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



NOV 1 2 2025

CALHOUN COUNTY COMMISSIONERS COUNT

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 healh 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 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 53,006.14 in error 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 46,466.74 **TOTAL TRANSFERS BETWEEN FUNDS** 662,121.02 \$ 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 TOTAL INTER-GOVERNMENT TRANSFERS GRAND TOTAL DISBURSEMENTS APPROVED November 12, 2025 1,752,998.43

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11/06/2025 11:28

CALLICUM COUNTY TEXAS

AP Open Invoice List

Due Dates Through: 11/27/2025

GALHOUN COUNTY, TEX	AS Due Dates Through: 11/27/2	2025		ap_open_invo	iconompiate
endor# Nendor Name	Class Pay Code				
0950 V ACUTE CARE INC					
Invoice# Comment Tran Dt	Inv Dt Due Dt Check Dt Pay	Gross	Discount	No-Pay	Net
/ INV2541 10/31/20	02 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 CAR	E INC	1,400,00	0.00	0.00	1,400.00
ndor# Nendor Name	Class Pay Code				11
680 AIRGAS USA, LLC - CENTRAL DIV	M				
Invoice# Comment Tran Dt		Gross	Discount	No-Pay	Net
1.00.00	02 10/30/202 11/24/202	358,58	0.00	0.00	358.58
Oxugen		000.00	0.00	0.00	000.00
9166346284 10/31/20	02 10/31/202 11/25/202	2,683.63	0.00	0.00	2,683.63
OXYGEN	IZ TOTOTIZOZ T TIZSIZOZ	2,000.00	0.00	0.00	2,000.00
Azaraziona	02 10/31/202 11/25/202	1,034.69	0.00	0.00	1,034.69
OXYGEN OXYGEN	12 10/31/202 11/25/202	1,034.09	0.00	0.00	1,034.09
The second second control of the second cont	22 10/21/202 11/25/202	007.56	0.00	0.00	207.56
A contract of the contract of	02 10/31/202 11/25/202	297.56	0.00	0,00	297.56
OXYGEN			Billion	N- D-O	41.5
Vendor Totals: Number Name	LI O OFFITON DIV	Gross	Discount	No-Pay	Net
	A, LLC - CENTRAL DIV	4,374.46	0.00	0.00	4,374.46
ndor# Vendor Name	Class Pay Code				
D28 AMAZON CAPITAL SERVICES		12	200	0.40	
	Inv Dt Due Dt Check Dt Pay		Discount	No-Pay	Net
1P61N7GGWTYY 11/04/20	02 10/10/202 11/09/202	37.96	0.00	0.00	37.96
/ 1NGFWQHD4HNT 11/04/2	02 10/26/202 11/25/202	301.55	0.00	0.00	301,55
Size	20/100				
/ 16QVKR9HJYCM 11/04/2	02 10/28/202 11/27/202	45.62	0.00	0.00	45.62
Phy	HODES HOUNT OF	1000 1 1000	1015		
Vendor Totals: Number Name	CLOPES I DON'TO FO	Gross	Discount	No-Pay	Net
14028 AMAZON CA	PITAL SERVICES	385.13	0.00	0.00	385.13
ndor# , Vendor Name	Class Pay Code	785115	3,10.0	10111	
456 AMERITEX ELEVATOR SERVICES IN					
Invoice# Comment Tran Dt		y Gross	Discount	No-Pay	Net
	02 11/01/202 11/04/202	750.00	0,00	0.00	750.00
ELEVATOR MAINT	Linux 1	150.00	0,00	5,00	700.00
Vendor Totals: Number Name	NOVEMBER 200	Gross	Discount	No-Pav	Net
	ELEVATOR SERVICES INC	750.00	0.00	0.00	750.00
ndor# Vendor Name	Class Pay Code	750.00	0,00	0.00	750.00
150 ANNOUNCEMENTS PLUS TOO AGA	100000				
하는데 이 아이들이 아름아서, 전 가스의 사용을 하셨다.		0	Discount	Ale: Day	Star
			Discount	No-Pay	Net
The same of the sa	02 09/30/202 10/10/202	20.00	0.00	0.00	20.00
TREE LEAF MEMORIA	ı.L	13.44	Limiter	S. 162	Synd
Vendor Totals: Number Name	· Intima with the ware continue	Gross	Discount	No-Pay	Net
	MENTS PLUS TOO AGAIN	20.00	0.00	0.00	20.00
ndor# Vendor Name	Class Pay Code				
218 V AQUA BEVERAGE COMPANY	M				
	Inv Dt Due Dt Check Dt Pa	y Gross	Discount	No-Pay	Net
103125 10/31/2	02 10/31/202 11/25/202	12.98	0.00	0.00	12.98
WATER					
Vendor Totals: Number Name		Gross	Discount	No-Pay	Net
ADDIO ADUA DEVE	DACE COMBANY	10.00	0.00	0.00	40.00

12.98

0.00

0.00

12.98

AQUA BEVERAGE COMPANY

or army	400			20.00	Variation.					
1	Vendor Name AVENO NETV			Class	Pay Code					
241	Invoice#	Comment	nt Tran Dt Inv Dt	L Due Dt	Ohaal Dt Day	Grace	Discount	No Day	Not	
1	16351	Commen	11/05/202 11/01/		The state of the s	Gross 4,500.00	Discount	No-Pay	Net	
	16351	CERVEE	11/05/202 11/01/ R MAINTENANCE	/202 11/11/20	72	4,500.00	0.00	0.00	4,500.00	1
1	16332	SERVE	11/05/202 11/01/	1000 11/11/9		950.00	0.00	0.00	950.00	1
~	10302	MAINTE		/20211/11/20)2	850.00	0.00	0.00	850.00	4
1	16371A	MAINTER	NANCE SERVICE		452	10.000.00	2.00	0.00	10 000 00	1
4	163/1A	MFA SEC	11/06/202 11/03/	/20211/10/20	32	10,000.00	0.00	0.00	10,000.00	V
	Wander Totals	10.30 4 2 22 2				0-000	Diseasint	Ne Peu	Not	
	Vendor Totals:					Gross	Discount	No-Pay	Net	
- Land	and the state of	11247	AVENO NETWORKS	100	3. 2.	15,350.00	0.00	0.00	15,350.00	
	Vendor Name		40	Class	Pay Code					
224 -	CABLES AND			4		4.24.4	70.00	44.44	5.7	
1	Invoice#	Comment			" James Sale Pallace and	Gross	Discount	No-Pay	Net	
N	222201		11/04/202 10/28/	/202 11/04/20	32	81.00	0.00	0.00	81.00	1
		To ay ay	NYBYV	ADSE.				4 45		V
	Vendor Totals:			1		Gross	Discount	No-Pay	Net	
	Arras land	11224	CABLES AND SENS		110	81.00	0.00	0.00	81.00	
	Vendor Name			Class	Pay Code					
249	The second second second second		PPRAISAL DIST	W						
1	Invoice#	Comment				Gross	Discount	No-Pay	Net	
1	16480		10/31/202 11/06/	/202 11/06/20	02	31.90	0.00	0.00	31,90	1
		TAXES								V
	Vendor Totals:					Gross	Discount	No-Pay	Net	
			CALHOUN COUNTY	/ APPRAISAL	L DIST	31.90	0.00	0.00	31.90	
ndor#	Vendor Name			Class	Pay Code					
746	CALIBRESCIE	ENTIFIC U	JS, INC	M						
	Invoice#	Comment			Check Dt Pay	Gross	Discount	No-Pay	Net	
1	90062312		11/04/202 10/28			327.12	0.00	0.00	327.12	
			DAVASTKE	STOCKY Y	CALACOT					1
	Vendor Totals:	: Number	Name	100) HORS	Gross	Discount	No-Pay	Net	
		A1746	CALIBRESCIENTIFIC	IC US, INC		327.12	0.00	0.00	327.12	
endor#	Vendor Name		The state of the s	Class	Pay Code			77.4	74	
	CARDINAL H		14. INC.	W	W. 2107					
	Invoice#	Comment			Check Dt Pay	Gross	Discount	No-Pay	Net	6
1	8004006233	-	10/31/202 10/31.			218.57	0.00	0.00	218.57	
A	and california -			1000	76	1000	1000	3.90		1
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	The same of the sa			4414 INC.		218.57	0.00	0.00	218.57	
andor#	Vendor Name		On in its in the interest of t	Class	Pay Code	& Park	200	212.7	and server	
	CARESFIELD			D-1	Tay boot					
	Invoice#	Comment	ot Tran Dt Inv D	nt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	r.
1	200031530	Goillinein	A STATE OF THE STA			81.50	0.00	0.00	81.50	
V		SUPPLIE		EVE LINE	JE	91.64	0.00	0,00	W. 1.	V
	Vendor Totals:					Gross	Discount	No-Pay	Net	
	V GI (UV)		CARESFIELD			81.50	0.00	0.00	81.50	
andne#	Vendor Name		CARESPILLO	Class	Pay Code	01200	0.00	0.00	61100	4
N	CDW GOVER		INIC	M	Pay Code					
1996					Charle Dt Day	Cross	Discount	Na Day	Net	
1	Invoice#	Commen			t Check Dt Pay	Gross	Discount	No-Pay	Net	
4	ZR00927623		11/05/202 10/21	/20211/20/20	02	19.95	0.00	0.00	19.95	1
	To be be	TEAMS				Share 20	-4		No.	
	Vendor Totals:					Gross	Discount	No-Pay	Net	
			CDW GOVERNMEN		Control of	19.95	0.00	0.00	19.95	j.
	Vendor Name			Class	Pay Code					
	The second second second second	7.1	Control of the Control of the							
	CLARITY ENF	ROLLMEN [*] Commen			t Check Dt Pay			No-Pay		

1									/
220)2	0.1 1	11/01/202 05/01	1/202 05/31/20	220011/10	318,00 Vr Kit / OOn H	0.00	0.00	318.00
√ 233	31 11 10	21-	11/01/202 07/01	1/202 07/31/20	12	328.50	0.00	0.00	328.50
238	~ JU	M-	11/01/202 08/01	10/12/10/12/1/06	40	224 00		0.00	204.00
200	VXII	MANICY	11/01/202 00/0	1/202 0013 11201	2	321.00	0.00	0.00	321.00
/ 244	16	יולעונעו	11/01/202 09/01	10/01/26	00	316.50	0.00	0.00	316.50
1	10	nV.	I I/U I/LUC GO, S.	1/202 10/0 1/20	2	310.00		0.00	316.50
Ver	ndor Totals: I	Number Na	ame			Gross	Discount	No-Pay	Net
			ARITY ENROLLM	MENT SOLUT	IONS	1,284.00	0.00	0.00	1,284.00
ndor# Ven	ndor Name	10100	Anti i Enisee.	Class	Pay Code	1,604.00	0.00	0.00	1,204.00
	EARFLY			Ciass	Pay Code				
		Comment	Tran Dt Inv D	Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
y .	V758239	20Hinory	11/04/202 11/01			1,236.55	0.00	0.00	1,236.55
1		TELEPHONE		1/202 11/01/20	2	1,200.00	0.00	0.00	1,230,00
Ver		Number Nar				Gross	Discount	No-Pay	Net
4050	01030-0104-010-0		LEARFLY			1,236.55	0.00	0.00	1,236,55
ndor# Ver	ndor Name	13000	EARITE	Class	Pay Code	1,200.00	0,00	V.VU	1,230.00
		FICE SOLUTO	ONG	W	ray oods				
		Comment	Tran Dt Inv D		Check Dt Pav	Gross	Discount	No-Pay	Net
Y	OICE# CT338734	JOHIMAN	11/05/202 10/31			8.61	0,00	0.00	8.61
1	Q1000.0.		M_v. M	1/202 111 10120	2	0.01	0,00	0.00	5.01
Ver	ndor Totals: I	Number Na	ame VIVU Y	XYIPS		Grace	Discount	No Day	Not
3 91			ame OASTAL OFFICE S	COLLITONS		Gross 8.61	Discount 0.00	No-Pay 0.00	Net 8.61
dor# Ver	ndor Name	01100 00	ASTAL OFFICE.	Class	Pay Code	8.01	0.00	0.00	8.61
	ndor Name DNMED LINV	MATEC		Class	Pay Code				
		Comment	Tran Dt Inv D		Check Dt Pay	Gross	Discount	No-Pay	Net
	oice# 25672	Общивич	11/06/202 10/22			Gross 154.40	0.00	No-Pay 0.00	
1 0000		SUPPLIES	A August to the second	2/202 11/2/12	12 Cay	104.40	0,00	0.00	154.40
Ver	ndor Totals:		UNIVEY((M LUIV	avia su	Crace	Alsonint	No Bou	Alas
7			ame ONMED LINVATE			Gross 154 40	Discount 0.00	No-Pay	Net 154.40
-dor# /Ver	ndor Name	L1430	NMED LINVALE	Class	Pay Code	154.40	0.00	0.00	154.40
	ndor Name DOPER SUR	SOLONI INC		Class	Pay Code				
		Comment	Tran Dt Inv D		Check Dt Pay	Gross	Discount	No-Pay	Net
10	001099277	DOMINIO	11/04/202 10/2		The second second second second second	144.96	0.00	No-Pay 0.00	144.96
1	1010002.	110	Val Milds	1/202 11/01/20			0.00	0.00	144.50
Ver	ndor Totals:	Number Nar	THE KULL	US LULY	electron	W Gross	Discount	No-Pay	Net
			ooper surgica	AL INIC	Miles	144.96	0.00	No-Pay 0.00	Net 144.96
ador# Ver	ndor Name	06101	OFEN GOING.	Class	Pay Code	144.50	0.00	0.00	144.50
	YGNUS MED	NCALTIC		M	Pay Code				
		Comment	Tran Dt Inv D		Check Dt Pay	Gross	Discount	No-Pay	Net
/	6937	OUTHER	10/28/202 10/2		and the same of th	432.00	0.00	0.00	432.00
4)SGI		MILLIAM	A A I	Proper V	In a last	0.00	0.00	402,00
Ver	endor Totals:	Number Na	I/ 1 (1,7)// (()	NION	MOIL	Gross	Discount	No-Pay	Net
			ame YGNUS MEDICAL	IIC		432.00	0.00	0.00	432.00
ndor# /Ver	ndor Name	O Paris	CIVOO III.	Class	Pay Code	402.00	0,00	0.00	402.00
	ATA INNOVA	TIONS LLC		Cius	Pay Code				
		Comment	Tran Dt Inv D	Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
4	1150	50	10/28/202 10/14		The state of the s	1,730.00	0.00	0.00	1,730.00
1	100	GX	o Contain	Las /	Manuel	MAVIOSO	0.00	0.00	1,700.00
Ver	ndor Totals:	Number Na	ame (NUM V U	Apr. 71	www.	Gross	Discount	No-Pay	Net
15			ATA INNOVATION	MOLIC		1,730.00	0.00	0.00	1,730.00
ndor# Ver	ndor Name	11024	A HVIVOVA	Class	Pay Code	1,730.00	0.00	0,00	1,730.00
	ETAR HOSPI	4ΤΔ1		W	Pay Code				
		Comment	Tran Dt Inv D		Check Dt Pay	Gross	Discount	No-Pay	Net
	R2510016	Outhinen	10/31/202 11/0		2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2				and the second second
	MZDIUL.		10/3 HEVE INT.	3/202 1 1/00-	12	699.73	0.00	0.00	699.73

