	3	119	0	2025	287001207	0	10/27/2025	$55.89	1	NOE R. OLVERA, MD, PA	P	457											
6733	76360	3	66	0	2025	295000434	0	10/27/2025	$58.14	1	MELISSA A. KAINER ERWIN, MD PA	P	457											
6739	76360	3	48	0	2025	281000735	0	10/27/2025	$59.68	1	CLINICAL PATHOLOGY LABS, INC	P	172											
6740	76360	3	74	0	2025	290001104	0	10/27/2025	$59.94	1	ADU SPORTS MEDICINE CLINIC	P	177											
6741	76360	3	134	1	2025	268000317	0	10/27/2025	$61.70	1	TCPSO	P	430											
6742	76360	3	134	1	2025	268000561	0	10/27/2025	$61.70	1	TCPSO	P	430											
6743	76360	3	107	0	2025	282000783	0	10/27/2025	$63.25	1	VICTORIA EYE CENTER	P	457											
6744	76360	3	53	0	2025	280001161	0	10/27/2025	$72.62	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	180											
6745	76360	3	53	0	2025	294000739	0	10/27/2025	$72.62	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	180											
6746	76360	3	92	0	2025	280001200	0	10/27/2025	$73.17	1	SINGLETON ASSOCIATES PA	P	181											
6750	76360	3	120	3	2025	294000722	0	10/27/2025	$86.32	1	HEADWAY COLORADO BEHAVIORAL HEALTH SERVI	P	360											
6756	76360	3	120	0	2025	290001098	0	10/27/2025	$113.65	1	CLINICAL PATHOLOGY LABS, INC	P	172											
6757	76360	3	63	1	2025	281000772	0	10/27/2025	$114.21	1	LABORATORY CORPORATION OF AMERICA	P	532											
6758	76360	3	94	3	2025	268000516	0	10/27/2025	$124.74	1	COMMUNITY PATHOLOGY ASSOCIATES	P	187											
6759	76360	3	136	1	2025	268000486	0	10/27/2025	$141.59	1	DRISCOLL CHP	P	172											
6760	76360	3	80	0	2025	290001080	0	10/27/2025	$145.47	1	PORT LAVACA CLINIC	P	177											
6761	76360	3	26	0	2025	295000223	0	10/27/2025	$145.55	1	DR JADAV M.D.	P	457											
6762	76360	3	30	1	2025	286000876	0	10/27/2025	$166.32	1	ORTHOLONESTAR PLLC	P	457											
6763	76360	3	134	1	2025	268000235	0	10/27/2025	$184.29	1	TCPSO	P	457											
6767	76360	3	54	1	2025	295000470	0	10/27/2025	$207.19	1	VICTORIA EP PLLC	P	189											
6769	76360	3	90	0	2025	290001044	0	10/27/2025	$216.48	1	ESS OF PORT LAVACA LLC	P	189											
6770	76360	3	7	0	2025	295000228	0	10/27/2025	$226.41	1	ESS OF PORT LAVACA LLC	P	189											
6772	76360	3	13	0	2025	281000731	0	10/27/2025	$241.28	1	SINGLETON ASSOCIATES PA	P	321											
6773	76360	3	134	0	2025	289000312	0	10/27/2025	$299.43	1	VICTORIA WOMENS CLINIC	P	180											
6774	76360	3	21	1	2025	281000707	0	10/27/2025	$303.85	1	VICTORIA NEPHROLOGY ASSOCIATES	P	466											
6776	76360	3	120	2	2025	293000444	0	10/27/2025	$698.57	1	ALLERGY & ENT ASSOCIATES PA	P	440											
6778	76360	999	35	0	2025	290001083	0	10/27/2025	$41.73	1	HOUSTON RADIOLOGY ASSOCIATED	P	189											
6779	76360	999	35	0	2025	290000564	0	10/27/2025	$216.48	1	ESS OF PORT LAVACA LLC	P	189											
6780	76360	999	35	0	2025	283001673	0	10/27/2025	$221.16	1	HOUSTON RADIOLOGY ASSOCIATED	P	183											
6781	76360	999	35	0	2025	290001101	0	10/27/2025	$329.11	1	HOUSTON RADIOLOGY ASSOCIATED	P	183											
6782	76360	999	35	0	2025	289000138	0	10/27/2025	$415.24	1	HOUSTON RADIOLOGY ASSOCIATED	P	183											
6783	76360	999	35	0	2025	290001067	0	10/27/2025	$415.24	1	HOUSTON RADIOLOGY ASSOCIATED	P	183											
6784	76360	999	35	0	2025	290000069	0	10/27/2025	$690.06	1	TRAVIS COUNTY EMERGENCY PHYSICIANS PA	P	189											
6785	76360	999	35	0	2025	293000708	0	10/27/2025	$1,069.19	1	ORION AMBULANCE SERVICES LLC	P	412											
									$41,650.28															

