

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 12, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 829,964.81
TOTAL TRANSFERS BETWEEN FUNDS	\$ 662,121.02
TOTAL NURSING HOME UPL EXPENSES	\$ 260,912.60
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED November 12, 2025	\$ 1,752,998.43

APPROVED

NOV 12 2025

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---November 12, 2025

PAYABLES AND PAYROLL

11/6/2025 Weekly Payables	395,052.76
11/10/2025 McKesson-340B Prescription Expense	189,770.35
11/10/2025 Amerisource Bergen-340B Prescription Expense	1,442.38
11/10/2025 Amerisource Bergen-340B Prescription Expense	7,276.99

Prosperity Electronic Bank Payments

11/10/2025 90 Degree Benefits - employee insurance claims	114,437.67
11/10/2025 90 Degree Benefits - employee insurance claims	4,952.53
11/10/2025 90 Degree Benefits - employee insurance claims	33,930.84
11/10/2025 HPHG - November health insurance premium payment	77,898.42
11/10/2025 Sales Tax - October 2025	2,862.17
11/10/2025 Pay Plus-Patient Claims Processing Fee	1,095.40
11/10/2025 Credit Card Bank Fee	210.78
11/10/2025 Credit Card Leasing Fee	335.53
11/10/2025 Credit Card Interchange Fee	189.14
11/10/2025 Credit Card Discount Fee	484.45
11/10/2025 Authnet Gateway	25.40

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 829,964.81
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TRANSFERS BETWEEN FUNDS-MMC

11/10/2025 Transfer from Prosperity Operating Account to Prosperity Money Market	500,000.00
11/10/2025 Transfer from Prosperity Lockbox to Prosperity Operating	27,587.14

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

11/6/2025 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	53,006.14
11/6/2025 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	35,061.00
11/6/2025 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	46,466.74

TOTAL TRANSFERS BETWEEN FUNDS	\$ 662,121.02
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NURSING HOME UPL EXPENSES

11/10/2025 Nursing Home UPL-Cantex Transfer	13,507.87
11/10/2025 Nursing Home UPL-Nexion Transfer	40,316.57
11/10/2025 Nursing Home UPL-HMG Transfer	5,800.56
11/10/2025 Nursing Home UPL-Tuscany Transfer	32,757.32
11/10/2025 Nursing Home UPL-HSL Transfer	126,280.55

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

11/10/2025 Lavaca Bay to MMC - Medicare Recoup	4,068.93
11/10/2025 Gulfpointe to MMC - Wellpoint Pmt deposited into Gulfpointe in error	31,578.50
11/10/2025 Solera to MMC-Medicare Recoup	6,602.30

TOTAL NURSING HOME UPL EXPENSES	\$ 260,912.60
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED November 12, 2025	\$ 1,752,998.43
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NOV 06 2025

MEMORIAL MEDICAL CENTER

11/06/2025

11:28

AP Open Invoice List

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CALHOUN COUNTY, TEXAS

Due Dates Through: 11/27/2025

ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code								
10950	ACUTE CARE INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV2541		10/31/202	11/20/202	11/20/202			1,400.00	0.00	0.00	1,400.00
		RFID FEE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10950	ACUTE CARE INC					1,400.00	0.00	0.00	1,400.00
Vendor#	Vendor Name	Class	Pay Code								
A1680	AIRGAS USA, LLC - CENTRAL DIV	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9166331014	Oxygen	10/31/202	10/30/202	11/24/202			358.58	0.00	0.00	358.58
	9166346284	OXYGEN	10/31/202	10/31/202	11/25/202			2,683.63	0.00	0.00	2,683.63
	5520369754	OXYGEN	10/31/202	10/31/202	11/25/202			1,034.69	0.00	0.00	1,034.69
	5520369950	OXYGEN	10/31/202	10/31/202	11/25/202			297.56	0.00	0.00	297.56
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A1680	AIRGAS USA, LLC - CENTRAL DIV					4,374.46	0.00	0.00	4,374.46
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
	1P61N7GGWTTY	4 pk car bumper guard	11/04/202	10/10/202	11/09/202			37.96	0.00	0.00	37.96
	1NGFWQHD4HNT	Supplies	11/04/202	10/26/202	11/25/202			301.55	0.00	0.00	301.55
	16QVKR9HJYCM	envelopes / bank deposit bags	11/04/202	10/28/202	11/27/202			45.62	0.00	0.00	45.62
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14028	AMAZON CAPITAL SERVICES					385.13	0.00	0.00	385.13
Vendor#	Vendor Name	Class	Pay Code								
15456	AMERITEX ELEVATOR SERVICES INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV11008X6K3	ELEVATOR MAINT	10/31/202	11/01/202	11/04/202			750.00	0.00	0.00	750.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15456	AMERITEX ELEVATOR SERVICES INC					750.00	0.00	0.00	750.00
Vendor#	Vendor Name	Class	Pay Code								
A2150	ANNOUNCEMENTS PLUS TOO AGAIN	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	7175	TREE LEAF MEMORIAL	11/04/202	09/30/202	10/10/202			20.00	0.00	0.00	20.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A2150	ANNOUNCEMENTS PLUS TOO AGAIN					20.00	0.00	0.00	20.00
Vendor#	Vendor Name	Class	Pay Code								
A2218	AQUA BEVERAGE COMPANY	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	103125	WATER	10/31/202	10/31/202	11/25/202			12.98	0.00	0.00	12.98
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A2218	AQUA BEVERAGE COMPANY					12.98	0.00	0.00	12.98

Vendor#	Vendor Name		Class	Pay Code							
11247	✓ AVENO NETWORKS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 16351		11/05/202	11/01/202	11/11/202			4,500.00	0.00	0.00	4,500.00
		SERVER MAINTENANCE									
	✓ 16332		11/05/202	11/01/202	11/11/202			850.00	0.00	0.00	850.00
		MAINTENANCE SERVICE									
	✓ 16371A		11/06/202	11/03/202	11/13/202			10,000.00	0.00	0.00	10,000.00
		MFA SECURITY									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11247	AVENO NETWORKS					15,350.00	0.00	0.00	15,350.00
Vendor#	Vendor Name		Class	Pay Code							
11224	✓ CABLES AND SENSORS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 222201		11/04/202	10/28/202	11/04/202			81.00	0.00	0.00	81.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11224	CABLES AND SENSORS					81.00	0.00	0.00	81.00
Vendor#	Vendor Name		Class	Pay Code							
C1249	✓ CALHOUN COUNTY APPRAISAL DIST		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 16480		10/31/202	11/06/202	11/06/202			31.90	0.00	0.00	31.90
		TAXES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1249	CALHOUN COUNTY APPRAISAL DIST					31.90	0.00	0.00	31.90
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
	✓ 90062312		11/04/202	10/28/202	11/04/202			327.12	0.00	0.00	327.12
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A1746	CALIBRESCIENTIFIC US, INC					327.12	0.00	0.00	327.12
Vendor#	Vendor Name		Class	Pay Code							
C1325	✓ CARDINAL HEALTH 414, INC.		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 8004006233		10/31/202	10/31/202	11/25/202			218.57	0.00	0.00	218.57
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.					218.57	0.00	0.00	218.57
Vendor#	Vendor Name		Class	Pay Code							
10541	✓ CARESFIELD										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 200031530		10/29/202	10/23/202	11/22/202			81.50	0.00	0.00	81.50
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10541	CARESFIELD					81.50	0.00	0.00	81.50
Vendor#	Vendor Name		Class	Pay Code							
C1992	✓ CDW GOVERNMENT, INC.		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ ZR00927623		11/05/202	10/21/202	11/20/202			19.95	0.00	0.00	19.95
		TEAMS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.					19.95	0.00	0.00	19.95
Vendor#	Vendor Name		Class	Pay Code							
15188	✓ CLARITY ENROLLMENT SOLUTIONS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓	2202			11/01/202	05/01/202	05/31/202		318.00	0.00	0.00	318.00	✓
✓	2331			11/01/202	07/01/202	07/31/202		328.50	0.00	0.00	328.50	✓
✓	2386			11/01/202	08/01/202	08/31/202		321.00	0.00	0.00	321.00	✓
✓	2446			11/01/202	09/01/202	10/01/202		316.50	0.00	0.00	316.50	✓
May - Incoming ADI fields/data movement												
July -												
August -												
Sept -												
Vendor Totals: Number Name Gross Discount No-Pay Net												
15188 CLARITY ENROLLMENT SOLUTIONS 1,284.00 0.00 0.00 1,284.00												
Vendor#	Vendor Name			Class	Pay Code							
13000	CLEARFLY											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	INV758239		11/04/202	11/01/202	11/01/202			1,236.55	0.00	0.00	1,236.55	✓
TELEPHONE												
Vendor Totals: Number Name Gross Discount No-Pay Net												
13000 CLEARFLY 1,236.55 0.00 0.00 1,236.55												
Vendor#	Vendor Name			Class	Pay Code							
C1166	COASTAL OFFICE SOLUTIONS			W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	OEQT338734		11/05/202	10/31/202	11/10/202			8.61	0.00	0.00	8.61	✓
Blue Strips												
Vendor Totals: Number Name Gross Discount No-Pay Net												
C1166 COASTAL OFFICE SOLUTIONS 8.61 0.00 0.00 8.61												
Vendor#	Vendor Name			Class	Pay Code							
L1430	CONMED LINVATEC			M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	4825672		11/06/202	10/22/202	11/21/202			154.40	0.00	0.00	154.40	✓
SUPPLIES Universal Curvica Set												
Vendor Totals: Number Name Gross Discount No-Pay Net												
L1430 CONMED LINVATEC 154.40 0.00 0.00 154.40												
Vendor#	Vendor Name			Class	Pay Code							
C2157	COOPER SURGICAL INC			M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	55001099277		11/04/202	10/27/202	11/04/202			144.96	0.00	0.00	144.96	✓
Large Radius Loop Electrode												
Vendor Totals: Number Name Gross Discount No-Pay Net												
C2157 COOPER SURGICAL INC 144.96 0.00 0.00 144.96												
Vendor#	Vendor Name			Class	Pay Code							
C1443	CYGNUS MEDICAL LLC			M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	506937		10/28/202	10/22/202	11/21/202			432.00	0.00	0.00	432.00	✓
Plasma Cel Cable Pouch												
Vendor Totals: Number Name Gross Discount No-Pay Net												
C1443 CYGNUS MEDICAL LLC 432.00 0.00 0.00 432.00												
Vendor#	Vendor Name			Class	Pay Code							
11524	DATA INNOVATIONS LLC											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	111150		10/28/202	10/14/202	11/08/202			1,730.00	0.00	0.00	1,730.00	✓
CP Gvaluator Standard Version												
Vendor Totals: Number Name Gross Discount No-Pay Net												
11524 DATA INNOVATIONS LLC 1,730.00 0.00 0.00 1,730.00												
Vendor#	Vendor Name			Class	Pay Code							
D1200	DETAR HOSPITAL			W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	DTR2510016		10/31/202	11/03/202	11/03/202			699.73	0.00	0.00	699.73	✓