i	0	~	m	0	C	D	INI	11	2	CE	

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 P	av Gross	Discount No-Pay	Net
/ 8123930 11/04/202 10/17/202 11/11/202	419.50	0.00 0.00	419.50
SUDVICTION LOVE		2007	V
Vendor Totals: Number Name	Gross	Discount No-Pay	Net
10368 DEWITT POTH & SON	419.50	0.00 0.00	419.50
Vendor# Nendor Name Class Pay Code		1000	Seede
11011 J DIAMOND HEALTHCARE CORP			
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt P	av 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 VICTOR AV 202)	0.00	01,000.01
/ IN20056748 11/04/20211/01/20211/26/202	19,166.67	0.00 0.00	19,166.67
Delanay and I me	101(00.07	0.00	10/100.01
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	01,022.20	0.00	011002.00
10789 DISCOVERY MEDICAL NETWORK INC			
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt F	ay 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
10/31/20210/13/20210/10/202	111,310,44	0.00	111,510.44
Vendor Totals: Number Name	Gross	Discount No-Pay	Net
10789 DISCOVERY MEDICAL NETWORK INC	111,518.44	0.00 0.00	
Vendor# Vendor Name Class Pay Code	111,010,11	0.00	111,010.44
18176 J DRISCOLL HEALTH PLAN			
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt F	av Gross	Discount No-Pay	Net
/ 110625 11/06/202 11/06/202	3,922,49	0.00 0.00	
OVER PYMNT OF CHIRP FUNDS	5,522.45	0.00	0,522,43
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	0,022.40	0.00	0,022,40
12484 ✓ EL CAMPO REFRIGERATION			
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt F	ay Gross	Discount No-Pay	Net
√ I102747 11/04/202 10/20/202 09/30/202	534.49	0.00 0.00	
LILDOY: MALLON		670.5	V
Vendor Totals: Number Name	Gross	Discount No-Pay	Net
12484 EL CAMPO REFRIGERATION	534.49	0.00 0.00	
Vendor# Vendor Name Class Pay Code			V. C. C. V. C.
F1100 FEDERAL EXPRESS CORP. W			
/ Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt F	ay Gross	Discount No-Pay	Net /
901426173 11/06/202 10/02/202 10/27/202	42.37	0.00 0.00	
FREIGHT			-
902288935 11/06/20210/09/20211/03/202	22.55	0.00 0.00	22.55
FREIGHT		7,70	-
/~903126098 11/06/20210/16/20211/10/202	45.13	0.00 0.00	45.13
FREIGHT			
J 903944059 11/06/20210/23/20211/17/202	91.60	0.00 0.00	91.60
FREIGHT			40.64
Vendor Totals: Number Name	Gross	Discount No-Pay	Net
F1100 FEDERAL EXPRESS CORP.	201.65	0.00 0.00	
Vendor# Vendor Name Class Pay Code		447	227
F1400 J FISHER HEALTHCARE M			
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt F	ay Gross	Discount No-Pay	Net
	-10		0.00

1	3344965		0	09/02/202	09/27/202	2	382.14	0.00	0.00	382.14
1	3733989		10/17/202	09/18/202	10/13/20	2	16,922.29	0.00	0.00	16,922.29
1	4597177		10/17/202	10/28/202	11/22/20	2	140.52	0.00	0.00	140.52 🗸
1	4537534			10/24/202	11/18/20	2	2,081.70	0.00	0.00	2,081.70
V	3603343	E. 725/10	11/04/202	209/12/202	10/07/20	2	1,352.59	0.00	0.00	1,352.59 🗸
1	Sauce Control	SUPPLIE		and and are			Sec. (2)		0.00	
V	3285762		11/05/202	08/28/202	09/22/20	2	507,47	0.00	0.00	507.47
	Vendor Totals:	Number	Nama				Cenno	Discount	No Day	Not
	veridor rotais.	F1400	FISHER HEAL	THEADE			Gross 21,386.71	Discount	No-Pay	Net
endor#	Vendor Name	F 1400	FISHER HEAL	ITICARE	Class	Pay Code	21,366.71	0.00	0.00	21,386.71
	FORVIS				Class	ray Code				
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	2708792		11/04/202	10/28/202	11/22/20	The second secon	14,175.00	0.00	0.00	14,175.00
V		AUDITIN	G FEES _ (,	1 or						/
	Vendor Totals:	Number	Name	are.			Gross	Discount	No-Pay	Net
		10599	FORVIS				14,175.00	0.00	0.00	14,175.00
ndor# 183 🗸	Vendor Name FRONTIER				Class	Pay Code				
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	102325	TELEPH		2 10/23/202	11/04/20	2	80.35	0.00	0.00	80.35
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11183	FRONTIER				80.35	0.00	0.00	80.35
ndor#	The state of the s				Class	Pay Code				
2404	The second of the second second			I Dr	0 - 0	0	-		01 B	TV-s
1	Invoice# 6003051616	Commen			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	0003031010		11/04/202	210/01/202	10/31/20	2	25.86	0.00	0.00	25.86 🍑
-1	202966658		11/06/202	2 10/06/202	11/05/20	2	47.40	0.00	0.00	47.40
~		CT LOGE	BOOKS							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12404	GE PRECISIO	N HEALTH	CARE, L	LC	73.26	0.00	0,00	73.26
endor#	Vendor Name				Class	Pay Code				
2948	GREAT AME	RICA FINA	NCIAL SVCS							
	/ Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	40464961		11/01/202	2 10/30/202	11/24/20	2	10,010.37	0.00	0.00	10,010.37
	200000-000	22. 0	DYVO	XLVI	1001	ls			5.5	. ~
	Vendor Totals	1000011100	Name			22	Gross	Discount	No-Pay	Net
	Land and Marie	12948	GREAT AMER	RICA FINAL			10,010.37	0.00	0.00	10,010.37
endor#	Vendor Name	BELWEE	20/		Class	Pay Code				
0404	GULF COAST	Commen		Inc. Di	D Dt	Observation Design	0	06	W 6	50.22
0401_	Invalent		nt Tran Dt	Inv Dt.	Due Dt	Check Dt Pay	Gross 150.00	Discount	No-Pay	Net
0401	Invoice#	Common	10/21/200	10/21/000	1 4 4 /00 /00			0.00	0.00	150.00
0401	Invoice# 103125			2 10/31/202	11/20/20	5/0	130.00			
0401_	103125	DELIVER	RY SERVICE	10/31/202	11/20/20	0/31			No Day	Nat
0401		DELIVER Number	RY SERVICE Name	101	6-11	0/31	Gross	Discount	No-Pay	Net
1	103125 Vendor Totals	DELIVER	RY SERVICE	101	K - 11	0/31			No-Pay 0.00	Net 150.00
endor#	103125 Vendor Totals Vendor Name	DELIVER Number G0401	RY SERVICE Name GULF COAST	101	6-11	Pay Code	Gross	Discount		
endor#	103125 Vendor Totals Vendor Name HEALTH SOL	DELIVER Number G0401 UTIONS I	RY SERVICE Name GULF COAST	DELIVER	Y Class	Pay Code	Gross 150.00	Discount 0.00	0.00	150.00
	103125 Vendor Totals Vendor Name	DELIVER Number G0401	RY SERVICE Name GULF COAST DIETETICS It Tran Dt	DELIVER	Y Class Due Dt	Pay Code Check Dt Pay	Gross	Discount		

Vendor Totals: Number Name 12380 HEALTH SOLUTIONS DIETETICS Vendor# Vendor Name	120 000			
Vendor# Vendor Name	Gross	Discount	No De	4.00
	4,250.00	-10000111	No-Pay 0.00	, , ,
12196 ✓ ICU MEDICAL, INC		24.44	0.00	4,250.00
Invoice# Comment Trans D				
5011507 Due Dt Check Dt Day	Gross	Discount	No Pau	440
11/04/202 10/22/202 11/04/202	470.60	0.00	No-Pay	
Vendor Totals: Number Name	2,779	3,00	0.00	470.60
12196 ICH MEDICAL INC	Gross	Discount	11.6	V
Vendor# Vendor Name	470.60	0.00	No-Pay	Net
11285 ITA RESOURCES INC Class Pay Code	0.00	0.00	0.00	470.60
Invoice# Comment Town 7				
MANCATORE TIAN DT INV Dt Due Dt Check Dt Pay	Gross	Discount	- Co	
11/04/202 11/01/202 11/21/202	42,824.87		No-Pay	Net
Vendor Totals: Number Name	1,07	0.00	0.00	42,824.87
	Gross	D:	20 5	~
Vendor#/Vendor Name	42,824.87	Discount	No-Pay	Net
10972 M G TRUST Class Pay Code	12,024.07	0.00	0.00	42,824.87
Invoice#				
tran Dt Inv Dt Due Dt Check Dt Pay	Crans	-		
11/04/20211/04/20211/04/202	Gross	Discount	No-Pay	Net
PAYHOLL CLEARING	895.00	0.00	0.00	895.00
Vendor Totals: Number Name	0	Sev.		~
Vendor# Vendor Name	Gross	Discount	No-Pay	Net
/	895.00	0.00	0.00	895.00
ANALEY INC				1024,
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay	2.1			
10/31/202 10/28/202 10/28/202	Gross	Discount	No-Pay	Net
BLOWER REPAIR	825,00	0.00	0.00	825.00
Vendor Totals: Number Name				720,00
endor# Vendor Name	Gross	Discount	No-Pay	Net
endor# Vendor Name	825.00	0.00	0.00	825.00
MCKESSON MEDICAL SURGICAL INC			N 400	525.00
Invoice# Comment Tran Dt Inv Dt				
2454/151 11/04/202 10/28/202 11/19/202	Gross	Discount	No-Pay	Nos
10.702.071.00	68.63	0.00	0.00	Net 68.63
24571392 11/04/202 11/01/202 11/16/202			2124	00.03
SUPPLIES	980.33	0.00	0.00	000.00
Vendor Totals: Number Name			5.00	980.33
M2178 MCKESSON MEDICAL	Gross	Discount	No-Pay	
ndor# Vendor Name	1,048.96	0.00		Net
470 MEDLINE INDUSTRIES INC			0.00	1,048,96
Invoice# Comment Tran Dt Inv Dt D				
2305763404 Check Dt Pay	Gross	Discount	No-Pay	0.0
50000 46	4,199,98	0.00	100	Net
2395679836		5.00	0.00	4,199,98
10/28/202 10/28/202 11/22/202	77.08	0.00	0.00	1
2395679838	0.00	5.00	0.00	77.08
10/26/202 10/28/202 11/22/202	154.92	0.00	Anarra	
/ 2205070000		0.00	0.00	154.92
10/28/202 10/28/202 11/22/202 SUPPLIES	33.76	0.00		
2305605000	55.70	0.00	0.00	33.76
11/04/202 10/28/202 11/22/202	-39.76	0.00		
1 VVIII Y	00.70	0.00	0.00	-39.76
2395768126	ACAD ST	2.17		
2395768126 11/04/202 10/29/202 11/23/202	10 17	0.00	0.0-	1
3705200472 2205200472	49.17	0.00	0.00	49.17
11/04/202 10/29/202 11/23/202	49.17 -6.47	0.00	0.00	49.17