11/3/25

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Oct 27, 2025 - Nov 2, 2025

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number	
10/31/2025	PAY PLUS ACHTrans 96662158 101000695367070 P	- 3rd Party Payor Fee	488.08	901972	40440076	
10/31/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	403.38 *	901973	60310000	
10/30/2025	PAY PLUS ACHTrans 96429392 101000693750013 P	- 3rd Party Payor Fee	116.40	901974	40440076	
10/30/2025	HPHG LLC MEMOR PREM MemMedCtr PtLav 11312265	- Health Insurance Premium Payment	80,198.66 *	901975	20290000	
10/29/2025	PAY PLUS ACHTrans 96273341 101000691936721 P	- 3rd Party Payor Fee	55.58	901976	40440076	
10/28/2025	PAY PLUS ACHTrans 96035971 101000690503535 P	- 3rd Party Payor Fee	312.02	901977	40440076	
10/28/2025	MCKESSON DRUG AUTO ACH ACH06758358 910000118	- 340B Drug Program Expense	15,948.45 *	901978	60310000	
10/27/2025	PAY PLUS ACHTrans 95743477 101000698852507 P	- 3rd Party Payor Fee	148.35	901979	40440076	
10/27/2025	IRS USATAXPYMT 270570065530287 6103601002240	- Payroll Taxes	121,205.09 **	901980	FWT:20200000	FICA:20210000

218,876.01

488.08 +
116.40 +
55.58 +
312.02 +
148.35 +
1,120.43 ◊

pay PLUS

November 2, 2025 * Approved on 10.29.25
** Approved on 10.22.25

Caitlin Clevenger
Memorial Medical Center

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount	
11/15/2025	- TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	181,962.31	20260000

181,962.31

November 2, 2025

Caitlin Clevenger
Memorial Medical Center

218,876.01 +
403.38 –
80,198.66 –
15,948.45 –
121,205.09 –
1,120.43 ◊
1,120.43 –
0.00 ◊

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Date/Time	10-29-2025 / 03:23 PM
Submitted By	Emilyv04
Pay Date	10-31-2025
Employee Deposits	$74,487.60
Employer Contributions	$107,474.71
Group Term Life Premiums	$0.00
Total	$181,962.31
Comments	
Payroll File	October 2025.xlsx

CLOSE PRINT

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	

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 30 2025

CALHOUN COUNTY, TEXAS

10/30/2025 MEMORIAL MEDICAL CENTER 0
10:38 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/21/2025

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102725		10/29/202	10/27/202	11/21/202			838.00	0.00	0.00	838.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11820	FORTBEND HEALTHCARE CENTER	838.00	0.00	0.00	838.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	838.00	0.00	0.00	838.00