OCTOBER INVOICE

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		D1200	DETAR HOSPITAL				699.73	0.00	0.00	699.73
Vendor#	Vendor Name		Class	Pay Code						
10368	DEWITT POTH & SON									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8123930		11/04/202	10/17/202	11/11/202			419.50	0.00	0.00	419.50
<i>Spork paper - letter</i>										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				419.50	0.00	0.00	419.50
Vendor#	Vendor Name		Class	Pay Code						
11011	DIAMOND HEALTHCARE CORP									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20056747		10/31/202	11/01/202	11/26/202			31,855.61	0.00	0.00	31,855.61
	VEHICLE REGISTRATION									
IN20056748		11/04/202	11/01/202	11/26/202			19,166.67	0.00	0.00	19,166.67
<i>October 2025</i>										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11011	DIAMOND HEALTHCARE CORP				51,022.28	0.00	0.00	51,022.28
Vendor#	Vendor Name		Class	Pay Code						
10789	DISCOVERY MEDICAL NETWORK INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC101525		10/31/202	10/15/202	10/16/202			111,518.44	0.00	0.00	111,518.44
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10789	DISCOVERY MEDICAL NETWORK INC				111,518.44	0.00	0.00	111,518.44
Vendor#	Vendor Name		Class	Pay Code						
18176	DRISCOLL HEALTH PLAN									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110625		11/06/202	11/06/202	11/06/202			3,922.49	0.00	0.00	3,922.49
	OVER PYMNT OF CHIRP FUNDS									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		18176	DRISCOLL HEALTH PLAN				3,922.49	0.00	0.00	3,922.49
Vendor#	Vendor Name		Class	Pay Code						
12484	EL CAMPO REFRIGERATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
I102747		11/04/202	10/20/202	09/30/202			534.49	0.00	0.00	534.49
<i>labor - freelon</i>										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		12484	EL CAMPO REFRIGERATION				534.49	0.00	0.00	534.49
Vendor#	Vendor Name		Class	Pay Code						
F1100	FEDERAL EXPRESS CORP.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
901426173		11/06/202	10/02/202	10/27/202			42.37	0.00	0.00	42.37
	FREIGHT									
902288935		11/06/202	10/09/202	11/03/202			22.55	0.00	0.00	22.55
	FREIGHT									
903126098		11/06/202	10/16/202	11/10/202			45.13	0.00	0.00	45.13
	FREIGHT									
903944059		11/06/202	10/23/202	11/17/202			91.60	0.00	0.00	91.60
	FREIGHT									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.				201.65	0.00	0.00	201.65
Vendor#	Vendor Name		Class	Pay Code						
F1400	FISHER HEALTHCARE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓	3344965	10/17/202 09/02/202 09/27/202	382.14	0.00	0.00	382.14	✓
✓	3733989	10/17/202 09/18/202 10/13/202	16,922.29	0.00	0.00	16,922.29	✓
✓	4597177	10/17/202 10/28/202 11/22/202	140.52	0.00	0.00	140.52	✓
✓	4537534	10/28/202 10/24/202 11/18/202	2,081.70	0.00	0.00	2,081.70	✓
✓	3603343	11/04/202 09/12/202 10/07/202	1,352.59	0.00	0.00	1,352.59	✓
✓	3285762	11/05/202 08/28/202 09/22/202	507.47	0.00	0.00	507.47	✓
SUPPLIES							
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net	
	F1400	FISHER HEALTHCARE	21,386.71	0.00	0.00	21,386.71	
Vendor#	Vendor Name	Class	Pay Code				
10599	✓ FORVIS						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
2708792		11/04/202	10/28/202	11/22/202			
AUDITING FEES - SEPT							
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net	
	10599	FORVIS	14,175.00	0.00	0.00	14,175.00	✓
Vendor#	Vendor Name	Class	Pay Code				
11183	✓ FRONTIER						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
102325		10/31/202	10/23/202	11/04/202			
TELEPHONE							
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net	
	11183	FRONTIER	80.35	0.00	0.00	80.35	✓
Vendor#	Vendor Name	Class	Pay Code				
12404	✓ GE PRECISION HEALTHCARE, LLC						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
6003051616		11/04/202	10/01/202	10/31/202			
202966658		11/06/202	10/06/202	11/05/202			
CT LOGBOOKS							
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net	
	12404	GE PRECISION HEALTHCARE, LLC	73.26	0.00	0.00	73.26	
Vendor#	Vendor Name	Class	Pay Code				
12948	✓ GREAT AMERICA FINANCIAL SVCS						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
40464961		11/01/202	10/30/202	11/24/202			
Printer / Copies							
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net	
	12948	GREAT AMERICA FINANCIAL SVCS	10,010.37	0.00	0.00	10,010.37	✓
Vendor#	Vendor Name	Class	Pay Code				
G0401	✓ GULF COAST DELIVERY						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
103125		10/31/202	10/31/202	11/20/202			
DELIVERY SERVICE 10/8 - 10/31							
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net	
	G0401	GULF COAST DELIVERY	150.00	0.00	0.00	150.00	✓
Vendor#	Vendor Name	Class	Pay Code				
12380	✓ HEALTH SOLUTIONS DIETETICS						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
100125		10/31/202	10/01/202	10/01/202			
DIETITIAN REPORT							

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
12196	ICU MEDICAL, INC			4,250.00	0.00	0.00	4,250.00
12196	ICU MEDICAL, INC			470.60	0.00	0.00	470.60
11285	ITA RESOURCES INC			42,824.87	0.00	0.00	42,824.87
10972	M G TRUST			895.00	0.00	0.00	895.00
17972	MALEK INC			825.00	0.00	0.00	825.00
M2178	MCKESSON MEDICAL SURGICAL INC			68.63	0.00	0.00	68.63
M2470	MEDLINE INDUSTRIES INC			4,199.98	0.00	0.00	4,199.98
				77.08	0.00	0.00	77.08
				154.92	0.00	0.00	154.92
				33.76	0.00	0.00	33.76
				-39.76	0.00	0.00	-39.76
				49.17	0.00	0.00	49.17
				-6.47	0.00	0.00	-6.47

✓ 2395768127	Supplies	11/04/202 10/29/202 11/23/202	219.68	0.00	0.00	219.68
✓ 2395768122		11/04/202 10/29/202 11/23/202	52.82	0.00	0.00	52.82
✓ 2395768120	SUPPLIES					
✓ 2395768121	SUPPLIES	11/04/202 10/29/202 11/23/202	755.15	0.00	0.00	755.15
✓ 2395768125		11/04/202 10/29/202 11/23/202	43.02	0.00	0.00	43.02
✓ 2395768123	SUPPLIES	11/04/202 10/29/202 11/23/202	8,090.19	0.00	0.00	8,090.19
✓ 2395768119	SUPPLIES	11/04/202 10/29/202 11/23/202	49.29	0.00	0.00	49.29
✓ 2395768119	SUPPLIES	11/04/202 10/29/202 11/23/202	70.65	0.00	0.00	70.65
✓ 2396098921	SUPPLIES	11/04/202 10/30/202 11/24/202	-63.55	0.00	0.00	-63.55

Vendor Totals: Number Name
M2470 MEDLINE INDUSTRIES INC

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
10182	MERCEDES SCIENTIFIC			13,685.93	0.00	0.00	13,685.93

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 3006248		10/28/202	10/23/202	11/22/202			50.41	0.00	0.00	50.41

Vendor Totals: Number Name
10182 MERCEDES SCIENTIFIC

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
10536	MORRIS & DICKSON CO, LLC			50.41	0.00	0.00	50.41

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 4028483		10/31/202	10/30/202	11/09/202			61.41	0.00	0.00	61.41
✓ 4031447		10/31/202	10/30/202	11/09/202			441.39	0.00	0.00	441.39
✓ 4031448		10/31/202	10/30/202	11/09/202			81.36	0.00	0.00	81.36
✓ 4031446		10/31/202	10/30/202	11/09/202			114.34	0.00	0.00	114.34
✓ 4033202	SUPPLIES	10/31/202	10/31/202	11/10/202			2,120.19	0.00	0.00	2,120.19
✓ 4037033	SUPPLIES	10/31/202	11/02/202	11/12/202			197.97	0.00	0.00	197.97
✓ 4037032		10/31/202	11/02/202	11/12/202			73.64	0.00	0.00	73.64
✓ 4042225		10/31/202	11/03/202	11/13/202			615.73	0.00	0.00	615.73
✓ 4042224	SUPPLIES	10/31/202	11/03/202	11/13/202			0.70	0.00	0.00	0.70
✓ 4024371	SUPPLIES	11/04/202	10/29/202	11/08/202			415.74	0.00	0.00	415.74
✓ 0173507		11/04/202	10/29/202	11/08/202			972.05	0.00	0.00	972.05
✓ 4025790		11/04/202	10/29/202	11/08/202			4.05	0.00	0.00	4.05
✓ 4024370	SUPPLIES	11/04/202	10/29/202	11/08/202			31.32	0.00	0.00	31.32
✓ 0173505	SUPPLIES	11/05/202	10/29/202	11/08/202			10,711.41	0.00	0.00	10,711.41

Invoice#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
4023421	SUPPLIES			865.10	0.00	0.00	865.10
4025998				138.95	0.00	0.00	138.95
0173506				4,978.23	0.00	0.00	4,978.23
4025997	SUPPLIES			2.53	0.00	0.00	2.53
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
10536	MORRIS & DICKSON CO, LLC			21,826.11	0.00	0.00	21,826.11
13548	NACOGDOCHES TRANSCRIPTION			78.54	0.00	0.00	78.54
8879	TRANSCRIPTION			78.54	0.00	0.00	78.54
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
13548	NACOGDOCHES TRANSCRIPTION			78.54	0.00	0.00	78.54
10188	NATUS MEDICAL INC			510.90	0.00	0.00	510.90
610023707				510.90	0.00	0.00	510.90
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
10188	NATUS MEDICAL INC			510.90	0.00	0.00	510.90
10868	NOVA BIOMEDICAL			1,974.38	0.00	0.00	1,974.38
91574327	SUPPLIES			1,974.38	0.00	0.00	1,974.38
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
10868	NOVA BIOMEDICAL			1,974.38	0.00	0.00	1,974.38
12708	POC ELECTRIC, LLC			750.00	0.00	0.00	750.00
4467	AIR COMPRESSOR REPAIR			750.00	0.00	0.00	750.00
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
12708	POC ELECTRIC, LLC			750.00	0.00	0.00	750.00
P2100	PORT LAVACA WAVE			400.00	0.00	0.00	400.00
INV0045	NEWS PAPER			400.00	0.00	0.00	400.00
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
P2100	PORT LAVACA WAVE			400.00	0.00	0.00	400.00
P2200	POWER HARDWARE			15.98	0.00	0.00	15.98
A124093				15.98	0.00	0.00	15.98
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
P2200	POWER HARDWARE			15.98	0.00	0.00	15.98
10372	PRECISION DYNAMICS CORP (PDC)			167.60	0.00	0.00	167.60
9360278066				167.60	0.00	0.00	167.60