2395768127	.			
1/04/202 10/29/202 11/23/202	219.68	0.00	0.00	219.68
SUPPLIES / 2305730442	52.82	0.00	0.00	52.82
SUPPLIES (23057301434)	755,15	0.00	0.00	755.15 🛶
/ 2305720405	43.02	0,00	0.00	43.02
SUPPLIES	8,090.19	0.00	0.00	8,090,19
SUPPLIES (220E702442	49.29	0.00	0.00	49.29
SUPPLIES 2305000000	70.65	0.00	0.00	70.65
SUPPLIES Vendor Totals: Number Name	-63.55	0.00	0.00	-63.55
M2470 MEDI NE NE NE	Gross	Discount		
Vendor# Vendor Name M2470 MEDLINE INDUSTRIES INC	13,685.93		No-Pay	Net
10182 MERCEDES SCIENTIFIC Invoice# Comment T = T	10,000.33	0.00	0.00	13,685.93
20000 to Tran Ut Inv Dt Due Dt Check Dt Pour	Gross	Discount	W	
10/28/202 10/23/202 11/22/202	50.41		No-Pay	Net
Vendor Totals: Number Name	55.41	0.00	0.00	50.41
Truing.	0	.a. 17 . 19		/
Vendor# Vendor Name 10182 MERCEDES SCIENTIFIC	Gross	Discount	No-Pay	Net
vendor Name	50,41	0.00	0.00	50.41
MORHIS & DICKSON CO, LLC				55,41
ACCEANGE Iran Dt Inv Dt Due Dt Check Dt Pay	Grans	Acres on		
10/31/202 10/30/202 11/09/202	Gross	Discount	No-Pay	Net /
4031447 10/31/202 10/30/202 11/09/202	61.41	0.00	0.00	61.41
4031448 10/31/202 10/30/202 11/09/202	441.39	0.00	0.00	441.39 🗸
J 4031446 10/31/202 10/30/202 11/09/202	81.36	0.00	0.00	81.36 🗸
J 4032202	114.34	0.00	0.00	114.34
10/31/202 10/31/202 11/10/202 SUPPLIES 4037033 10/31/202 11/02/202 11/12/202	2,120.19	0.00	0.00	2,120.19
4037032 10/31/202 11/02/202 11/12/202	197.97	0.00	0,00	197.97
4042225 10/31/202 11/03/202 11/13/202	73.64	0.00	0.00	73.64
4042224 10/31/202 11/03/202 11/13/202	615.73	0.00	0.00	615,73
SUPPLIES 11/04/202 10/29/202 11/08/202	0.70	0.00	0.00	0.70
0173507 11/04/202 10/29/202 11/08/202	415.74	0.00	0.00	415.74
J 4025790 11/04/202 10/29/202 11/08/202	972.05	0,00	0.00	972.05
SUPPLIES 11/04/202 10/29/202 11/08/202	4.05	0.00	0.00	4.05
J 0173505 11/05/202 10/29/202 11/08/202	31.32	0.00	0.00	31.32
SUPPLIES 1	19,7 (1,4)	0.00	0.00 10),711,41

4023421 11/05/202 10/29/202 11/08/202	865 H	4		
SUPPLIES	865.10	0.00	0.00	865.10
17/05/202 10/29/202 11/08/202 17/05/202 10/29/202 11/08/202	138,95	0.00	0.00	138.95
11/05/202 10/29/202 11/08/202 SUPPLIES	4,978.23	0.00	0.00	4,978.23
4025997 11/05/202 10/29/202 11/08/202	2.53	-	4 . 12.5	OBLOOM A
SUPPLIES Vendor Totals: Number Name	2.53	0.00	0.00	2.53 🔪
10536 MORRIS & DICKSON CO	Gross	Discoult	No-Pay	Net
vendor Name	21,826,11		0.00	Net 21,826.11
INVACOGDOCHES TRANSCRIPTION				E110E011
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay	Gross	Discount		
10/31/202 10/30/202 11/09/202	78.54	Discount	No-Pay	Net
TRANSCRIPTION Vendor Totals: Number Name	10.04	0.00	0.00	78.54
13548 NACOCDOOUES TO	Gross	Discount	lace many	V
Vendor# Vendor Name	78.54	0.00	No-Pay	Net
10188 NATUS MEDICAL INC	* = v.	U,UU	0.00	78.54
Invoice# Comment Trans				
stopperson tran Dt Inv Dt Due Dt Check Dt Pay	Gross	Discount	No-Pay	VA.V
11/05/202 09/08/202 10/03/202	510.90	0.00	0.00	Net 510.00
Vendor Totals: Number Name		247	0.00	510.90
10188 NATUS MEDICALING	Gross	Discount	No-Pay	Net
vendor Name	510.90	0.00	0.00	Net 510.90
NOVA BIOMEDICAL			4.75	510,50
Invoice# Comment Tran Dt Inv Dt Dr. Dr.				
91574327 11/04/202 10/31/202 10/20/202	Gross	Discount	No-Pay	Net
SUPPLIES	1,974.38	0.00	0.00	1,974,38
Vendor Totals: Number Name	America.		10.4	TIGI TION
10868 NOVA BIOMEDIA	Gross	Discount	No-Pay	Net
Vendor Name	1,974.38	0.00	0.00	1,974.38
Involves				Mer great
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay	4000	Anna S		
10/31/202 10/30/202 11/01/202	Gross 750.00	Discount	No-Pay	Net
AIR COMPRESSOR REPAIR	750.00	0.00	0.00	750.00
vendor Totals: Number Name	0			V
/endor# Vendor Name	Gross 750.00	Discount	No-Pay	Net
P2100 PORT LAVACA WAVE Class Pay Code	/50.00	0.00	0.00	750.00
Invoice# Comment T				
I INVOCATE Tran Dt Inv Dt Due Dt Check Dt Pay	Gross	Discount	M-2-1	
10/31/202 10/31/202 11/25/202 NEWS PAPER	400.00	0.00	No-Pay	Net
Vendor Totals: Number Name	J-Eng	0.00	0.00	400.00
P2100 PORTIAVACA WAYE	Gross	Discount	ALC: NO.	
endor# Vendor Name	400.00	0.00	No-Pay	Net
		0.00	0.00	400,00
2200 POWER HARDWARE Class Pay Code				
2200 POWER HARDWARE Invoice# Comment Trap Dt to 2		Discount	No-Pay	41.5
2200	Gross	The state of the s		Net 15.98
2200 POWER HARDWARE Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 11/04/202 11/03/202 11/13/202	Gross 15.98	0.00	0.00	15.98
2200	15.98	0.00	0.00	./
Class	15.98 Gross	0.00 Discount	No-Pay	Nat
POWER HARDWARE Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay A124093 11/04/202 11/03/202 11/13/202 Vendor Totals: Number Name P2200 POWER HARDWARE	15.98	0.00		Net 15,98
POWER HARDWARE Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay A124093 11/04/202 11/03/202 11/13/202 Vendor Totals: Number Name P2200 POWER HARDWARE PRECISION DYNAMICS CORP (PDC)	15.98 Gross	0.00 Discount	No-Pay	Net 15.98
POWER HARDWARE Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay A124093 11/04/202 11/03/202 11/13/202 Vendor Totals: Number Name P2200 POWER HARDWARE Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay C	15.98 Gross 15.98	0.00 Discount 0.00	No-Pay	
POWER HARDWARE Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay A124093 11/04/202 11/03/202 11/13/202 Vendor Totals: Number Name P2200 POWER HARDWARE PRECISION DYNAMICS CORP (PDC)	15.98 Gross 15.98	0.00 Discount 0.00	No-Pay	

9360289062 10/24/202 10/24/202 11/23/202	-520.0			
/ 0260000076	204.36	0.00	0.00	204.36
17/04/202 10/27/202 11/26/202	6.41	0.00	0.00	
Vendor Totals: Number Name	2.4			D.7.
Vendor# Vendor Name PRECISION DYNAMICS CORP (PDC)	Gross	- wooding	No-Pay	Net
Vendor# Vendor Name 15196 PROVATION Class Pay Code	378,37	0.00	0.00	1,0,
Invoices a contract of the con				11000
INVDIVAGOSTI	/ Gross	2h-0.00		
11/04/202 12/02/202 11/04/202	2,059.20	Discount	No-Pay	Net
PREPAID EXPS Vendor Totals: Number Name	2,009,20	0.00	0.00	2,059.20
	Gross	no.	12.00	V
Vendor# / Vendor Name	2,059.20	Discount	No-Pay	Net
14920 REPUBLIC SERVICES, INC.	£,000,20	0.00	0.00	2,059.20
Invalor #				
ORAZONA ASSOCIATION TO THE DIE ON THE PARTY OF THE PARTY	Gross	Nessman		
10/31/202 10/26/202 11/15/202	1,497.14	Discount	No-Pay	Net
Vendor Totals: Number Name	11797.14	0.00	0.00	1,497.14
	Gross	Discount		V
Vendor# Vendor Name	1,497.14	Discount	No-Pay	Net
10936 SIEMENS FINANCIAL SERVICES Class Pay Code		0,00	0.00	1,497.14
Invoice# Comment Tran Dt Invoice#				
5639360000000000000000000000000000000000	Gross	Discount	4.2	
11/01/202 10/30/202 11/19/202 RENTAL	1,333.33	0.00	No-Pay	Net
Vendor Totals: Number Name	10.00	0.00	0.00	1,333,33
10936 SIEMENS TIMES	Gross	Discount	No Barr	U
Vendor# Vendor Name	1,333.33	0.00	No-Pay	Net
S2001 SIEMENS MEDICAL SOLUTIONS INC.	M. A. Cara M. Cara	0.00	0.00	1,333.33
invoice# Comment Tran Dt Inv Dt				
116004444 Check Dt Day	Gross	Discount	No Day	lu.e-
11/04/202 10/16/202 11/10/202	2,617.41	0.00	No-Pay 0.00	Net
Vendor Totals: Number Name		1000	0.00	2,617.41
S2001 SIEMENS MEDICAL TO	Gross	Discount	No-Pay	
The state of the s	2,617.41	0.00	0.00	Net
S2362 SMITH & NEPHEW INC. Class Pay Code		T.A.T		0 E 17 44
THE VI INC.			0.00	2,617.41
Invoice# Comment Tran Dt Inv Dt Dua Dt			0.00	2,017.41
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay	Gross	Discount		
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 984653592 10/28/202 10/24/202 10/28/202	Gross 7,747.84	Discount	No-Pay	Net
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 984653592 10/28/202 10/24/202 10/28/202 Vendor Totals: Number Name				
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 984653592 10/28/202 10/24/202 10/28/202 Vendor Totals: Number Name \$2362 SMITH & NEPHEW INC.	7,747.84 Gross		No-Pay	Net 7,747.84
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 984653592 10/28/202 10/24/202 10/28/202 Vendor Totals: Number Name S2362 SMITH & NEPHEW, INC.	7,747.84	0.00	No-Pay 0.00	Net 7,747.84 Net
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 984653592 10/28/202 10/24/202 10/28/202 Vendor Totals: Number Name S2362 SMITH & NEPHEW, INC. Vendor# Vendor Name SOUTH TEXAS BLOOD & TISSUE CEN	7,747.84 Gross	0.00 Discount	No-Pay 0.00 No-Pay	Net 7,747.84
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 984653592 10/28/202 10/24/202 10/28/202 Vendor Totals: Number Name S2362 SMITH & NEPHEW, INC. /endor# Vendor Name Class Pay Code 1296 SOUTH TEXAS BLOOD & TISSUE CEN Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay	7,747.84 Gross 7,747.84	0.00 Discount 0.00	No-Pay 0.00 No-Pay	Net 7,747.84 Net
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 984653592 10/28/202 10/24/202 10/28/202 Vendor Totals: Number Name S2362 SMITH & NEPHEW, INC. /endor# Vendor Name Class Pay Code 1296 SOUTH TEXAS BLOOD & TISSUE CEN Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay	7,747.84 Gross 7,747.84 Gross	0.00 Discount	No-Pay 0.00 No-Pay	Net 7,747.84 Net 7,747.84
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 984653592 10/28/202 10/24/202 10/28/202 Vendor Totals: Number Name \$2362 SMITH & NEPHEW, INC. Vendor# Vendor Name 1296 SOUTH TEXAS BLOOD & TISSUE CEN Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 107055072 10/31/202 10/31/202 11/25/202	7,747.84 Gross 7,747.84	0.00 Discount 0.00	No-Pay 0.00 No-Pay 0.00	Net 7,747.84 Net 7,747.84
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 984653592 10/28/202 10/24/202 10/28/202 Vendor Totals: Number Name \$2362 SMITH & NEPHEW, INC. Vendor# Vendor Name 1296 SOUTH TEXAS BLOOD & TISSUE CEN Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 107055072 10/31/202 10/31/202 11/25/202	7,747.84 Gross 7,747.84 Gross 5,754.00	0.00 Discount 0.00 Discount 0.00	No-Pay 0.00 No-Pay 0.00	Net 7,747.84 Net 7,747.84
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 984653592 10/28/202 10/24/202 10/28/202 Vendor Totals: Number Name S2362 SMITH & NEPHEW, INC. Vendor Name Class Pay Code 1296 SOUTH TEXAS BLOOD & TISSUE CEN Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 107055072 10/31/202 10/31/202 11/25/202 CM16141 10/31/202 10/31/202 11/25/202	7,747.84 Gross 7,747.84 Gross	0.00 Discount 0.00 Discount	No-Pay 0.00 No-Pay 0.00 No-Pay 0.00	Net 7,747.84 Net 7,747.84 Net 5,754.00
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 984653592 10/28/202 10/24/202 10/28/202 Vendor Totals: Number Name S2362 SMITH & NEPHEW, INC. /endor# Vendor Name Class Pay Code 1296 SOUTH TEXAS BLOOD & TISSUE CEN Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 107055072 10/31/202 10/31/202 11/25/202 CM16141 10/31/202 10/31/202 11/25/202 Vendor Totals: Number Name	7,747.84 Gross 7,747.84 Gross 5,754.00 -2,565.00	0.00 Discount 0.00 Discount 0.00 0.00	No-Pay 0.00 No-Pay 0.00 No-Pay 0.00	Net 7,747.84 Net 7,747.84
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 984653592 10/28/202 10/24/202 10/28/202 Vendor Totals: Number Name S2362 SMITH & NEPHEW, INC. Vendor# Vendor Name Class Pay Code 11296 SOUTH TEXAS BLOOD & TISSUE CEN Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 107055072 10/31/202 10/31/202 11/25/202 Vendor Totals: Number Name 11296 SOUTH TEXAS BLOOD &	7,747.84 Gross 7,747.84 Gross 5,754.00 -2,565.00 Gross	0.00 Discount 0.00 Discount 0.00 0.00	No-Pay 0.00 No-Pay 0.00 No-Pay 0.00	Net 7,747.84 Net 7,747.84 Net 5,754.00 -2,565.00
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 984653592 10/28/202 10/24/202 10/28/202 Vendor Totals: Number Name S2362 SMITH & NEPHEW, INC. Vendor# Vendor Name Class Pay Code 11296 SOUTH TEXAS BLOOD & TISSUE CEN Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 107055072 10/31/202 10/31/202 11/25/202 CM16141 10/31/202 10/31/202 11/25/202 Vendor Totals: Number Name 11296 SOUTH TEXAS BLOOD & TISSUE CEN	7,747.84 Gross 7,747.84 Gross 5,754.00 -2,565.00	0.00 Discount 0.00 Discount 0.00 0.00	No-Pay 0.00 No-Pay 0.00 No-Pay 0.00	Net 7,747.84 Net 7,747.84 Net 5,754.00
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 984653592 10/28/202 10/24/202 10/28/202	7,747.84 Gross 7,747.84 Gross 5,754.00 -2,565.00 Gross	0.00 Discount 0.00 Discount 0.00 0.00	No-Pay 0.00 No-Pay 0.00 No-Pay 0.00	Net 7,747.84 Net 7,747.84 Net 5,754.00 Net
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 984653592 10/28/202 10/24/202 10/28/202 Vendor Totals: Number Name S2362 SMITH & NEPHEW, INC. Vendor# Vendor Name Class Pay Code 1296 SOUTH TEXAS BLOOD & TISSUE CEN Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 107055072 10/31/202 10/31/202 11/25/202 CM16141 10/31/202 10/31/202 11/25/202 Vendor Totals: Number Name 11296 SOUTH TEXAS BLOOD & TISSUE CEN Class Pay Code 1288 SPBS CLINICAL EQUIPMENT SRVC Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check Dt Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check Dt Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check Dt Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check Dt Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check Dt Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check Dt Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check Dt Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check Dt Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check Dt Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check Dt Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check Dt Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check Dt Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check Dt Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check Dt Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check Dt Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check DT Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check DT Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check DT Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check DT Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check DT Pay INVOSCORAGE COMMENT TRAN DT INV DT DUE DT Check DT PAY INVOSCORAGE COMMENT TRAN DT INV DT DUE DT CHECK DT PAY INVOSCORAGE COMMENT TRAN DT INV DT DUE DT CHECK DT PAY INVOSCORAGE COMMENT TRAN DT INV DT DUE DT CHECK DT PAY INVOSCORAGE COMMENT TRAN DT INV DT DUE DT CHECK DT PAY INVOSCORAGE COMMENT TRAN DT INV DT DUE DT CHECK DT PAY INVOSCORAGE COMMENT TRAN DT INV DT DUE DT CHECK DT PAY INVOSCORAGE COMME	7,747.84 Gross 7,747.84 Gross 5,754.00 -2,565.00 Gross 3,189.00	0.00 Discount 0.00 Discount 0.00 0.00 Discount 0.00	No-Pay 0.00 No-Pay 0.00 No-Pay 0.00	Net 7,747.84 Net 7,747.84 Net 5,754.00 Net
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay 984653592 10/28/202 10/24/202 10/28/202	7,747.84 Gross 7,747.84 Gross 5,754.00 -2,565.00 Gross 3,189.00	0.00 Discount 0.00 Discount 0.00 0.00 Discount 0.00	No-Pay 0.00 No-Pay 0.00 No-Pay 0.00	Net 7,747.84 Net 7,747.84 Net 5,754.00 Net