APPROVED ON

OCT 30 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 211028

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 30 2025

10/30/2025
10:44

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/21/2025

0
ap_open_invoice.template

Vendor# Vendor Name CALHOUN COUNTY, TEXAS Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101525		10/29/202	10/15/202	11/21/202			375.00	0.00	0.00	375.00
101525A		10/29/202	10/15/202	11/21/202			178.37	0.00	0.00	178.37
102025		10/29/202	10/20/202	11/21/202			775.27	0.00	0.00	775.27
102225		10/29/202	10/22/202	11/21/202			15,168.72	0.00	0.00	15,168.72
102325		10/29/202	10/23/202	11/21/202			53,639.20	0.00	0.00	53,639.20
102725A		10/29/202	10/27/202	11/21/202			560.75	0.00	0.00	560.75
102725		10/29/202	10/27/202	11/21/202			14,085.98	0.00	0.00	14,085.98
102825		10/29/202	10/28/202	11/21/202			10,790.46	0.00	0.00	10,790.46
102825A		10/29/202	10/28/202	11/21/202			2,185.05	0.00	0.00	2,185.05

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	97,758.80	0.00	0.00	97,758.80

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	97,758.80	0.00	0.00	97,758.80

APPROVED ON

OCT 30 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 211029

RECEIVED BY THE COUNTY AUDITOR ON

OCT 30 2025

10/30/2025 MEMORIAL MEDICAL CENTER 0

10:39 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 11/21/2025

CALHOUN COUNTY, TEXAS

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
101525A		10/29/202	10/15/202	11/21/202			12,280.00	0.00	0.00	12,280.00
101525		10/29/202	10/15/202	11/21/202			15,747.23	0.00	0.00	15,747.23
101625D		10/29/202	10/16/202	11/21/202			5,028.00	0.00	0.00	5,028.00
101625		10/29/202	10/16/202	11/21/202			6,677.99	0.00	0.00	6,677.99
101625B		10/29/202	10/16/202	11/21/202			50.00	0.00	0.00	50.00
101625C		10/29/202	10/16/202	11/21/202			9,218.00	0.00	0.00	9,218.00
101625A		10/29/202	10/16/202	11/21/202			13,108.83	0.00	0.00	13,108.83
101725		10/29/202	10/17/202	11/21/202			9,410.18	0.00	0.00	9,410.18
101725A		10/29/202	10/17/202	11/21/202			740.00	0.00	0.00	740.00
102025		10/29/202	10/20/202	11/21/202			6,075.50	0.00	0.00	6,075.50
102025A		10/29/202	10/20/202	11/21/202			5,220.04	0.00	0.00	5,220.04
102125A		10/29/202	10/21/202	11/21/202			5,220.04	0.00	0.00	5,220.04
102125		10/29/202	10/21/202	11/21/202			7,961.22	0.00	0.00	7,961.22
102225A		10/29/202	10/22/202	11/21/202			11,520.00	0.00	0.00	11,520.00
102225		10/29/202	10/22/202	11/21/202			628.50	0.00	0.00	628.50
102725		10/29/202	10/27/202	11/21/202			2,514.00	0.00	0.00	2,514.00
102825		10/29/202	10/28/202	11/21/202			7,800.00	0.00	0.00	7,800.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	119,199.53	0.00	0.00	119,199.53

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	119,199.53	0.00	0.00	119,199.53

APPROVED ON

OCT 30 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 211032

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 30 2025

CALHOUN COUNTY, TEXAS

10/30/2025
10:37

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/21/2025

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
101525		10/29/202	10/15/202	11/21/202			390.45	0.00	0.00	390.45
101525A		10/29/202	10/15/202	11/21/202			15,883.38	0.00	0.00	15,883.38
101525B		10/29/202	10/15/202	11/21/202			35.83	0.00	0.00	35.83
101625		10/29/202	10/16/202	11/21/202			3,153.51	0.00	0.00	3,153.51
101625A		10/29/202	10/16/202	11/21/202			1,348.48	0.00	0.00	1,348.48
101625B		10/29/202	10/16/202	11/21/202			2,887.34	0.00	0.00	2,887.34
101625C		10/29/202	10/16/202	11/21/202			122.40	0.00	0.00	122.40
102225		10/29/202	10/22/202	11/21/202			3,825.25	0.00	0.00	3,825.25
102325		10/29/202	10/23/202	11/21/202			234.41	0.00	0.00	234.41
102425		10/29/202	10/24/202	11/21/202			102,613.39	0.00	0.00	102,613.39
102725		10/29/202	10/27/202	11/21/202			315.64	0.00	0.00	315.64