Vendor#	Vendor Name	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9360289062				10/24/202	10/24/202	11/23/202			204.36	0.00	0.00	204.36
9360299973				11/04/202	10/27/202	11/26/202			6.41	0.00	0.00	6.41
Vendor Totals: Number Name												
10372	PRECISION DYNAMICS CORP (PDC)								Gross	Discount	No-Pay	Net
15196	PROVATION								378.37	0.00	0.00	378.37
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay			Gross	Discount	No-Pay	Net
INVPVM66677		11/04/202	12/02/202	11/04/202					2,059.20	0.00	0.00	2,059.20
Vendor Totals: Number Name												
15196	PROVATION								Gross	Discount	No-Pay	Net
14920	REPUBLIC SERVICES, INC.								2,059.20	0.00	0.00	2,059.20
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay			Gross	Discount	No-Pay	Net
0847001420627		10/31/202	10/26/202	11/15/202					1,497.14	0.00	0.00	1,497.14
Vendor Totals: Number Name												
14920	REPUBLIC SERVICES, INC.								Gross	Discount	No-Pay	Net
10936	SIEMENS FINANCIAL SERVICES								1,497.14	0.00	0.00	1,497.14
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay			Gross	Discount	No-Pay	Net
56382600006249		11/01/202	10/30/202	11/19/202					1,333.33	0.00	0.00	1,333.33
Vendor Totals: Number Name												
10936	SIEMENS FINANCIAL SERVICES								Gross	Discount	No-Pay	Net
S2001	SIEMENS MEDICAL SOLUTIONS INC								1,333.33	0.00	0.00	1,333.33
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay			Gross	Discount	No-Pay	Net
116804114		11/04/202	10/16/202	11/10/202					2,617.41	0.00	0.00	2,617.41
Vendor Totals: Number Name												
S2001	SIEMENS MEDICAL SOLUTIONS INC								Gross	Discount	No-Pay	Net
S2362	SMITH & NEPHEW, INC.								2,617.41	0.00	0.00	2,617.41
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay			Gross	Discount	No-Pay	Net
984653592		10/28/202	10/24/202	10/28/202					7,747.84	0.00	0.00	7,747.84
Vendor Totals: Number Name												
S2362	SMITH & NEPHEW, INC.								Gross	Discount	No-Pay	Net
11296	SOUTH TEXAS BLOOD & TISSUE CEN								7,747.84	0.00	0.00	7,747.84
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay			Gross	Discount	No-Pay	Net
107055072		10/31/202	10/31/202	11/25/202					5,754.00	0.00	0.00	5,754.00
CM16141		10/31/202	10/31/202	11/25/202					-2,565.00	0.00	0.00	-2,565.00
Vendor Totals: Number Name												
11296	SOUTH TEXAS BLOOD & TISSUE CEN								Gross	Discount	No-Pay	Net
12288	SPBS CLINICAL EQUIPMENT SRVC								3,189.00	0.00	0.00	3,189.00
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay			Gross	Discount	No-Pay	Net
INV050001125		11/04/202	11/01/202	11/02/202					9,836.92	0.00	0.00	9,836.92

Vendor Totals: Number Name											
	12288	SPBS CLINICAL EQUIPMENT SRVC					Gross	Discount	No-Pay	Net	
Vendor#	Vendor Name	Class	Pay Code				9,836.92	0.00	0.00	9,836.92	
10735	✓ STRYKER SALES, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 9210431055		11/06/202	10/01/202	10/31/202			1,228.86	0.00	0.00	1,228.86 ✓
	✓ -9210605190	SUPPLIES	11/06/202	10/22/202	11/21/202			63.02	0.00	0.00	63.02 ✓
	✓ -9210639917		11/06/202	10/27/202	11/26/202			249.19	0.00	0.00	249.19 ✓
Vendor Totals: Number Name											
	10735	STRYKER SALES, LLC					Gross	Discount	No-Pay	Net	
Vendor#	Vendor Name	Class	Pay Code				1,541.07	0.00	0.00	1,541.07	
17248	✓ SUMMIT PAIN AND WELLNESS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 1344	SERVICES	10/29/202	10/27/202	11/26/202			5,120.00	0.00	0.00	5,120.00 ✓
Vendor Totals: Number Name											
	17248	SUMMIT PAIN AND WELLNESS					Gross	Discount	No-Pay	Net	
Vendor#	Vendor Name	Class	Pay Code				5,120.00	0.00	0.00	5,120.00	
14212	✓ SURGICAL DIRECT SOUTH										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 9368	SUPPLIES	11/05/202	10/28/202	11/27/202			3,185.00	0.00	0.00	3,185.00 ✓
Vendor Totals: Number Name											
	14212	SURGICAL DIRECT SOUTH					Gross	Discount	No-Pay	Net	
Vendor#	Vendor Name	Class	Pay Code				3,185.00	0.00	0.00	3,185.00	
10765	✓ TEXAS HOSPITAL ASSOCIATION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 0900182938C	NOVEMBER INSTALLMENT	11/04/202	11/04/202	11/04/202			1,887.25	0.00	0.00	1,887.25 ✓
Vendor Totals: Number Name											
	10765	TEXAS HOSPITAL ASSOCIATION					Gross	Discount	No-Pay	Net	
Vendor#	Vendor Name	Class	Pay Code				1,887.25	0.00	0.00	1,887.25	
T2204	✓ TEXAS MUTUAL INSURANCE CO										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 1007463527	INS WORK COMP	10/31/202	10/29/202	11/18/202			5,134.00	0.00	0.00	5,134.00 ✓
Vendor Totals: Number Name											
	T2204	TEXAS MUTUAL INSURANCE CO					Gross	Discount	No-Pay	Net	
Vendor#	Vendor Name	Class	Pay Code				5,134.00	0.00	0.00	5,134.00	
10758	✓ TEXAS SELECT STAFFING, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 0026082	STAFFING AGENCY	10/31/202	10/01/202	10/02/202			6,915.00	0.00	0.00	6,915.00 ✓
Vendor Totals: Number Name											
	10758	TEXAS SELECT STAFFING, LLC					Gross	Discount	No-Pay	Net	
Vendor#	Vendor Name	Class	Pay Code				6,915.00	0.00	0.00	6,915.00	
B1941	✓ THE BACK OFFICE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 0243164	PAPER SHREDDING	10/31/202	11/01/202	11/01/202			1,673.75	0.00	0.00	1,673.75 ✓
Vendor Totals: Number Name											
	B1941	THE BACK OFFICE					Gross	Discount	No-Pay	Net	
Vendor#	Vendor Name	Class	Pay Code				1,673.75	0.00	0.00	1,673.75	

14564 ✓ TRANSCAT INC
 Invoice# 3161975
 Comment
 Tran Dt 11/04/202 Inv Dt 09/18/202 Due Dt 11/04/202 Check Dt Pay

Gross 107.00 Discount 0.00 No-Pay 0.00 Net 107.00 ✓

CALIBRATION

Vendor Totals: Number Name

14564 TRANSCAT INC

Gross 107.00 Discount 0.00 No-Pay 0.00 Net 107.00 ✓

Vendor# 11001 Vendor Name ULINE

Class Pay Code

Invoice# 199567518
 Comment
 Tran Dt 11/04/202 Inv Dt 10/22/202 Due Dt 10/22/202 Check Dt Pay

Gross 229.36 Discount 0.00 No-Pay 0.00 Net 229.36 ✓

Vendor Totals: Number Name
 11001 ULINE

Gross 229.36 Discount 0.00 No-Pay 0.00 Net 229.36 ✓

Vendor# U1064 Vendor Name UNIFIRST HOLDINGS INC

Class Pay Code

Invoice# 2921072309
 Comment UNIFORMS
 Tran Dt 10/29/202 Inv Dt 10/27/202 Due Dt 11/21/202 Check Dt Pay

Gross 222.30 Discount 0.00 No-Pay 0.00 Net 222.30 ✓

Invoice# 2921072297
 Comment UNIFORMS
 Tran Dt 10/29/202 Inv Dt 10/27/202 Due Dt 11/21/202 Check Dt Pay

Gross 3,891.20 Discount 0.00 No-Pay 0.00 Net 3,891.20 ✓

Invoice# 2921072661
 Comment UNIFORMS
 Tran Dt 10/31/202 Inv Dt 10/30/202 Due Dt 11/24/202 Check Dt Pay

Gross 289.05 Discount 0.00 No-Pay 0.00 Net 289.05 ✓

Invoice# 2921072644
 Comment UNIFORMS
 Tran Dt 10/31/202 Inv Dt 10/30/202 Due Dt 11/24/202 Check Dt Pay

Gross 51.59 Discount 0.00 No-Pay 0.00 Net 51.59 ✓

Invoice# 2921072676
 Comment UNIFORM
 Tran Dt 11/04/202 Inv Dt 10/30/202 Due Dt 11/24/202 Check Dt Pay

Gross 3,614.56 Discount 0.00 No-Pay 0.00 Net 3,614.56 ✓

Vendor Totals: Number Name

U1064 UNIFIRST HOLDINGS INC

Gross 8,068.70 Discount 0.00 No-Pay 0.00 Net 8,068.70

Vendor# 12400 Vendor Name UPDOX LLC

Class Pay Code

Invoice# INV00623963
 Comment EFAX
 Tran Dt 11/04/202 Inv Dt 10/31/202 Due Dt 11/01/202 Check Dt Pay

Gross 653.34 Discount 0.00 No-Pay 0.00 Net 653.34 ✓

Vendor Totals: Number Name
 12400 UPDOX LLC

Gross 653.34 Discount 0.00 No-Pay 0.00 Net 653.34

Vendor# 11280 Vendor Name VICTORIA ADVOCATE

Class Pay Code

Invoice# 0352828
 Comment
 Tran Dt 10/31/202 Inv Dt 10/01/202 Due Dt 10/30/202 Check Dt Pay

Gross 35.00 Discount 0.00 No-Pay 0.00 Net 35.00 ✓

Vendor Totals: Number Name

11280 VICTORIA ADVOCATE

Gross 35.00 Discount 0.00 No-Pay 0.00 Net 35.00

Grand Totals:

APPROVED ON

Gross 395,052.76

Discount Summary

Discount 0.00

No-Pay 0.00

Net 395,052.76

NOV 06 2025

BY COUNTY AUDITOR
 CALHOUN COUNTY TEXAS

CHK# 211033

211102

RUN DATE:11/10/25
TIME:16:38

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/12/25 THRU 11/12/25

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	211033	11/12/25	1,400.00	ACUTE CARE INC
A/P	211034	11/12/25	4,374.46	AIRGAS USA, LLC - CENTRAL DIV
A/P	211035	11/12/25	385.13	AMAZON CAPITAL SERVICES
A/P	211036	11/12/25	750.00	AMERITEX ELEVATOR SERVICES INC
A/P	211037	11/12/25	20.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	211038	11/12/25	12.98	AQUA BEVERAGE COMPANY
A/P	211039	11/12/25	15,350.00	AVENO NETWORKS
A/P	211040	11/12/25	81.00	CABLES AND SENSORS
A/P	211041	11/12/25	31.90	CALHOUN COUNTY APPRAISAL DIST
A/P	211042	11/12/25	327.12	CALIBRESCIENTIFIC US, INC
A/P	211043	11/12/25	218.57	CARDINAL HEALTH 414, INC.
A/P	211044	11/12/25	81.50	CARESFIELD
A/P	211045	11/12/25	19.95	CDW GOVERNMENT, INC.
A/P	211046	11/12/25	1,284.00	CLARITY ENROLLMENT SOLUTIONS
A/P	211047	11/12/25	1,236.55	CLEARFLY
A/P	211048	11/12/25	8.61	COASTAL OFFICE SOLUTIONS
A/P	211049	11/12/25	154.40	CONMED LINVATEC
A/P	211050	11/12/25	144.96	COOPER SURGICAL INC
A/P	211051	11/12/25	432.00	CYGNUS MEDICAL LLC
A/P	211052	11/12/25	1,730.00	DATA INNOVATIONS LLC
A/P	211053	11/12/25	699.73	DETAR HOSPITAL
A/P	211054	11/12/25	419.50	DEWITT POTH & SON
A/P	211055	11/12/25	51,022.28	DIAMOND HEALTHCARE CORP
A/P	211056	11/12/25	111,518.44	DISCOVERY MEDICAL NETWORK INC
A/P	211057	11/12/25	3,922.49	DRISCOLL HEALTH PLAN
A/P	211058	11/12/25	534.49	EL CAMPO REFRIGERATION
A/P	211059	11/12/25	201.65	FEDERAL EXPRESS CORP.
A/P	211060	11/12/25	21,386.71	FISHER HEALTHCARE
A/P	211061	11/12/25	14,175.00	FORVIS
A/P	211062	11/12/25	80.35	FRONTIER
A/P	211063	11/12/25	73.26	GE PRECISION HEALTHCARE, LLC
A/P	211064	11/12/25	10,010.37	GREAT AMERICA FINANCIAL SVCS
A/P	211065	11/12/25	150.00	GULF COAST DELIVERY
A/P	211066	11/12/25	4,250.00	HEALTH SOLUTIONS DIETETICS
A/P	211067	11/12/25	470.60	ICU MEDICAL, INC
A/P	211068	11/12/25	42,824.87	ITA RESOURCES INC
A/P	211069	11/12/25	895.00	M G TRUST
A/P	211070	11/12/25	825.00	MALEK INC
A/P	211071	11/12/25	1,048.96	MCKESSON MEDICAL SURGICAL INC
A/P	211072	11/12/25	.00	VOIDED
A/P	211073	11/12/25	13,685.93	MEDLINE INDUSTRIES INC
A/P	211074	11/12/25	50.41	MERCEDES SCIENTIFIC
A/P	211075	11/12/25	.00	VOIDED
A/P	211076	11/12/25	21,826.11	MORRIS & DICKSON CO, LLC
A/P	211077	11/12/25	78.54	NACOGDOCHES TRANSCRIPTION
A/P	211078	11/12/25	510.90	NATUS MEDICAL INC
A/P	211079	11/12/25	1,974.38	NOVA BIOMEDICAL
A/P	211080	11/12/25	750.00	POC ELECTRIC, LLC
A/P	211081	11/12/25	400.00	PORT LAVACA WAVE
A/P	211082	11/12/25	15.98	POWER HARDWARE

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TIME:16:38

MEMORIAL MEDICAL CENTER
CHECK REGISTER
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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	211083	11/12/25	378.37	PRECISION DYNAMICS CORP (PDC)
A/P	211084	11/12/25	2,059.20	PROVATION
A/P	211085	11/12/25	1,497.14	REPUBLIC SERVICES, INC.
A/P	211086	11/12/25	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	211087	11/12/25	2,617.41	SIEMENS MEDICAL SOLUTIONS INC
A/P	211088	11/12/25	7,747.84	SMITH & NEPHEW, INC.
A/P	211089	11/12/25	3,189.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	211090	11/12/25	9,836.92	SPBS CLINICAL EQUIPMENT SRVC
A/P	211091	11/12/25	1,541.07	STRYKER SALES, LLC
A/P	211092	11/12/25	5,120.00	SUMMIT PAIN AND WELLNESS
A/P	211093	11/12/25	3,185.00	SURGICAL DIRECT SOUTH
A/P	211094	11/12/25	1,887.25	TEXAS HOSPITAL ASSOCIATION
A/P	211095	11/12/25	5,134.00	TEXAS MUTUAL INSURANCE CO
A/P	211096	11/12/25	6,915.00	TEXAS SELECT STAFFING, LLC
A/P	211097	11/12/25	1,673.75	THE BACK OFFICE
A/P	211098	11/12/25	107.00	TRANSCAT INC
A/P	211099	11/12/25	229.36	ULINE
A/P	211100	11/12/25	8,068.70	UNIFIRST HOLDINGS INC
A/P	211101	11/12/25	653.34	UPDOX LLC
A/P	211102	11/12/25	35.00	VICTORIA ADVOCATE
A/P	211103	11/12/25	53,006.14	GOLDENCREEK HEALTHCARE
A/P	211104	11/12/25	46,466.74	LAVACA BAY NURSING AND REHAB
A/P	211105	11/12/25	35,061.00	TUSCANY VILLAGE
TOTALS:			529,586.64	

APPROVED ON

NOV 12 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables
395,052.76 +
NH 53,006.14 +
xpers 35,061.00 +
46,466.74 +
529,586.64 =

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: 11/07/2025

Page: 002

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

DC: 8115
Customer INV SupplD:
Territory:

As of: 11/07/2025 Page: 002
Mail to: Comp: 8000

Customer: 632536
Date: 11/08/2025

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 11/08/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 632536 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: 193,643.22 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 11/11/2025,
Pay This Amount:

189,770.35 USD

If Paid After 11/11/2025,
Pay this Amount:

193,643.22 USD

Due If Paid On Time: ✓

USD 189,770.35

Disc lost if paid late:
3,872.87

Due If Paid Late:

USD 193,643.22

APPROVED ON

NOV 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

1,140.96 +
1.95 +
188,627.44 +
189,770.35 =

<>
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: 11/07/2025

Page: 001

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

DC: 8115
Customer INV SupplID:
Territory: 7001

Customer: 256342
Date: 11/08/2025

As of: 11/07/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 11/08/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
11/03/2025	11/11/2025	7599581565	252562858	115Invoice	8.86	443.11	✓	434.25	✓	7599581565	
11/03/2025	11/11/2025	7599581566	247290908	115Invoice	5.41	270.70	✓	265.29	✓	7599581566	
11/03/2025	11/11/2025	7599581567	247624586	115Invoice	5.41	270.70	✓	265.29	✓	7599581567	
11/03/2025	11/11/2025	7599581568	248068007	115Invoice	5.41	270.70	✓	265.29	✓	7599581568	
11/03/2025	11/11/2025	7599581569	246954306	115Invoice	0.98	49.00	✓	48.02	✓	7599581569	
11/03/2025	11/11/2025	7599581570	248676928	115Invoice	12.26	613.18	✓	600.92	✓	7599581570	
11/03/2025	11/11/2025	7599581571	256082311	115Invoice	0.21	10.64	✓	10.43	✓	7599581571	
11/03/2025	11/11/2025	7599581572	256210580	115Invoice	0.21	10.64	✓	10.43	✓	7599581572	
11/03/2025	11/11/2025	7599581573	256248054	115Invoice	0.21	10.64	✓	10.43	✓	7599581573	
11/03/2025	11/11/2025	7599581574	246382445	115Invoice	12.30	615.06	✓	602.76	✓	7599581574	
11/03/2025	11/11/2025	7599581575	247939881	115Invoice	20.07	1,003.68	✓	983.61	✓	7599581575	
11/03/2025	11/11/2025	7599581576	248011438	115Invoice	33.46	1,672.81	✓	1,639.35	✓	7599581576	
11/03/2025	11/11/2025	7599581577	249162550	115Invoice	7.09	354.35	✓	347.26	✓	7599581577	
11/03/2025	11/11/2025	7599581578	256248054	115Invoice	0.02	0.95	✓	0.93	✓	7599581578	
11/03/2025	11/11/2025	7599581579	256248054	115Invoice	0.03	1.27	✓	1.24	✓	7599581579	
11/03/2025	11/11/2025	7599581580	256127596	115Invoice	10.93	546.47	✓	535.54	✓	7599581580	
11/03/2025	11/11/2025	7599581581	247939881	115Invoice	6.07	303.44	✓	297.37	✓	7599581581	
11/03/2025	11/11/2025	7599581582	248349843	115Invoice	12.14	606.88	✓	594.74	✓	7599581582	
11/03/2025	11/11/2025	7599581583	256248054	115Invoice	5.51	275.32	✓	269.81	✓	7599581583	
11/04/2025	11/11/2025	7599819940	256452601	115Invoice	0.03	1.27	✓	1.24	✓	7599819940	
11/04/2025	11/11/2025	7599866388	256870032	115Invoice	323.17	16,158.34	✓	15,835.17	✓	7599866388	
11/04/2025	11/11/2025	7599866389	251307890	115Invoice	100.28	5,014.04	✓	4,913.76	✓	7599866389	
11/04/2025	11/11/2025	7599866390	255620032	115Invoice	102.05	5,102.63	✓	5,000.58	✓	7599866390	
11/04/2025	11/11/2025	7599866391	256082311	115Invoice	136.07	6,803.51	✓	6,667.44	✓	7599866391	
11/04/2025	11/11/2025	7599866392	247624586	115Invoice	66.85	3,342.69	✓	3,275.84	✓	7599866392	
11/04/2025	11/11/2025	7599866393	253323383	115Invoice	68.04	3,401.80	✓	3,333.76	✓	7599866393	
11/04/2025	11/11/2025	7599866394	253900242	115Invoice	153.08	7,653.95	✓	7,500.87	✓	7599866394	
11/04/2025	11/11/2025	7599866395	256248054	115Invoice	102.05	5,102.63	✓	5,000.58	✓	7599866395	
11/04/2025	11/11/2025	7599866396	249361517	115Invoice	100.27	5,013.73	✓	4,913.46	✓	7599866396	
11/04/2025	11/11/2025	7599866397	250224951	115Invoice	16.71	835.62	✓	818.91	✓	7599866397	
11/04/2025	11/11/2025	7599866398	252256655	115Invoice	66.85	3,342.73	✓	3,275.88	✓	7599866398	

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: 11/07/2025

Page: 002

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

DC: 8115

Customer INV SupplD:

Territory: 7001

Customer: 256342

Date: 11/08/2025

As of: 11/07/2025

Mail to:

Page: 002

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342

Date: 11/08/2025

PLEASE CHECK ANY

ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/04/2025	11/11/2025	7599866399	254826610	115Invoice	136.07	6,803.51	✓	6,667.44	✓	7599866399	
11/04/2025	11/11/2025	7599866500	255124341	115Invoice	68.04	3,401.76	✓	3,333.72	✓	7599866500	
11/04/2025	11/11/2025	7599866501	255213069	115Invoice	153.08	7,653.95	✓	7,500.87	✓	7599866501	
11/04/2025	11/11/2025	7599866502	255917263	115Invoice	102.05	5,102.63	✓	5,000.58	✓	7599866502	
11/04/2025	11/11/2025	7599866503	249162550	115Invoice	33.43	1,671.37	✓	1,637.94	✓	7599866503	
11/04/2025	11/11/2025	7599866504	246609293	115Invoice	27.22	1,361.20	✓	1,333.98	✓	7599866504	
11/04/2025	11/11/2025	7599866505	251664448	115Invoice	31.32	1,565.78	✓	1,534.46	✓	7599866505	
11/04/2025	11/11/2025	7599866506	256725352	115Invoice	136.07	6,803.51	✓	6,667.44	✓	7599866506	
11/04/2025	11/11/2025	7599866507	255850621	115Invoice	136.07	6,803.51	✓	6,667.44	✓	7599866507	
11/04/2025	11/11/2025	7599866508	248068007	115Invoice	133.70	6,684.98	✓	6,551.28	✓	7599866508	
11/04/2025	11/11/2025	7599866509	249636442	115Invoice	100.28	5,014.16	✓	4,913.88	✓	7599866509	
11/04/2025	11/11/2025	7599866510	253064649	115Invoice	27.80	1,389.95	✓	1,362.15	✓	7599866510	
11/04/2025	11/11/2025	7599866511	256174349	115Invoice	136.07	6,803.51	✓	6,667.44	✓	7599866511	
11/04/2025	11/11/2025	7599866512	251369670	115Invoice	100.28	5,014.04	✓	4,913.76	✓	7599866512	
11/04/2025	11/11/2025	7599866513	246954306	115Invoice	8.65	432.47	✓	423.82	✓	7599866513	
11/04/2025	11/11/2025	7599866514	250516291	115Invoice	50.14	2,507.05	✓	2,456.91	✓	7599866514	
11/04/2025	11/11/2025	7599869199	254201609	115Invoice	102.05	5,102.69	✓	5,000.64	✓	7599869199	
11/04/2025	11/11/2025	7599869400	254244182	115Invoice	61.67	3,083.52	✓	3,021.85	✓	7599869400	
11/04/2025	11/11/2025	7599869401	255776160	115Invoice	136.07	6,803.51	✓	6,667.44	✓	7599869401	
11/04/2025	11/11/2025	7599869402	247220821	115Invoice	300.85	15,042.30	✓	14,741.45	✓	7599869402	
11/04/2025	11/11/2025	7599869403	253128232	115Invoice	27.80	1,389.95	✓	1,362.15	✓	7599869403	
11/04/2025	11/11/2025	7599869404	253366384	115Invoice	68.04	3,401.80	✓	3,333.76	✓	7599869404	
11/04/2025	11/11/2025	7599869405	253438167	115Invoice	7.13	356.61	✓	349.48	✓	7599869405	
11/04/2025	11/11/2025	7599869406	247939881	115Invoice	100.28	5,014.16	✓	4,913.88	✓	7599869406	
11/04/2025	11/11/2025	7599869407	251097789	115Invoice	50.14	2,507.05	✓	2,456.91	✓	7599869407	
11/04/2025	11/11/2025	7599869408	246382445	115Invoice	83.57	4,178.42	✓	4,094.85	✓	7599869408	
11/05/2025	11/11/2025	7600066044	253900242	115Invoice	0.01	0.32	✓	0.31	✓	7600066044	
11/05/2025	11/11/2025	7600066045	249361517	115Invoice	0.02	1.02	✓	1.00	✓	7600066045	
11/05/2025	11/11/2025	7600066046	248011438	115Invoice	6.69	334.56	✓	327.87	✓	7600066046	
11/05/2025	11/11/2025	7600066047	248068007	115Invoice	6.69	334.56	✓	327.87	✓	7600066047	
11/05/2025	11/11/2025	7600066048	249162550	115Invoice	7.09	354.35	✓	347.26	✓	7600066048	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 11/07/2025

Page: 003

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 11/08/2025

As of: 11/07/2025 Page: 003
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 11/08/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/05/2025	11/11/2025	7600066049	249361517	115Invoice	7.09	354.35	✓	347.26	✓	7600066049	
11/05/2025	11/11/2025	7600066050	248518948	115Invoice	12.14	606.88	✓	594.74	✓	7600066050	
11/05/2025	11/11/2025	7600066051	248755753	115Invoice	12.14	606.88	✓	594.74	✓	7600066051	
11/05/2025	11/11/2025	7600066052	246643643	115Invoice	17.03	851.42	✓	834.39	✓	7600066052	
11/05/2025	11/11/2025	7600066053	247094452	115Invoice	17.03	851.42	✓	834.39	✓	7600066053	
11/05/2025	11/11/2025	7600066054	247862519	115Invoice	17.03	851.42	✓	834.39	✓	7600066054	
11/05/2025	11/11/2025	7600066055	255993094	115Invoice	0.01	0.32	✓	0.31	✓	7600066055	
11/06/2025	11/11/2025	7600306372	256803632	115Invoice	0.43	21.29	✓	20.86	✓	7600306372	
11/06/2025	11/11/2025	7600306373	256803632	115Invoice	0.46	23.13	✓	22.67	✓	7600306373	
11/06/2025	11/11/2025	7600306374	256725352	115Invoice	0.01	0.32	✓	0.31	✓	7600306374	
11/07/2025	11/11/2025	7600518621	254040478	115Invoice	0.77	38.71	✓	37.94	✓	7600518621	
11/07/2025	11/11/2025	7600518622	256174349	115Invoice	1.55	77.43	✓	75.88	✓	7600518622	
11/07/2025	11/11/2025	7600518623	256870032	115Invoice	0.21	10.64	✓	10.43	✓	7600518623	
11/07/2025	11/11/2025	7600518624	249361517	115Invoice	14.17	708.69	✓	694.52	✓	7600518624	
11/07/2025	11/11/2025	7600531452	246609293	115Invoice	1.73	86.46	✓	84.73	✓	7600531452	
11/07/2025	11/11/2025	7600531453	249636442	115Invoice	1.73	86.46	✓	84.73	✓	7600531453	
11/07/2025	11/11/2025	7600531454	248887070	115Invoice	24.28	1,213.76	✓	1,189.48	✓	7600531454	
11/07/2025	11/11/2025	7600531455	249100462	115Invoice	1.33	66.41	✓	65.08	✓	7600531455	
11/07/2025	11/11/2025	7600531456	255993094	115Invoice	0.01	0.32	✓	0.31	✓	7600531456	

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: 192,476.99 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/03/2025 24,551.22

If Paid By 11/11/2025,

Pay This Amount: 188,627.44 USD

If Paid After 11/11/2025,

Pay this Amount: 192,476.99 USD

Due If Paid On Time:

USD 188,627.44

Disc lost if paid late:

3,849.55

Due If Paid Late:

USD 192,476.99

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

McKESSON**STATEMENT**

As of: 11/07/2025

Page: 001

To ensure proper credit to your
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Company: 8000

CVS PHCY 8923/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyDC: 8115
Customer INV SupplD:
Territory: 7001Customer: 835434
Date: 11/08/2025As of: 11/07/2025 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835434 PLEASE CHECK ANY
Date: 11/08/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
11/05/2025	11/11/2025	7599998630	4536443	115Invoice	23.28	1,164.24	✓	1,140.96	✓	7599998630	

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: 1,164.24 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 24,551.22
11/03/2025If Paid By 11/11/2025,
Pay This Amount:

1,140.96 USD

If Paid After 11/11/2025,
Pay this Amount:

1,164.24 USD

Due If Paid On Time:

USD 1,140.96

Disc lost if paid late:

23.28

Due If Paid Late:

USD 1,164.24

APPROVED ON

NOV 10 2025

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

McKESSON**STATEMENT**

Company: 8000

As of: 11/07/2025

Page: 001

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 11/08/2025

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

As of: 11/07/2025
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437
Date: 11/08/2025

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
11/05/2025	11/11/2025	7600015705	4534684	115Invoice	0.04	1.99		1.95	✓	7600015705	

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

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

Subtotals:

1.99 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10/27/2025 15,948.45

If Paid By 11/11/2025,
Pay This Amount:

1.95 USD

If Paid After 11/11/2025,
Pay this Amount:

1.99 USD

Due If Paid On Time:

USD

1.95

Disc lost if paid late:

0.04

Due If Paid Late:

USD

1.99

APPROVED ON

NOV 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 70870024
Date: 11-07-2025

1 of 1

Served By:
AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101DEA: RA0289276
866-451-9655**Customer:**
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509**Remit To:**AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223**Customer Number**

100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	1,442.38
Past Due:	0.00
Total Due:	1,442.38
Account Balance:	1,442.38

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-03-2025	11-14-2025	3231900724	7010872921	Invoice	1.29		0.00	1.29 ✓
11-03-2025	11-14-2025	3231900725	7010879076	Invoice	7.91		0.00	7.91 ✓
11-03-2025	11-14-2025	3231900726	7010885851	Invoice	30.00		0.00	30.00 ✓
11-04-2025	11-14-2025	3232047287	7010892547	Invoice	3.55		0.00	3.55 ✓
11-05-2025	11-14-2025	3232187307	7010899742	Invoice	1,358.64		0.00	1,358.64 ✓
11-06-2025	11-14-2025	3232328061	7010905637	Invoice	24.38		0.00	24.38 ✓
11-07-2025	11-14-2025	3232456148	7010911784	Invoice	16.61		0.00	16.61 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,442.38	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
11-14-2025	1,442.38
Total Due:	1,442.38

APPROVED ON
NOV 10 2025
BY COUNTY AUDITOR
CALYSTIA L. WATKINS, TEXAS

Served By:	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336 DEA: RA0316958 866-451-9655	Customer:	WALGREENS CENTRAL FILL #21373 340B MEMORIAL MEDICAL CENTER 4100 DALE EARNHARDT WAY 200 NORTHLAKE TX 76262-2389	Customer Number	100566356 / 100566356										
				Terms	Sat - Fri Due in 7 days										
		Remit To:	AMERISOURCEBERGEN PO Box 978740 DALLAS TX 75397-8740	Summary	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Not Yet Due:</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Current:</td> <td style="text-align: right;">7,276.99</td> </tr> <tr> <td>Past Due:</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Total Due:</td> <td style="text-align: right;">7,276.99</td> </tr> <tr> <td>Account Balance:</td> <td style="text-align: right;">7,276.99</td> </tr> </table>	Not Yet Due:	0.00	Current:	7,276.99	Past Due:	0.00	Total Due:	7,276.99	Account Balance:	7,276.99
Not Yet Due:	0.00														
Current:	7,276.99														
Past Due:	0.00														
Total Due:	7,276.99														
Account Balance:	7,276.99														

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-03-2025	11-14-2025	3231881661	7010885979	Invoice	1.68		0.00	✓ 1.68 ✓
11-03-2025	11-14-2025	3231943500	7010892940	Invoice	5.03		0.00	✓ 5.03 ✓
11-05-2025	11-14-2025	3232226015	7010905364	Invoice	11.54		0.00	✓ 11.54 ✓
11-07-2025	11-14-2025	3232498664	7010918735	Invoice	27.73		0.00	✓ 27.73 ✓
11-07-2025	11-14-2025	367268386	7009482508	Invoice	(254.16)		0.00	✓ (254.16) ✓
11-07-2025	11-14-2025	367268387	7009482508	Invoice	680.80		0.00	✓ 680.80 ✓
11-07-2025	11-14-2025	367268390	7009508166	Invoice	(254.16)		0.00	✓ (254.16) ✓
11-07-2025	11-14-2025	367268391	7009508166	Invoice	680.80		0.00	✓ 680.80 ✓
11-07-2025	11-14-2025	367268398	7009568392	Invoice	(254.16)		0.00	✓ (254.16) ✓
11-07-2025	11-14-2025	367268399	7009568392	Invoice	680.80		0.00	✓ 680.80 ✓
11-07-2025	11-14-2025	367268452	7009577841	Invoice	(254.16)		0.00	✓ (254.16) ✓
11-07-2025	11-14-2025	367268453	7009577841	Invoice	680.80		0.00	✓ 680.80 ✓
11-07-2025	11-14-2025	367268454	7009586029	Invoice	(254.16)		0.00	✓ (254.16) ✓
11-07-2025	11-14-2025	367268455	7009586029	Invoice	680.80		0.00	✓ 680.80 ✓
11-07-2025	11-14-2025	367268462	7009639311	Invoice	(254.16)		0.00	✓ (254.16) ✓
11-07-2025	11-14-2025	367268463	7009639311	Invoice	680.80		0.00	✓ 680.80 ✓
11-07-2025	11-14-2025	367268466	7009773041	Invoice	(254.16)		0.00	✓ (254.16) ✓
11-07-2025	11-14-2025	367268467	7009773041	Invoice	680.80		0.00	✓ 680.80 ✓
11-07-2025	11-14-2025	367268468	7009817480	Invoice	(254.16)		0.00	✓ (254.16) ✓
11-07-2025	11-14-2025	367268469	7009817480	Invoice	680.80		0.00	✓ 680.80 ✓
11-07-2025	11-14-2025	367268526	7010248718	Invoice	(256.59)		0.00	✓ (256.59) ✓
11-07-2025	11-14-2025	367268527	7010248718	Invoice	680.80		0.00	✓ 680.80 ✓
11-07-2025	11-14-2025	367268528	7010334405	Invoice	(513.18)		0.00	✓ (513.18) ✓
11-07-2025	11-14-2025	367268529	7010334405	Invoice	1,361.60		0.00	✓ 1,361.60 ✓
11-07-2025	11-14-2025	367268530	7010358766	Invoice	(256.59)		0.00	✓ (256.59) ✓