Vendor Totals: Number Name				
	Gross	Discount	1000	
12288 SPBS CLINICAL EQUIPMENT SRVC	9,836,92	Discount		
10735 STRYKER SALES, LLC Class Pay Code	1 - (3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	0.00	0.00	9,836.92
Invoice#				
ran Dt Inv Dt Due Dt Check Dt Pay	Gross	Disease	4	
17/06/202 10/01/202 10/31/202	1,228.86		No-Pay	Net
SUPPLIES -9210605190 11/05/20042/20042	1,220.00	0.00	0.00	1,228.86
11/06/202 10/22/202 11/21/202	62.00	227		
/ 0010000015	63.02	0.00	0.00	63.02
11/06/202 10/27/202 11/26/202	249.19	5.3		
Vandor Tatala A	249.19	0.00	0.00	249,19
Vendor Totals: Number Name	0	20000		
10735 STRYKER SALES, LLC Vendor# Vendor Name	Gross 1,541.07	Discount	No-Pay	Net
	1,541,07	0.00	0.00	1,541.07
A SOMMIT PAIN AND WELLNESS				
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay				
10/29/202 10/27/202 11/26/202	Gross	Discount	No-Pay	Net
SERVICES / W. L.	5,120.00	0.00	0.00	5,120.00
Vendor Totals: Number Name	2			1
Vendor# Vendor Name 17248 SUMMIT PAIN AND WELLNESS	Gross	Discount	No-Pay	Net
veridor Name	5,120.00	0.00	0.00	5,120.00
14212 SURGICAL DIRECT SOUTH				1,100
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay				
11/05/202 10/28/202 11/27/202	Gross	Discount	No-Pay	Net
SUPPLIES	3,185.00	0.00	0.00	3,185.00
Vendor Totals: Number Name				0,100.00
Vendor# (Vendor N	Gross	Discount	No-Pay	Net
Veridor Name	3,185.00	0.00	0.00	3,185.00
10765 TEXAS HOSPITAL ASSOCIATION				0,100.00
Invoice# Comment Tran Dt Inv Dt Due Dt				
0900182938C 11/04/202 11/04/202 11/04/202	Gross	Discount	No-Pay	Net
NOVEMBER INSTALLMENT	1,887.25	0.00	0.00	1,887.25
Vendor Totals: Number Name			1,00	1,007.25
10765 TEXAS HOSPITAL ASSAULT	Gross	Discount	No-Pay	80-6
- Class	1,887.25	0.00	0.00	Net
T2204 TEXAS MUTUAL INSURANCE CO W			0.00	1,887.25
Invoice# Comment Tran Dt Inv Dt				
1007463527 10/31/202 10/29/202 11/18/202	Gross	Discount	No-Pay	400
INS WORK COMP	5,134.00	0.00	0.00	Net
Vendor Totals: Number Name				5,134.00
T2204 TEXAS MUTUAL INCLUSION	Gross	Discount	No-Pay	N. Carlo
Classification	5,134.00	0.00	0.00	Net
10758 TEXAS SELECT STAFFING, LLC		0.08	0,00	5,134.00
Invoice# Commont				
Ongoing Due Dt Check Dt Pau	Gross	Discount	No-Pay	CAVIT
10/31/202 10/01/202 10/02/202 STAFFING AGENCY - JUNE 10/02/202	6,915.00	0.00	0.00	Net
Vendor Totals: Number Name	Shown	Jeschk	0.00	6,915.00
10758 TEXAS SELECT STATEMEN	Gross	Discount	No-Pay	V
vendor Name	6,915.00	0.00	0.00	Net
B1941 THE BACK OFFICE Class Pay Code		1.05	5,00	6,915.00
14/				
Invoice# Comment Tran Dt Inv Dt D				
10043164 Comment Tran Dt Inv Dt Due Dt Check Dt Pay	Gross	Discount	No-Pau	
10/31/202 11/01/203	Gross 1,673.75		No-Pay	Net
0243164 Comment Tran Dt Inv Dt Due Dt Check Dt Pay 10/31/202 11/01/202 11/01/202 PAPER SHREDDING		Discount 0.00		Net 1,673.75
Vendor Totals: Number Name Comment Tran Dt Inv Dt Due Dt Check Dt Pay 10/31/202 11/01/202 11/01/202 PAPER SHREDDING Vendor Totals: Number Name B1941 THE BACK OFFICE	1,673.75	0.00	0.00	1,673.75
O243164 Comment Tran Dt Inv Dt Due Dt Check Dt Pay 10/31/202 11/01/202 11/01/202 PAPER SHREDDING Vendor Totals: Number Name B1941 THE BACK OFFICE	1,673.75	0.00	0.00 No-Pay	

		395,05	2 7E	0.00		No-Fav		Net	
rand Totals:	ON	Gros	SS	Disco		No-Pay			95,00
rand Table				10 , 501 30		35.00	0.00	0.00	Net 35,00
	11280		A ADVOCATE			Gross	Discount	No-Pay	Not
Vend	dor Totals: Numbe	r Name					-100	0.00	35.00
1			31/202 10/01/202 10	0/30/202	- 1-42-20 V. J.	35.00	Discount 0.00	No-Pay	Net
	pice# Comm 2828		n Dt Inv Dt D	ue Dt Ch	neck Dt Pay	Gross	Dine	22.5	
					W-7-2				
	TORIA ADVOCA		C	lass Pa	ay Code	000.04	0.00	0.00	653,34
/endor# /Ven	12400 Idor Name	UPDOX	LLC			Gross 653.34	Discount	No-Pay	Net
V 61		er Name	2/2/1	10010	CA	Grass	Sec. 2. 22		
Ver	EFA) ador Totals: Numb		10/3/11	1201-	16	053.34	0.00	0.00	653.34
1	/00623963	11	/04/202 10/31/202	1/01/202		Gross 653.34	Discount	No-Pay	Net
	roice# Com		an Dt Inv Dt I	Due Dt C	Check Dt Pay	0	2.0		
	PDOX LLC			Class F	Pay Code			0.00	8,068.70
	endor Name	31.m II			2.600	8,068.70	0.00	No-Pay 0.00	Net
	U10		RST HOLDINGS IN	4		Gross	Discount	No De	
Ve	endor Totals: Num						0.00	0.00	3,614.56
1		1 FORM	1/04/202 10/30/202	11/24/202		3,614.56	0.00	2.54	
/ 20	921072676					51.59	0.00	0.00	51.59
1 29	921072644		0/31/202 10/30/202	11/24/202				3.00	289.05
	UN	FORMS	0/31/202 10/30/202	11/24/202		289.05	0.00	0.00	200.00
1 2	921072661		0/31/202 10/20/20			a vivelia.	0.00	0.00	3,891,20 🏑
7		IFORMS	10/29/202 10/27/20	2 11/21/202		3,891.20	0.00	12/20	
10	UN 921072297	IFORMS				222.30	0.00	0.00	222,30
1 2	2921072309		10/29/202 10/27/20	2 11/21/202	oneck of Pay	Gross	Discount	No-Pay	Net
1	Invoice# Co		Tran Dt Inv Dt	Due Dt	Check Dt Pay	- 20			
	UNIFIRST HOLD	NGS INC		Class	Pay Code			0.00	229.36
	Vendor Name			Cla	3. 5.5.	229.36	0.00	No-Pay 0.00	Net
	11	oo1 ULIN		0-3.0		Gross	Discount	No De	
	Vendor Totals: N	Imhor Me	MANAGE	(LUX)		229,36	0.00	0.00	229.36
7	199567518		11/04/202 10/22/2)2	Gross	Discount	No-Pay	Net
1	Invoice# C	omment	Tran Dt Inv Dt	Due Dt	Check Dt Pay	0.5.			
11001	ULINE			Class	Pay Code		77.07	5.00	107.00
Vendor#	Vendor Name		WOCAT INC	6000		107.00	0.00	0.00	Net
	1		ANSCAT INC			Gross	Discount	No-Pay	
	Vendor Totals: N	lumber Nar					0.00	0.00	107.00
		CALIBRATIO	11/04/202 09/18/	202 11/04/2	202	107.00	Discount	No-Pay	Net
V	4.010/0								
1	Invoice# 3161975	Comment	Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	D		