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	130,810.08	0.00	0.00	130,810.08

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	130,810.08	0.00	0.00	130,810.08

APPROVED ON

OCT 30 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Check# 211030

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/3/2025

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		100.00	-	0.51			100.51	0
						Bank Balance	100.51	
						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	0.51	
Broadmoor		102.30	-	0.13			102.43	0
						Bank Balance	102.43	
						Variance	-	
						Leave in Balance	100.00	
						Claims owed to MMC	736.00	
						Adjust Balance/Transfer Amt	(733.57)	
Crescent		100.76	-	0.13			100.89	0
						Bank Balance	100.89	
						Variance	-	
						Leave in Balance	100.00	
						Claims Owed to MMC	718.78	
						Adjust Balance/Transfer Amt	(717.89)	
Fort Bend		120.82	-	56,707.51			56,828.33	54,750.84
						Bank Balance	56,828.33	
						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	54,750.84	
Solera at W Houston		674.67	-	3,781.28			4,455.95	3,013.37
						Bank Balance	4,455.95	
						Variance	-	
						Leave in Balance	100.00	
						Claims Owed to MMC	1,342.58	
						Adjust Balance/Transfer Amt	3,013.37	

54,750.84 + *est Houston / Fort Bend / Broadmoor:*
3,013.37 +
57,764.21 ◊

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS	57,764.21

Approved:
Caitlin Clevenger, Controller — **11/3/2025**

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 11.3.25

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/31/2025	Added to Account	-	-		-
		-	-		-
		-	-		-
		-	-		-
		-	-		-
		-	-	-	-

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/31/2025	Added to Account	-	0.13		0.13
		-	-		-
		-	-		-
		-	-		-
		-	-		-
		-	-		-
		-	0.13	-	0.13

Crescent

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/31/2025	Added to Account	-	0.13		0.13
		-	-		-
		-	-		-
		-	-		-
		-	-		-
		-	-		-
		-	-		-
		-			-
		-	0.13	-	0.13

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/31/2025	Added to Account	-	4.56		4.56
10/31/2025	NOVITAS SOLUTION HCCLAIMPMT 675663 420000197	-	6446.4		6,446.40
10/30/2025	NOVITAS SOLUTION HCCLAIMPMT 675663 420000135	-	49992.54		49,992.54
10/29/2025	NOVITAS SOLUTION HCCLAIMPMT 675663 420000118	-	264.01		264.01
		-	-		-
		-	-		-
		-	-		-
		-	-		-
		-	-		-
		-	56,707.51	-	56,707.51

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/31/2025	Added to Account	-	2.99		2.99
10/31/2025	Deposit	-	3771		3,771.00
10/28/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	7.29		7.29
		-	-		-
		-	-		-
		-	-		-
		-	-		-
		-	3,781.28	-	3,781.28

TOTALS	60,489.05	-	60,489.05

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,528,734.80	$2,603,188.94	$2,528,734.80	$2,528,734.80
*4381 MEMORIAL MEDICAL / NH ASHFORD	$100.51	$100.51	$100.51	$100.51
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102.43	$102.43	$102.43	$102.43
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.89	$100.89	$100.89	$100.89
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$4,455.95	$4,455.95	$4,455.95	$4,455.95
*4446 MEMORIAL MEDICAL / NH FORT BEND	$56,828.33	$56,828.33	$56,828.33	$56,828.33
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$136,843.89	$137,714.99	$136,843.89	$136,843.89
*4551 CAL CO INDIGENT HEALTHCARE	$4,835.45	$4,835.45	$4,835.45	$4,835.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$82,151.89	$88,805.11	$82,151.89	$82,151.89
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.39	$100.39	$100.39	$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$185,850.50	$186,020.99	$185,850.50	$185,850.50
*3407 MMC -NH TUSCANY VILLAGE	$92,968.57	$92,968.57	$92,968.57	$92,968.57
*2998 MMC -MONEY MARKET FUND	$1,069,819.02	$1,069,819.02	$1,069,819.02	$1,069,819.02
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$27,587.14	$27,587.14	$27,587.14	$27,587.14
Total Balance	**$4,190,479.76**	**$4,272,628.71**	**$4,190,479.76**	**$4,190,479.76**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11/3/2025

