

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 19, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 906,765.70
TOTAL TRANSFERS BETWEEN FUNDS	\$ 618,120.08
TOTAL NURSING HOME UPL EXPENSES	\$ 580,595.14
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 180,328.53
GRAND TOTAL DISBURSEMENTS APPROVED November 19, 2025	\$ 2,285,809.45

APPROVED

NOV 19 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 19, 2025

PAYABLES AND PAYROLL

11/13/2025 Weekly Payables	348,953.23
11/12/2025 Citibank Credit Card-see attached (Erin)	3,662.26
11/17/2025 McKesson-340B Prescription Expense	32,105.84
11/17/2025 Amerisource Bergen-340B Prescription Expense	28.10
11/17/2025 Amerisource Bergen-340B Prescription Expense	1,958.85
11/17/2025 Payroll Liabilities-Payroll Taxes	115,141.16
11/17/2025 Payroll	364,596.60
Prosperity Electronic Bank Payments	
11/17/2025 90 Degree Benefits - employee insurance claims	28,934.87
11/17/2025 Pay Plus-Patient Claims Processing Fee	1,211.11
11/17/2025 Credit Card Processing Fee	8,833.18
11/17/2025 Bank Fee Enhanced Analysis	188.50
11/17/2025 Health Equity -HSA Contributions	1,152.00

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 906,765.70
---	----------------------

TRANSFERS BETWEEN FUNDS-MMC

11/17/2025 Transfer from Prosperity Money Market to Prosperity Operating Account	500,000.00
--	------------

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

11/17/2025 MMC Operating to Ashford-QIPP Y6 Final IGT Reconciliation	6,100.61
11/17/2025 MMC Operating to Solera-QIPP Y6 Final IGT Reconciliation & Correction of insurance payment deposited into MMC Operating in error	8,471.56
11/17/2025 MMC Operating to Fort bend-QIPP Y6 Final IGT Reconciliation	5,698.91
11/17/2025 MMC Operating to Broadmoor-QIPP Y6 Final IGT Reconciliation	5,587.56
11/17/2025 MMC Operating to The Crescent-QIPP Y6 Final IGT Reconciliation	5,680.10
11/17/2025 MMC Operating to Golden Creek Healthcare-QIPP Y6 Final IGT Reconciliation & Correction of insurance payment deposited into MMC Operating in error	5,922.91
11/17/2025 MMC Operating to Gulf Pointe Plaza - QIPP Y6 Final IGT Reconciliation	5,486.00
11/17/2025 MMC Operating to Tuscany Village-QIPP Y6 Final IGT Reconciliation & Correction of insurance payment deposited into MMC operating in error	69,507.31
11/17/2025 MMC Operating to Bethany/Lavaca Bay-QIPP Y6 Final IGT Reconciliation & Correction of insurance payment deposited into MMC Operating in error	5,665.12

TOTAL TRANSFERS BETWEEN FUNDS	\$ 618,120.08
--------------------------------------	----------------------

NURSING HOME UPL EXPENSES

11/17/2025 Nursing Home UPL-Cantex Transfer	8,756.00
11/17/2025 Nursing Home UPL-Nexion Transfer	117,548.03
11/17/2025 Nursing Home UPL-Tuscany Transfer	120,148.64
11/17/2025 Nursing Home UPL-HSL Transfer	334,142.47

TOTAL NURSING HOME UPL EXPENSES	\$ 580,595.14
--	----------------------

INTER-GOVERNMENT TRANSFERS

11/17/2025 RAPPs IGT	38,227.85
11/17/2025 CHIRP IGT	142,100.68

TOTAL INTER-GOVERNMENT TRANSFERS	\$ 180,328.53
---	----------------------

GRAND TOTAL DISBURSEMENTS APPROVED November 19, 2025	\$ 2,285,809.45
---	------------------------

	14088	AZALEA HEALTH					712.80	0.00	0.00	712.80
Vendor#	Vendor Name		Class		Pay Code					
13024	AZALIA BONUZ									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	111325		11/13/202	11/13/202	11/13/202		7.50	0.00	0.00	7.50
	VEHICLE REGISTRATION FEE									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	13024	AZALIA BONUZ					7.50	0.00	0.00	7.50
Vendor#	Vendor Name		Class		Pay Code					
B1150	BAXTER HEALTHCARE		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	84689810		11/01/202	10/22/202	11/16/202		191.61	0.00	0.00	191.61
	SUPPLIES									
	84694818		11/11/202	10/23/202	11/17/202		93.40	0.00	0.00	93.40
	SUPPLIES									
	84693879		11/11/202	10/23/202	11/17/202		98.68	0.00	0.00	98.68
	SUPPLIES									
	84738415		11/11/202	11/04/202	11/29/202		631.20	0.00	0.00	631.20
	SERVICE CONTRACT									
	84743861		11/11/202	11/05/202	11/30/202		3,071.40	0.00	0.00	3,071.40
	LEASE									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE					4,086.29	0.00	0.00	4,086.29
Vendor#	Vendor Name		Class		Pay Code					
15912	BAYLOR COLLEGE OF MEDICINE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	3545		10/30/202	10/29/202	11/30/202		284.30	0.00	0.00	284.30
	4733		10/30/202	11/06/202	11/30/202		412.50	0.00	0.00	412.50
	MEDICAL DIRECTORSHIP OCT									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	15912	BAYLOR COLLEGE OF MEDICINE					696.80	0.00	0.00	696.80
Vendor#	Vendor Name		Class		Pay Code					
B1220	BECKMAN COULTER INC		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	4596847		11/05/202	11/05/202	11/30/202		1,484.00	0.00	0.00	1,484.00
	112334641		11/07/202	11/04/202	12/04/202		1,100.10	0.00	0.00	1,100.10
	SUPPLIES									
	112334270		11/07/202	11/04/202	12/04/202		4,706.76	0.00	0.00	4,706.76
	SUPPLIES									
	112282032		11/12/202	10/06/202	10/31/202		20,083.99	0.00	0.00	20,083.99
	SUPPLIES									
	112289471		11/12/202	10/08/202	11/02/202		139.34	0.00	0.00	139.34
	LEASE									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					27,514.19	0.00	0.00	27,514.19
Vendor#	Vendor Name		Class		Pay Code					
B1320	BEEKLEY CORPORATION		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	MIN0262266		11/07/202	10/28/202	11/30/202		1,094.50	0.00	0.00	1,094.50
	SUPPLIES									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	B1320	BEEKLEY CORPORATION					1,094.50	0.00	0.00	1,094.50
Vendor#	Vendor Name		Class		Pay Code					
11072	BIO-RAD LABORATORIES, INC									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 908711597		11/01/202	11/04/202	11/04/202			1,695.26	0.00	0.00	1,695.26 ✓
	SUPPLIES									
✓ 908696785		11/07/202	10/30/202	11/30/202			242.62	0.00	0.00	242.62 ✓
	SUPPLIES									
✓ 908703772		11/07/202	10/30/202	11/30/202			1,020.62	0.00	0.00	1,020.62 ✓
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC					2,958.50	0.00	0.00	2,958.50
Vendor#	Vendor Name			Class	Pay Code					
B1650 ✓	BOSART LOCK & KEY INC			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 130697		10/30/202	10/30/202	11/30/202			2,336.70	0.00	0.00	2,336.70 ✓
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC					2,336.70	0.00	0.00	2,336.70
Vendor#	Vendor Name			Class	Pay Code					
C1048 ✓	CALHOUN COUNTY			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 53635718		10/30/202	10/27/202	11/26/202			32,232.58	0.00	0.00	32,232.58 ✓
	SHELL									
✓ 53635235		10/30/202	10/27/202	11/26/202			18.92	0.00	0.00	18.92 ✓
	SHELL									
✓ 53640564		10/30/202	10/27/202	11/26/202			8.33	0.00	0.00	8.33 ✓
	SHELL									
✓ 53635290		10/30/202	10/27/202	11/26/202			644.89	0.00	0.00	644.89 ✓
	SHELL									
✓ 53635226		10/30/202	10/27/202	11/26/202			670.92	0.00	0.00	670.92 ✓
	SHELL									
✓ 53636840		10/30/202	10/27/202	11/26/202			1,998.26	0.00	0.00	1,998.26 ✓
	SHELL									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY					35,573.90	0.00	0.00	35,573.90
Vendor#	Vendor Name			Class	Pay Code					
14120 ✓	CALHOUN COUNTY EMS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 202510		11/04/202	11/04/202	11/29/202			7,480.00	0.00	0.00	7,480.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	14120	CALHOUN COUNTY EMS					7,480.00	0.00	0.00	7,480.00
Vendor#	Vendor Name			Class	Pay Code					
A1746 ✓	CALIBRESCIENTIFIC US, INC			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 90061906		11/01/202	10/23/202	11/12/202			163.93	0.00	0.00	163.93 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	A1746	CALIBRESCIENTIFIC US, INC					163.93	0.00	0.00	163.93
Vendor#	Vendor Name			Class	Pay Code					
C1992 ✓	CDW GOVERNMENT, INC.			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ AG5JC4D		11/01/202	10/17/202	11/16/202			2,401.38	0.00	0.00	2,401.38 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.					2,401.38	0.00	0.00	2,401.38
Vendor#	Vendor Name			Class	Pay Code					
13264 ✓	CERVEY, LLC									

✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	38402		10/31/202	11/03/202	11/28/202			2,150.00	0.00	0.00	2,150.00	✓
		LICENSING FEE										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		13264	CERVEY, LLC					2,150.00	0.00	0.00	2,150.00	
Vendor#	Vendor Name					Class	Pay Code					
11202	✓	CFI MECHANICAL INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	SD27237		11/07/202	11/07/202	11/30/202			3,043.24	0.00	0.00	3,043.24	✓
		PLUMBING REPAIR										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		11202	CFI MECHANICAL INC					3,043.24	0.00	0.00	3,043.24	
Vendor#	Vendor Name					Class	Pay Code					
C1600	✓	CITIZENS MEDICAL CENTER				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	202538		10/30/202	11/04/202	12/01/202			59,856.69	0.00	0.00	59,856.69	✓
		OCTOBER INV										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		C1600	CITIZENS MEDICAL CENTER					59,856.69	0.00	0.00	59,856.69	
Vendor#	Vendor Name					Class	Pay Code					
15188	✓	CLARITY ENROLLMENT SOLUTIONS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	2567		10/31/202	11/01/202	12/01/202			316.50	0.00	0.00	316.50	✓
		PURCHASED SERVICES										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		15188	CLARITY ENROLLMENT SOLUTIONS					316.50	0.00	0.00	316.50	
Vendor#	Vendor Name					Class	Pay Code					
C1166	✓	COASTAL OFFICE SOLUTONS				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	OEQT338731		10/20/202	10/16/202	11/30/202			377.22	0.00	0.00	377.22	✓
		SUPPLIES										
	OEQT339431		10/20/202	10/16/202	11/30/202			296.21	0.00	0.00	296.21	✓
		SUPPLIES										
	OE533021		10/28/202	10/24/202	11/30/202			277.48	0.00	0.00	277.48	✓
		SUPPLIES										
	OEQT329761		11/01/202	10/10/202	10/20/202			826.64	0.00	0.00	826.64	✓
		SUPPLIES										
	OE534391		11/11/202	11/07/202	11/17/202			370.89	0.00	0.00	370.89	✓
		SUPPLIES										
	OE531371		11/13/202	10/10/202	10/20/202			215.00	0.00	0.00	215.00	✓
		SUPPLIES										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		C1166	COASTAL OFFICE SOLUTONS					2,363.44	0.00	0.00	2,363.44	
Vendor#	Vendor Name					Class	Pay Code					
14080	✓	CORROHEALTH, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	2026611		11/12/202	10/31/202	11/30/202			2,469.15	0.00	0.00	2,469.15	✓
		CODING SERVICES OCTOBER										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		14080	CORROHEALTH, INC.					2,469.15	0.00	0.00	2,469.15	
Vendor#	Vendor Name					Class	Pay Code					
10006	✓	CUSTOM ASSEMBLIES, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	INV23263		11/12/202	11/04/202	11/12/202			401.64	0.00	0.00	401.64	✓
		SUPPLIES										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	