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PAGE 1 GLCKREG

11/12/25 THRU 11/12/25 BANK--CHECK-----CODE NUMBER DATE AMOUNT PAYER

CODE	NUMBER	DATE	AMOUNT	PAYEE
****	eeraas)			*********************
1/0	211033	11/12/25	1 400 00	ACUTE CARE INC
		11/12/25		AIRGAS USA, LLC - CENTRAL DIV
		11/12/25		AMAZON CAPITAL SERVICES
1/2	211012	11/12/25	303.13	AMERITEX ELEVATOR SERVICES INC
		11/12/25		ANNOUNCEMENTS PLUS TOO AGAIN
		11/12/25		AQUA BEVERAGE COMPANY
		11/12/25		AVENO NETWORKS
		11/12/25		
		11/12/25		CABLES AND SENSORS
		11/12/25		CALHOUN COUNTY APPRAISAL DIST CALIBRESCIENTIFIC US, INC
		11/12/25		
		11/12/25		CARDINAL HEALTH 414, INC.
				CARESFIELD
		11/12/25		CDW GOVERNMENT, INC.
		11/12/25		CLARITY ENROLLMENT SOLUTIONS
		11/12/25		CLEARFLY
		11/12/25		COASTAL OFFICE SOLUTONS
		11/12/25		CONMED LINVATEC
				COOPER SURGICAL INC
		11/12/25		CYGNUS MEDICAL LLC
		11/12/25		DATA INNOVATIONS LLC
		11/12/25		DETAR HOSPITAL
		11/12/25		DEWITT POTH & SON
		11/12/25		DIAMOND HEALTHCARE CORP
		11/12/25		DISCOVERY MEDICAL NETWORK INC
		11/12/25		DRISCOLL HEALTH PLAN
		11/12/25		EL CAMPO REFRIGERATION
		11/12/25		FEDERAL EXPRESS CORP.
		11/12/25		FISHER HEALTHCARE
		11/12/25		
		11/12/25		FRONTIER
		11/12/25		GE PRECISION HEALTHCARE, LLC
		11/12/25		GREAT AMERICA FINANCIAL SVCS
A/P	211065	11/12/25	150.00	GULF COAST DELIVERY
		11/12/25		HEALTH SOLUTIONS DIETETICS
		11/12/25		ICU MEDICAL, INC
		11/12/25		ITA RESOURCES INC
		11/12/25		M G TRUST
A/P		11/12/25		MALEK INC
		11/12/25		MCKESSON MEDICAL SURGICAL INC
		11/12/25		VOIDED
		11/12/25		MEDLINE INDUSTRIES INC
		11/12/25		MERCEDES SCIENTIFIC
		11/12/25		VOIDED
		11/12/25		MORRIS & DICKSON CO, LLC
		11/12/25		NACOGDOCHES TRANSCRIPTION
		11/12/25		NATUS MEDICAL INC
		11/12/25		NOVA BIOMEDICAL
		11/12/25		POC ELECTRIC, LLC
		11/12/25		PORT LAVACA WAVE
A/P	211082	11/12/25	15.98	POWER HARDWARE

RUN DATE:11/10/25 TIME:16:38 MEMORIAL MEDICAL CENTER CHECK REGISTER 11/12/25 THRU 11/12/25

PAGE 2 GLCKREG

			AMOUNT	PAYEE
A/P	211083	11/12/25	378.37	PRECISION DYNAMICS CORP (PDC)
			2,059.20	
A/P	211085	11/12/25	1,497.14	REPUBLIC SERVICES, INC.
				SIEMENS FINANCIAL SERVICES
A/P				SIEMENS MEDICAL SOLUTIONS INC
A/P				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			5,120.00	
A/P			3,185.00	
A/P			1,887.25	
A/P	211095	11/12/25	5,134.00	TEXAS MUTUAL INSURANCE CO
			6,915.00	
A/P			1,673.75	
A/P			107.00	TRANSCAT INC
			229.36	ULINE
A/P	211100	11/12/25	8,068.70	UNIFIRST HOLDINGS INC
			653.34	UPDOX LLC
A/P			35.00	VICTORIA ADVOCATE
A/P				GOLDENCREEK HEALTHCARE
- 24 4	211104	11/12/25	46,466.74	LAVACA BAY NURSING AND REHAB
A/P	211105	11/12/25		
TOTAL	S:		529,586.64	

APPROVED ON

NOV 1 2 2025

CALHOUN COUNTY TEXAS

815 N VIRGINIA STREET

PORT LAVACA TX 77979

MEMORIAL MEDICAL CENTER

Company: 8000

Future Due:

Past Due:

Last Payment

08/07/2017

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

As of: 11/07/2025

Customer INV SuppID:

Customer: 632536

Date: 11/08/2025

DC: 8115

Territory:

Page: 002

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

As of: 11/07/2025

Mail to:

Page: 002 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT

Statement for information only

632536 PLEASE CHECK ANY

Cust: Date: 11/08/2025 ITEMS NOT PAID ()

Billing Date	Due Date	Receivable Number	unt 632536 Order Reference	Description	Cash Discount	Amount (gross)	F	Amount (net)	F	Receivable Number	

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

0.00

0.00

2,451,97

Subtotals:

If Paid By 11/11/2025,

If Paid After 11/11/2025,

Pay This Amount:

Pay this Amount:

193,643.22 USD

189,770.35

193,643.22

USD

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

1 . 140 - 96 +

188 - 627 - 44 +

189:770:35 0

NOV 1 0 200

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

DC: 8115

Customer INV SuppID: Territory: 7001

Customer: 256342 Date: 11/08/2025 Page: 001

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As of: 11/07/2025

Page: 001 Comp: 8000

NOV 10.

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

ART COME

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

Billing	Due	Receivable National Account	632536 Order	a decrease	Cash	Amount P	Amount P	Receivable
Date	Date	Number	Reference	Description	Discount	(gross) F	(net) F	Number
ustomer Nu	mber 256342 W	VALMART 1098/MEM MED PHS	1				y .	
11/03/2025	11/11/2025	7599581565	252562858	115Invoice	8.86	443.11	434.25	7599581565
1/03/2025	11/11/2025	7599581566	247290908	115Invaice	5.41	270.70	265.29	7599581566
1/03/2025	11/11/2025	7599581567	247624586	115Invoice	5.41	270.70	J, 265.29 V	7599581567
1/03/2025	11/11/2025	7599581568	248068007	115Invoice	5.41	270.70	√ 265.29 √	7599581568
1/03/2025	11/11/2025	7599581569	246954306	115Invoice	0.98	49.00	√ 48.02 √	7599581569
1/03/2025	11/11/2025	7599581570	248676928	115Invoice	12.26	613,18	√ 600.92 ✓	7599581570
1/03/2025	11/11/2025	7599581571	256082311	115Invoice	0.21	10.64	10.43	7599581571
1/03/2025	11/11/2025	7599581572	256210580	115Invoice	0.21	10.64	10.43 🗸	7599581572
1/03/2025	11/11/2025	7599581573	256248054	115Invoice	0.21	10.64	J 10.43 ✓	7599581573
1/03/2025	11/11/2025	7599581574	246382445	115Invoice	12.30	615.06	€ 602.76	7599581574
1/03/2025	11/11/2025	7599581575	247939881	115Invoice	20.07	1,003.68	₹ 983.61 ✓	7599581575
1/03/2025	11/11/2025	7599581576	248011438	115Invoice	33.46	1,672.81	1,639,35 🗸	7599581576
1/03/2025	11/11/2025	7599581577	249162550	115Invoice	7.09	354.35	√ 347.26 √	7599581577
1/03/2025	11/11/2025	7599581578	256248054	115Invoice	0.02	0.95	V 0.93 V	7599581578
1/03/2025	11/11/2025	7599581579	256248054	115Invoice	0.03	1,27	1.24	7599581579
1/03/2025	11/11/2025	7599581580	256127596	115Invoice	10.93	546.47	√ 535.54 √	7599581580
1/03/2025	11/11/2025	7599581581	247939881	115Invoice	6.07	303.44	√ 297.37 V	7599581581
1/03/2025	11/11/2025	7599581582	248349843	115Invoice	12.14	606.88	√ 594.74 √	7599581582
1/03/2025	11/11/2025	7599581583	256248054	115Invoice	5.51	275.32	√ 269.81 ✓	7599581583
1/04/2025	11/11/2025	7599819940	256452601	115Invoice	0.03	1.27	1.24 V	7599819940
1/04/2025	11/11/2025	7599866388	256870032	115Invoice	323.17	16,158.34	√ 15,835.17 V	7599866388
1/04/2025	11/11/2025	7599866389	251307890	115Invoice	100.28	5,014.04	√ 4,913.76 V	7599866389
1/04/2025	11/11/2025	7599866390	255620032	115Invoice	102.05	5,102.63	J 5,000.58 W	7599866390
1/04/2025	11/11/2025	7599866391	256082311	115Invoice	136.07	6,803.51	J 6,667.44 V	7599866391
1/04/2025	11/11/2025	7599866392	247624586	115Invoice	66.85	3,342.69	√ 3,275.84 ✓	7599866392
1/04/2025	11/11/2025	7599866393	253323383	115Invoice	68.04	3,401.80	/,3,333.76 ✓	7599866393
1/04/2025	11/11/2025	7599866394	253900242	115Invoice	153.08	7,653.95	7,500.87	7599866394
1/04/2025	11/11/2025	7599866395	256248054	115Invoice	102.05	5,102.63	√ 5,000.58 V	7599866395
1/04/2025	11/11/2025	7599866396	249361517	115Invoice	100.27	5,013.73	J 4,913.46 V	7599866396
1/04/2025	11/11/2025	7599866397	250224951	115Invoice	16.71	835.62	J 818.91 V	7599866397
1/04/2025	11/11/2025	7599866398	252256655	115Invoice	66.85	3,342.73	√3,275.88 √	7599866398

STATEMENT

Company: 8000

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

AMY DUE REMITTED VIA ACH DEBIT Statement for information only

As of: 11/07/2025

8115

Territory: 7001

Customer INV SuppID:

DC:

Page: 002

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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 (V)

Customer: 256342 Date: 11/08/2025

Receivable National Account 632536 Order Receivable Due Date Cash Amount PF Amount Billing Description Discount (gross) (net) Number Date Number Reference 6.667.44 V 136.07 6.803.51 7599866399 11/04/2025 11/11/2025 7599866399 254826610 115Invoice 3,333.72 7599866500 255124341 68.04 3,401.76 11/04/2025 11/11/2025 7599866500 115Invoice V 7,500.87 V 7599866501 11/04/2025 11/11/2025 7599866501 255213069 115Invoice 153,08 7,653.95 5,000.58 🗸 7599866502 11/04/2025 11/11/2025 7599866502 255917263 115Invoice 102.05 5,102.63 1,637.94 ~ 7599866503 33.43 1,671.37 11/04/2025 11/11/2025 7599866503 249162550 115Invoice 1,333.98 7599866504 27.22 1,361.20 11/04/2025 11/11/2025 7599866504 246609293 115 Invoice 1,534.46 V 7599866505 31.32 1.565.78 251664448 115Invoice 11/04/2025 11/11/2025 7599866505 6,667.44 7599866506 256725352 136.07 6,803.51 11/04/2025 115 Invoice 11/11/2025 7599866506 6,667.44 7599866507 136.07 6,803.51 255850621 115Invoice 11/04/2025 11/11/2025 7599866507 J 6,551.28 V 7599866508 248068007 133.70 6,684.98 115Invoice 11/04/2025 11/11/2025 7599866508 4,913.88 7599866509 249636442 100.28 5,014.16 11/04/2025 11/11/2025 7599866509 115Invoice 1.389.95 1.362.15 √ 7599866510 11/11/2025 7599866510 253064649 115Invoice 27.80 11/04/2025 136.07 6.803.51 √6,667.44 V 7599866511 7599866511 256174349 115Invoice 11/04/2025 11/11/2025 √4,913.76 V 100.28 5,014.04 7599866512 11/04/2025 11/11/2025 7599866512 251369670 115Invoice 423.82 V 7599866513 246954306 115Invoice 8.65 432.47 11/04/2025 11/11/2025 7599866513 50.14 2,507.05 2,456,91 7599866514 11/04/2025 11/11/2025 250516291 115Invoice 7599866514 J5,000.64 V 7599869199 102.05 5,102.69 11/04/2025 11/11/2025 7599869199 254201609 115Invoice ✓3.021.85 V 7599869400 11/11/2025 7599869400 254244182 115Invoice 61.67 3.083.52 11/04/2025 6,667.44 √ 7599869401 136.07 6,803.51 11/11/2025 7599869401 255776160 115Invoice 11/04/2025 V14.741.45 V 7599869402 300.85 15,042.30 247220821 11/04/2025 11/11/2025 7599869402 115Invoice 1,362.15 V 7599869403 253128232 115Invoice 27.80 1,389.95 11/04/2025 11/11/2025 7599869403 3,333.76 253366384 3,401.80 7599869404 115Invoice 68.04 11/04/2025 11/11/2025 7599869404 √ 349.48 √ 7599869405 7.13 356.61 11/04/2025 11/11/2025 7599869405 253438167 115Invoice 4,913.88 V 7599869406 247939881 115Invoice 100.28 5.014.16 11/04/2025 11/11/2025 7599869406 √2,456.91 V 7599869407 7599869407 251097789 115Invoice 50.14 2,507.05 11/04/2025 11/11/2025 4,178.42 4.094.85 7599869408 11/04/2025 11/11/2025 7599869408 246382445 115Invoice 83.57 0.31 V 7600066044 0.01 0.32 11/05/2025 11/11/2025 7600066044 253900242 115Invoice 1.00 ₩ 7600066045 1.02 249361517 115Invoice 0.02 11/05/2025 11/11/2025 7600066045 327.87 7600066046 334.56 7600066046 248011438 115Invoice 6.69 11/05/2025 11/11/2025 327.87 7600066047 11/05/2025 7600066047 248068007 115Invoice 6.69 334.56 11/11/2025 /347.26 V 7600066048 7.09 354.35 11/05/2025 11/11/2025 7600066048 249162550 115Invoice

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 Stalement for information only

As of: 11/07/2025

Customer INV SuppID:

DC: 8115

Territory: 7001

Page: 003

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

As of: 11/07/2025 Mail to:

Page: 003 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

Customer: 256342 Date: 11/08/2025

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

Billing Date	Due Date	Receivable National Account Number	632536 Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P	Receivable Number
11/05/2025	11/11/2025	7600066049	249361517	115Invoice	7.09	354.35		√ 347.2	6 🗸	7600066049
1/05/2025	11/11/2025	7600066050	248518948	115Invoice	12.14	606.88		594.7	4 V	7600066050
1/05/2025	11/11/2025	7600066051	248755753	115Invoice	12.14	606,88		594.7	4~	7600066051
1/05/2025	11/11/2025	7600066052	246643643	115Invoice	17.03	851.42		834.3	V 8	7600066052
1/05/2025	11/11/2025	7600066053	247094452	115Invoice	17.03	851.42		834.3	9 /	7600066053
1/05/2025	11/11/2025	7600066054	247862519	115Invoice	17.03	851.42		34.3	9 /	7600066054
1/05/2025	11/11/2025	7600066055	255993094	115Invoice	0.01	0.32		0.3	1	7600066055
1/06/2025	11/11/2025	7600306372	256803632	115Invoice	0.43	21.29		20.8		7600306372
1/06/2025	11/11/2025	7600306373	256803632	115Invoice	0.46	23.13		22.6	V	7600306373
1/06/2025	11/11/2025	7600306374	256725352	115Invoice	0.01	0.32		V 0.3		7600306374
1/07/2025	11/11/2025	7600518621	254040478	115Invoice	0.77	38.71		37.9	4 V.	7600518621
1/07/2025	11/11/2025	7600518622	256174349	115Invoice	1.55	77.43		75.88	8 V,	7600518622
1/07/2025	11/11/2025	7600518623	256870032	115Invoice	0.21	10.64		/ 10.43	3 1	7600518623
1/07/2025	11/11/2025	7600518624	249361517	115Invoice	14.17	708.69		694.52	21,	7600518624
1/07/2025	11/11/2025	7600531452	246609293	115Invoice	1.73	86.46		84.7	W,	7600531452
1/07/2025	11/11/2025	7600531453	249636442	115Invoice	1.73	86.46		84.7	3 1	7600531453
1/07/2025	11/11/2025	7600531454	248887070	115Invoice	24.28	1,213.76		1,189.4		7600531454
1/07/2025	11/11/2025	7600531455	249100462	115Invoice	1.33	66.41		65.08	3 /	7600531455
1/07/2025	11/11/2025	7600531456	255993094	115Invoice	0.01	0.32		0.3	11	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					Due If Paid On Tir	ne:
7. maria - maria	2.67	If Paid By 11/11/2025,				USD	188,627.44
Past Due:	0.00	Pay This Amount:		188,627.44	USD	Disc lost if paid la	ite:
4 545 5550							3,849.55
Last Payment	24.551.22	If Paid After 11/11/2025,				Due If Paid Late:	
11/03/2025		Pay this Amount:		192,476.99	USD	USD	192,476.99

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: 11/07/2025

Customer INV SuppID:

DC: 8115

Territory: 7001

Customer: 835434

Date: 11/08/2025

Page: 001

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: 835434

PLEASE CHECK ANY

Date: 11/08/2025

ITEMS NOT PAID (~)

Billing Date	Due Date	Receivable National A	ccount 632536 Order Reference	Description	Cash Discount	Amount P (gross) F	Amount (net)	P	Receivable Number
Customer Nun	nber 835434 CV	S PHCY 8923/MEM MC	PHS				- Land 6		
11/05/2025	11/11/2025	7599998630	4536443	115Invoice	23.28	1,164.24	/ 1,140.96	· /	7599998630
PF column leg	end: P = Past	Due Item, F = Future	e Due Item, blank =	Current Due Item	(
TOTAL: Cu	stomer Number 83	35434 CVS PHCY 8923	MEM MC PHS	- W - N					
TOTAL: Cu	stomer Number 83	35434 CVS PHCY 8923	/MEM MC PHS Subtotals:		1,164.24 USD				
TOTAL: Cu	stomer Number 83	0.00			1,164.24 USD	-	Due If	f Paid (On Time:
	stomer Number 83				1,164.24 USD		Due If USD	f Paid (On Time: 1,140.5
Future Due:	stomer Number 83		Subtotals:	2025,	1,164.24 USD	USD	USD		
	stomer Number 83	0.00	Subtotals:	2025,		USD	USD		1,140.9
Future Due:	stomer Number 83	0.00	Subtotals:	2025 , :		USD	USD Disc l		1,140.9 paid late: 23.28

APPROVED ON NOV 1 0 2025

CVS PHCY 7416/MEM MC PHS

MEMORIAL MEDICAL CENTER

PORT LAVACA TX 77979

Company: 8000

VICKY KALISEK

815 N VIRGINIA ST

STATEMENT

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

As of: 11/07/2025 Mail to:

Page: 001 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

Date: 11/08/2025

DC: 8115

Territory: 7001

Customer: 835437

Customer INV SuppID:

Cust: 835437

PLEASE CHECK ANY

Billing Date	Due Date	Receivable National Acco	ount 632536				Date: 11/08/2025 ITEMS	NOT PAID (
	200	raniber	Reference	Description	Cash Discount	Amount P	Amount P Receivat	ile
Customer Numl 11/05/2025	ber 835437 CV 11/11/2025	S PHCY 7416/MEM MC PH 7600015705				(gross) F	(net) F Number	
PF column lege	nd: P = Past	Due Item, F = Future D	4534684 ue Item. blank =	115Invoice Current Due Item	0.04	1.99	√ 1.95 √ 760001	5705
TOTAL: Cust	tomer Number 8:	35437 CVS PHCY 7416/ME		Current Due Item		-		
			Subtotals:		1.99 USD			
uture Due:		0.00			, ou oub			
ast Due:		0.00	If Paid By 11/11 Pay This Amount	/2025, ::	1.95	USD	Due If Paid On Time: USD	1.95
st Payment		15,948.45	If Paid After 4414	14/000	1,95	030	Disc lost if paid late:	
1/27/2025			If Paid After 11/1 Pay this Amount:	17/2025,	1.99	USD	Due If Paid Late: USD	0.04
							335	1.99

APPROVED ON NOV 1 0 200

STATEMENT

Statement Number: 70870024 Date: 11-07-2025

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

DEA: RA0289276 866-451-9655

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

Customer Number 100135284 / 037028186 Terms Sat - Fri Due in 7 days

AMERISOURCEBERGEN PO Box 905223 **CHARLOTTE NC 28290-5223**

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

Account A	ctivity							
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 U
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 V

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

APPROVED ON NOV 1 0 2025

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

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.

Statement Number: Date: 11-07-2025

70886247

AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336

DEA: RA0316958 866-451-9655

Serviced By:

Sustomer:

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

1

Customer Number 100566356 / 100566356

Terms

Sat - Fri Due in 7 days

Remit To:

AMERISOURCEBERGEN PO Box 978740 DALLAS TX 75397-8740
 Summary

 Not Yet Due:
 0.00

 Current:
 7,276.99

 Past Due:
 0.00

 Total Due:
 7,276.99

 Account Balance:
 7,276.99

Account A	ctivity							
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)

recention Number 000000/153503053 Desument Type: Customer Statement 2025(108115431



STATEMENT

Number: 70886247

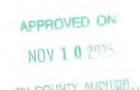
Date: 11-07-2025

2 of 2

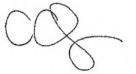
Account A	ctivity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received		Balance
11-07-2025	11-14-2025	367268531	7010358766	Invoice	680.80		0.00	V	680.80~
11-07-2025	11-14-2025	367268532	7010371931	Invoice	(256.59)		0.00	1	(256.59)
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	J	(769.77)
11-07-2025	11-14-2025	367268535	7010423466	Invoice	2,042.40		0.00	1	2,042.40
11-07-2025	11-14-2025	367268538	7010479947	Invoice	(256.59)		0.00	1	(256.59)
11-07-2025	11-14-2025	367268539	7010479947	Invoice	680.80		0.00	1	680.80 N

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



SERVICE AND REPORT AND ADDRESS.	AMERICAN STREET	THE RY	(A) September 1997	1967年 初至 1	o columnia de la columna de la columna de la colonia de	第三年25·115章		and the second	METERS AND A LEXT COMPLETE CONTRACTOR OF THE CON
6025 76351	3 77	0	2025 238001063	0 8/29/2025 \$25,02		P	448 0	HRT	F 6/3/2025 6/30/2025 741698143
6016 76351	3 72	0	2025 238001522	0 8/29/2025 \$89,43	And the second of the second o	AL P	459 0	HCT	F 2/7/2025 2/28/2025 760545192
Company of the second of the s	microsophic restricted from the contract	anaghauce.	Mark 1985 - 2 0 00 21 00 55 0 67 5	SANTA TORONOMIC PROPERTY OF THE SANTAN		almit of come or before ful-	We will say you have a series and series of the series of	and the same of th	AND DESCRIPTION OF STREET, AND STREET, AND STREET, STR



APPROVED ON

NOV 1 0 2025

CALHOUN COUNTY TEXAS

EHIONO 6	RPNO LOCNE	EMPNO	DIPRO	CLMIP	SE CAMBO CAM	SUF	HILDT	AMT C	LMIT	RAYES	PAYTO	cvern cver	MAINTHIAME.	LASTICAME	CERT	VISIO	TROUBLE	THRUST FRANCO
6661	76351	3	19	0	2025 290001470	0	10/20/2025	\$240.10		I CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0		INVC	F	9/26/2025	9/26/2025 591031071
6662	76351	3	12	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	0	10/20/2025	\$496.0B		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	0	10/20/2025			1 HOUSTON METHODIST CLEAR LAKE HOSPITAL	P	186	0		HLAB	F	9/26/2025	9/26/2025 464389870
6665	76360	3	21	1	2025 283000626	0	10/20/2025			1 VIP CARE SERVICES LLC ATTN: HPCMS	P	604	0		CASE	F	9/19/2025	9/26/2025 271837628
6666		999	15	n	2025 283000620	0	10/20/2025			1 VIP CARE SERVICES LLC ATTN: HPCMS	P	604	0		CASE	F	9/10/2025	9/10/2025 271837628
0000	70300	,,,	-		TOTO FORGORNER		20, 20, 20	***	-	The second secon				Charles and the				

CO 11/5/25

APPROVED ON NOV 1 0 2025

CALHOLINETY AUDITOR

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

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

Total Due

 Current Amount Due:
 +
 \$78,250.05

 Current Adjustments:
 +
 (\$351.63)

 Total Amount Due:
 \$77,898.42

 Description
 Medical

 EE
 94

 ES
 17

 EF
 13

 EC
 39

 Mst Total
 163

NOV 1 0 2025

CALHOLINEY AUDITOR

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

	PROSPERITY BANK	
ELECTRONIC TRANSF	ERS FOR OPERATING ACCOUNT Nov 3, 2025 - Nov 9, 2025	
Date 11/7/2025 PAY PLUS ACHTrans 97858633 101000695147360 P 11/7/2025 HPHG LLC PORT LAVA MemMedCtr PtLav 113122650 11/7/2025 HEALTHEQUITY INC HealthEqui 1356888 91000018 11/7/2025 MERISOURCE BERG PAYMENTS 0100007768 2100002 11/7/2025 MEMORIAL MEDICAL PAYROLL 746003411 113122650 11/7/2025 HPHG LLC PORT LAVA MemMedCtr PtLav 113122650 11/7/2025 HPHG LLC ACH MemMedCtr PtLav 113122650 11/7/2025 PAY PLUS ACHTrans 97302221 101000693543218 P 11/5/2025 PAY PLUS ACHTrans 97302221 101000693543218 P 11/5/2025 PDMS FDMS PYMT 052-2182557-000 4100012566344 11/5/2025 FDMS FDMS PYMT 052-2182557-000 4100012566323 11/5/2025 FDMS FDMS PYMT 052-2182545-000 4100012566323 11/5/2025 FDMS FDMS PYMT 052-182545-000 4100012566323 11/5/2025 FDMS FDMS PYMT 052-182545-000 4100012566323 11/5/2025 FDMS FDMS PYMT 052-182545-000 4100012566312 11/4/2025 PAY PLUS ACHTrans 97126451 101000698968631 P 11/4/2025 MCKESSON DRUG AUTO ACH ACH06764572 910000144 11/4/2025 HPHG LLC PORT LAVAC MemMedCtr PtLav 11312265 11/4/2025 MPRCHANT BANKCD PEE 971160913887 91000010006 11/3/2025 MERCHANT BANKCD DISCOUNT 971160913887 910000	MMC Notes - 3rd Party Payor Fee - Health Insurance Claim Payments - EmpDeduct/Employer Contribut - 340B Drug Program Expense - Payroll - Health Insurance Claim Payments - Health Insurance Claim Payments - 3rd Party Payor Fee - 3rd Party Payor Fee - Credit Card Machine Lease Fee - 3rd Party Payor Fee - 3rd Party Payor Fee - 340B Drug Program Expense - Health Insurance Claim Payments - Credit Card Processing Fee	237.48 901989 181.77 901990 45.64 901991 32.45 901992 75.67 901993 100.86 901994 24,551.22 901995 20,801.00 901996 48,355.50 901997 412,018.03 901998 96,801.60 901999 20000 61.13 902001 200.83 902002 9.95 902003 454.50 902004 29.95 902005 189.14 902006 2,458.08 902007
emorial Medical Center ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — E	November 10, 2025 ** Approved on 10, 22, 2 PROSPERITY BANK STIMATED ACHS MMC Notes	Amount
Date Description 11/20/2025 - WEBFILE TAX PYMT DD	- Sales Tax	2,862.17

563.39 + 100 - 86 + 61.13 + 1:095-40 0 75-67 335 . 53 0 25 - 40 + 9.95 + 210-78 9 1 . 095 - 40 + 335 - 53 + 25 40 + 210 . 78 + 484-45 + 189-14 + 21340-70 0





No

No

\$0.00

No

\$0,00

No

O Confirmation: You Have Filed Successfully

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

Taxpayer ID:
User ID:
Reference Number:
Date and Time of Filing:

11/10/2025, 09:54:02 AM

Taxpayer Name:

MEMORIAL MEDICAL CENTER

Taxpayer Address:

815 N VIRGINIA ST PORT LAVACA, TX 77979-3025

IP Address

Entered By: Caitlin Clevenger

Email Address:

cclevenger@mmcportlavaca.com

Telephone Number: (361) 552-0272

PAYMENT SUMMARY

Electronic Check State Amount: \$2,157.47 Local Amount: \$690.39 Amount to Pay: \$2,847.86

Electronic Check; \$2,847.86

Payment Reference Number:

Trace Number:

Type of Bank Account: Checking

Accountholder Name: Memorial Medical Center

Bank Routing Number Bank Account Number

Payment Effective Date: 11/20/2025

CREDIT SUMMARY

Credits Taken

Are you taking credit to reduce taxes due on this return?