STATEMENT

Number: 70886247

Date: 11-07-2025

2 of 2

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-07-2025	11-14-2025	367268531	7010358766	Invoice	680.80		0.00	680.80 ✓
11-07-2025	11-14-2025	367268532	7010371931	Invoice	(256.59)		0.00	(256.59) ✓
11-07-2025	11-14-2025	367268533	7010371931	Invoice	680.80		0.00	680.80 ✓
11-07-2025	11-14-2025	367268534	7010423466	Invoice	(769.77)		0.00	(769.77) ✓
11-07-2025	11-14-2025	367268535	7010423466	Invoice	2,042.40		0.00	2,042.40 ✓
11-07-2025	11-14-2025	367268538	7010479947	Invoice	(256.59)		0.00	(256.59) ✓
11-07-2025	11-14-2025	367268539	7010479947	Invoice	680.80		0.00	680.80 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
7,276.99	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
11-14-2025	7,276.99
Total Due:	7,276.99

APPROVED ON
NOV 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ CCF

6025	76351	3	72	0	2025	238001063	0	8/29/2025	\$25,020.87	1	CITIZENS MEDICAL CENTER	P	448	0	HRT	F	6/3/2025	6/30/2025	741698143
6026	76351	3	72	0	2025	238001522	0	8/29/2025	\$89,416.80	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	459	0	HCT	F	2/7/2025	2/28/2025	760545192
\$114,437.67																			

CO

APPROVED ON

NOV 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

LNKNO	SRPSO	LOCNO	EMPNO	DEPRO	CIMPRE	CIMSD	CIMSDT	CHKOT	AMT	CIMTR	RAVER	PAYTO	CVGSD	CVGTP	FIRSTNAME	LASTNAME	CODE	VDRT	FROMDT	THRUOT	PRVNO
6661	76351	3	79	0	2025	290001470			10/20/2025	\$240.10	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0		INVC	F	9/26/2025	9/26/2025	591031071
6662	76351	3	72	0	2025	283000625	0		10/20/2025	\$465.00	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	604	0		CASE	F	9/5/2025	9/26/2025	271837628
6663	76351	3	79	0	2025	290001705			10/20/2025	\$496.08	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0		INVC	F	9/26/2025	9/26/2025	591031071
6664	76351	3	79	0	2025	283001503			10/20/2025	\$2,937.60	1	HOUSTON METHODIST CLEAR LAKE HOSPITAL	P	186	0		JLAB	F	9/26/2025	9/26/2025	464389870
6665	76360	3	21	1	2025	283000626			10/20/2025	\$775.00	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	604	0		CASE	F	9/19/2025	9/26/2025	271837628
6666	76360	999	35	0	2025	283000620	0		10/20/2025	\$38.75	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	604	0		CASE	F	9/10/2025	9/10/2025	271837628
									\$4,952.53												

CCJ
11/5/25

APPROVED ON
NOV 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 11/1/2025

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

Master Group Totals

					Total Due	
SPEC AGG	163	\$66,800.20	Adjustments	1	(\$285.68)	\$66,514.52
ADMIN FEES	163	\$7,253.50	Adjustments	1	(\$44.50)	\$7,209.00
PPO UR	163	\$3,496.35	Adjustments	1	(\$21.45)	\$3,474.90
CHIC MGMT FEE		\$700.00				\$700.00

Balance Forward:		\$80,198.66
Payments:	-	\$80,198.66
Adjustments:	+	\$0.00
Beginning Balance:		\$0.00
Current Amount Due:	+	\$78,250.05
Current Adjustments:	+	(\$351.63)
Total Amount Due:		\$77,898.42

ccf

Description	Medical
EE	94
ES	17
EF	13
EC	39
Mst Total	163

APPROVED ON

NOV 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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

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

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Nov 3, 2025 - Nov 9, 2025**

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten"	Check" #
11/1/2025	PAY PLUS ACHTrans 97858633 101000695147360 P	- 3rd Party Payor Fee	563.39		901981
11/7/2025	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	41,650.28		901982
11/7/2025	HEALTH EQUITY INC HealthEqui 1356888 91000018	- EmpDeduct/Employer Contribut	1,177.00		901983
11/7/2025	AMERISOURCE BERG PAYMENTS 0100007768 21000002	- 340B Drug Program Expense	3,778.17		901984
11/7/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	367,118.29		901985
11/7/2025	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	17,573.67		901986
11/7/2025	HPHG LLC ACH MemMedCtr PtLav 113122650016472	- Health Insurance Claim Payments	33,930.84		901987
11/6/2025	PAY PLUS ACHTrans 97602221 101000693543218 P	- 3rd Party Payor Fee	132.54		901988
11/5/2025	PAY PLUS ACHTrans 97332254 101000691607248 P	- 3rd Party Payor Fee	237.48		901989
11/5/2025	FDMS FDMS PYMT 052-2182557-000 4100012566344	- Credit Card Machine Lease Fee	181.77		901990
11/5/2025	FDMS FDMS PYMT 052-2182545-000 4100012566323	- Credit Card Machine Lease Fee	45.64		901991
11/5/2025	FDMS FDMS PYMT 052-1601830-000 4100012564363	- Credit Card Machine Lease Fee	32.45		901992
11/5/2025	FDMS FDMS PYMT 052-2000500-000 4100012565518	- Credit Card Machine Lease Fee	75.67		901993
11/4/2025	PAY PLUS ACHTrans 97126451 101000698968631 P	- 3rd Party Payor Fee	100.86		901994
11/4/2025	MCKESSON DRUG AUTO ACH ACH06764672 910000144	- 340B Drug Program Expense	24,551.22		901995
11/4/2025	HPHG LLC PORT LAVAC MemMedCtr PtLav 11312265	- Health Insurance Claim Payments	20,801.00		901996
11/4/2025	HPHG LLC PORT LAVAC MemMedCtr PtLav 11312265	- Health Insurance Claim Payments	48,355.50		901997
11/4/2025	HPHG LLC PORT LAVAC MemMedCtr PtLav 11312265	- Health Insurance Claim Payments	412,018.03		901998
11/4/2025	HPHG LLC PT LAVACA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	96,801.60		901999
11/4/2025	AUTHNET GATEWAY BILLING 145649609 1040000150	- 3rd Party Payor Fee	2.00		902000
11/3/2025	PAY PLUS ACHTrans 96915257 101000696912677 P	- 3rd Party Payor Fee	61.13		902001
11/3/2025	MERCHANT BANKCD FEE 971160913887 91000010006	- Credit Card Processing Fee	200.83		902002
11/3/2025	MERCHANT BANKCD FEE 971160910883 91000010006	- Credit Card Processing Fee	9.95		902003
11/3/2025	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	454.50		902004
11/3/2025	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	29.95		902005
11/3/2025	MERCHANT BANKCD INTERCHNG 971160913887 910000	- Credit Card Processing Fee	189.14		902006
10/27/2025	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	- CitiBank Corporate Card Payment	2,458.08		902007
			1,072,554.38		

Pre-note approved

APPROVED ON

NOV 10 2025

BY COUNTY COMPTROLLER
CATHY HARRIS

563.39 +
132.54 +
237.48 +
100.86 +
61.13 +
1,095.40

181.77 +
45.64 +
32.45 +
75.67 +
335.53

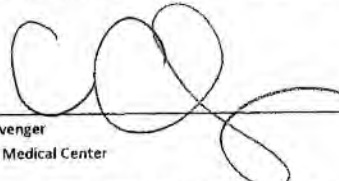
25.40 +
25.40

200.83 +
9.95 +
210.78

454.50 +
29.95 +
484.45

189.14 +
189.14

1,095.40 +
335.53 +
25.40 +
210.78 +
484.45 +
189.14 +
2,340.70

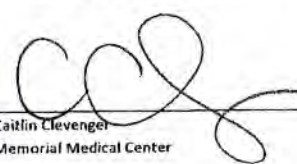
✓ 
Caitlin Clevenger
Memorial Medical Center

November 10, 2025

* Approved on 11.05.25
** Approved on 10.22.25

**PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS**

Date	Description	MMC Notes	Amount
11/20/2025	WEBFILE TAX PYMT DD	- Sales Tax	2,862.17
			2,862.17

✓ 
Caitlin Clevenger
Memorial Medical Center

1,072,554.38
41,650.28
1,177.00
3,778.17
367,118.29
17,573.67
33,930.84
132.54
237.48
181.77
45.64
32.45
75.67
100.86
24,551.22
20,801.00
48,355.50
412,018.03
96,801.60
2.00
61.13
200.83
9.95
454.50
29.95
189.14
2,458.08
1,072,554.38

✓ Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 10/31/2025 (2510)

Taxpayer ID: [REDACTED]	Taxpayer Name:	Entered By: Caitlin Clevenger
User ID: [REDACTED]	MEMORIAL MEDICAL CENTER	Email Address:
Reference Number: [REDACTED]	Taxpayer Address:	cclevenger@mmcportlavaca.com
Date and Time of Filing:	815 N VIRGINIA ST PORT LAVACA , TX	Telephone Number: (361) 552-0272
11/10/2025, 09:54:02 AM	77979-3025	
	IP Address: [REDACTED]	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number: [REDACTED]	Type of Bank Account: Checking
State Amount: \$2,157.47	Trace Number: [REDACTED]	Accountholder Name:
Local Amount: \$690.39		Memorial Medical Center
Amount to Pay: \$2,847.86		Bank Routing Number: [REDACTED]
Electronic Check: \$2,847.86		Bank Account Number: [REDACTED]
		Payment Effective Date: 11/20/2025

CREDIT SUMMARY

Credits Taken

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

Are you taking credit to reduce taxable sales on this return for the purchase of Texas farm-raised oysters? No

Amount of credit being taken on this return for the purchase of Texas farm-raised oysters \$0.00

Are you taking credit to reduce taxable sales on this return for participation in a qualified oyster shell recycling program? No

Amount of credit being taken on this return for participation in a qualified oyster shell recycling program \$0.00

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	34,693	34,693	0.00	34,693	2,168.31	34,693	0.02	693.86
SubTotal	34,693	34,693	0	34,693	2,168.31	34,693		693.86
Total Tax for Locations								2,862.17

Total Tax Due:	\$2,862.17
Timely Filing Discount:	-\$14.31
Balance Due:	\$2,847.86

Total amount due and payable:

\$2,847.86

(State amount due is \$2,157.47) (Local amount due is \$690.39)

Memorial Medical Center
Transfer Request

Amount: \$ 500,000.00

Date: 10/22/2025

From Account: Prosperity Operating Account [REDACTED]

To Account: Prosperity Money Market [REDACTED]

10/23/25

APPROVED ON

NOV 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Explanation:

Transfer from Prosperity Operating Account to Prosperity Money Market Account

Requested by: Michelle Cumberland

Date: 10/22/2025

Authorized by: [Signature]

Date: 10/22/2025

Memorial Medical Center
Transfer Request

Amount: 27,587.14

Date: 11/7/2025

From Account: Prosperity Lockbox [REDACTED]

To Account: Prosperity Operating [REDACTED]

APPROVED ON

NOV 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

Transfer funds from Prosperity Lockbox to Prosperity Operating account

Requested by: Caitlin Clevenger

Date: 11/7/2025

Authorized by: Michelle Cumberland

Date: 11/7/25

COUNTY AUDITOR ON

NOV 06 2025

11/06/2025

10:18

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Due Dates Through: 11/28/2025

Vendor# Vendor Name

Class Pay Code

11836 ✓ GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 102925 ✓		✓ 10/29/202	10/29/202	11/28/202			4,035.10	0.00	0.00	4,035.10 ✓
✓ 102925B ✓		✓ 10/31/202	10/29/202	11/28/202			120.00	0.00	0.00	120.00 ✓
✓ 102925A ✓		✓ 10/31/202	10/29/202	11/28/202			47,177.27	0.00	0.00	47,177.27 ✓
✓ 103025 ✓		✓ 10/31/202	10/30/202	11/28/202			407.35	0.00	0.00	407.35 ✓
✓ 103125 ✓		✓ 10/31/202	10/31/202	11/28/202			1,198.14	0.00	0.00	1,198.14 ✓
✓ 110325 ✓		✓ 11/03/202	11/03/202	11/28/202			68.28	0.00	0.00	68.28 ✓

ins. pmt. dep. into mmc acct in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	53,006.14	0.00	0.00	53,006.14

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	53,006.14	0.00	0.00	53,006.14

APPROVED ON

NOV 06 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 211103

NOV 06 2025

11/06/2025

10:18

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 11/28/2025

0

ap_open_invoice.template

Vendor# Vendor Name

13004 TUSCANY VILLAGE

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 102925A		✓ 10/31/202	10/29/202	11/28/202			419.00	0.00	0.00	419.00 ✓
✓ 102925	INS. PMT CLER INTO MMC OPT. IN ERROR	10/31/202	10/29/202	11/28/202			4,818.50	0.00	0.00	4,818.50 ✓
✓ 103025	"	10/31/202	10/30/202	11/28/202			2,700.00	0.00	0.00	2,700.00 ✓
✓ 103025A	Check request is lower	10/31/202	10/30/202	11/28/202			838.00	0.00	0.00	838.00 ✓
✓ 103125	INS. PMT CLER INTO MMC OPT. IN ERROR	10/31/202	10/30/202	11/28/202			3,070.00	0.00	0.00	3,070.00 ✓
✓ 110325	"	11/01/202	10/30/202	11/28/202			3,088.00	0.00	0.00	3,088.00 ✓
✓ 110325A	"	11/01/202	11/03/202	11/28/202			10,550.00	0.00	0.00	10,550.00 ✓
✓ 110425	"	11/01/202	11/03/202	11/28/202			10,960.00	0.00	0.00	10,960.00 ✓
✓ 110425A	"	11/01/202	11/04/202	11/28/202			1,047.50	0.00	0.00	1,047.50 ✓

Vendor Totals: Number Name
13004 TUSCANY VILLAGE

Gross Discount No-Pay Net
37,491.00 0.00 0.00 37,491.00

Report Summary

Grand Totals:

Gross
37,491.00

Discount
0.00

No-Pay
0.00

Net
37,491.00

APPROVED ON

NOV 06 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHUF 21105

35,061.00

37,491.00 +
2,700.00 -
270.00 +
35,061.00 =

NOV 06 2025

11/06/2025

10:19

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 11/28/2025

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
✓ 102925 ✓		✓ 10/29/202	10/29/202	11/28/202			12,666.55	0.00	0.00	12,666.55 ✓
✓ 102925A ✓		✓ 10/29/202	10/29/202	11/28/202			3,811.72	0.00	0.00	3,811.72 ✓
✓ 103025 ✓		✓ 10/29/202	10/30/202	11/28/202			984.52	0.00	0.00	984.52 ✓
✓ 103025A ✓		✓ 10/29/202	10/30/202	11/28/202			6,510.51	0.00	0.00	6,510.51 ✓
✓ 103025B ✓		✓ 10/29/202	10/30/202	11/28/202			5,237.50	0.00	0.00	5,237.50 ✓
✓ 103025C ✓		✓ 10/29/202	10/30/202	11/28/202			4,190.00	0.00	0.00	4,190.00 ✓
✓ 103125 ✓		✓ 10/29/202	10/31/202	11/28/202			9,011.90	0.00	0.00	9,011.90 ✓
✓ 110325 ✓		✓ 11/03/202	11/03/202	11/28/202			3,980.50	0.00	0.00	3,980.50 ✓
✓ 110325A ✓		✓ 11/03/202	11/03/202	11/28/202			73.54	0.00	0.00	73.54 ✓

Vendor Totals: Number

Name

12792

LAVACA BAY NURSING AND REHAB

Gross

Discount

No-Pay

Net

46,466.74

0.00

0.00

46,466.74

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

46,466.74

0.00

0.00

46,466.74

APPROVED ON

NOV 06 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 211104

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/10/2025

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
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Ashford Gardens		100.51				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		102.43				102.43	0
						Bank Balance	102.43
						Variance	-
						Leave in Balance	100.00

						Adjust Balance/Transfer Amt	2.43
Crescent		100.89				100.89	0
						Bank Balance	100.89
						Variance	-
						Leave in Balance	100.00

						Adjust Balance/Transfer Amt	0.89
Fort Bend		56,828.33	54,750.84			2,077.49	
						Bank Balance	2,077.49
						Variance	0.00
						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	-
Solera at W Houston		4,455.95	3,013.37	20,325.54		21,768.12	
						Bank Balance	21,768.12
						Variance	-
						Leave in Balance	100.00

APPROVED ON
Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
NOV 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Claims Owed to MMC 1,342.58
Claims Owed from Broadmoor to MMC 735.00
Claims Owed from Broadmoor to MMC 5,147.52
Claims Owed from Crescent to MMC 718.78
Claims Owed from Fort Bend to MMC 215.37
Adjust Balance/Transfer Amt 13,507.87

TOTAL TRANSFERS 13,507.87

Approved: Caitlin Clevenger, Controller 11/10/2025

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

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,840,750.85	\$1,801,431.19	\$1,840,750.85	\$2,131,008.29
*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	✓ \$21,768.12 ✓ ✓	\$21,768.12	\$21,768.12	\$21,768.12
*4446 MEMORIAL MEDICAL / NH FORT BEND	✓ \$2,077.49 ✓ ✓	\$2,077.49	\$2,077.49	\$2,077.49
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	✓ \$40,448.57 ✓	\$54,987.57	\$40,448.57	\$33,319.72
*4551 CAL CO INDIGENT HEALTHCARE	\$4,885.45	\$4,885.45	\$4,885.45	\$4,885.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	✓ \$37,479.06 ✓	\$49,431.44	\$37,479.06	\$33,585.46
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.39 ✓	\$100.39	\$100.39	\$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	✓ \$130,449.38 ✓	\$134,123.07	\$130,449.38	\$59,254.01
*3407 MMC -NH TUSCANY VILLAGE	\$32,857.32 ✓	\$33,806.43	\$32,857.32	\$29,553.36
*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	\$29,203.46	\$29,203.46	\$29,203.46	\$28,661.06
Total Balance	\$3,210,142.94	\$3,201,937.46	\$3,210,142.94	\$3,414,336.20

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11/10/2025

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		136,843.89	135,711.89	40,316.57		40,448.57	40,316.57
					Bank Balance Variance	40,448.57	
					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.

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

Adjust Balance/Transfer Amt 40,316.57

Approved: Caitlin Clevenger, Controller 11/10/2025

APPROVED ON
NOV 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Golden Creek

11/7/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 11/7/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001985
 11/7/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 11/6/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 11/6/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001406
 11/5/2025 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 11/5/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 11/5/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001594
 11/4/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 11/4/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001100
 11/4/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001100
 11/3/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 11/3/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43

Transfer-Out	Transfer-In	MMC	
		PORTION	NH PORTION
-	1,506.00		1,506.00
-	815.30		815.30
-	4,807.55		4,807.55
-	2,335.06		2,335.06
-	13,274.28		13,274.28
136,711.89	-		-
-	1,285.00		1,285.00
-	8,125.42		-
-	1,551.86		-
-	795.00		-
-	4,950.00		-
-	713.00		-
-	158.10		158.10
✓ 136,711.89	40,316.57 ✓	-	24,181.29

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,840,750.85	\$1,801,431.19	\$1,840,750.85	\$2,131,008.29
*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	\$21,768.12	\$21,768.12	\$21,768.12	\$21,768.12
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$2,077.49	\$2,077.49	\$2,077.49	\$2,077.49
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$40,448.57 ✓	\$54,987.57	\$40,448.57	\$33,319.72
*4551 CAL CO INDIGENT HEALTHCARE	\$4,885.45	\$4,885.45	\$4,885.45	\$4,885.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,479.06	\$49,431.44	\$37,479.06	\$33,585.46
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.39	\$100.39	\$100.39	\$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$130,449.38	\$134,123.07	\$130,449.38	\$59,254.01
*3407 MMC -NH TUSCANY VILLAGE	\$32,857.32	\$33,806.43	\$32,857.32	\$29,553.36
*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	\$29,203.46	\$29,203.46	\$29,203.46	\$28,661.06
Total Balance	\$3,210,142.94	\$3,201,937.46	\$3,210,142.94	\$3,414,336.20

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
11/10/2025

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		82,151.89	82,051.89	37,379.06			37,479.06	5,800.56
						Bank Balance	37,479.06	
						Variance	-	
						Leave in Balance	100.00	
						Claim Owed to MMC	31,578.50	
						Adjust Balance/Transfer Amt	5,800.56	
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		100.39					100.39	NO TRANSFER
						Bank Balance	100.39	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	0.39	
TOTAL TRANSFERS							-	

Routing Information for Gulf Pointe Plaza:

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

Approved:
Caitlin Clevenger, Controller

11/10/2025

APPROVED ON
NOV 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Gulf Pointe Plaza-Private Pay

45,968.00 HNB - ECHO HCCLAIMPMT 746003411 440000260523
45,968.00 HNB - ECHO HCCLAIMPMT 746003411 440000260523
45,967.00 HNB - ECHO HCCLAIMPMT 746003411 440000215792
45,967.00 HNB - ECHO HCCLAIMPMT 746003411 440000215641
45,966.00 WIRE OUT HMG Rockport SNF, LP -Commerical
45,966.00 HNB - ECHO HCCLAIMPMT 746003411 440000270875
45,965.00 HNB - ECHO HCCLAIMPMT 746003411 440000218640
45,965.00 HNB - ECHO HCCLAIMPMT 746003411 440000218640
45,964.00 HNB - ECHO HCCLAIMPMT 746003411 440000248119

Transfer-Out	Transfer-In	MMC	
		PORTION	NH PORTION
-	23.52		23.52
-	3,870.08		3,870.08
-	117.03		117.03
-	17,296.09		17,296.09
✓ 82,051.89	-		-
-	769.88		769.88
-	288.76		288.76
-	8,360.48		8,360.48
-	6,653.22	✓	6,653.22
-	-		-
82,051.89	37,379.06	-	37,379.06

Gulf Pointe Plaza-Medicare/Medicaid

NO ACTIVITY

Transfer-Out	Transfer-In	MMC	
		PORTION	NH PORTION
✓ -	✓ -		-
-	-	-	-
-	-	-	-
82,051.89	37,379.06	-	37,379.06

Balances Overview

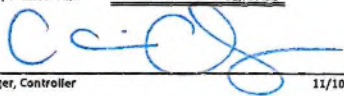
Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,840,750.85	\$1,801,431.19	\$1,840,750.85	\$2,131,008.29
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$100.51	\$100.51	\$100.51	\$100.51
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$102.43	\$102.43	\$102.43	\$102.43
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$100.89	\$100.89	\$100.89	\$100.89
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$21,768.12	\$21,768.12	\$21,768.12	\$21,768.12
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$2,077.49	\$2,077.49	\$2,077.49	\$2,077.49
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$40,448.57	\$54,987.57	\$40,448.57	\$33,319.72
*4551 CAL CO INDIGENT HEALTHCARE	\$4,885.45	\$4,885.45	\$4,885.45	\$4,885.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,479.06	\$49,431.44	\$37,479.06	\$33,585.46
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.39	\$100.39	\$100.39	\$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$130,449.38	\$134,123.07	\$130,449.38	\$59,254.01
*3407 MMC -NH TUSCANY VILLAGE	\$32,857.32	\$33,806.43	\$32,857.32	\$29,553.36
*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	\$29,203.46	\$29,203.46	\$29,203.46	\$28,661.06
Total Balance	\$3,210,142.94	\$3,201,937.46	\$3,210,142.94	\$3,414,336.20

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
11/10/2025

Nursing Home	Account Number	Previous	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
		Beginning Balance						
Tuscany Village		92,968.57	92,868.57	32,757.32	-	-	32,857.32	32,757.32
						Bank Balance Variance	32,857.32	
						Leave in Balance	100.00	

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

Adjust Balance/Transfer Amt 32,757.32

Approved: 
Caitlin Clevenger, Controller 11/10/2025

APPROVED ON
NOV 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Tuscany Village

11/7/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000110
11/6/2025 Deposit
11/5/2025 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE
11/4/2025 Deposit

<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC	
		<u>PORTION</u>	<u>NH PORTION</u>
-	3,303.96		3,303.96
-	25,263.36		25,263.36
92,868.57	-		-
-	4,190.00		4,190.00
-	-		-
-	-		-
92,868.57	32,757.32	-	32,757.32

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,840,750.85	\$1,801,431.19	\$1,840,750.85	\$2,131,008.29
*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	\$21,768.12	\$21,768.12	\$21,768.12	\$21,768.12
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$2,077.49	\$2,077.49	\$2,077.49	\$2,077.49
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$40,448.57	\$54,987.57	\$40,448.57	\$33,319.72
*4551 CAL CO INDIGENT HEALTHCARE	\$4,885.45	\$4,885.45	\$4,885.45	\$4,885.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,479.06	\$49,431.44	\$37,479.06	\$33,585.46
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.39	\$100.39	\$100.39	\$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$130,449.38	\$134,123.07	\$130,449.38	\$59,254.01
*3407 MMC -NH TUSCANY VILLAGE	\$32,857.32	\$33,806.43	\$32,857.32	\$29,553.36
*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	\$29,203.46	\$29,203.46	\$29,203.46	\$28,661.06
Total Balance	\$3,210,142.94	\$3,201,937.46	\$3,210,142.94	\$3,414,336.20

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
11/10/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Lavaca Bay Nursing and Rehab		185,850.50	136,866.06	81,464.94			130,449.38	126,280.55
						Bank Balance	130,449.38	
						Variance	-	
						Leave in Balance	100.00	
						Claims owed to MMC	645.29	
						Claims owed to MMC	461.28	
						Claims owed to MMC	2,962.26	

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

Adjust Balance/Transfer Amt 126,280.55

Approved:
Caitlin Clevenger, Controller

11/10/2025

APPROVED ON
NOV 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Lavaca Bay Nursing and Rehab

11/7/2025 NDC SWEEP FAC 02330 56009680010301 SWEEP FR
11/7/2025 Deposit
11/7/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000110
11/7/2025 HOSPICE OF SOUTH Payments NF 113122650018817
11/7/2025 36 TREAS 310 MISC PAY 746003411360012 1010
11/6/2025 CK #1164
11/6/2025 CK #1163
11/5/2025 WIRE OUT REG Leased OpCo LLC
11/5/2025 CENTENE CORP HCCLAIMPMT 53101123210886
11/3/2025 Care Hospice Payment 41008 71000281467392
11/3/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000128

		MMC	
<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>PORTION</u>	<u>NH PORTION</u>
-	26,524.22		26,524.22
-	43,276.34		43,276.34
-	180.15		180.15
-	973.70		973.70
-	240.96		240.96
65,647.36	-		-
283.74	-		-
70,934.96	-		-
-	2,143.83		2,143.83
-	7,955.25		7,955.25
-	170.49		170.49
-	-		-
-	-		-
-	-		-
-	-		-
-	-		-
136,866.06	81,464.94	-	81,464.94

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,840,750.85	\$1,801,431.19	\$1,840,750.85	\$2,131,008.29
*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	\$21,768.12	\$21,768.12	\$21,768.12	\$21,768.12
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$2,077.49	\$2,077.49	\$2,077.49	\$2,077.49
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$40,448.57	\$54,987.57	\$40,448.57	\$33,319.72
*4551 CAL CO INDIGENT HEALTHCARE	\$4,885.45	\$4,885.45	\$4,885.45	\$4,885.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$37,479.06	\$49,431.44	\$37,479.06	\$33,585.46
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.39	\$100.39	\$100.39	\$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$130,449.38 ✓	\$134,123.07	\$130,449.38	\$59,254.01
*3407 MMC -NH TUSCANY VILLAGE	\$32,857.32	\$33,806.43	\$32,857.32	\$29,553.36
*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	\$29,203.46	\$29,203.46	\$29,203.46	\$28,661.06
Total Balance	\$3,210,142.94	\$3,201,937.46	\$3,210,142.94	\$3,414,336.20

Lavaca Bay - Recoup

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E

mmc

Date Requested: 10-31-25

APPROVED ON

NOV 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

check # 001166

FOR ACCT. USE ONLY

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

AMOUNT \$461.38 ✓

G/L NUMBER: 20636000

EXPLANATION: Medicare recoup - Lavaca Bay 06-24-25

REQUESTED BY: K. Pokluda

AUTHORIZED BY: ✓ CCJ

Lavaca Bay recoup

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E

mmc

Date Requested: 10-31-25

APPROVED ON

NOV 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

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

AMOUNT \$645.29 ✓ Unit # D01166 G/L NUMBER: 20656000

EXPLANATION: Medicare recoup - Lavaca Bay 03-20-25

REQUESTED BY: K. Pokluda AUTHORIZED BY: ✓ COJ

Lavaca Bay-Recorp

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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mmc

Date Requested: 11-6-25

APPROVED ON

NOV 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

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

AMOUNT \$2942.26 ✓
G/L NUMBER: 20656000

EXPLANATION: Medicare Recorp- Lavaca Bay 10-22-25

REQUESTED BY: K. Polkuda

AUTHORIZED BY: ✓

COQ

Gulf Pointe - October

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
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E

mmc

APPROVED ON

NOV 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHL#001156

Date Requested: 11-7-25

FOR ACCT. USE ONLY

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

AMOUNT \$31,578.50 ✓

G/L NUMBER: 20654000

EXPLANATION: Wellmed pmt was deposited into the
Gulf Pointe account

REQUESTED BY: K. Polkuda

AUTHORIZED BY: ✓ CCJ

MEMORIAL MEDICAL CENTER

LAVACA BAY NURSING & REHAB

815 N VIRGINIA ST

PORT LAVACA, TX 77979

001166

Date 11/12/25

88-2265/1131

PAY

TO THE

ORDER OF MMC\$ 4,068.93four thousand - Sixty eight dollars - ninety three cents

DOLLARS

**PROSPERITY
BANK**FOR Claims owed to mmcSecurity watermark and
visible fibers from both sides.**MEMORIAL MEDICAL CENTER**

NH GULF POINTE - PRIVATE PAY

815 N. VIRGINIA ST.

PORT LAVACA, TX 77979

001156

Date 11/12/25

88-2265/1131

PAY

TO THE

ORDER OF MMC\$ 31,578.50thirty one thousand - five hundred seventy eight dollars - fifty cents

DOLLARS

**PROSPERITY
BANK**FOR Wellmed PymtSecurity watermark and
visible fibers from both sides.

Solera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
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Y
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Mmc.

Date Requested: 10-24-25

APPROVED ON

NOV 10 2025

FOR ACCT. USE ONLY

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

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

AMOUNT \$718.78 ✓ Unk# 001329 G/L NUMBER: 62 06 52000

EXPLANATION: Medicare recap - Crescent 4-7-25

REQUESTED BY: K. Potluda AUTHORIZED BY: ✓ CCJ

Solera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
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Y
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E

mme

Date Requested: 10-29-25

APPROVED ON

NOV-10-2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 001330

FOR ACCT. USE ONLY

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

AMOUNT \$736.00 ✓ G/L NUMBER: 20652000

EXPLANATION: Medicare recoup- Broadmoor 4-1-25

REQUESTED BY: K. Pokluda AUTHORIZED BY: ✓ CO

Solera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E

mme

Date Requested: 10-29-25

APPROVED ON

NOV 10

BY COUNTY AUDITOR
CALHOUN COUNTY, ALA.

CHK# 601327

FOR ACCT. USE ONLY

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

AMOUNT \$5147.52 ✓

G/L NUMBER: 20652000

EXPLANATION: Medicare reoup- Broadmeor 4.3.25

REQUESTED BY: K. Pckluda

AUTHORIZED BY: JCO

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001327

PAY
TO THE
ORDER OF MMC

Date 11/12/25 88-2265/1131

\$ 5,147.52
Five thousand - one hundred forty seven dollars - fifty two cents DOLLARS



PROSPERITY
BANK

FOR Claims owed from broadmoor

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001329

PAY
TO THE
ORDER OF MMC

Date 11/12/25 88-2265/1131

\$ 718.78
Seven hundred eighteen dollars - Seventy eight cents DOLLARS



PROSPERITY
BANK

FOR Claims owed from Crescent

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001330

PAY
TO THE
ORDER OF MMC

Date 11/12/25 88-2265/1131

\$ 736.00
Seven hundred thirty six dollars - no cents DOLLARS



PROSPERITY
BANK

FOR Broadmoor

RUN DATE:11/18/25
TIME:11:57

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/18/25 THRU 11/18/25

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPP *	001156	11/18/25	31,578.50	MMC OPERATING
BSL *	001166	11/18/25	4,068.93	MMC OPERATING
NHS	001327	11/18/25	5,147.52	MMC OPERATING
<div></div>				
NHS	001329	11/18/25	718.78	MMC OPERATING
NHS	001330	11/18/25	736.00	MMC OPERATING
TOTALS:			42,465.10	