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		258,559.95	258,459.95	136,743.89		-	136,843.89	136,711.89
						Bank Balance	136,843.89	
						Variance	-	
						Leave in Balance	100.00	
						Claims owed to MMC	32.00	

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

Adjust Balance/Transfer Amt 136,711.89

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 11/3/2025

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/31/2025	Added to Account	-	416.83		416.83
10/31/2025	Deposit	-	126,957.26		126,957.26
10/30/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	1,027.00		1,027.00
10/29/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	258,459.95	-		-
10/29/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	5,738.26		5,738.26
10/27/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	2,414.16		2,414.16
10/27/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	190.38		190.38
		-	-		-
					-
		258,459.95	**136,743.89**	-	**136,743.89**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,528,734.80	$2,603,188.94	$2,528,734.80	$2,528,734.80
*4381 MEMORIAL MEDICAL / NH ASHFORD	$100.51	$100.51	$100.51	$100.51
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102.43	$102.43	$102.43	$102.43
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.89	$100.89	$100.89	$100.89
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$4,455.95	$4,455.95	$4,455.95	$4,455.95
*4446 MEMORIAL MEDICAL / NH FORT BEND	$56,828.33	$56,828.33	$56,828.33	$56,828.33
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$136,843.89	$137,714.99	$136,843.89	$136,843.89
*4551 CAL CO INDIGENT HEALTHCARE	$4,835.45	$4,835.45	$4,835.45	$4,835.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$82,151.89	$88,805.11	$82,151.89	$82,151.89
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.39	$100.39	$100.39	$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$185,850.50	$186,020.99	$185,850.50	$185,850.50
*3407 MMC -NH TUSCANY VILLAGE	$92,968.57	$92,968.57	$92,968.57	$92,968.57
*2998 MMC -MONEY MARKET FUND	$1,069,819.02	$1,069,819.02	$1,069,819.02	$1,069,819.02
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$27,587.14	$27,587.14	$27,587.14	$27,587.14
Total Balance	**$4,190,479.76**	**$4,272,628.71**	**$4,190,479.76**	**$4,190,479.76**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
11/3/2025

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		66,163.49	66,063.49	82,051.89	-		-	82,151.89	82,051.89
							Bank Balance	82,151.89	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	82,051.89	

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	-	0.13		-		100.39	NO TRANSFER
							Bank Balance	100.39	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	0.39	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	-

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

Approved:
Caitlin Clevenger, Controller 11/3/2025

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/31/2025	Added to Account	-	116.78		116.78
10/31/2025	HNB - ECHO HCCLAIMPMT 746003411 440000205093	-	208.43		208.43
10/30/2025	HNB - ECHO HCCLAIMPMT 746003411 440000260684	-	463.42		463.42
10/29/2025	WIRE OUT HMG Rockport SNF, LP -Commerical	66,063.49	-		-
10/29/2025	HNB - ECHO HCCLAIMPMT 746003411 440000216346	-	16,702.69		16,702.69
10/28/2025	HNB - ECHO HCCLAIMPMT 746003411 440000274386	-	115.50		115.50
10/28/2025	HNB - ECHO HCCLAIMPMT 746003411 440000274386	-	26,241.53		26,241.53
10/27/2025	HNB - ECHO HCCLAIMPMT 746003411 440000219814	-	38,203.54		38,203.54
		-	-		-
					-
		66,063.49	**82,051.89**	**-**	**82,051.89**