Are you taking credit to reduce taxable sales on this return for the

purchase of Texas farm-raised oysters?

Amount of credit being taken on this return for the purchase of

Texas farm-raised oysters

Are you taking credit to reduce taxable sales on this return for participation in a qualified oyster shell recycling program?

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

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?

LOCATION SUMMARY

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



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44,UT1.UV

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

	Mem	orial Medical Co	enter		
	T	ransfer Reques	t		
Amount:	\$ 500,000.00		Date: 10/22/2025		
From Account:	Prosperity Operating Account				
44.		10/22/25	APPROVED ON		
To Account:	Prosperity Money Market	10/01/01/01/01	NOV 1 0 2025		
			BY COUNTY AUDITOR		
Explanation:					
	Transfer from Prosperity Operating Account to Pro	osperity Money Market Acco	unt		
Requested by:	Michelle Cumberland	Date:	10/22/2025		
Authorized by:	arw X	Date:	10/22/2025		

		Memorial Me	edical Center							
		Transfer	Request							
Amount:	27,587.14			Date:	11/7/2025					
From Account:	Prosperity Lockbox									
		APPR	OVED ON							
To Account:	Prosperity Operating NOV 1 0 2025									
		BY COU	INTY AUDITOR							
Explanation:										
	Transfer funds from Prosperity	y Lockbox to Prosperity Operating	account							
Requested by:	Caitlin Clevenger		Date: <u>11/7</u>	/2025	-					
Authorized by:	miulle	Cullard	Date: 11	17/25	-					

COUNTY AUDITOR ON

NOV 0 6 2025

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 11/28/2025

ap_open_invoice.template

0

10:18

11/06/2025

CALHOUN COUNTY, TEXAS Vendor# Vendor Name

Class Pay Code

11836 -	GOLDENCREEK HEALTHCARE
11000	GOLDENGHEER HEAL HUARE

11836	GOLDENCHEEK	HEALTHCARE						
	Invoice# Co	mment Tran Dt	Inv Dt Due I	Ot Check Dt Pay	Gross	Discount	No-Pay	Net
./	102925	V10/29/20	02 10/29/202 11/28	3/202	4,035.10	0.00	0.00	4,035.10
V		Ins.pm	t.asp.	into mma	oft in	error		
1	102925B	10/31/20	02 10/29/202 11/28	3/202	120.00	0.00	0.00	120.00 🗸
		1.1				* 1		,
1	102925A	10/31/20	2 10/29/202 11/28	3/202	47,177.27	0.00	0.00	47,177.27
-		4.4				1.1		./
1	103025	10/31/20	02 10/30/202 11/28	3/202	407.35	0.00	0.00	407.35
		+ 4				4 *		,
	103125	10/31/20	02 10/31/202 11/28	3/202	1,198.14	0.00	0.00	1,198.14
V		fs.						
	110325	1/03/20	02 11/03/202 11/28	3/202	68.28	0.00	0.00	68.28
7		*				* 4		V
	Vendor Totals: Nu	mber Name			Gross	Discount	No-Pay	Net
	11	336 GOLDENCRE	EEK HEALTHCAF	RE	53,006.14	0.00	0.00	53,006.14
			P.	enort Symmetry				

Grand Totals:

Gross 53,006.14 Discount 0.00

No-Pay 0.00

Net 53,006.14

APPROVED ON

NOV 06 TOTAL

CALHOLI COUNTY AUDITORAS Chur 211103

NOV 0 6 287

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 11/28/2025

Class Pay Code

13004 TUSCANY VILLAGE

Vendor# Vendor Name

11/06/2025

10:18

/ Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
√ 102925A		10/31/202 10/29/	202 11/28/20	02	419.00	0.00	0.00	419.00
102925	1	10/31/202 10/29/			VIC 00t	in erro	0.00	4,818.50
102925		10/31/202 10/29/	202 11/20/20	02	4,818.50	0.00	0.00	4,616.50
103025		10/31/202 10/30/			2,700.00	0.00	0.00	2,700.00
/ 103025A		10/31/202 10/30/	202 11/28/20	ST 1510	838.00	0.00	0.00	838.00
103125		10/31/202 10/30/	202 11/28/20	os ww	3,070.00	error	0.00	3,070.00 🗸
/ 110325		11/01/202 10/30/	/202 11/28/2	02	3,088.00	0.00	0.00	3,088.00 🏑
4		4.0						,
/ 110325A		11/01/202 11/03/	202 11/28/20	02	10,550.00	0.00	0.00	10,550.00 🗸
4		14				11		
110425		11/01/202 11/03/	202 11/28/2	02	10,960.00	0.00	0.00	10,960.00 🗸
4		1.				. 1		
/ 110425A		11/01/202 11/04	202 11/28/2	02	1,047.50	0.00	0.00	1,047.50
J						1 1		
Vendor Tota	als: Number	Name			Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE			37,491.00	0.00	0.00	37,491.00

Grand Totals:

Gross 37,491.00 Discount 0.00

No-Pay 0.00

Net 37,491.00

35,061.00

APPROVED ON

NOV 0.6 2025

CALHOLIT COUNTY AUDITOR

Churanos

37 - 491 - 00

2 - 760 - 00

270.00 +

35.061.00 0

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COUNTY AUDITOR ON

NOV 0 6 2025

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 11/28/2025

Class Pay Code

12792 LAVACA BAY NURSING AND REHAB

11/06/2025

Vendor# / Vendor Name

10:19

		The state of the s	A Section of the sect		22.5
	Comment Tran Dt Inv Dt Due Dt	Check Dt Pay Gross	Discount	No-Pay	Net /
102925	V10/29/202 10/29/202 11/28/202	12,666.55	0.00	0.00	12,666.55
J 102925A	10/29/202 10/29/202 11/28/202	3,811.72	0.00	0.00	3,811.72
J 103025	10/29/202 10/30/202 11/28/202	984.52	0.00	0.00	984.52 🗸
√ 103025A ✓	J0/29/202 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 \(\sqrt{3},980.50 \) \(\sqrt{73.54} \)
110325	✓11/03/202 11/03/202 11/28/202	3,980.50	0.00		
J 110325A	✓11/03/202 11/03/202 11/28/202	73.54	0.00		
Vendor Totals: N	Number Name	Gross	Discount	No-Pay	Net
1	12792 LAVACA BAY NURSING AND REP	HAB 46,466.74	0.00	0.00	46,466.74

Grand Totals:

Gross 46,466.74 Discount 0.00 No-Pay 0.00 Net 46,466.74

NOV 06 2025

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

	Account Beginning	g	ACH	Pending		Today's Beginning	Amount to Be Transferred to Norsing
Jursing Home		ce Transfer-Dut	Transfer-In	Deposits		Balance	Home
Ashford Gardens	100.5				name and a second	10.000	0
					Bank Balance Variance	100.51	1
					variance		\/
					Leave in Balance	100.00	X
					ceave in parance	100.00	
Routing Information for Ashfor	rd Gardens:						
outing reporting to a report	a baracha.						
Ashford Health Care Center Ltd	d Co						
P Morgan Chose Bank							

	/	1	-				
	1	1	1		Adjust Balance/Transfer Amt	0.51	
Broadmoor	102.4	3 -	. 9.			102.43	0
					Bank Balance	102.43	V
					Variance	+1	N
							1.
					Leave in Balance	100.00	
		1					
			1				
	V	V	V		Adjust Balance/Transfer Amt	2.43	
							0 1
Crescent	100.8	9 -	-			100.89	0
					Bank Balance	100.89	V
					Variance		X
					50.723.270	63.53	
					Leave in Balance	100.00	
							1
	/	1	1				
	V	. /			Adjust Balance/Transfer Amt	0.89	
		~	4				,
Fort Bend	56,828.3	3 54,750.84	1.4			2,077.49	./
					Bank Balance	2,077.49	V ()
					Variance	0.00	\/
							X
					Leave in Balance	100.00	/\
					Claims Owed to MMC	483.39	
					Claims Owed to MMC	406.20	
					Claims Owed to MMC	1,087.90	
	10						
	/	-/	1		12 mg and 4 27 mg and 4		
	V	V	1		Adjust Balance/Transfer Amt	-	1
Colour at 11/11						12.2017	/
Solera at W Housto	4,455.5	5 3,013.37	20,325.54			21,768.12	
					Bank Balance	21,768.12	
					Variance		
						31.3	
					Leave in Balance	100.00	
	APPRO	VED ON			2002000000	33.263	
					Claims Owed to MMC	1,342.58	
Rautina Information for Crescent			impot:		Claims Owed from Broadmoor to MMC	735.00	
Cantex Health Care Centers III LL	• NOA 1	0 2025			Claims Owed from Broadmoor to MMC	5,147.52	
IP Morgan Chase Bank					Claims Owed from Crescent to MMC	718.78	
	DIV SOLUTION				Claims Owed from Fort Bend to MMC Adjust Balance/Transfer Amt	215.37	
	CALHOUR COUNT	Y AUDITO	B.c.		Aujust balance/ Fransier Amt	13,507.87	

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

I:\NH Weekly Transfers\NH UPL Transfer Summary\2025\NH UPL Transfer Summary 11.9.25

Approved: Caitlin Clevenger, Controller

11/10/2025

Ashford Gardens	NO ACTIVITY	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
<u>Broadmoor</u>	NO ACTIVITY	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
Crescent	NO ACTIVITY	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
Fort Bend 11/5/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	Transfer-Out 54,750.84	Transfer-In	MMC PORTION	NH PORTION
		3,013.37	<u>Transfer-In</u> 2,099.04 - 18,226.50		NH PORTION 2,099.04 18,226.50
	TOTALS	3,013.37	20,325.54		20,325.54

Account	N	ar	na
, , o o o u i i i		α	1164

otal Balance	\$3,210,142.94	\$3,201,937.46	\$3,210,142.94	\$3,414,336.20
7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$29,203.46	\$29,203.46	\$29,203.46	\$28,661.06
2998 MMC -MONEY MARKET FUND	\$1,069,819.02	\$1,069,819.02	\$1,069,819.02	\$29,553.36 \$1,069,819.02
3407 MMC -NH FUSCANY VILLAGE	\$32,857.32 🗸	\$33,806.43	\$32,857.32	
*5506 MMC -NH LAVACA BAY NURSING & REHAB	✓\$130,449.38 √	\$134,123.07	\$130,449.38	\$59,254.01
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.39 🗸	\$100.39	\$100.39	\$100.39
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	✓ \$37,479.06 ✓	\$49,431.44	\$37,479.06	\$33,585.46
*4551 CAL CO INDIGENT HEALTHCARE	\$4,885.45	\$4,885.45	\$4,885.45	\$4,885.45
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	✓\$40,448.57 √	\$54,987.57	\$40,448.57	\$33,319.72
*4446 MEMORIAL MEDICAL / NH FORT BEND	√ \$2,077.49 ✓	\$2,077.49	\$2,077.49	\$2,077.49
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	√\$21,768.12 √	\$21,768.12	\$21,768.12	\$21,768.12
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$100.89	\$100.89	\$100.89	\$100.8
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$102.43 🗸	\$102.43	\$102.43	\$102.4
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$100.51 🗸	\$100.51	\$100.51	\$100.5
*4357 MEMORIAL MEDICAL - OPERATING	\$1,840,750.85	\$1,801,431.19	\$1,840,750.85	\$2,131,008.2

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

1 1 1

Previous Account Beginning Pending Today's Beginning Amount to Be Transferred to Nursing Nursing Home Number Balance Transfer-Out Transfer-In Balance Home Deposits 135,711.89 40,448.57 40,316.57 Bank Balance 40,448.57 Leave in Balance 100.00

<u>Routing information for Golden Creek:</u> Nexion Health at Golden Creek Wells Fargo Bonk, N.A.