	10006	CUSTOM ASSEMBLIES, INC					401.64	0.00	0.00	401.64	
Vendor#	Vendor Name		Class	Pay Code							
14832	DR JOHN CLINTON										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	110725		10/30/202	11/07/202	11/30/202			1,200.00	0.00	0.00	1,200.00
	OCTOBER SERVICES										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	14832	DR JOHN CLINTON						1,200.00	0.00	0.00	1,200.00
Vendor#	Vendor Name		Class	Pay Code							
14924	DR. TIMU KWI										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	110725		10/30/202	11/07/202	11/30/202			5,800.00	0.00	0.00	5,800.00
	OCTOBER SERVICES										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	14924	DR. TIMU KWI						5,800.00	0.00	0.00	5,800.00
Vendor#	Vendor Name		Class	Pay Code							
11284	EMERGENCY STAFFING SOLUTIONS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	44859		11/12/202	11/15/202	11/25/202			40,062.50	0.00	0.00	40,062.50
	ER PHYS SERVICES 1-15TH										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS						40,062.50	0.00	0.00	40,062.50
Vendor#	Vendor Name		Class	Pay Code							
11944	EQUIFAX WORKFORCE SOLUTIONS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2068403669		11/07/202	10/31/202	11/30/202			10.99	0.00	0.00	10.99
	Vendor Totals: Number Name Gross Discount No-Pay Net										
	11944	EQUIFAX WORKFORCE SOLUTIONS						10.99	0.00	0.00	10.99
Vendor#	Vendor Name		Class	Pay Code							
S0501	EVOQUA WATER TECHNOLOGIES LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	907187551		10/20/202	08/29/202	11/30/202			456.86	0.00	0.00	456.86
	WATER										
	907217499		10/30/202	09/17/202	11/30/202			1,637.50	0.00	0.00	1,637.50
	Vendor Totals: Number Name Gross Discount No-Pay Net										
	S0501	EVOQUA WATER TECHNOLOGIES LLC						2,094.36	0.00	0.00	2,094.36
Vendor#	Vendor Name		Class	Pay Code							
10689	FASTHEALTH CORPORATION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	11E25MMC		11/07/202	11/01/202	11/30/202			1,145.00	0.00	0.00	1,145.00
	ENCRIPTION SERVICE										
	11A25MMCA		11/13/202	11/01/202	11/16/202			545.00	0.00	0.00	545.00
	Vendor Totals: Number Name Gross Discount No-Pay Net										
	10689	FASTHEALTH CORPORATION						1,690.00	0.00	0.00	1,690.00
Vendor#	Vendor Name		Class	Pay Code							
14336	FIRETRON, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	304043		10/20/202	10/31/202	11/30/202			453.00	0.00	0.00	453.00
	SMOKE DETECTOR MAINT										
	299971		11/04/202	09/22/202	10/22/202			1,050.00	0.00	0.00	1,050.00
	HOOD SUPPRESSION SERVICES										
	Vendor Totals: Number Name Gross Discount No-Pay Net										
	14336	FIRETRON, INC						1,503.00	0.00	0.00	1,503.00

Vendor#	Vendor Name		Class	Pay Code							
F1400	FISHER HEALTHCARE		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	4723059		10/24/202	11/03/202	11/28/202			63.11	0.00	0.00	63.11
	4754431		11/01/202	11/04/202	11/29/202			6,690.36	0.00	0.00	6,690.36
		SUPPLIES									
	4754430		11/01/202	11/04/202	11/29/202			433.86	0.00	0.00	433.86
		SUPPLIES									
	2254152		11/11/202	07/14/202	08/08/202			942.63	0.00	0.00	942.63
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE						8,129.96	0.00	0.00	8,129.96
Vendor#	Vendor Name		Class	Pay Code							
12404	GE PRECISION HEALTHCARE, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6003073080		10/24/202	11/01/202	12/01/202			1,044.26	0.00	0.00	1,044.26
		SUPPLIES									
	6003072803		11/01/202	10/24/202	11/30/202			16.44	0.00	0.00	16.44
	6003072800		11/01/202	11/01/202	12/01/202			956.96	0.00	0.00	956.96
		RAD LEASE									
	6003072809		11/01/202	11/01/202	12/01/202			1,510.89	0.00	0.00	1,510.89
		LEASE									
	6003072802		11/01/202	11/01/202	12/01/202			646.00	0.00	0.00	646.00
		RAD LEASE									
	6003072801		11/01/202	11/01/202	12/01/202			23.11	0.00	0.00	23.11
		RAD LEASE									
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC						4,197.66	0.00	0.00	4,197.66
Vendor#	Vendor Name		Class	Pay Code							
10642	GLAXOSMITHKLINE LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8254760116		11/12/202	11/10/202	12/01/202			6,136.62	0.00	0.00	6,136.62
		SUPPLIES									
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE LLC						6,136.62	0.00	0.00	6,136.62
Vendor#	Vendor Name		Class	Pay Code							
12948	GREAT AMERICA FINANCIAL SVCS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	40464959		11/11/202	10/30/202	11/24/202			185.06	0.00	0.00	185.06
		IT PRINTER LEASE									
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS						185.06	0.00	0.00	185.06
Vendor#	Vendor Name		Class	Pay Code							
G1210	GULF COAST PAPER COMPANY		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2698031		10/20/202	10/29/202	11/30/202			572.78	0.00	0.00	572.78
	2699581		11/01/202	11/04/202	12/04/202			71.60	0.00	0.00	71.60
		SUPPLIES									
	2699545		11/12/202	11/04/202	12/04/202			105.24	0.00	0.00	105.24
		SUPPLIES									
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY						749.62	0.00	0.00	749.62
Vendor#	Vendor Name		Class	Pay Code							

H1227	✓	HEALTHSURE INSURANCE SERVICES												
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net			
6780	✓		11/11/202	11/04/202	12/01/202			500.00	0.00	0.00	500.00			✓
		RENEWAL OF BOND EFF 12/1/25												
Vendor Totals:		Number	Name					Gross	Discount	No-Pay	Net			
		H1227	HEALTHSURE INSURANCE SERVICES					500.00	0.00	0.00	500.00			
Vendor#		Vendor Name				Class	Pay Code							
H0031	✓	HEB CREDIT RECEIVABLES DEPT308												
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net			
102825	✓		11/13/202	10/28/202	10/28/202			662.62	0.00	0.00	662.62			✓
		DIETARY SUPPLIES												
Vendor Totals:		Number	Name					Gross	Discount	No-Pay	Net			
		H0031	HEB CREDIT RECEIVABLES DEPT308					662.62	0.00	0.00	662.62			
Vendor#		Vendor Name				Class	Pay Code							
15208	✓	HOSPITAL CARE CONSULTANTS INC.												
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net			
6973	✓		11/12/202	11/15/202	11/25/202			23,663.00	0.00	0.00	23,663.00			✓
		HOSPITALIST PHYS SERVICES 1- 15th												
Vendor Totals:		Number	Name					Gross	Discount	No-Pay	Net			
		15208	HOSPITAL CARE CONSULTANTS INC.					23,663.00	0.00	0.00	23,663.00			
Vendor#		Vendor Name				Class	Pay Code							
10922	✓	HUNTER PHARMACY SERVICES												
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net			
6714	✓		10/30/202	10/31/202	11/30/202			15,558.55	0.00	0.00	15,558.55			✓
		PHARM SERVICES												
Vendor Totals:		Number	Name					Gross	Discount	No-Pay	Net			
		10922	HUNTER PHARMACY SERVICES					15,558.55	0.00	0.00	15,558.55			
Vendor#		Vendor Name				Class	Pay Code							
10833	✓	JAIME'S AUTO SHOP												
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net			
53842	✓		11/11/202	10/31/202	10/31/202			130.00	0.00	0.00	130.00			✓
		UPHOLSTERY												
Vendor Totals:		Number	Name					Gross	Discount	No-Pay	Net			
		10833	JAIME'S AUTO SHOP					130.00	0.00	0.00	130.00			
Vendor#		Vendor Name				Class	Pay Code							
W1372	✓	JOHN B WRIGHT LLC												
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net			
110725	✓		10/30/202	11/07/202	11/30/202			4,900.00	0.00	0.00	4,900.00			✓
		OCTOBER SERVICES												
Vendor Totals:		Number	Name					Gross	Discount	No-Pay	Net			
		W1372	JOHN B WRIGHT LLC					4,900.00	0.00	0.00	4,900.00			
Vendor#		Vendor Name				Class	Pay Code							
L0700	✓	LABCORP OF AMERICA HOLDINGS				M								
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net			
85138091	✓		11/12/202	11/01/202	11/26/202			82.00	0.00	0.00	82.00			✓
		LAB SERVICES												
Vendor Totals:		Number	Name					Gross	Discount	No-Pay	Net			
		L0700	LABCORP OF AMERICA HOLDINGS					82.00	0.00	0.00	82.00			
Vendor#		Vendor Name				Class	Pay Code							
L1640	✓	LOWE'S BUSINESS ACCT/SYNCB				W								
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net			
110225	✓		11/12/202	11/02/202	11/02/202			485.55	0.00	0.00	485.55			✓
		SUPPLIES												
Vendor Totals:		Number	Name					Gross	Discount	No-Pay	Net			
		L1640	LOWE'S BUSINESS ACCT/SYNCB					485.55	0.00	0.00	485.55			
Vendor#		Vendor Name				Class	Pay Code							

17972	✓	MALEK INC										
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
W18760A	✓		11/12/202	10/28/202	11/12/202			1,094.59	0.00	0.00	1,094.59	✓
		TRAVEL FOR REPAIR SERVICES										
Vendor Totals:		Number	Name					Gross	Discount	No-Pay	Net	
		17972	MALEK INC					1,094.59	0.00	0.00	1,094.59	
Vendor#		Vendor Name				Class	Pay Code					
M2178	✓	MCKESSON MEDICAL SURGICAL INC										
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
24540150	✓		11/01/202	10/27/202	11/11/202			11,034.53	0.00	0.00	11,034.53	✓
		SUPPLIES										
Vendor Totals:		Number	Name					Gross	Discount	No-Pay	Net	
		M2178	MCKESSON MEDICAL SURGICAL INC					11,034.53	0.00	0.00	11,034.53	
Vendor#		Vendor Name				Class	Pay Code					
11141	✓	MEDICAL DATA SYSTEMS, INC.										
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
208099	✓		10/30/202	10/31/202	11/30/202			999.95	0.00	0.00	999.95	✓
		COLLECTION FEES										
208098	✓		10/30/202	10/31/202	11/30/202			710.62	0.00	0.00	710.62	✓
		COLLECTION FEES										
Vendor Totals:		Number	Name					Gross	Discount	No-Pay	Net	
		11141	MEDICAL DATA SYSTEMS, INC.					1,710.57	0.00	0.00	1,710.57	
Vendor#		Vendor Name				Class	Pay Code					
10613	✓	MEDIMPACT HEALTHCARE SYS, INC.				A/P						
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
111125	✓		11/12/202	11/11/202	11/11/202			11.65	0.00	0.00	11.65	✓
Vendor Totals:		Number	Name					Gross	Discount	No-Pay	Net	
		10613	MEDIMPACT HEALTHCARE SYS, INC.					11.65	0.00	0.00	11.65	
Vendor#		Vendor Name				Class	Pay Code					
M2470	✓	MEDLINE INDUSTRIES INC				M						
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
2391201884	✓		10/13/202	10/01/202	11/30/202			0.44	0.00	0.00	0.44	✓
		SUPPLIES										
2393615200	✓		10/20/202	11/07/202	11/30/202			33.76	0.00	0.00	33.76	✓
		SUPPLIES										
2388063173	✓		11/01/202	09/10/202	09/10/202			918.41	0.00	0.00	918.41	✓
		SUPPLIES										
2388961584	✓		11/01/202	09/16/202	10/11/202			110.39	0.00	0.00	110.39	✓
		SUPPLIES										
2389481162	✓		11/01/202	09/19/202	10/14/202			5,465.33	0.00	0.00	5,465.33	✓
		SUPPLIES										
2390228588	✓		11/01/202	09/24/202	10/19/202			1,042.19	0.00	0.00	1,042.19	✓
		SUPPLIES										
2390229707	✓		11/01/202	09/24/202	10/19/202			1,038.81	0.00	0.00	1,038.81	✓
		SUPPLIES										
2391201881	✓		11/01/202	10/01/202	10/26/202			811.27	0.00	0.00	811.27	✓
		SUPPLIES										
2391201882	✓		11/01/202	10/01/202	10/26/202			1,577.31	0.00	0.00	1,577.31	✓
		SUPPLIES										
2394478632	✓		11/01/202	10/21/202	11/15/202			113.93	0.00	0.00	113.93	✓
		SUPPLIES										
2396697021	✓		11/05/202	11/04/202	11/29/202			26.57	0.00	0.00	26.57	✓
		SUPPLIES										
2396697020	✓		11/05/202	11/04/202	11/29/202			32.28	0.00	0.00	32.28	✓

✓	2397438255		11/11/202	11/08/202	12/03/202		38.54	0.00	0.00	38.54	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		M2470	MEDLINE INDUSTRIES INC				11,209.23	0.00	0.00	11,209.23	
Vendor#	Vendor Name		Class		Pay Code						
M2550	✓ MELSTAN, INC.		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	111624		11/07/202	10/29/202	11/30/202		36.75	0.00	0.00	36.75	✓
	SUPPLIES <i>Stamp / Brush killer</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		M2550	MELSTAN, INC.				36.75	0.00	0.00	36.75	
Vendor#	Vendor Name		Class		Pay Code						
14704	✓ METTLER-TOLEDO RAININ, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	679283079		10/30/202	10/24/202	11/30/202		69.40	0.00	0.00	69.40	✓
	SUPPLIES <i>Single Channel</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		14704	METTLER-TOLEDO RAININ, LLC				69.40	0.00	0.00	69.40	
Vendor#	Vendor Name		Class		Pay Code						
10536	✓ MORRIS & DICKSON CO, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	4047139		11/07/202	11/04/202	11/30/202		38.60	0.00	0.00	38.60	✓
	SUPPLIES										
✓	4047561		11/07/202	11/04/202	11/30/202		1,849.94	0.00	0.00	1,849.94	✓
	SUPPLIES										
✓	4047562		11/07/202	11/04/202	11/30/202		953.93	0.00	0.00	953.93	✓
	SUPPLIES										
✓	4052595		11/12/202	11/05/202	11/15/202		24.68	0.00	0.00	24.68	✓
	SUPPLIES										
✓	CM58836		11/12/202	11/05/202	11/15/202		-17.15	0.00	0.00	-17.15	✓
✓	CM58837		11/12/202	11/05/202	11/15/202		-115.80	0.00	0.00	-115.80	✓
✓	4052596		11/12/202	11/05/202	11/15/202		380.48	0.00	0.00	380.48	✓
	SUPPLIES										
✓	4057022		11/12/202	11/06/202	11/16/202		236.09	0.00	0.00	236.09	✓
	SUPPLIES										
✓	4055572		11/12/202	11/06/202	11/16/202		72.72	0.00	0.00	72.72	✓
✓	CM59165		11/12/202	11/06/202	11/16/202		-7,274.46	0.00	0.00	-7,274.46	✓
✓	4055571		11/12/202	11/06/202	11/16/202		17.98	0.00	0.00	17.98	✓
	SUPPLIES										
✓	CM59166		11/12/202	11/06/202	11/16/202		-56.35	0.00	0.00	-56.35	✓
✓	4057023		11/12/202	11/06/202	11/16/202		42.23	0.00	0.00	42.23	✓
	SUPPLIES										
✓	4057021		11/12/202	11/06/202	11/16/202		54.33	0.00	0.00	54.33	✓
	SUPPLIES										
✓	4064275		11/12/202	11/09/202	11/19/202		97.27	0.00	0.00	97.27	✓
✓	4064273		11/12/202	11/09/202	11/19/202		80.01	0.00	0.00	80.01	✓
	SUPPLIES										
✓	4064274		11/12/202	11/09/202	11/19/202		41.88	0.00	0.00	41.88	✓
	SUPPLIES										
✓	4069172		11/12/202	11/10/202	11/20/202		14.77	0.00	0.00	14.77	✓

✓	4069173		11/12/202	11/10/202	11/20/202			5,088.39	0.00	0.00	5,088.39	✓
✓	4069174		11/12/202	11/10/202	11/20/202			51.56	0.00	0.00	51.56	✓
		SUPPLIES										
✓	4067767		11/12/202	11/10/202	11/20/202			221.95	0.00	0.00	221.95	✓
		SUPPLIES										
✓	0175574		11/12/202	11/11/202	11/21/202			615.00	0.00	0.00	615.00	✓
✓	4075447		11/12/202	11/11/202	11/21/202			33.56	0.00	0.00	33.56	✓
		SUPPLIES										
✓	4075448		11/12/202	11/11/202	11/21/202			487.37	0.00	0.00	487.37	✓
		SUPPLIES										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		10536	MORRIS & DICKSON CO, LLC					2,938.98	0.00	0.00	2,938.98	
Vendor#	Vendor Name				Class	Pay Code						
18164	✓	MPR ORTHOPEDICS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	93735		11/12/202	11/03/202	11/12/202			1,599.00	0.00	0.00	1,599.00	✓
		SUPPLIES										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		18164	MPR ORTHOPEDICS					1,599.00	0.00	0.00	1,599.00	
Vendor#	Vendor Name				Class	Pay Code						
M2659	✓	MXR IMAGING, INC			M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	8801300890		11/04/202	10/22/202	11/21/202			723.15	0.00	0.00	723.15	✓
		SUPPLIES										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		M2659	MXR IMAGING, INC					723.15	0.00	0.00	723.15	
Vendor#	Vendor Name				Class	Pay Code						
13548	✓	NACOGDOCHES TRANSCRIPTION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	8891		11/12/202	11/11/202	11/21/202			27.16	0.00	0.00	27.16	✓
		TRANSCRIPTSERV 102525-11072										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		13548	NACOGDOCHES TRANSCRIPTION					27.16	0.00	0.00	27.16	
Vendor#	Vendor Name				Class	Pay Code						
O1500	✓	OLYMPUS AMERICA INC			M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	38913302		11/05/202	11/03/202	11/28/202			-36.86	0.00	0.00	-36.86	✓
✓	38920280		11/12/202	11/04/202	11/29/202			740.09	0.00	0.00	740.09	✓
✓	38920281		11/12/202	11/04/202	11/29/202			204.60	0.00	0.00	204.60	✓
✓	38927395		11/12/202	11/05/202	11/30/202			-100.94	0.00	0.00	-100.94	✓
✓	38940998		11/12/202	11/07/202	12/02/202			1,125.00	0.00	0.00	1,125.00	✓
		SERVICE CONTRACT										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
		O1500	OLYMPUS AMERICA INC					1,931.89	0.00	0.00	1,931.89	
Vendor#	Vendor Name				Class	Pay Code						
11155	✓	PARAREV										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	2026862		11/12/202	11/01/202	12/01/202			3,084.00	0.00	0.00	3,084.00	✓

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11155	PARAREV				3,084.00	0.00	0.00	3,084.00
Vendor#	Vendor Name			Class	Pay Code					
14764	✓ PL-CPR, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	416		11/12/202	11/03/202	11/03/202		325.00	0.00	0.00	325.00 ✓
	PALS CERTIFICATION									
✓	417		11/12/202	11/09/202	11/09/202		150.00	0.00	0.00	150.00 ✓
	ACLS RECERTIFICATION									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14764	PL-CPR, LLC				475.00	0.00	0.00	475.00
Vendor#	Vendor Name			Class	Pay Code					
P2200	✓ POWER HARDWARE			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	B78457		11/07/202	11/06/202	11/30/202		77.84	0.00	0.00	77.84 ✓
	SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		P2200	POWER HARDWARE				77.84	0.00	0.00	77.84
Vendor#	Vendor Name			Class	Pay Code					
10372	✓ PRECISION DYNAMICS CORP (PDC)									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	9360322493		11/04/202	10/29/202	11/28/202		66.96	0.00	0.00	66.96 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)				66.96	0.00	0.00	66.96
Vendor#	Vendor Name			Class	Pay Code					
11932	✓ PRESS GANEY ASSOCIATES, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	IN000729246		10/31/202	10/31/202	11/30/202		2,952.47	0.00	0.00	2,952.47 ✓
	OCTOBER INVOICE									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11932	PRESS GANEY ASSOCIATES, INC.				2,952.47	0.00	0.00	2,952.47
Vendor#	Vendor Name			Class	Pay Code					
O1416	✓ QUIDELORTHO SALES COMPANY LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	9100163133		11/12/202	11/04/202	12/04/202		831.48	0.00	0.00	831.48 ✓
	SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		O1416	QUIDELORTHO SALES COMPANY LLC				831.48	0.00	0.00	831.48
Vendor#	Vendor Name			Class	Pay Code					
S2001	✓ SIEMENS MEDICAL SOLUTIONS INC			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	116806645		10/30/202	10/24/202	11/30/202		3,507.72	0.00	0.00	3,507.72 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC				3,507.72	0.00	0.00	3,507.72
Vendor#	Vendor Name			Class	Pay Code					
17852	✓ SINGLETON ASSOCIATES PA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	5160A		11/11/202	09/22/202	09/22/202		10.91	0.00	0.00	10.91 ✓
✓	5162		11/11/202	09/22/202	10/30/202		421.60	0.00	0.00	421.60 ✓
✓	5163		11/11/202	10/30/202	10/30/202		336.24	0.00	0.00	336.24 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net

Testing formula employees

	17852	SINGLETON ASSOCIATES PA					768.75	0.00	0.00	768.75
Vendor#	Vendor Name		Class		Pay Code					
S2362	SMITH & NEPHEW, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	984696631		11/11/202	11/06/202	11/11/202		6,650.00	0.00	0.00	6,650.00
	SUPPLIES									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.					6,650.00	0.00	0.00	6,650.00
Vendor#	Vendor Name		Class		Pay Code					
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	107054225		10/30/202	09/30/202	11/30/202		4,103.00	0.00	0.00	4,103.00
	SEPT INV									
	CM15910		10/30/202	09/30/202	11/30/202		-3,205.00	0.00	0.00	-3,205.00
	SEPT CREDIT									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					898.00	0.00	0.00	898.00
Vendor#	Vendor Name		Class		Pay Code					
10845	STAPLES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	6046729646		11/12/202	10/31/202	11/12/202		39.29	0.00	0.00	39.29
	BATTERIES									
	6046729647		11/12/202	10/31/202	11/12/202		100.22	0.00	0.00	100.22
	BATTERIES									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	10845	STAPLES					139.51	0.00	0.00	139.51
Vendor#	Vendor Name		Class		Pay Code					
S3940	STERIS CORPORATION		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	14643743		11/11/202	11/04/202	11/29/202		218.40	0.00	0.00	218.40
	SUPPLIES									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION					218.40	0.00	0.00	218.40
Vendor#	Vendor Name		Class		Pay Code					
T2539	T-SYSTEM, INC		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2026146		10/31/202	10/31/202	12/01/202		6,130.42	0.00	0.00	6,130.42
	SOFTWARE									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC					6,130.42	0.00	0.00	6,130.42
Vendor#	Vendor Name		Class		Pay Code					
T0420	TELEFLEX MEDICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9510444490		10/13/202	08/25/202	11/30/202		29.00	0.00	0.00	29.00
	SUPPLIES									
	9510726232		10/13/202	11/07/202	11/30/202		12.00	0.00	0.00	12.00
	SUPPLIES									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	T0420	TELEFLEX MEDICAL					41.00	0.00	0.00	41.00
Vendor#	Vendor Name		Class		Pay Code					
10758	TEXAS SELECT STAFFING, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	0026106		11/12/202	11/06/202	11/07/202		8,262.50	0.00	0.00	8,262.50
	AGENCY STAFFING									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	10758	TEXAS SELECT STAFFING, LLC					8,262.50	0.00	0.00	8,262.50

Silicone Bite Liners

4x Tube Unwuffed

Jennifer Stephens

Vendor#	Vendor Name				Class	Pay Code					
15396	THIRD COAST DISTRIBUTING LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	103125		11/12/202	10/31/202	10/31/202			128.24	0.00	0.00	128.24
		SUPPLIES									
		Maintenance Bill									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	15396	THIRD COAST DISTRIBUTING LLC						128.24	0.00	0.00	128.24
Vendor#	Vendor Name				Class	Pay Code					
13144	TRI WHOLESALE CO.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	102525		11/12/202	10/25/202	10/25/202			54.19	0.00	0.00	54.19
		SUPPLIES									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	13144	TRI WHOLESALE CO.						54.19	0.00	0.00	54.19
Vendor#	Vendor Name				Class	Pay Code					
U1064	UNIFIRST HOLDINGS INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6920000406		10/30/202	05/23/202	11/30/202			-262.00	0.00	0.00	-262.00
		LUMP SUM ADJUSTMENT									
	2921068994		10/30/202	09/11/202	11/30/202			189.37	0.00	0.00	189.37
		UNIFORMS									
	2921070032		10/30/202	09/25/202	11/30/202			178.29	0.00	0.00	178.29
		UNIFORM									
	2921070538		10/30/202	10/02/202	11/30/202			209.47	0.00	0.00	209.47
		LAUNDRY									
	2921071071		10/30/202	10/09/202	11/30/202			600.97	0.00	0.00	600.97
		UNIFORM									
	2921072151		10/30/202	10/23/202	11/30/202			374.93	0.00	0.00	374.93
		LAUNDRY									
	2921072854		10/31/202	11/03/202	11/28/202			218.81	0.00	0.00	218.81
		UNIFORMS									
	2921072681		11/11/202	10/30/202	11/24/202			147.16	0.00	0.00	147.16
		UNIFORM									
	2921072654		11/12/202	10/30/202	11/24/202			289.83	0.00	0.00	289.83
		UNIFORMS									
	2921073169		11/12/202	11/06/202	12/01/202			289.05	0.00	0.00	289.05
		LAUNDRY									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC						2,235.88	0.00	0.00	2,235.88
Vendor#	Vendor Name				Class	Pay Code					
10768	VICTORIA MEDICAL FOUNDATION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2025184		11/11/202	10/27/202	10/27/202			775.00	0.00	0.00	775.00
		ANNUAL DUES OR CREDENTIALI									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	10768	VICTORIA MEDICAL FOUNDATION						775.00	0.00	0.00	775.00
Vendor#	Vendor Name				Class	Pay Code					
V1471	VICTORIA RADIOWORKS, LLC				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	25100147		10/30/202	10/31/202	11/30/202			160.00	0.00	0.00	160.00
		CALHOUN FOOTBALL SPOT									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LLC						160.00	0.00	0.00	160.00
Vendor#	Vendor Name				Class	Pay Code					
12548	WAGeworks, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓ 100125	10/30/202 10/01/202 11/30/202	66.45	0.00	0.00	66.45 ✓
✓ 1025TR116685	10/30/202 10/01/202 11/30/202	131.25	0.00	0.00	131.25 ✓
Vendor Totals: Number Name		Gross	Discount	No-Pay	Net
12548	WAGeworks, INC	197.70	0.00	0.00	197.70

Premiums
 Laura Admin fees

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	348,953.23	0.00	0.00	348,953.23

APPROVED ON

NOV 13 2025

BY COUNTY AUDITOR
 CALHOUN COUNTY TEXAS

Chk# 21107, 21186

RUN DATE:11/18/25
TIME:10:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/19/25 THRU 11/19/25

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	211107	11/19/25	985.77	ACE HARDWARE 15521
A/P	211108	11/19/25	637.76	AIRGAS USA, LLC - CENTRAL DIV
A/P	211109	11/19/25	510.14	AMAZON CAPITAL SERVICES
A/P	211110	11/19/25	2,313.00	AMERICAN PROFICIENCY INSTITUTE
A/P	211111	11/19/25	1,042.00	APPLIED MEDICAL
A/P	211112	11/19/25	53.96	AQUA BEVERAGE COMPANY
A/P	211113	11/19/25	712.80	AZALEA HEALTH
A/P	211114	11/19/25	7.50	AZALIA BONUZ
A/P	211115	11/19/25	4,086.29	BAXTER HEALTHCARE
A/P	211116	11/19/25	696.80	BAYLOR COLLEGE OF MEDICINE
A/P	211117	11/19/25	27,514.19	BECKMAN COULTER INC
A/P	211118	11/19/25	1,094.50	BEEKLEY CORPORATION
A/P	211119	11/19/25	2,958.50	BIO-RAD LABORATORIES, INC
A/P	211120	11/19/25	2,336.70	BOSART LOCK & KEY INC
A/P	211121	11/19/25	35,573.90	CALHOUN COUNTY
A/P	211122	11/19/25	7,480.00	CALHOUN COUNTY EMS
A/P	211123	11/19/25	163.93	CALIBRES SCIENTIFIC US, INC
A/P	211124	11/19/25	2,401.38	CDW GOVERNMENT, INC.
A/P	211125	11/19/25	2,150.00	CERVEY, LLC
A/P	211126	11/19/25	3,043.24	CFI MECHANICAL INC
A/P	211127	11/19/25	59,856.69	CITIZENS MEDICAL CENTER
A/P	211128	11/19/25	316.50	CLARITY ENROLLMENT SOLUTIONS
A/P	211129	11/19/25	2,363.44	COASTAL OFFICE SOLUTIONS
A/P	211130	11/19/25	2,469.15	CORROHEALTH, INC.
A/P	211131	11/19/25	401.64	CUSTOM ASSEMBLIES, INC
A/P	211132	11/19/25	1,200.00	DR JOHN CLINTON
A/P	211133	11/19/25	5,800.00	DR. TIMU KWI
A/P	211134	11/19/25	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	211135	11/19/25	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	211136	11/19/25	2,094.36	EVOQUA WATER TECHNOLOGIES LLC
A/P	211137	11/19/25	1,690.00	FASTHEALTH CORPORATION
A/P	211138	11/19/25	1,503.00	FIRETRON, INC
A/P	211139	11/19/25	8,129.96	FISHER HEALTHCARE
A/P	211140	11/19/25	4,197.66	GE PRECISION HEALTHCARE, LLC
A/P	211141	11/19/25	6,136.62	GLAXOSMITHKLINE LLC
A/P	211142	11/19/25	185.06	GREAT AMERICA FINANCIAL SVCS
A/P	211143	11/19/25	749.62	GULF COAST PAPER COMPANY
A/P	211144	11/19/25	500.00	HEALTHSURE INSURANCE SERVICES
A/P	211145	11/19/25	662.62	HEB CREDIT RECEIVABLES DEPT308
A/P	211146	11/19/25	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	211147	11/19/25	15,558.55	HUNTER PHARMACY SERVICES
A/P	211148	11/19/25	130.00	JAIME'S AUTO SHOP
A/P	211149	11/19/25	4,900.00	JOHN B WRIGHT LLC
A/P	211150	11/19/25	82.00	LABCORP OF AMERICA HOLDINGS
A/P	211151	11/19/25	485.55	LOWE'S BUSINESS ACCT/SYNCE
A/P	211152	11/19/25	1,094.59	MALEK INC
A/P	211153	11/19/25	11,034.53	MCKESSON MEDICAL SURGICAL INC
A/P	211154	11/19/25	1,710.57	MEDICAL DATA SYSTEMS, INC.
A/P	211155	11/19/25	11.65	MEDIMPACT HEALTHCARE SYS, INC.
A/P	211156	11/19/25	.00	VOIDED

RUN DATE:11/18/25
TIME:10:43

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/19/25 THRU 11/19/25

PAGE 2
GLCKREG

BANK--CHECK--

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	211157	11/19/25	11,209.23	MEDLINE INDUSTRIES INC
A/P	211158	11/19/25	36.75	MELSTAN, INC.
A/P	211159	11/19/25	69.40	METTLER-TOLEDO RAININ, LLC
A/P	211160	11/19/25	.00	VOIDED
A/P	211161	11/19/25	2,938.98	MORRIS & DICKSON CO, LLC
A/P	211162	11/19/25	1,599.00	MPR ORTHOPEDICS
A/P	211163	11/19/25	723.15	MXR IMAGING, INC
A/P	211164	11/19/25	27.16	NACOGDOCHES TRANSCRIPTION
A/P	211165	11/19/25	1,931.89	OLYMPUS AMERICA INC
A/P	211166	11/19/25	3,084.00	PARAREV
A/P	211167	11/19/25	475.00	PL-CPR, LLC
A/P	211168	11/19/25	77.84	POWER HARDWARE
A/P	211169	11/19/25	66.96	PRECISION DYNAMICS CORP (PDC)
A/P	211170	11/19/25	2,952.47	PRESS GANEY ASSOCIATES, INC.
A/P	211171	11/19/25	831.48	QUIDELORTHO SALES COMPANY LLC
A/P	211172	11/19/25	3,507.72	SIEMENS MEDICAL SOLUTIONS INC
A/P	211173	11/19/25	768.75	SINGLETON ASSOCIATES PA
A/P	211174	11/19/25	6,650.00	SMITH & NEPHEW, INC.
A/P	211175	11/19/25	898.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	211176	11/19/25	139.51	STAPLES
A/P	211177	11/19/25	218.40	STERIS CORPORATION
A/P	211178	11/19/25	6,130.42	T-SYSTEM, INC
A/P	211179	11/19/25	41.00	TELEFLEX MEDICAL
A/P	211180	11/19/25	8,262.50	TEXAS SELECT STAFFING, LLC
A/P	211181	11/19/25	128.24	THIRD COAST DISTRIBUTING LLC
A/P	211182	11/19/25	54.19	TRI WHOLESALE CO.
A/P	211183	11/19/25	2,235.88	UNIFIRST HOLDINGS INC
A/P	211184	11/19/25	775.00	VICTORIA MEDICAL FOUNDATION
A/P	211185	11/19/25	160.00	VICTORIA RADIOWORKS, LLC
A/P	211186	11/19/25	197.70	WAGeworks, INC
A/P	211187	11/19/25	6,100.61	ASHFORD GARDENS
A/P	211188	11/19/25	5,587.56	BROADMOOR AT CREEKSIDE PARK
A/P	211189	11/19/25	5,698.91	FORTBEND HEALTHCARE CENTER
A/P	211190	11/19/25	5,922.91	GOLDENCREEK HEALTHCARE
A/P	211191	11/19/25	5,486.00	GULF POINTE PLAZA
A/P	211192	11/19/25	5,665.12	LAVACA BAY NURSING AND REHAB
A/P	211193	11/19/25	8,471.56	SOLERA WEST HOUSTON
A/P	211194	11/19/25	5,680.10	THE CRESCENT
A/P	211195	11/19/25	69,507.31	TUSCANY VILLAGE
TOTALS:			467,073.31	

APPROVED ON

NOV 18 2025

BY COUNTY AUDITOR
DAVID L. GRIFFIN

Payables

348,953.23 +
6,100.61 +
8,471.56 +
5,698.91 +
5,587.56 +
5,680.10 +
5,922.91 +
5,486.00 +
69,507.31 +
5,665.12 +
467,073.31 =

NH
Kifers

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ERIN CLEVINGER

Account Inquiries:

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

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity

Total Activity \$3,662.26

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

Not an invoice. For your records only.

Credit Limit \$20,000
Cash Advance Limit \$5,000
Statement Closing Date 11/03/2025
Days in Billing Period 31

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
10/06	10/03	5065	55480775276878290954235	1 DSI DIST CORP URBANDALE IA 50322 USA	400.00 ✓
10/07	10/06	9399	05134375280600073687271	2 CMS MEDICARE APPLIC FE BALTIMORE MD 21244 USA	730.00 ✓
10/14	10/13	9399	05134375287600070223164	3 NPDB NPDB.HRSA.GOV ROCKVILLE MD 20852 USA	2.50 ✓
10/14	10/13	9399	05134375287600070223248	4 NPDB NPDB.HRSA.GOV ROCKVILLE MD 20852 USA	7.50 ✓
10/14	10/14	8999	55432865287203633460920	5 AMA*CREDENTIALING 800-621-8335 IL 60611 USA	44.00 ✓
10/16	10/15	5912	55436875289172895457937	6 IMPRIMSIX 503B LEDGEWOOD NJ 1824819 USA	990.00 ✓
10/22	10/20	3690	55432865294206200783682	7 COURTYARD SEAWORLD SAN ANTONIO TX 78251 USA	613.88 ✓
				99 JE CHECK IN: 10/20/2025 68031	
10/27	10/23	3690	55432865297207248923972	8 COURTYARD SEAWORLD SAN ANTONIO TX 78251 USA	0.02 CR ✓
				680310 CHECK IN: 10/20/2025 68031	
10/27	10/23	3504	65180135297051600092526	9 HILTON SAN ANTNIO HILL SAN ANTONIO TX 78251 USA	874.40 ✓
				649778 CHECK IN: 10/19/2025	
***** TOTAL AMOUNT OF MEMO ITEM(S) *****					\$3,662.26 ✓

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125Account Number
Statement Closing DateXXXX-XXXX-XXXX-6228
November 03, 2025

APPROVED ON

NOV 12 2025

Not an invoice.
For your records only.ERIN CLEVINGER
202 S ANN ST., STE A
PORT LAVACA TX 77979-4204

00010079643

①

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 11/10/2025

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		DSI Dist Corp - Direct			✓ 400.00
2			TV			
3	—		CMS Medicare App Fee			✓ 730.00
4			Mem Med Clinic			
5	—		NPDB - 1 provider Enroll			✓ 2.50
6	—		NPDB - 3 provider Renewals			✓ 7.50
7	—		AMA Cred - 1 Phy Init +			✓ 44.00
8			Cont. Monitoring			
9	—		Courtyard - Hotel for ^{San Antonio, TX} 10/20 - 10/23/25			✓ 613.88
10			Dianne Atkinson - CHQ Conf.			

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

Charges made to Erin Clevenger's MC

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

Dept. Director
Dir. Nursing
Dir. Clinical Services
CFO
Administrator <u>Erin 8</u>

2

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 11/10/2025

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		Credit - Courtyard			✓ .02
2	-		Hilton San Antonio - 10/19 - 10/23/25			✓ 874.40
3			Hotel for Bethann Briggs			
4			CIHQ Conf + Training			
400-00	+	1 bx	Box of 20ct Dexamethasone + Moxifloxacin			✓ 620.00
730-00	+	1 bx	Box of 20ct Phenylephrine + Lidocaine			✓ 370.00
2-50	+					✓ 990.00
7-50	+					
64-00	+					
613-88	+					
990-00	+					
874-40	+					
3,662-28	0					
0-02	+					
3,662-26	0					

Est. Freight _____

Est. Total Cost _____

TOTAL COST \$3,662.26

NOTES:

changes made to Erin's credit card (mc)

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

Dept. Director:
Dir. Nursing:
Dir. Clinical Services:
CFO: <u>[Signature]</u>
Administrator: <u>[Signature]</u>

McKESSON

STATEMENT

As of: 11/14/2025

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 11/14/2025

As of: 11/14/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 11/14/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
-----------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 32,761.23 USD

Future Due: 0.00

Past Due: 8.58-

Last Payment 2,451.97
08/07/2017

If Paid By 11/18/2025,
Pay This Amount:

32,105.84 USD

If Paid After 11/18/2025,
Pay this Amount:

32,761.23 USD

Due If Paid On Time:
USD

32,105.84

Disc lost if paid late:

655.39

Due If Paid Late:
USD

32,761.23

32,101.69 +

1.03 +

3.12 +

32,105.84 =

APPROVED ON

NOV 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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

MCKESSON

STATEMENT

As of: 11/14/2025

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Customer INV SupplID:

Territory: 7001

Customer: 256342

Date: 11/14/2025

APPROVED ON

NOV 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

As of: 11/14/2025

Mail to:

Page: 001

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342

Date: 11/14/2025

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
11/10/2025	11/18/2025	7600827505	248518948	115Invoice	18.32	915.92	✓	897.60	✓	7600827505	
11/10/2025	11/18/2025	7600827506	251727865	115Invoice	0.58	28.82	✓	28.24	✓	7600827506	
11/10/2025	11/18/2025	7600827507	254359338	115Invoice	14.42	720.80	✓	706.38	✓	7600827507	
11/10/2025	11/18/2025	7600827508	247797636	115Invoice	1.78	88.95	✓	87.17	✓	7600827508	
11/10/2025	11/18/2025	7600827509	257116761	115Invoice	0.85	42.57	✓	41.72	✓	7600827509	
11/10/2025	11/18/2025	7600845241	254040478	115Invoice	0.01	0.63	✓	0.62	✓	7600845241	
11/10/2025	11/18/2025	7600845242	248208937	115Invoice	5.41	270.70	✓	265.29	✓	7600845242	
11/10/2025	11/18/2025	7600845243	250516291	115Invoice	0.96	48.02	✓	47.06	✓	7600845243	
11/10/2025	11/18/2025	7600845244	249788119	115Invoice	12.30	615.06	✓	602.76	✓	7600845244	
11/10/2025	11/18/2025	7600845245	248068007	115Invoice	20.07	1,003.68	✓	983.61	✓	7600845245	
11/10/2025	11/18/2025	7600845246	252670797	115Invoice	12.30	615.06	✓	602.76	✓	7600845246	
11/10/2025	11/18/2025	7600845247	249361517	115Invoice	35.43	1,771.73	✓	1,736.30	✓	7600845247	
11/10/2025	11/18/2025	7600845248	256725352	115Invoice	16.39	819.70	✓	803.31	✓	7600845248	
11/10/2025	11/18/2025	7600845249	248887070	115Invoice	24.28	1,213.76	✓	1,189.48	✓	7600845249	
11/10/2025	11/18/2025	7600845250	249421357	115Invoice	24.28	1,213.76	✓	1,189.48	✓	7600845250	
11/10/2025	11/18/2025	7600845251	247862519	115Invoice	1.44	71.89	✓	70.45	✓	7600845251	
11/10/2025	11/18/2025	7600845252	253128232	115Invoice	0.01	0.63	✓	0.62	✓	7600845252	
11/10/2025	11/18/2025	7600845254	255688870	115Invoice	0.01	0.32	✓	0.31	✓	7600845254	
11/10/2025	11/18/2025	7600845256	255776160	115Invoice	1.36	68.17	✓	66.81	✓	7600845256	
11/10/2025	11/18/2025	7600845258	255776160	115Invoice	0.01	0.32	✓	0.31	✓	7600845258	
11/10/2025	11/18/2025	7600845260	255917263	115Invoice	0.01	0.32	✓	0.31	✓	7600845260	
11/10/2025	11/18/2025	7600845262	255213069	115Invoice	59.32	2,966.07	✓	2,906.75	✓	7600845262	
11/11/2025	11/18/2025	7601103984	246966456	115Invoice	11.23	561.67	✓	550.44	✓	7601103984	
11/11/2025	11/18/2025	7601103985	252256655	115Invoice	0.01	0.26	✓	0.25	✓	7601103985	
11/11/2025	11/18/2025	7601103986	246962048	195Invoice	18.35	917.48	✓	899.13	✓	7601103986	
11/11/2025	11/18/2025	7601103987	246966456	115Invoice	4.55	227.63	✓	223.08	✓	7601103987	
11/11/2025	11/18/2025	7601117026	246966456	115Invoice	0.04	2.21	✓	2.17	✓	7601117026	
11/11/2025	11/18/2025	7601117032	246966456	115Invoice	6.43	321.70	✓	315.27	✓	7601117032	
11/11/2025	11/18/2025	7601117037	246966456	115Invoice	30.65	1,532.45	✓	1,501.80	✓	7601117037	
11/11/2025	11/18/2025	7601117041	246966456	115Invoice	0.01	0.63	✓	0.62	✓	7601117041	
11/11/2025	11/18/2025	7601117045	246962048	195Invoice	2.04	102.04	✓	100.00	✓	7601117045	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 11/14/2025

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplID:
Territory: 7001

Customer: 256342
Date: 11/14/2025

As of: 11/14/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 11/14/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/11/2025	11/18/2025	7601117050	246966456	115Invoice	0.65	32.35	✓	31.70	✓	7601117050	
11/11/2025	11/18/2025	7601117054	246966468	165Invoice	1.92	95.78	✓	93.86	✓	7601117054	
11/11/2025	11/18/2025	7601117059	246966456	115Invoice	0.08	4.11	✓	4.03	✓	7601117059	
11/11/2025	11/18/2025	7601117064	246966456	115Invoice	0.23	11.39	✓	11.16	✓	7601117064	
11/11/2025	11/18/2025	7601117068	246962048	195Invoice	0.18	8.86	✓	8.68	✓	7601117068	
11/11/2025	11/18/2025	7601117070	246962048	195Invoice	0.14	6.96	✓	6.82	✓	7601117070	
11/11/2025	11/18/2025	7601117072	251251549	165Invoice	0.01	0.32	✓	0.31	✓	7601117072	
11/11/2025	11/18/2025	7601117078	251104823	195Invoice	0.03	1.27	✓	1.24	✓	7601117078	
11/12/2025	11/18/2025	7601343379	254040478	115Invoice	2.84	142.18	✓	139.34	✓	7601343379	
11/12/2025	11/18/2025	7601343380	256127596	115Invoice	2.48	123.80	✓	121.32	✓	7601343380	
11/12/2025	11/18/2025	7601343381	257258429	115Invoice	0.03	1.48	✓	1.45	✓	7601343381	
11/12/2025	11/18/2025	7601343382	247107275	115Invoice	0.01	0.32	✓	0.31	✓	7601343382	
11/13/2025	11/18/2025	7601571179	247227338	195Invoice	1.87	93.61	✓	91.74	✓	7601571179	
11/13/2025	11/18/2025	7601571180	248208937	115Invoice	1.29	64.64	✓	63.35	✓	7601571180	
11/13/2025	11/18/2025	7601571181	253975017	115Invoice	2.07	103.51	✓	101.44	✓	7601571181	
11/13/2025	11/18/2025	7601571182	252256655	115Invoice	4.27	213.49	✓	209.22	✓	7601571182	
11/13/2025	11/18/2025	7601571183	251969648	115Invoice	1.26	62.97	✓	61.71	✓	7601571183	
11/13/2025	11/18/2025	7601571184	249905260	115Invoice	12.30	615.06	✓	602.76	✓	7601571184	
11/13/2025	11/18/2025	7601582929	255688870	115Invoice	0.01	0.32	✓	0.31	✓	7601582929	
11/13/2025	11/18/2025	7601582930	254322632	115Invoice	2.84	142.18	✓	139.34	✓	7601582930	
11/13/2025	11/18/2025	7601582931	249361517	115Invoice	0.01	0.63	✓	0.62	✓	7601582931	
11/13/2025	11/18/2025	7601582932	252192781	115Invoice	4.25	212.57	✓	208.32	✓	7601582932	
11/13/2025	11/18/2025	7601582933	248208937	115Invoice	13.38	669.12	✓	655.74	✓	7601582933	
11/13/2025	11/18/2025	7601582934	248285396	115Invoice	13.38	669.12	✓	655.74	✓	7601582934	
11/13/2025	11/18/2025	7601582935	248613461	115Invoice	6.69	334.56	✓	327.87	✓	7601582935	
11/13/2025	11/18/2025	7601582936	247227338	195Invoice	0.52	25.88	✓	25.36	✓	7601582936	
11/13/2025	11/18/2025	7601582937	249361517	115Invoice	14.17	708.69	✓	694.52	✓	7601582937	
11/13/2025	11/18/2025	7601582938	250516291	115Invoice	14.17	708.69	✓	694.52	✓	7601582938	
11/13/2025	11/18/2025	7601582939	250925302	115Invoice	14.17	708.69	✓	694.52	✓	7601582939	
11/13/2025	11/18/2025	7601582940	250995687	115Invoice	14.17	708.69	✓	694.52	✓	7601582940	
11/13/2025	11/18/2025	7601582941	251239593	115Invoice	14.17	708.69	✓	694.52	✓	7601582941	

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

McKESSON

STATEMENT

As of: 11/14/2025

Page: 003

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 11/14/2025

As of: 11/14/2025 Page: 003
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

APPROVED ON
NOV 17 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEX

Cust: 256342 PLEASE CHECK ANY
Date: 11/14/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/13/2025	11/18/2025	7601582942	247805128	195Invoice	58.26	2,913.17	✓	2,854.91	✓	7601582942	
11/13/2025	11/18/2025	7601582943	248349843	115Invoice	5.41	270.70	✓	265.29	✓	7601582943	
11/13/2025	11/18/2025	7601582944	248068007	115Invoice	5.06	253.21	✓	248.15	✓	7601582944	
11/13/2025	11/18/2025	7601582945	250925302	115Invoice	5.06	253.21	✓	248.15	✓	7601582945	
11/13/2025	11/18/2025	7601582946	249421357	115Invoice	12.14	606.88	✓	594.74	✓	7601582946	
11/13/2025	11/18/2025	7601582947	249497709	115Invoice	48.55	2,427.51	✓	2,378.96	✓	7601582947	
11/13/2025	11/18/2025	7601582948	249636442	115Invoice	12.14	606.88	✓	594.74	✓	7601582948	
11/13/2025	11/18/2025	7601582949	249872109	115Invoice	18.21	910.32	✓	892.11	✓	7601582949	
11/13/2025	11/18/2025	7601582950	247227338	195Invoice	0.15	7.59	✓	7.44	✓	7601582950	
11/13/2025	11/18/2025	7601582951	247227338	195Invoice	0.04	1.90	✓	1.86	✓	7601582951	
11/13/2025	11/18/2025	7601582952	247227338	195Invoice	0.03	1.27	✓	1.24	✓	7601582952	
11/13/2025	11/18/2025	7601582953	251104823	195Invoice	0.01	0.63	✓	0.62	✓	7601582953	
11/13/2025	11/18/2025	7601582954	247862519	115Invoice	17.03	851.42	✓	834.39	✓	7601582954	
11/14/2025	11/18/2025	7601800368	252844156	115Invoice	1.33	66.26	✓	64.93	✓	7601800368	
11/14/2025	11/18/2025	7601800369	257871201	115Invoice	5.22	260.77	✓	255.55	✓	7601800369	
11/14/2025	11/18/2025	7601800370	247459697	195Invoice	0.02	0.95	✓	0.93	✓	7601800370	
11/14/2025	11/18/2025	7601800371	247459697	195Invoice	0.03	1.27	✓	1.24	✓	7601800371	

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: 32,756.82 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/10/2025 189,770.35

If Paid By 11/18/2025,
Pay This Amount:

32,101.69 USD

If Paid After 11/18/2025,
Pay this Amount:

32,756.82 USD

Due If Paid On Time:
USD

32,101.69

Disc lost if paid late:

655.13

Due If Paid Late:
USD

32,756.82

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 11/14/2025

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 11/14/2025

As of: 11/14/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 11/14/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
11/10/2025	11/10/2025	7600932003	MFC PR CORR CR	Pricing Cor		8.58-	P	✓ 8.58-	P ✓	7600932003	
11/10/2025	11/18/2025	7600932004	MFC PR CORR IN	Pricing Cor	0.09	4.39		✓ 4.30	✓	7600932004	
11/14/2025	11/18/2025	7601642704	B2511-055-251597	115Invoice	0.11	5.42		✓ 5.31		7601642704	

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

TOTAL: Customer Number 820405 HEB PHCY WHSE/MEM MED PHS

Subtotals:

1.23 USD

Future Due: 0.00

If Paid By 11/18/2025,
Pay This Amount:

1.03 USD

Due If Paid On Time:

USD 1.03

Past Due: 8.58-

Disc lost if paid late:

0.20

Last Payment
11/03/2025 24,551.22

If Paid After 11/18/2025,
Pay this Amount:

1.23 USD

Due If Paid Late:

USD 1.23

APPROVED ON

NOV 17 2025

BY COUNTY AUDITOR
GALVESTON COUNTY TEXAS

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

McKESSON**STATEMENT**

As of: 11/14/2025

Page: 001

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

Company: 8000

CVS PHCY 10356/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyDC: 8115
Customer INV SupplD:
Territory: 7001Customer: 835430
Date: 11/14/2025As of: 11/14/2025 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835430 PLEASE CHECK ANY
Date: 11/14/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835430 CVS PHCY 10356/MEM MC PHS											
11/12/2025	11/18/2025	7601195780	4554624	115Invoice	0.06	3.18		3.12		7601195780	

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

TOTAL: Customer Number 835430 CVS PHCY 10356/MEM MC PHS

Subtotals: 3.18 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 50.30
08/25/2025If Paid By 11/18/2025,
Pay This Amount:

3.12 USD

If Paid After 11/18/2025,
Pay this Amount:

3.18 USD

Due If Paid On Time:

USD 3.12

Disc lost if paid late: 0.06

Due If Paid Late:

USD 3.18

APPROVED ON

NOV 17 2025

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

Served By:

AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

Customer:

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

Remit To:

AMERISOURCEBERGEN
PO Box 978740
DALLAS TX 75397-8740

Customer Number

100566356 / 100566356

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	28.10
Past Due:	0.00
Total Due:	28.10
Account Balance:	28.10

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-10-2025	11-21-2025	3232672270	7010940294	Invoice	6.56		0.00	6.56
11-11-2025	11-21-2025	3232810335	7010944972	Invoice	3.06		0.00	3.06
11-12-2025	11-21-2025	3232941166	7010952941	Invoice	8.44		0.00	8.44
11-13-2025	11-21-2025	3233072347	7010957851	Invoice	10.04		0.00	10.04

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
28.10	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON

NOV 17 2025

BY COUNTY AUDITOR
CATHY HILL

Reminders

Due Date	Amount
11-21-2025	28.10
Total Due:	28.10

✓ M&C COG
11/17/25

Served By:

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

DEA: RA0289276
866-451-9655

Customer:

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

Remit To:

AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number

100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	1,958.85
Past Due:	0.00
Total Due:	1,958.85
Account Balance:	1,958.85

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-10-2025	11-21-2025	3232621008	7010918893	Invoice	489.46		0.00	489.46 ✓
11-10-2025	11-21-2025	3232621009	7010927425	Invoice	64.38		0.00	64.38 ✓
11-10-2025	11-21-2025	3232621670	7010932294	Invoice	18.30		0.00	18.30 ✓
11-11-2025	11-21-2025	3232781510	7010938115	Invoice	1,381.91		0.00	1,381.91 ✓
11-12-2025	11-21-2025	3232909702	7010944521	Invoice	2.46		0.00	2.46 ✓
11-13-2025	11-21-2025	3233039331	7010950776	Invoice	1.55		0.00	1.55 ✓
11-14-2025	11-21-2025	3233176161	7010959378	Invoice	0.79		0.00	0.79 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,958.85	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
11-14-2025	(8,719.37)

APPROVED ON

NOV 17 2025

BY COUNTY AUDITOR
DALHOUSIE COUNTY TEXAS

Reminders

Due Date	Amount
11-21-2025	1,958.85
Total Due:	1,958.85

✓ MGR CCG
11/17/25

TOLL FREE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

<input type="checkbox"/> "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ### <input type="text"/>						
<input type="checkbox"/> "ENTER YOUR 4-DIGIT PIN"	<input type="text"/>						
<input type="checkbox"/> "MAKE A PAYMENT, PRESS 1"	<input type="text" value="1"/>						
<input type="checkbox"/> "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ <input type="text" value="941"/> #						
<input type="checkbox"/> "IF FEDERAL TAX DEPOSIT ENTER 1"	<input type="text" value="1"/>						
<input type="checkbox"/> "ENTER 2-DIGIT TAX FILING YEAR"	★ <input type="text" value="25"/>						
<input type="checkbox"/> "ENTER 2-DIGIT TAX FILING ENDING MONTH" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★ <input type="text" value="12"/>						
<input type="checkbox"/> "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM"	★ <table border="1"><tr><td>\$</td><td>115,141.16</td><td>#</td></tr><tr><td></td><td>1</td><td></td></tr></table>	\$	115,141.16	#		1	
\$	115,141.16	#					
	1						
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 <table border="1"><tr><td>\$</td><td>60,606.10</td><td>#</td></tr></table>	\$	60,606.10	#			
\$	60,606.10	#					
"ENTER W/CENTS AMOUNT OF MEDICARE"	<table border="1"><tr><td>\$</td><td>14,341.04</td><td>#</td></tr></table>	\$	14,341.04	#			
\$	14,341.04	#					
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	<table border="1"><tr><td>\$</td><td>40,194.02</td><td>#</td></tr></table>	\$	40,194.02	#			
\$	40,194.02	#					
<input type="checkbox"/> "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	★ <table border="1"><tr><td><input type="text"/></td></tr><tr><td>1</td></tr></table>	<input type="text"/>	1				
<input type="text"/>							
1							
<input type="checkbox"/> ACKNOWLEDGEMENT NUMBER	<input type="text"/>						

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

<input type="text"/>
<input type="text"/>
<input type="text"/>

REVISED 3/18/2014

PAY PERIOD: BEGIN	10/31/2025
PAY PERIOD: END	11/13/2025
PAY DATE:	11/21/2025

TOTAL CAFÉ 125 PLAN:		\$	35,729.82	Less Exempt:				
TAXABLE PAY:		\$	494,514.35	\$	488,758.16			Exempt Amt:
			"CALCULATED"	From MMC Report	Difference			
FICA - MED (ER)	1.45%	\$	7,170.46					Employees over FICA-SS Cap:
FICA - MED (EE)	1.45%	\$	7,170.46	\$	7,170.52	\$	(0.06)	Erin Clevenger \$ 5,756.19
FICA - SOC SEC (ER)	0.20%	\$	30,303.01					
FICA - SOC SEC (EE)	0.20%	\$	30,303.01	\$	30,303.05	\$	(0.04)	Paycode S - Employee Reimb.:
FED WITHHOLDING		\$	40,194.02	\$	40,194.02			

TAX DEPOSIT:		\$ 115,140.96	\$ 115,141.16		
FICA - MEDICARE	2.90%	\$ 14,340.92	\$14,341.04		
FICA - SOCIAL SECURITY	(12.40%)	\$ 60,606.02	\$60,606.10	PREPARED BY:	Andrie Flores
FED WITHHOLDING		\$ 40,194.02	\$40,194.02	PREPARED DATE:	11/17/2025
TOTAL TAX:		\$ 115,140.96	\$115,141.16	\$ (0.20)	

Run Date: 11/14/25
Time: 15:16

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 10/31/25 - 11/13/25 Run# 1

Page 106
P2REG

Final Summary

*-- Pay Code Summary							*-- Deductions Summary				
PayCd	Description	Hrs	OT	SH	WB	HO	CE	Gross	Code	Amount	
1	REGULAR PAY-S1	9699.25	N	N	N			233087.27	A/R	504,30 A/R2	25,00 A/R3
1	REGULAR PAY-S1	1958.25	N	N	N	N		102077.85	ADVANC	AWARDS	BCBSVI
1	REGULAR PAY-S1	267.75	Y	N	N			10111.21	BOOTS	CAFE H	CAFE-1
2	REGULAR PAY-S2	2429.00	N	N	N			68724.47	CAFE-2	CAFE-3	CAFE-4
2	REGULAR PAY-S2	45.75	Y	N	N			1683.35	CAFE-5	CAFE-C	CAFE-D 1197.00 ✓
3	REGULAR PAY-S3	1548.00	N	N	N			52754.36	CAFE-F	CAFE-H	28646.08 CAFE-I
3	REGULAR PAY-S3	53.75	Y	N	N			2740.07	CAFE-L	CAFE-P	CANCER
4	CALL BACK PAY	7.00	N	1	N	N	Y	319.20	CHILD	CLINIC	COMBIN 228.60 ✓
4	CALL BACK PAY	7.75	N	2	N	N	Y	438.75	CREDIT	DD ADV	DENTAL
4	CALL BACK PAY	.25	Y	2	N	N	Y	20.06	DEP-LF	DIS-LF	EAT
C	CALL PAY	2445.00	N	1	N	N		4890.00	EATCSH	FEDTAX	40194.02 FICA-M 7170.52 ✓
D	DOUBLE TIME	4.00	N	2	N	N		364.00	FICA-O	30303.05 FIRSTC	FLEX S 3670.10 ✓
D	DOUBLE TIME	7.75	N	3	N	N		720.75	FLX FE	FORT D	FUTA
E	EXTRA WAGES		N	N	N	N		7312.56	GIFT S	57.80 GRANT	GRP-IN
E	EXTRA WAGES		N	1	N	N	N	2082.50	GTL	HOSP-I	HSA 527.00 ✓
F	FUNERAL LEAVE	24.00	N	1	N	N		369.36	ID TPT	IRSTAX	LEAF
I	INSERVICE	4.00	N	1	N	N		180.88	LEGAL	221.95 MASA	713.00 MEALS 4485.69 ✓
J	JURY LEAVE	6.00	N	1	N	N		188.93	METVIS	MISC	MISC/
K	EXTENDED-ILLNESS-BANK	246.00	N	1	N	N		7798.66	MMCSHR	MOOACC	577.08 MOOILL 878.88 ✓
P	PAID-TIME-OFF	111.00	N	N	N	N		2099.55	MOOIND	563.50 MOOLIF	1135.67 MOOSTD 1856.40 ✓
P	PAID-TIME-OFF	976.00	N	1	N	N		31631.39	MOOVIS	794.64 NATFML	1575.19 OTHER
X	CALL PAY 2	159.00	N	1	N	N		316.00	PHE	PHI***	PR FIN
Y	YMCA/CURVES		N	N	N	N		45.00	RELAY	REPAY	SAMS
Z	CALL PAY 3	96.00	N	1	N	N		288.00	SCWUBS	SIGNON	ST-TX
									STONDF	895.00 STONE	STONE2
									STUDEN	SUNACC	SUNILL
									SUNIND	SUNLIF	SUNSTD
									SUNVIS	SURCHG	TSA-1
									TSA-2	TSA-C	TSA-P
									TSA-R	35924.08 TUTION	UNIFOR 3503.02 ✓
									UN/HOS		

*----- Grand Totals: 20094.50 ----- (Gross: 530244.17 ✓ Deductions: 165647.57 ✓ Net: 364596.60 ✓
| Checks Count:- PT 200 PT 11 Other 40 Female 228 Male 22 Credit OverAmt 13 ZeroNet Term Total: 250 |
*-----

CCJ
11/17/25

CHENO	GRPN	LOCNO	EMPLNO	DEPN	CLMPN	CLMNO	CLMPL	CHKDT	AMT	ELMT	PAYE	PAYTD	CVNCD	CVSTP	FIRSTNAME	LASTNAME	CODE	VOID	PRCDT	THRTDT	PRVNO
6823	76351	1	1	0	2025	311001736	0	11/10/2025	\$26,210.13	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0			PCS	F	10/20/2025	11/2/2025	464334244
6824	76351	2	33	0	2025	308000012	0	11/10/2025	\$823.88	1	BLUEGRASS HEALTH SOLUTIONS LLC	P	738	0			DMII	F	10/15/2025	10/15/2025	384251369
6825	76351	2	7	0	2025	286000706	0	11/10/2025	\$1,098.53	1	CITIZENS MEDICAL CENTER	P	434	0			DHS	F	2/6/2025	2/6/2025	741698143
6826	76360	3	59	1	2025	286000863	0	11/10/2025	\$2.98	1	SEVA FAMILY MEDICINE LLC	P	172	0			AB	F	10/8/2025	10/8/2025	874006167
6827	76360	3	80	0	2025	296000916	0	11/10/2025	\$44.92	1	PORT LAVACA CLINIC	P	177	0			OV	F	9/2/2025	9/2/2025	742605670
6828	76360	3	80	0	2025	296000920	0	11/10/2025	\$44.92	1	PORT LAVACA CLINIC	P	177	0			OV	F	9/9/2025	9/9/2025	742605670
6829	76360	3	120	2	2025	304000274	0	11/10/2025	\$61.97	1	ALLERGY AND ENT ASSOCIATES	P	457	0			OVS	F	10/22/2025	10/22/2025	742007863
6830	76360	3	49	2	2025	301000185	0	11/10/2025	\$65.89	1	GUELVALDIVIA VERONICA	P	177	0			OV	F	10/7/2025	10/7/2025	742640162
6831	76360	3	132	0	2025	296000895	0	11/10/2025	\$119.24	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0			AB	F	10/20/2025	10/20/2025	742605670
6836	76360	3	120	2	2025	304000150	0	11/10/2025	\$382.60	1	ALLERGY AND ENT ASSOCIATES	P	440	0			ALTS	F	10/16/2025	10/16/2025	742007863
6838	76370	3	16	0	2025	282000809	0	11/10/2025	\$79.81	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	9/22/2025	9/22/2025	741680498

CCJ *msk*
11/10/25

APPROVED ON
NOV 17 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Nov 10, 2025 - Nov 16, 2025

Date	Bank Description	MMC Notes
11/10/2025	PAY PLUS ACHTrans 98238620 10100069603320 P	- 3rd Party Payor Fee
11/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee
11/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee
11/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee
11/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee
11/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee
11/10/2025	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee
11/10/2025	IRS USATAXPYMT 270571474260277 6103601003239	- Payroll Taxes
11/12/2025	PAY PLUS ACHTrans 98331809 101000698215459 P	- 3rd Party Payor Fee
11/12/2025	MCKESSON DRUG AUTO ACH ACH06779860 910000116	- 340B Drug Program Expense
11/13/2025	PAY PLUS ACHTrans 98634937 101000690547614 P	- 3rd Party Payor Fee
11/14/2025	Enhanced Analysis Ch	- Bank Fees
11/14/2025	PAY PLUS ACHTrans 98896516 101000692701371 P	- 3rd Party Payor Fee
11/14/2025	HPHG LLC MEMOR PREM MemMedCtr PLLav 11312265	- Health Insurance Premium Payment
11/14/2025	HPHG LLC PORT LAVAC MemMedCtr PLLav 11312265	- Health Insurance Claim Payments
11/14/2025	HPHG LLC PORT LAVA MemMedCtr PLLav 113122650	- Health Insurance Claim Payments
11/14/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense

Amount	Check #
38.71	902007
76.56	902008
1,068.67	902009
2,473.86	902010
297.80	902011
95.45	902012
4,820.84	902013
116,164.31	902014
67.31	902015
189,770.35	902016
124.64	902017
980.45	902018
77,898.42	902019
114,437.67	902020
4,952.53	902021
8,719.37	902022
522,175.44	

FW

38.71 +
67.31 +
124.64 +
980.45 +
1+211.11 0
Proc. fee
76.56 +
1+068.67 +
2+473.86 +
297.80 +
95.45 +
4+820.84 +
8+833.18 0
enhanced anal.
188.50 +
188.50 0

✓ Michele Cumberland
Michele Cumberland, CFO
Memorial Medical Center

November 17, 2025 * Approved on 11.05.25 cc
** Approved on 11.12.25 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT - ESTIMATED ACHS

Date	Description	MMC Notes
11/20/2025	- STATE COMTRLR TEXNET	- RAPPS IGT
11/21/2025	- STATE COMTRLR TEXNET	- CHIRP IGT

Amount
38,227.85
142,100.68
180,328.53

✓ Michele Cumberland
Michele Cumberland, CFO
Memorial Medical Center

November 17, 2025

522+175+44 +
118+164+31 =
189+770+35 =
77+890+42 =
114+637+67 =
4+952+53 =
8+719+37 =
10+232+79 0
10+232+79 =
0+00 0

1+211.11 +
8+833.18 +
188.50 +
10+232.79 0

APPROVED ON

NOV 17 2025

BY COUNTY AUDITOR
CALNOR 11/17/2025

**Transaction Summary**

Transaction Complete
Trace #

**Texas Health and Human Services Commission
Memorial Medical Center Operating County**

Payment Total	\$38,227.85
Bank Routing and Account Number	
Settlement Date	11/20/2025
RAPPS Amount	\$38,227.85
Entered By	Caitlin Clevenger



Electronic Payment Network



Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete
Trace #

Texas Health and Human Services Commission Memorial Medical Center Operating County

Payment Total	\$142,100.68
Bank Routing and Account Number	
Settlement Date	11/21/2025
CHIRP Amount	\$142,100.68
Entered By	Caitlin Clevenger

Plan	Start Date	EE Per Pay Cost	ER Per Pay Cost
2025 Heath Equity Health Savings Account	10/1/2025	\$ 40.00	\$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$ -	\$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$ -	\$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$ 30.00	\$ 25.00
2025 Heath Equity Health Savings Account	2/1/2025	\$ 5.00	\$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$ -	\$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$ -	\$ 25.00
2025 Heath Equity Health Savings Account	10/1/2025	\$ 15.00	\$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$ 137.00	\$ 25.00
2025 Heath Equity Health Savings Account	10/1/2025	\$ -	\$ 25.00
2025 Heath Equity Health Savings Account	9/1/2025	\$ 10.00	\$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$ -	\$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$ 25.00	\$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$ -	\$ 25.00
2025 Heath Equity Health Savings Account	3/1/2025	\$ 5.00	\$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$ 50.00	\$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$ -	\$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$ -	\$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$ 25.00	\$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$ 175.00	\$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$ -	\$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$ 50.00	\$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$ 10.00	\$ 25.00
		\$ 577.00	\$ 575.00
Total		\$ 1,152.00	

Memorial Medical Center
Transfer Request

Amount: \$ 500,000.00 ✓

Date: 11/17/2025

From Account: Prosperity Money Market [REDACTED]

APPROVED ON

To Account: Prosperity Operating Account [REDACTED]

NOV 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

Transfer from Prosperity Money Market Account to Prosperity Operating Account

Requested by: Michelle Cumberland

Date: 11/17/2025

Authorized by: [Signature] ✓

Date: 11/17/2025

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 13 2025

MEMORIAL MEDICAL CENTER

11/13/2025

11:06

AP Open Invoice List

0

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Due Dates Through: 12/05/2025

Vendor# Vendor Name

Class Pay Code

11816 ✓ ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 102325 ✓		10/30/202	10/23/202	12/05/202			614.61 ✓	0.00	0.00	614.61 ✓
✓ 102325A ✓		10/30/202	10/23/202	12/05/202			5,486.00 ✓	0.00	0.00	5,486.00 ✓

DRPP Use final between

Vendor Totals: Number Name
11816 ASHFORD GARDENS

Gross	Discount	No-Pay	Net
6,100.61	0.00	0.00	6,100.61

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,100.61	0.00	0.00	6,100.61

APPROVED ON

NOV 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check # 211187

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 13 2025

11/13/2025
10:59

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/05/2025

0

ap_open_invoice.template

Vendor# Vendor Name **CALHOUN COUNTY, TEXAS**

Class Pay Code

11828 ✓ SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 102325 ✓		10/31/202	10/23/202	12/05/202			205.91 ✓	0.00	0.00	205.91 ✓
✓ 102325A ✓		10/31/202	10/23/202	12/05/202			5,486.00 ✓	0.00	0.00	5,486.00 ✓
✓ 110525 ✓		11/12/202	11/05/202	12/05/202			2,779.65 ✓	0.00	0.00	2,779.65 ✓

Vendor Totals: Number

Name

11828

SOLERA WEST HOUSTON

Gross

Discount

No-Pay

Net

8,471.56

0.00

0.00

8,471.56

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

8,471.56

0.00

0.00

8,471.56

APPROVED ON

NOV 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 211193

QPP 46 final 6/1/2025

ins. pmx dep into mmc dtx in error

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 13 2025

MEMORIAL MEDICAL CENTER

0

11/13/2025

11:05

AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 12/05/2025

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

Class Pay Code

11820 ✓ FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 102325 ✓		10/30/202	10/23/202	12/05/202			212.91 ✓	0.00	0.00	212.91 ✓
✓ 102325A ✓		10/30/202	10/23/202	12/05/202			5,486.00 ✓	0.00	0.00	5,486.00 ✓

Stop the final 16K revo

Vendor Totals: Number Name

11820 FORTBEND HEALTHCARE CENTER

Gross	Discount	No-Pay	Net
5,698.91	0.00	0.00	5,698.91

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

5,698.91

0.00

0.00

5,698.91

APPROVED ON

NOV 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 211189

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 13

MEMORIAL MEDICAL CENTER

0

11/13/2025

11:13

AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 12/05/2025

Vendor# Vendor Name CALHOUN COUNTY, TEXAS

Class Pay Code

11832 ✓ BROADMOOR AT CREEKSIDE PARK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 102325 ✓		10/31/202	10/23/202	12/05/202			101.56 ✓	0.00	0.00	101.56 ✓
✓ 102325A ✓		11/13/202	10/23/202	12/05/202			5,486.00 ✓	0.00	0.00	5,486.00 ✓

QAPP 4th final test recon

Vendor Totals: Number Name

11832 BROADMOOR AT CREEKSIDE PARK

Gross	Discount	No-Pay	Net
5,587.56	0.00	0.00	5,587.56

Report Summary

Grand Totals:

Gross
5,587.56

Discount
0.00

No-Pay
0.00

Net
5,587.56

APPROVED ON

NOV 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 211188

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 13 2025

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

11/13/2025

11:07

Due Dates Through: 12/05/2025

Vendor# Vendor Name CALHOUN COUNTY, TEXAS

Class Pay Code

11824 ✓ THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 102325 ✓		10/30/202	10/23/202	12/05/202			194.10 ✓	0.00	0.00	194.10 ✓
✓ 102325A ✓		10/30/202	10/23/202	12/05/202			5,486.00 ✓	0.00	0.00	5,486.00 ✓

App use final for rev

Vendor Totals: Number Name
11824 THE CRESCENT

Gross	Discount	No-Pay	Net
5,680.10	0.00	0.00	5,680.10

Report Summary

Grand Totals:

APPROVED ON

Gross	Discount	No-Pay	Net
5,680.10	0.00	0.00	5,680.10

NOV 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 211194

NOV 13 2025

MEMORIAL MEDICAL CENTER

11/13/2025

AP Open Invoice List

0

11:05

CALHOUN COUNTY, TEXAS

Due Dates Through: 12/05/2025

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 ✓ GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 102325B ✓		10/30/202	10/23/202	12/05/202			5,486.00 ✓	0.00	0.00	5,486.00 ✓
✓ 102325A ✓		11/10/202	10/23/202	12/05/202			190.82 ✓	0.00	0.00	190.82 ✓
✓ 111025 ✓		11/12/202	11/10/202	12/05/202			246.09 ✓	0.00	0.00	246.09 ✓

DEPP use final for rework

"

INS. PMT dep. into MMC DEPP in error

Vendor Totals: Number Name

11836

GOLDENCREEK HEALTHCARE

Gross	Discount	No-Pay	Net
5,922.91	0.00	0.00	5,922.91

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

APPROVED ON

5,922.91

0.00

0.00

5,922.91

NOV 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 211190

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 13 2025

MEMORIAL MEDICAL CENTER

11/13/2025

11:14

AP Open Invoice List

0

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Due Dates Through: 12/05/2025

Vendor# Vendor Name

Class Pay Code

12696 ✓ GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 102325 ✓		10/30/202	10/23/202	12/05/202			5,486.00 ✓	0.00	0.00	5,486.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA	5,486.00	0.00	0.00	5,486.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,486.00	0.00	0.00	5,486.00

APPROVED ON

NOV 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check # 211191

Dr PP use final text re von

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 13 2025

MEMORIAL MEDICAL CENTER

11/13/2025

11:00

AP Open Invoice List

0

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Due Dates Through: 12/05/2025

Vendor# Vendor Name

Class Pay Code

13004 ✓ TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 102325A ✓		10/30/202	10/23/202	12/05/202			179.81 ✓	0.00	0.00	179.81 ✓
✓ 102325 ✓		10/30/202	10/23/202	12/05/202			5,486.00 ✓	0.00	0.00	5,486.00 ✓
✓ 110525 ✓		11/12/202	11/05/202	12/05/202			14,587.07 ✓	0.00	0.00	14,587.07 ✓
✓ 110625A ✓		11/12/202	11/06/202	12/05/202			3,475.83 ✓	0.00	0.00	3,475.83 ✓
✓ 110625 ✓		11/12/202	11/06/202	12/05/202			7,800.00 ✓	0.00	0.00	7,800.00 ✓
✓ 110725 ✓		11/12/202	11/07/202	12/05/202			28,250.00 ✓	0.00	0.00	28,250.00 ✓
✓ 110725A ✓		11/12/202	11/07/202	12/05/202			3,709.06 ✓	0.00	0.00	3,709.06 ✓
✓ 111025 ✓		11/12/202	11/10/202	12/05/202			6,019.54 ✓	0.00	0.00	6,019.54 ✓

Vendor Totals: Number Name

13004 TUSCANY VILLAGE

Gross	Discount	No-Pay	Net
69,507.31	0.00	0.00	69,507.31

Report Summary

Grand Totals:

APPROVED ON

Gross
69,507.31

Discount
0.00

No-Pay
0.00

Net
69,507.31

NOV 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check # 211195

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 13 2025

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

11/13/2025

11:03

Due Dates Through: 12/05/2025

Vendor# Vendor Name

Class Pay Code

12792 ✓ LAVACA BAY NURSING AND REHAB

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 102325A ✓		11/10/202	10/23/202	12/05/202			5,486.00 ✓	0.00	0.00	5,486.00 ✓
✓ 110625 ✓		11/12/202	11/06/202	12/05/202			105.62 ✓	0.00	0.00	105.62 ✓
✓ 110725 ✓		11/12/202	11/07/202	12/05/202			73.50 ✓	0.00	0.00	73.50 ✓

QAPP use final test reon
ins. pmt dep into MMC opt in error

Vendor Totals: Number Name

12792 LAVACA BAY NURSING AND REHAB

Gross	Discount	No-Pay	Net
5,665.12	0.00	0.00	5,665.12

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
5,665.12	0.00	0.00	5,665.12

APPROVED ON

NOV 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 211192

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/17/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
--------------	----------------	----------------------------	--------------	-----------------	------------------	---------------------------	--

Ashford Gardens		100.51	30.25			70.26	0
						Bank Balance	70.26
						Variance	
						Leave in Balance	100.00

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Adjust Balance/Transfer Amt	(29.74)
Broadmoor		102.43				102.43	0
						Bank Balance	102.43
						Variance	
						Leave in Balance	100.00

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

						Adjust Balance/Transfer Amt	0.89
Fort Bend		2,077.49		2,303.03		4,380.52	
						Bank Balance	4,380.52
						Variance	
						Leave in Balance	100.00
						Claims Owed to MMC	483.39
						Claims Owed to MMC	406.20
						Claims Owed to MMC	1,087.90

						Adjust Balance/Transfer Amt	2,303.03
Solera at W Houston		21,768.12	13,549.40	6,494.50		14,713.22	
						Bank Balance	14,713.22
						Variance	
						Leave in Balance	100.00

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

APPROVED ON
NOV 17 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Claims Owed to MMC 1,342.58
Claims Owed from Broadmoor to MMC 736.00
Claims Owed from Broadmoor to MMC 5,147.52
Claims Owed from Crescent to MMC 718.78
Claims Owed from Fort Bend to MMC 215.37
Adjust Balance/Transfer Amt 6,452.97

TOTAL TRANSFERS 8,756.00

Approved: Michelle Cumberland 11/17/25
Michelle Cumberland, CFO 11/17/2025

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

Ashford Gardens

11/14/2025 Enhanced Analysis Ch

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
30.25	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
30.25	-	-	-

Broadmoor

NO ACTIVITY

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

Crescent

NO ACTIVITY

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

Fort Bend

11/14/2025 Deposit
 11/14/2025 NOVITAS SOLUTION HCCLAIMPMT 675663 420000105
 11/13/2025 NOVITAS SOLUTION HCCLAIMPMT 675663 420000163

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	838.00	-	838.00
-	577.34	-	577.34
-	887.69	-	887.69
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	2,303.03	-	2,303.03

Solera at West Houston

11/14/2025 Enhanced Analysis Ch
 11/13/2025 CIGNA HCCLAIMPMT 1497143259 91000011286771
 11/12/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
41.53	-	-	-
-	6,494.50	-	6,494.50
13,507.87	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
13,549.40	6,494.50	-	6,494.50
-	-	-	-
-	8,797.53	-	8,797.53

TOTALS

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,529,193.93	\$1,488,497.09	\$1,529,193.93	\$1,838,332.26
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$70.26 ✓	\$70.26	\$70.26	\$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	\$14,713.22 ✓	\$14,713.22	\$14,713.22	\$14,754.75
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$4,380.52 ✓	\$4,380.52	\$4,380.52	\$2,965.18
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$117,680.03 ✓	\$118,779.95	\$117,680.03	\$18,452.90
*4551 CAL CO INDIGENT HEALTHCARE	\$10,001.08	\$10,001.08	\$10,001.08	\$4,885.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$99,323.11 ✓	\$144,846.90	\$99,323.11	\$84,072.60
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.39 ✓	\$100.39	\$100.39	\$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$338,311.30 ✓	\$352,246.98	\$338,311.30	\$132,269.22
*3407 MMC -NH TUSCANY VILLAGE	\$120,248.64 ✓	\$130,363.27	\$120,248.64	\$1,049.11
*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	\$31,098.25	\$31,098.25	\$31,098.25	\$30,625.75
Total Balance	\$3,335,143.07	\$3,365,120.25	\$3,335,143.07	\$3,197,630.46

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11/17/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		40,448.57	40,316.57	117,548.03		117,680.03	117,548.03
						Bank Balance	117,680.03
						Variance	-
						Leave in Balance	100.00
						Claims owed to MMC	32.00

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

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

APPROVED ON

NOV 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Adjust Balance/Transfer Amt 117,548.03

Approved Michelle Cumberland
Michelle Cumberland, CFO

11/17/25
11/17/2025

Golden Creek

11/14/2025 Deposit
11/14/2025 AETNA AS01 HCCLAIMPMT 1588075964 51000018818
11/14/2025 AETNA AS01 HCCLAIMPMT 1588075964 51000012508
11/13/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001665
11/12/2025 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
11/10/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
11/10/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001466
11/10/2025 Am Health TX PAYMENT 21531 84307030021003

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC</u>	
		<u>PORTION</u>	<u>NH PORTION</u>
-	97,758.80		97,758.80
-	975.00		975.00
-	493.33		493.33
- ✓	3,781.90		3,781.90
40,316.57	-		-
-	1,055.00		1,055.00
-	2,984.00		2,984.00
-	10,500.00		-
	✓		-
			-
40,316.57	117,548.03	-	107,048.03

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,529,193.93	\$1,488,497.09	\$1,529,193.93	\$1,838,332.26
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$70.26	\$70.26	\$70.26	\$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	\$14,713.22	\$14,713.22	\$14,713.22	\$14,754.75
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$4,380.52	\$4,380.52	\$4,380.52	\$2,965.18
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$117,680.03 ✓	\$118,779.95	\$117,680.03	\$18,452.90
*4551 CAL CO INDIGENT HEALTHCARE	\$10,001.08	\$10,001.08	\$10,001.08	\$4,885.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$99,323.11	\$144,846.90	\$99,323.11	\$84,072.60
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.39	\$100.39	\$100.39	\$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$338,311.30	\$352,246.98	\$338,311.30	\$132,269.22
*3407 MMC -NH TUSCANY VILLAGE	\$120,248.64	\$130,363.27	\$120,248.64	\$1,049.11
*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	\$31,098.25	\$31,098.25	\$31,098.25	\$30,625.75
Total Balance	\$3,335,143.07	\$3,365,120.25	\$3,335,143.07	\$3,197,630.46

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
11/17/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Private Pay		37,479.06	5,800.56	67,644.61			99,323.11	No Transfer
						Bank Balance	99,323.11	
						Variance		
						Leave in Balance	100.00	
						Claim Owed to MMC	31,578.50	
						Claims owed to MMC	325,464.68	
						Adjust Balance/Transfer Amt	(257,820.07)	
Gulf Pointe Plaza-Medicare/Medicaid		100.39					100.39	NO TRANSFER
						Bank Balance	100.39	
						Variance		
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	0.39	
TOTAL TRANSFERS								

Routing information for Gulf Pointe Plaza:

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

✓ Approved: Michelle Cumberland 11/17/25
Michelle Cumberland, CFO 11/17/2025

APPROVED ON

NOV 17 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

45,975.00 HNB - ECHO HCCLAIMPMT 746003411 440000271359
45,974.00 HNB - ECHO HCCLAIMPMT 746003411 440000227960
45,973.00 WIRE OUT HMG Rockport SNF, LP -Commerical
45,973.00 HNB - ECHO HCCLAIMPMT 746003411 440000262663
45,971.00 HNB - ECHO HCCLAIMPMT 746003411 440000201533

<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC	
		<u>PORTION</u>	<u>NH PORTION</u>
-	15,250.51		15,250.51
-	25,457.63		25,457.63
5,800.56	-		-
-	14,984.09		14,984.09
-	11,952.38		11,952.38
-	-		-
5,800.56	67,644.61	-	67,644.61

Gulf Pointe Plaza-Medicare/Medicaid

NO ACTIVITY

<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC	
		<u>PORTION</u>	<u>NH PORTION</u>
-	-		-
-	-		-
-	-		-
5,800.56	67,644.61	-	67,644.61

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,529,193.93	\$1,488,497.09	\$1,529,193.93	\$1,838,332.26
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$70.26	\$70.26	\$70.26	\$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	\$14,713.22	\$14,713.22	\$14,713.22	\$14,754.75
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$4,380.52	\$4,380.52	\$4,380.52	\$2,965.18
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$117,680.03	\$118,779.95	\$117,680.03	\$18,452.90
*4551 CAL CO INDIGENT HEALTHCARE	\$10,001.08	\$10,001.08	\$10,001.08	\$4,885.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$99,323.11 ✓	\$144,846.90	\$99,323.11	\$84,072.60
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.39 ✓	\$100.39	\$100.39	\$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$338,311.30	\$352,246.98	\$338,311.30	\$132,269.22
*3407 MMC -NH TUSCANY VILLAGE	\$120,248.64	\$130,363.27	\$120,248.64	\$1,049.11
*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	\$31,098.25	\$31,098.25	\$31,098.25	\$30,625.75
Total Balance	\$3,335,143.07	\$3,365,120.25	\$3,335,143.07	\$3,197,630.46

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 11/17/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		32,857.32	32,757.32	120,148.64	-	-	120,248.64	120,148.64
						Bank Balance Variance	120,248.64	
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 120,148.64

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.

✓ Michelle Cumberland and 11/17/25
 Approved: Michelle Cumberland, CFO 11/17/2025

APPROVED ON

NOV 17 2025

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village

	<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
11/14/2025 Deposit	-	119,199.53		119,199.53
11/12/2025 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	32,757.32	-		-
11/10/2025 HNB - ECHO HCCLAIMPMT 746003411 440000200671	-	949.11		949.11
	-	-		-
	-	-		-
	-	-		-
	32,757.32	120,148.64	-	120,148.64

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,529,193.93	\$1,488,497.09	\$1,529,193.93	\$1,838,332.26
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$70.26	\$70.26	\$70.26	\$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	\$14,713.22	\$14,713.22	\$14,713.22	\$14,754.75
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$4,380.52	\$4,380.52	\$4,380.52	\$2,965.18
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$117,680.03	\$118,779.95	\$117,680.03	\$18,452.90
*4551 CAL CO INDIGENT HEALTHCARE	\$10,001.08	\$10,001.08	\$10,001.08	\$4,885.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$99,323.11	\$144,846.90	\$99,323.11	\$84,072.60
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.39	\$100.39	\$100.39	\$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$338,311.30	\$352,246.98	\$338,311.30	\$132,269.22
*3407 MMC -NH TUSCANY VILLAGE	\$120,248.64	\$130,363.27	\$120,248.64	\$1,049.11
*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	\$31,098.25	\$31,098.25	\$31,098.25	\$30,625.75
Total Balance	\$3,335,143.07	\$3,365,120.25	\$3,335,143.07	\$3,197,630.46

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
11/17/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Lavaca Bay Nursing and Rehab		130,449.38	126,280.55	334,142.47			338,311.30	334,142.47
						Bank Balance	338,311.30	
						Variance	-	
						Leave in Balance	100.00	
						Claims owed to MMC	645.29	
						Claims owed to MMC	461.28	
						Claims owed to MMC	2,962.26	

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

Adjust Balance/Transfer Amt 334,142.97
Approved: Michelle Cumberland 11/17/25
Michelle Cumberland, CFO 11/17/2025

APPROVED ON
NOV 17 2025
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Lavaca Bay Nursing and Rehab

11/14/2025 Deposit
 11/14/2025 Deposit
 11/14/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000105
 11/14/2025 HUMANA INS CO HCCLAIMPMT 89073753 8300005778
 11/14/2025 HOSPICE OF SOUTH Payments NF 113122650074471
 11/14/2025 HIC KY HCCLAIMPMT 89030174 42000019877517 45
 11/14/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
 11/14/2025 Centene Manageme ACH 008765433514 1110000280
 11/14/2025 CENTENE CORP HCCLAIMPMT 53101127062976
 11/13/2025 Deposit
 11/13/2025 CENTENE CORP HCCLAIMPMT 53101121405999
 11/12/2025 WIRE OUT REG Leased OpCo LLC
 11/12/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
 11/12/2025 CENTENE CORP HCCLAIMPMT 53101126688091
 11/10/2025 SELECTCARE OF TX HCCLAIMPMT 64000024943062
 11/10/2025 Marketplace HCCLAIMPMT 91000019967567
 11/10/2025 HNB - ECHO HCCLAIMPMT 746003411 440000201497

Transfer-Out	Transfer-In	MMC	
		PORTION	NH PORTION
-	130,810.08		130,810.08
-	31,654.96		31,654.96
-	176.15		176.15
-	73.50		73.50
-	973.70		973.70
-	73.50		73.50
-	7,028.17		7,028.17
-	31,808.53		31,808.53
-	3,443.49		3,443.49
-	33,638.53		33,638.53
-	88,004.54		88,004.54
126,280.55	-		-
-	2,487.53		2,487.53
-	296.10		296.10
-	2,178.45		2,178.45
-	1,105.75		1,105.75
-	389.49		389.49
			-
126,280.55	334,142.47	-	334,142.47

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,529,193.93	\$1,488,497.09	\$1,529,193.93	\$1,838,332.26
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$70.26	\$70.26	\$70.26	\$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	\$14,713.22	\$14,713.22	\$14,713.22	\$14,754.75
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$4,380.52	\$4,380.52	\$4,380.52	\$2,965.18
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$117,680.03	\$118,779.95	\$117,680.03	\$18,452.90
*4551 CAL CO INDIGENT HEALTHCARE	\$10,001.08	\$10,001.08	\$10,001.08	\$4,885.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$99,323.11	\$144,846.90	\$99,323.11	\$84,072.60
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.39	\$100.39	\$100.39	\$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$338,311.30 ✓	\$352,246.98	\$338,311.30	\$132,269.22
*3407 MMC -NH TUSCANY VILLAGE	\$120,248.64	\$130,363.27	\$120,248.64	\$1,049.11
*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	\$31,098.25	\$31,098.25	\$31,098.25	\$30,625.75
Total Balance	\$3,335,143.07	\$3,365,120.25	\$3,335,143.07	\$3,197,630.46