Gulf Pointe Plaza-Medicare/Medicaid

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/31/2025	Added to Account	-	0.13		0.13
					-
		-	**0.13**	**-**	**0.13**
		66,063.49	**82,052.02**	**-**	**82,052.02**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,528,734.80	$2,603,188.94	$2,528,734.80	$2,528,734.80
*4381 MEMORIAL MEDICAL / NH ASHFORD	$100.51	$100.51	$100.51	$100.51
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102.43	$102.43	$102.43	$102.43
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.89	$100.89	$100.89	$100.89
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$4,455.95	$4,455.95	$4,455.95	$4,455.95
*4446 MEMORIAL MEDICAL / NH FORT BEND	$56,828.33	$56,828.33	$56,828.33	$56,828.33
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$136,843.89	$137,714.99	$136,843.89	$136,843.89
*4551 CAL CO INDIGENT HEALTHCARE	$4,835.45	$4,835.45	$4,835.45	$4,835.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$82,151.89	$88,805.11	$82,151.89	$82,151.89
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.39	$100.39	$100.39	$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$185,850.50	$186,020.99	$185,850.50	$185,850.50
*3407 MMC -NH TUSCANY VILLAGE	$92,968.57	$92,968.57	$92,968.57	$92,968.57
*2998 MMC -MONEY MARKET FUND	$1,069,819.02	$1,069,819.02	$1,069,819.02	$1,069,819.02
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$27,587.14	$27,587.14	$27,587.14	$27,587.14
Total Balance	**$4,190,479.76**	**$4,272,628.71**	**$4,190,479.76**	**$4,190,479.76**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
11/3/2025

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		447,448.37	447,348.37	92,868.57	-	-		-	92,968.57	92,868.57
							Bank Balance		92,968.57	
							Variance		-	
							Leave in Balance		100.00	

Adjust Balance/Transfer Amt 92,868.57

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 11/3/2025

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/31/2025	Added to Account	-	365.23		365.23
10/31/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000197	-	13,277.78		13,277.78
10/29/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	447,348.37	-		-
10/29/2025	Deposit	-	500.00		500.00
10/29/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000118	-	984.04		984.04
10/28/2025	Deposit	-	77,741.52		77,741.52
					-
		447,348.37	**92,868.57**	**-**	**92,868.57**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,528,734.80	$2,603,188.94	$2,528,734.80	$2,528,734.80
*4381 MEMORIAL MEDICAL / NH ASHFORD	$100.51	$100.51	$100.51	$100.51
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102.43	$102.43	$102.43	$102.43
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.89	$100.89	$100.89	$100.89
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$4,455.95	$4,455.95	$4,455.95	$4,455.95
*4446 MEMORIAL MEDICAL / NH FORT BEND	$56,828.33	$56,828.33	$56,828.33	$56,828.33
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$136,843.89	$137,714.99	$136,843.89	$136,843.89
*4551 CAL CO INDIGENT HEALTHCARE	$4,835.45	$4,835.45	$4,835.45	$4,835.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$82,151.89	$88,805.11	$82,151.89	$82,151.89
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.39	$100.39	$100.39	$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$185,850.50	$186,020.99	$185,850.50	$185,850.50
*3407 MMC -NH TUSCANY VILLAGE	$92,968.57 √	$92,968.57	$92,968.57	$92,968.57
*2998 MMC -MONEY MARKET FUND	$1,069,819.02	$1,069,819.02	$1,069,819.02	$1,069,819.02
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$27,587.14	$27,587.14	$27,587.14	$27,587.14
Total Balance	**$4,190,479.76**	**$4,272,628.71**	**$4,190,479.76**	**$4,190,479.76**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
11/3/2025

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		90,989.03	24,957.93	119,819.40			-	185,850.50	70,934.96
							Bank Balance	185,850.50	
							Variance	-	
							Leave in Balance	100.00	
							Claims owed to MMC	48,884.44	
							Qipp Y6 IGT Recon	283.74	
							Claims owed to MMC	65,647.36	
								-	
								-	

Adjust Balance/Transfer Amt 70,934.96

Approved:
Caitlin Clevenger, Controller 11/3/2025

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

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/31/2025	Added to Account	-	486.40		486.40
10/31/2025	Deposit	-	1,580.22		1,580.22
10/31/2025	NDC SWEEP FAC 02330 56009680012451 SWEEP FR	-	252.45		252.45
10/31/2025	Deposit	-	6,428.96		6,428.96
10/31/2025	HNB - ECHO HCCLAIMPMT 746003411 440000205093	-	3,273.75		3,273.75
10/31/2025	HOSPICE OF SOUTH Payments NF 113122650063299	-	1,462.50		1,462.50
10/30/2025	NDC SWEEP FAC 02330 56009680008521 SWEEP FR	-	34.10		34.10
10/29/2025	WIRE OUT REG Leased OpCo LLC	23,408.88	-		-
10/29/2025	Check #1161	1,549.05	-		-
10/29/2025	Marketplace HCCLAIMPMT 91000014925439	-	90.00		90.00
10/29/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000118	-	5,614.21		5,614.21
10/29/2025	CENTENE CORP HCCLAIMPMT 53101121372098	-	3,827.55		3,827.55
10/28/2025	CENTENE CORP HCCLAIMPMT 53101123132827	-	87,714.12		87,714.12
10/27/2025	Care Hospice Payment 41008 71000289677804	-	5,601.50		5,601.50
10/27/2025	NDC SWEEP FAC 02330 56009680008691 SWEEP FR	-	3,453.64		3,453.64
					-
		24,957.93	**119,819.40**	**-**	**19,222.59**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,528,734.80	$2,603,188.94	$2,528,734.80	$2,528,734.80
*4381 MEMORIAL MEDICAL / NH ASHFORD	$100.51	$100.51	$100.51	$100.51
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$102.43	$102.43	$102.43	$102.43
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.89	$100.89	$100.89	$100.89
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$4,455.95	$4,455.95	$4,455.95	$4,455.95
*4446 MEMORIAL MEDICAL / NH FORT BEND	$56,828.33	$56,828.33	$56,828.33	$56,828.33
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$136,843.89	$137,714.99	$136,843.89	$136,843.89
*4551 CAL CO INDIGENT HEALTHCARE	$4,835.45	$4,835.45	$4,835.45	$4,835.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$82,151.89	$88,805.11	$82,151.89	$82,151.89
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.39	$100.39	$100.39	$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$185,850.50	$186,020.99	$185,850.50	$185,850.50
*3407 MMC -NH TUSCANY VILLAGE	$92,968.57	$92,968.57	$92,968.57	$92,968.57
*2998 MMC -MONEY MARKET FUND	$1,069,819.02	$1,069,819.02	$1,069,819.02	$1,069,819.02
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$27,587.14	$27,587.14	$27,587.14	$27,587.14
Total Balance	**$4,190,479.76**	**$4,272,628.71**	**$4,190,479.76**	**$4,190,479.76**

Lavaca Bay claims owed to MMC

924.46 ✓
1,055.76 ✓
13,561.59 ✓
2,512.30 ✓
8,085.35 ✓
8,000.03 ✓
1,511.01 ✓
13,233.94 ✓

48,884.44

✓CO 11/3/25

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 0011165

Lavaca Bay - recoup

MEMORIAL MEDICAL CENTER

CHECK REQUEST

mmc

Date Requested: 10-29-25

PAYEE

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

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

AMOUNT $92.46 ✓ G/L NUMBER: 2065000

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

REQUESTED BY: K. Patel

AUTHORIZED BY: ✓ CC

CAT # 10303 / FM 1600

Lavaca Bay - recoup

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 10-29-25

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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

AMOUNT $1055.76 ✓ G/L NUMBER: 20656000

EXPLANATION: Medicare recoup - Lavaca Bay 3-26-25

REQUESTED BY: K. Pokluda AUTHORIZED BY: CG

CAT # 10303 / FM 1600

Lavaca Bay- Recoup

MEMORIAL MEDICAL CENTER
CHECK REQUEST

MMC

Date Requested: 10-29-25

PAYEE

APPROVED ON NOV 03 2025 BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

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

AMOUNT $13,561.59 ✓

G/L NUMBER: 2065000

EXPLANATION: Medicare recoup - Lavaca Bay 4-3-25

REQUESTED BY: K. Poklada

AUTHORIZED BY: CCJ

CAT # 10303 / FM 1600

Lavaca Bay Recovs

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: mmc

APPROVED ON NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Date Requested: 10-30-25

FOR ACCT. USE ONLY

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

AMOUNT $2512.30 ✓ G/L NUMBER: 2065000

EXPLANATION: Medicare recoup - Lavaca Bay 6-11-25

REQUESTED BY: K. Pokluda AUTHORIZED BY: CCJ

CAT # 10303 / FM 1500

Lavaca Bay Recoup

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: mmc

Date Requested: 10-30-25

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

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

AMOUNT $8085.35 ✓ G/L NUMBER: 20656000

EXPLANATION: Medicare recoup - Lavaca Bay 6-25-25

REQUESTED BY: K. Pdduda AUTHORIZED BY: ✓ CCJ

CAT # 10303 / FM 1600

Lavaca Bay Recoup

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC

Date Requested: 10-30-25

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

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

AMOUNT #8000.03 ✓ G/L NUMBER: 20056000

EXPLANATION: Medicare recoup - Lavaca Bay 6-24-25

REQUESTED BY: K. Pokluda AUTHORIZED BY: ✓ CQ

CAT # 10303 / FM 1600

@ Lavaca Bay, Recaus

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: mmc

Date Requested: 10.28.25

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $1511.01 ✓

G/L NUMBER: 25656000

EXPLANATION: Medicare recoup- Lavaca Bay 4-9-25

REQUESTED BY: K. Pokluda

AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

Lavaca Bay. recoups

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 10-28-25

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $13,233.94 ✓ G/L NUMBER: 20656000

EXPLANATION: Medicare recoup - Lavaca Bay 4-10-25

REQUESTED BY: K. Pokluda AUTHORIZED BY: ✓

CAT # 10303 / FM 1500

Golden Creek- October- Recoup

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 10-27-25

APPROVED ON NOV 03 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Chk#000246

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

AMOUNT $32.00 ✓ G/L NUMBER: 20653000

EXPLANATION: UHC Community Plan Recoup- Golden Creek 10-16-25

REQUESTED BY: K. Poklueda AUTHORIZED BY:

CAT # 10303 / FM 1600

Broadmoor - recoup

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 10-29-25

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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

AMOUNT $5147.52 ✓ G/L NUMBER: 20652000

EXPLANATION: Medicare recoup - Broadmoor 4-3-25

REQUESTED BY: K. Pokluda AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

Broadmoor - Recoup

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC

Date Requested: 10-29-25

APPROVED ON
NOV 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

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

AMOUNT $736.00 J

G/L NUMBER: 20652000

EXPLANATION: Medicare recoup- Broadmoor 4-1-25

REQUESTED BY: K. Pokluda

AUTHORIZED BY: J

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

001165

Date 11/6/2025 88-2265/1131

PAY
TO THE ORDER OF mmc $ 48,884.44

forty eight thousand - eight hundred eighty four dollars - forty four 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
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000246

Date 11/6/25 88-2265/1131

PAY
TO THE ORDER OF mmc $ 32.00

thirty two dollars - zero cents DOLLARS

PROSPERITY BANK®

FOR 4HC Community Plan Recoup

Security features are included. Details on back.

RUN DATE:11/06/25 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:51 CHECK REGISTER GLCKREG
11/06/25 THRU 11/06/25

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG *	000246	11/06/25	32.00	MMC OPERATING
[redacted]				
BSL *	001165	11/06/25	48,884.44	MMC OPERATING
[redacted]				
TOTALS:			52,236.51	