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

Nate 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved:

Caitlin Clevenger, Controller

Adjust Balance/Transfer Ar

Claims owed to MMC

32.00

40,316.57

11/10/2025

APPROVED ON NOV 1 0 2025

CALHOLIN COUNTY AUDITOR

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	

		MINIC	
Transfer-Out	Transfer-In	PORTION	NH PORTION
	1,506.00		1,506.00
	815.30		815.30
Très I	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		
152	1,551.86		-
(1.4)	795.00		
	4,950.00		-
	713.00		
1	158.10	1	158.10
136,711.89	40,316.57	V .	24,181.29

Balances Overview

Account N	ame
-----------	-----

*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

Amount to Be Transferred to Pending Today's Beginning Balance 37,479.06 37,479.06 Cks Cleared Bank Balance Variance Leave in Balance 100.00 Claim Owed to MMC 31,578.50 Adjust Balance/Transfer Amt 5,800.56 Amount to Be
Transferred to
Nursing Home
100.39 NO TRANSFER Balance 100.39 Cks Cleared Bank Balance Variance 100.39 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. 11/10/2025

NOV 1 0 2025

CALHOLIN COUNTY AUDITOR

				MMC	
Gulf Pointe Plaza-Private	Pay	Transfer-Out	Transfer-In	PORTION	NH PORTION
45,968.00	HNB - ECHO HCCLAIMPMT 746003411 440000260523		23.52		23.52
45,968.00	HNB - ECHO HCCLAIMPMT 746003411 440000260523		3,870.08		3,870.08
45,967.00	HNB - ECHO HCCLAIMPMT 746003411 440000215792	+	117.03		117.03
45,967.00	HNB - ECHO HCCLAIMPMT 746003411 440000215641	, .	17,296.09		17,296.09
45,966.00	WIRE OUT HMG Rockport SNF, LP -Commerical	82,051.89	-		
45,966.00	HNB - ECHO HCCLAIMPMT 746003411 440000270875	V	769.88		769.88
45,965.00	HNB - ECHO HCCLAIMPMT 746003411 440000218640	140	288.76		288.76
45,965.00	HNB - ECHO HCCLAIMPMT 746003411 440000218640	G-	8,360.48		8,360.48
45,964.00	HNB - ECHO HCCLAIMPMT 746003411 440000248119	-	6,653.22	1	6,653.22
			. \	/	
		82,051.89	37,379.06		37,379.06

Gulf Pointe Plaza-Medicare/Medicald	<u>Transfer-Out</u>	Transfer-In	MMC PORTION	NH PORTION
NO ACTIVITY	1	1:		
	82,051.89	37,379.06		37,379.06

A	The second second		Acres Services
ACC	oun	ŧΝ	ame

\$1,840,750.85		\$1,801,431.19	\$1,840,750.85	\$2,131,008.29
\$100.51		\$100.51	\$100.51	\$100.51
\$102.43		\$102,43	\$102.43	\$102.43
\$100.89		\$100.89	\$100.89	\$100.89
\$21,768.12		\$21,768.12	\$21,768.12	\$21,768.12
\$2,077.49		\$2,077.49	\$2,077.49	\$2,077.49
\$40,448.57		\$54,987.57	\$40,448.57	\$33,319.72
\$4,885.45		\$4,885.45	\$4,885.45	\$4,885.45
\$37,479.06	1	\$49,431.44	\$37,479.06	\$33,585.46
\$100.39	1	\$100,39	\$100.39	\$100.39
\$130,449.38		\$134,123.07	\$130,449.38	\$59,254.01
\$32,857.32		\$33,806.43	\$32,857.32	\$29,553.36
\$1,069,819.02		\$1,069,819.02	\$1,069,819.02	\$1,069,819.02
\$29,203.46		\$29,203,46	\$29,203.46	\$28,661.06
\$3,210,142.94		\$3,201,937.46	\$3,210,142.94	\$3,414,336.20
	\$100.51 \$102.43 \$100.89 \$21,768.12 \$2,077.49 \$40,448.57 \$4,885.45 \$37,479.06 \$100.39 \$130,449.38 \$32,857.32 \$1,069,819.02 \$29,203.46	\$100.51 \$102.43 \$100.89 \$21,768.12 \$2,077.49 \$40,448.57 \$4,885.45 \$37,479.06 \$100.39 \$130,449.38 \$32,857.32 \$1,069,819.02 \$29,203.46	\$100.51 \$100.51 \$102.43 \$102.43 \$100.89 \$100.89 \$21,768.12 \$21,768.12 \$2,077.49 \$2,077.49 \$40,448.57 \$54,987.57 \$4,885.45 \$4,885.45 \$37,479.06 \$49,431.44 \$100.39 \$100.39 \$130,449.38 \$134,123.07 \$32,857.32 \$33,806.43 \$1,069,819.02 \$1,069,819.02 \$29,203.46 \$29,203.46	\$100.51 \$100.51 \$100.51 \$102.43 \$102.43 \$102.43 \$100.89 \$100.89 \$100.89 \$21,768.12 \$21,768.12 \$21,768.12 \$2,077.49 \$2,077.49 \$2,077.49 \$40,448.57 \$54,987.57 \$40,448.57 \$4,885.45 \$4,885.45 \$4,885.45 \$37,479.06 \$49,431.44 \$37,479.06 \$100.39 \$100.39 \$100.39 \$130,449.38 \$134,123.07 \$130,449.38 \$32,857.32 \$33,806.43 \$32,857.32 \$1,069,819.02 \$1,069,819.02 \$1,069,819.02 \$29,203.46 \$29,203.46 \$29,203.46

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

Nursing Home Number 82,958.57 92,868.57 32,757.32 Pending Deposits Today's Beginning Balance Variance Variance

Account Seginning Balance Transfer-Out Transfer-In Cks Cleared Deposits Today's Beginning Balance Nursing Home Tuscany Village 32,857.32 32,757.32 33,857.32 32,757.32

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:

11/10/2025

APPROVED ON NOV **1 0** 2025

BY COUNTY AUDITOR

			MMC	
cany Village	Transfer-Out	Transfer-In	PORTION	NH PORTION
11/7/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000110	- 1	3,303.96		3,303.96
11/6/2025 Deposit	- 🗸	25,263.36		25,263.36
11/5/2025 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	92,868.57	-		-
11/4/2025 Deposit	-	4,190.00		4,190.00
	-	٠,		-
	•	J		
	92,868.57	32,757.32		32,757.32

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

Previous Pending Medicare Amount to Be Transferred to Nursing Home Number Balance Transfer-Out Transfer-In Cks Cleared Repayment Today's Beginning Balance Nursing Home Lavaca Bay Nursing and Rehab 185.850.50 136.866.06 81,464.94 126,280.55 Bank Balance 130,449.38 126,280.55

Claims owed to MMC 645.29
Claims owed to MMC 461.28
Claims owed to MMC 2,962.26

126,280,55

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

Approved: Caitlin Clevenger, Controller

11/10/2025

APPROVED ON NOV 1 0 2025

BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

			MMC	
Lavaca Bay Nursing and Rehab	Transfer-Out	Transfer-In	PORTION	NH PORTION
11/7/2025 NDC SWEEP FAC 02330 56009680010301 SWEEP FR		26,524.22		26,524.22
11/7/2025 Deposit		43,276.34		43,276.34
11/7/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000110		180.15		180.15
11/7/2025 HOSPICE OF SOUTH Payments NF 113122650018817		973.70		973.70
11/7/2025 36 TREAS 310 MISC PAY 746003411360012 1010		240.96		240.96
11/6/2025 CK #1164	65,647.36			
11/6/2025 CK #1163	283.74	4		
11/5/2025 WIRE OUT REG Leased OpCo LLC	70,934.96			
11/5/2025 CENTENE CORP HCCLAIMPMT 53101123210886		2,143.83		2,143.83
11/3/2025 Care Hospice Payment 41008 71000281467392	-	7,955.25		7,955.25
11/3/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000128	-	170.49		170.49
		-		
	•			
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		V		-
	136,866.06	81,464.94		81,464.94

Account	N	12	m	a

				THE AN ADDRESS OF THE PERSON	
*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	1	\$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

Lanaca Buy- Kicayo

MEMORIAL MEDICAL CENTER CHECK REQUEST

11	CLIECT REQUEST
mmc	
P	Date Requested: 10-31-25
A Y E E	APPROVED ON NOV 1 0 2025 CABLOCOLUTY AUDITOR CABLOCOLUTY AUDITOR LINE TO IN TEXAS FOR ACCT. USE ONLY Imprest Cash A/P Check Voucher Check
AMOUNT #461.38 ✓	G/L NUMBER: 20656000
EXPLANATION: Medicare	recorp-Lavaca Bay 06 2425
REQUESTED BY: K. Pokludo	AUTHORIZED BY:
AT # 10303 / FM 1600	

Lavaca Buy kecoup MEMORIAL MEDICAL CENTER CHECK REQUEST

r	mmc	Date	Requested: 10-31-25
P A		APPROVED ON	FOR ACCT, USE ONLY
Y E É		NOV-1-0 2025	☐ Imprest Cash ☐ A/P Check ☐ Voucher Check
	#645,29	CALHOLINI COUNTY TEXAS UNCH DON LOLO G/L NUMBER: 204	56cc
EXPLANA	Medicale (FI	coup - Lavaca Bay o	3-20-25
			100
REQUESTE	DBY: K. Pokludo	AUTHORIZED BY	r: U

MEMORIAL MEDICAL CENTER

CHECK REQUEST

Date Requested: 11-6-25

PA
APPROVED ON
Imprest Cash
APP Check
Voucher Check

AMOUNT #2942.26 V CASCOUNTY AUDITORS

EXPLANATION: Medicare recorp Lavaca Bay 10-22-25

REQUESTED BY: K Pokeluda

AUTHORIZED BY: K Pokeluda

AUTHORIZED BY: K Pokeluda

AUTHORIZED BY: CANCOUNTY Authorized

		DICAL CENTER REQUEST
4.	MMC APPROVI	Date Requested: 11-7-25
P A Y E É	NOV 1 (FOR ACCT. USE ONLY Imprest Cash A/P Check Voucher Check
AMOUNT	#31,578,50 J G/L NU	MBER: 20654000
EXPLANA"	TION: Nellmed pont was de Gulf Pointe account	eposited into the
REQUESTS	ED BY: K: Pokluda	AUTHORIZED BY:

The second second second	MEMORIAL MEDICAL CENTER LAVACA BAY NURSING & REHAB 815 N VIRGINIA ST		001166
	PORT LAVACA, TX 77979	Date 11/12/25	88-2265/1131
	PAY TO THE ORDER OF MMC		\$ 4,068.93
	four thousand - Sixty eight dollars - ninety three	cents	DOLLARS
	PROSPERITY BANK®——		
	FOR Claims awed to mmc		

,

MEMORIAL MEDICAL CENTER NH GULF POINTE - PRIVATE PAY 815 N. VIRGINIA ST.		001156
PORT LAVACA, TX 77979	Date 11/12/25	88-2265/1131
TO THE ORDER OF MMC	\$	31, 578.50
thirty one thousand - five hundred Seventy eigh	ht dollars - fifty cents	DOLLARS
PROSPERITY		Leto.
FOR Wellmed Pumt		B lead the letter

Solera

MEMORIAL MEDICAL CENTER CHECK REQUEST Date Requested: 10-24-25 Mmc. FOR ACCT. USE ONLY APPROVED ON ☐ Imprest Cash ☐ A/P Check NOV 1 0 2025 ☐ Voucher Check 20652000 AMOUNT \$ 718.78 EXPLANATION: Medicare Crescent recoup -REQUESTED BY: K. Pokluda AUTHORIZED BY:

Solera

MEMORIAL MEDICAL CENTER CHECK REQUEST

P A ———	APPROVED ON	FOR ACCT. USE ONLY
Y E É	NOV-1 0 2076	☐ Imprest Cash ☐ A/P Check ☐ Voucher Check
	CNL# DOI 330	
	1 1164 001330	
AMOUNT #736.C	G/L NUMBER: 2065	2000
4	diegre recoupt Broadmoor	
EXPLANATION: Me	G/L NUMBER: 2065	

Solera

MEMORIAL MEDICAL CENTER CHECK REQUEST Date Requested: 10-29-25 FOR ACCT. USE ONLY Imprest Cash A/P Check Voucher Check AMOUNT #5147.52 EXPLANATION: Medicare recorp- Broadmear 4.3-25 REQUESTED BY: K. Pokeluda AUTHORIZED BY:

is the document unless you can see a true waterment, and visible libers from both sides MEMORIAL MEDICAL CENTER

NH SOLERA

001327

	PORT LAVACA, TX 7797
PAY TO THE	

Date 11/12/25 88-2265/1131 \$ 5,147.52

OFFER OF MMC five thousand - one hundred forty seven dollars - fifty two cents

FOR Claims awed from broad moor

MAJENITING Do not accept this document unless you can see a true watermark and visible libers from both so MEMORIAL MEDICAL CENTER

NH SOLERA 815 N VIRGINIA ST PORT LAVACA, TX 77979

001329

PAY

Date 11/12/25

Date 11/12/25

88-2265/1131

DOLLARS

TO THE ORDER OF MMC

718.78

Seven hundred eighteen dollars - Seventy eight cents

FOR Claims owed from Crescent

WARRING On not accept this document unless you can see a true welearner's and visible libers from both sin MEMORIAL MEDICAL CENTER

NH SOLERA 815 N VIRGINIA ST PORT LAVACA, TX 77979

001330

PAY

TO THE ORDER OF MMC

88-2265/1131

Seven hundred thirty Six dollars - no cents

736.00

PROSPERITY BANK®

DOLLARS

FOR Broad mour

42,465.10

TOTALS: