MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 10, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	586,817.89
TOTAL TRANSFERS BETWEEN FUNDS	$	110,055.41
TOTAL NURSING HOME UPL EXPENSES	$	387,835.39
TOTAL INTER-GOVERNMENT TRANSFERS	$	260,926.00
GRAND TOTAL DISBURSEMENTS APPROVED December 10, 2025	$	1,345,634.69

APPROVED

DEC 10 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 10, 2025

PAYABLES AND PAYROLL			
12/4/2025	Weekly Payables	319,687.83	
12/8/2025	McKesson-340B Prescription Expense	77,639.07	
12/8/2025	Amerisource Bergen-340B Prescription Expense	79.37	
12/8/2025	Amerisource Bergen-340B Prescription Expense	921.27	
	Prosperity Electronic Bank Payments		
12/8/2025	90 Degree Benefits - employee insurance claims	7,992.58	
12/8/2025	Sales Tax - November 2025	2,372.91	
12/8/2025	TCDRS November Retirement	175,946.54	
12/8/2025	Pay Plus-Patient Claims Processing Fee	1,094.84	
12/8/2025	Credit Card Lease Fee	335.53	
12/8/2025	Credit Card Processing Fee	747.95	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 586,817.89**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
12/4/2025	MMC Operating to Fort bend-Correction of insurance payment deposited into MMC Operating in error	149.58	
12/4/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	78,960.09	
12/4/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	15,795.55	
12/4/2025	MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	15,150.19	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 110,055.41**
NURSING HOME UPL EXPENSES			
12/8/2025	Nursing Home UPL-Cantex Transfer	28,468.44	
12/8/2025	Nursing Home UPL-Nexion Transfer	28,841.14	
12/8/2025	Nursing Home UPL-HMG Transfer	5,486.51	
12/8/2025	Nursing Home UPL-Tuscany Transfer	246,747.06	
12/8/2025	Nursing Home UPL-HSL Transfer	73,375.84	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
12/8/2025	Lavaca Bay to MMC - Medicare Recoup	1,537.22	
12/8/2025	Fort Bend to MMC-Medicare Recoup	2,189.20	
12/8/2025	Golden Creek to MMC -UHC Comm. Plan Recoup	296.42	
12/8/2025	Solera to MMC-Medicare Recoup	893.56	
TOTAL NURSING HOME UPL EXPENSES			**$ 387,835.39**
INTER-GOVERNMENT TRANSFERS			
12/8/2025	ATLIS IGT	260,926.00	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 260,926.00**
GRAND TOTAL DISBURSEMENTS APPROVED December 10, 2025			**$ 1,345,634.69**

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
113025	SUPPLIES	11/30/202	11/30/202	11/30/202			567.17	0.00	0.00	567.17

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	567.17	0.00	0.00	567.17

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5521057161	110125-113025 Oxygen	11/30/202	11/30/202	12/25/202			288.77	0.00	0.00	288.77
5521056968		12/03/202	11/30/202	12/25/202			1,131.25	0.00	0.00	1,131.25
9167132521	OXYGEN	12/03/202	11/30/202	12/25/202			2,683.63	0.00	0.00	2,683.63

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	4,103.65	0.00	0.00	4,103.65

Vendor#	Vendor Name	Class	Pay Code
10560	ALTEX ELECTRONICS LTD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INVCOR16013	CABLES FOR I.T. DEPT	12/02/202	12/01/202	12/01/202			3,200.65	0.00	0.00	3,200.65

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10560	ALTEX ELECTRONICS LTD	3,200.65	0.00	0.00	3,200.65

Vendor#	Vendor Name	Class	Pay Code
14028	AMAZON CAPITAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1KK3LTFVN7NC	Credit	12/03/202	10/31/202	11/30/202			-1.50	0.00	0.00	-1.50
13PT1PVK91FV	SUPPLIES	12/03/202	11/17/202	12/17/202			741.15	0.00	0.00	741.15
16LMTVX7DD3Q	SUPPLIES	12/03/202	11/18/202	12/18/202			607.28	0.00	0.00	607.28
1C9DNQ37MH6X	SUPPLIES	12/03/202	11/19/202	12/19/202			189.02	0.00	0.00	189.02
1FG63WXY4K3C	Credit	12/03/202	11/27/202	12/01/202			-18.00	0.00	0.00	-18.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	1,517.95	0.00	0.00	1,517.95

Vendor#	Vendor Name	Class	Pay Code
A2218	AQUA BEVERAGE COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
190792	WATER- LAB	11/30/202	11/30/202	12/25/202			108.91	0.00	0.00	108.91

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	108.91	0.00	0.00	108.91

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
925829435	Bone Cutter	12/03/202	11/26/202	12/03/202			1,365.00	0.00	0.00	1,365.00

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	A2271	ARTHREX, INC					1,365.00	0.00	0.00	1,365.00
Vendor#	Vendor Name				Class	Pay Code				
11247	AVENO NETWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	16397		12/03/202	12/01/202	12/11/202		850.00	0.00	0.00	850.00
		SERVER MAINT								
	16413		12/03/202	12/01/202	12/11/202		4,500.00	0.00	0.00	4,500.00
		Maintenance - Cloud backups								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11247	AVENO NETWORKS					5,350.00	0.00	0.00	5,350.00
Vendor#	Vendor Name				Class	Pay Code				
11544	BAY STORAGE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	20250269		12/03/202	11/01/202	11/01/202		2,820.00	0.00	0.00	2,820.00
		STORAGE UNIT RENTAL Dec. 2025 - May 2026								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11544	BAY STORAGE					2,820.00	0.00	0.00	2,820.00
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
	5509381		11/30/202	11/25/202	12/20/202		1,337.05	0.00	0.00	1,337.05
		LEASE								
	7394504		12/02/202	11/18/202	12/13/202		8,834.36	0.00	0.00	8,834.36
		LEASE								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					10,171.41	0.00	0.00	10,171.41
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
	908773051		12/03/202	11/26/202	12/03/202		256.64	0.00	0.00	256.64
		SUPPLIES / pediatric 2lia.								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC					256.64	0.00	0.00	256.64
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
	112425		12/02/202	11/24/202	12/10/202		78.53	0.00	0.00	78.53
		Voyager								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY					78.53	0.00	0.00	78.53
Vendor#	Vendor Name				Class	Pay Code				
14064	CAPITAL ONE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	111925		12/04/202	12/03/202	12/10/202		111.80	0.00	0.00	111.80
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14064	CAPITAL ONE					111.80	0.00	0.00	111.80
Vendor#	Vendor Name				Class	Pay Code				
18236	CITY AMBULANCE SERVICE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	26465		12/03/202	08/30/202	08/30/202		288.65	0.00	0.00	288.65
		EMS TRANSFER								
	23803		12/03/202	08/30/202	08/30/202		709.61	0.00	0.00	709.61
	17789		12/03/202	08/30/202	08/30/202		864.97	0.00	0.00	864.97

EMS TRANSFER

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18236	CITY AMBULANCE SERVICE	1,863.23	0.00	0.00	1,863.23

Vendor#	Vendor Name	Class	Pay Code
13000	CLEARFLY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV767065		12/02/202	12/01/202	12/15/202			1,236.55	0.00	0.00	1,236.55

TELEPHONE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13000	CLEARFLY	1,236.55	0.00	0.00	1,236.55

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OEQT317251		12/03/202	12/03/202	12/13/202			312.90	0.00	0.00	312.90

SUPPLIES / Liners | Duex pan

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	312.90	0.00	0.00	312.90

Vendor#	Vendor Name	Class	Pay Code
18228	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6015948		12/03/202	11/26/202	11/26/202			55.00	0.00	0.00	55.00

patient refund

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18228	[redacted]	55.00	0.00	0.00	55.00

Vendor#	Vendor Name	Class	Pay Code
10789	DISCOVERY MEDICAL NETWORK INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC113025		11/30/202	11/30/202	12/01/202			88,838.53	0.00	0.00	88,838.53

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	88,838.53	0.00	0.00	88,838.53

Vendor#	Vendor Name	Class	Pay Code
15240	ECLINICAL WORKS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0003393300		11/30/202	11/17/202	12/17/202			494.01	0.00	0.00	494.01

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15240	ECLINICAL WORKS LLC	494.01	0.00	0.00	494.01

Vendor#	Vendor Name	Class	Pay Code
12484	EL CAMPO REFRIGERATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
109321		12/03/202	12/01/202	12/01/202			825.00	0.00	0.00	825.00

LEASE ICE WATER DISPENSER

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12484	EL CAMPO REFRIGERATION	825.00	0.00	0.00	825.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37235282RI		12/03/202	11/25/202	12/03/202			169.50	0.00	0.00	169.50

SUPPLIES

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

Vendor#	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
5217478		12/03/202	11/25/202	12/20/202			7,309.41	0.00	0.00	7,309.41

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	7,309.41	0.00	0.00	7,309.41

Vendor#	Vendor Name	Class	Pay Code
10599	FORVIS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2729620		12/02/202	11/25/202	12/20/202			5,250.00	0.00	0.00	5,250.00
	AUDITING SERVICE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10599	FORVIS	5,250.00	0.00	0.00	5,250.00

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112325		11/30/202	11/27/202	12/17/202			40.32	0.00	0.00	40.32
	TELEPHONE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	40.32	0.00	0.00	40.32

Vendor#	Vendor Name	Class	Pay Code
14156	FUJI FILM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91726198		12/02/202	11/25/202	12/25/202			7,916.67	0.00	0.00	7,916.67
	MRI MAINT CONTRACT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14156	FUJI FILM	7,916.67	0.00	0.00	7,916.67

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
40694236		12/03/202	12/01/202	12/24/202			11,034.43	0.00	0.00	11,034.43
	LEASE									
40694234		12/03/202	12/01/202	12/24/202			92.53	0.00	0.00	92.53
	IT LEASE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS	11,126.96	0.00	0.00	11,126.96

Vendor#	Vendor Name	Class	Pay Code
G0401	GULF COAST DELIVERY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112825		12/02/202	11/28/202	11/28/202			75.00	0.00	0.00	75.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY	75.00	0.00	0.00	75.00

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
6998		12/02/202	09/30/202	10/10/202			869.00	0.00	0.00	869.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15208	HOSPITAL CARE CONSULTANTS INC.	869.00	0.00	0.00	869.00

Vendor#	Vendor Name	Class	Pay Code
15864	HOWARD INDUSTRIES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5519302025		11/30/202	11/18/202	11/18/202			1,985.12	0.00	0.00	1,985.12

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15864	HOWARD INDUSTRIES INC	1,985.12	0.00	0.00	1,985.12

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC122025		12/02/202	12/02/202	12/22/202			44,031.93	0.00	0.00	44,031.93

Fee - Dec. 2025

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	44,031.93	0.00	0.00	44,031.93

Vendor# 10371 — Vendor Name: LOFTIN EQUIPMENT COMPANY — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00075037	BATTERY REPLACEMENT	12/03/202	12/03/202	12/03/202			1,615.85	0.00	0.00	1,615.85

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10371	LOFTIN EQUIPMENT COMPANY	1,615.85	0.00	0.00	1,615.85

Vendor# 10972 — Vendor Name: M G TRUST — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111425	PAYLROLL CLEARING	11/30/202	11/14/202	11/14/202			895.00	0.00	0.00	895.00

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24663748	SOFTWARE MAINT	11/30/202	11/20/202	12/05/202			919.21	0.00	0.00	919.21
24677096	SUPPLIES	12/03/202	11/24/202	12/09/202			118.38	0.00	0.00	118.38

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	1,037.59	0.00	0.00	1,037.59

Vendor# 11141 — Vendor Name: MEDICAL DATA SYSTEMS, INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
209605	COLLECTION FEES NOV. 2025	11/30/202	11/30/202	12/25/202			953.08	0.00	0.00	953.08
209604	COLLECTION FEES Nov. 2025	11/30/202	11/30/202	12/25/202			471.90	0.00	0.00	471.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	1,424.98	0.00	0.00	1,424.98

Vendor# 18092 — Vendor Name: MEDICAL SOLUTIONS LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
201092077	AGENCY STAFFING Theresa Targer	11/24/202	11/20/202	12/20/202			1,966.50	0.00	0.00	1,966.50
201101407	AGENCY STAFFING " "	11/30/202	11/26/202	12/20/202			1,983.75	0.00	0.00	1,983.75

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18092	MEDICAL SOLUTIONS LLC	3,950.25	0.00	0.00	3,950.25

Vendor# M2470 — Vendor Name: MEDLINE INDUSTRIES INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2399433677	SUPPLIES Splint	11/24/202	11/21/202	12/16/202			12.55	0.00	0.00	12.55
2399433678	SUPPLIES " "	11/24/202	11/21/202	12/16/202			25.10	0.00	0.00	25.10
2399998536	SUPPLIES Pork	11/25/202	11/25/202	12/20/202			57.78	0.00	0.00	57.78
2400238196	IV mea.	11/30/202	11/26/202	12/21/202			94.61	0.00	0.00	94.61

2400269043		11/30/202	11/27/202	12/22/202	57.81	0.00	0.00	57.81
	SUPPLIES							
2400269042		11/30/202	11/27/202	12/22/202	63.32	0.00	0.00	63.32
	SUPPLIES							
2400116837		12/03/202	11/26/202	12/21/202	32.28	0.00	0.00	32.28
	SUPPLIES							
2400116839		12/03/202	11/26/202	12/21/202	20.60	0.00	0.00	20.60
	SUPPLIES							
2400116838		12/03/202	11/26/202	12/21/202	208.09	0.00	0.00	208.09
	SUPPLIES							
2400116840		12/03/202	11/26/202	12/21/202	155.42	0.00	0.00	155.42
	SUPPLIES							
2400116844		12/03/202	11/26/202	12/21/202	2,693.25	0.00	0.00	2,693.25
	SUPPLIES							
2400116846		12/03/202	11/26/202	12/21/202	1,338.13	0.00	0.00	1,338.13
	SUPPLIES							
2400116841		12/03/202	11/26/202	12/21/202	483.47	0.00	0.00	483.47
	SUPPLIES							
2400269045		12/03/202	11/27/202	12/22/202	24.11	0.00	0.00	24.11
	SUPPLIES							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	5,266.52	0.00	0.00	5,266.52

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
4129744		11/30/202	11/25/202	12/05/202			2.10	0.00	0.00	2.10
	SUPPLIES									
4130687		11/30/202	11/25/202	12/05/202			9,220.53	0.00	0.00	9,220.53
	SUPPLIES									
4130688		11/30/202	11/25/202	12/05/202			880.97	0.00	0.00	880.97
	SUPPLIES									
4131059		11/30/202	11/25/202	12/05/202			8.07	0.00	0.00	8.07
	SUPPLIES									
4131058		11/30/202	11/25/202	12/05/202			56.39	0.00	0.00	56.39
	SUPPLIES									
4128707		11/30/202	11/25/202	12/05/202			51.15	0.00	0.00	51.15
	SUPPLIES									
4133565		11/30/202	11/26/202	12/06/202			47.00	0.00	0.00	47.00
	SUPPLIES									
4133566		11/30/202	11/26/202	12/06/202			10.81	0.00	0.00	10.81
	SUPPLIES									
4135849		11/30/202	11/26/202	12/06/202			229.78	0.00	0.00	229.78
	SUPPLIES									
4135850		11/30/202	11/26/202	12/06/202			66.06	0.00	0.00	66.06
	SUPPLIES									
4139703		11/30/202	11/30/202	12/10/202			55.36	0.00	0.00	55.36
	SUPPLIES									
4139704		11/30/202	11/30/202	12/10/202			1,494.44	0.00	0.00	1,494.44
	SUPPLIES									
4143475		11/30/202	12/01/202	12/11/202			774.64	0.00	0.00	774.64
	SUPPLIES									
4135848		11/30/202	12/01/202	12/11/202			108.62	0.00	0.00	108.62
	SUPPLIES									
4143476		11/30/202	12/01/202	12/11/202			31.11	0.00	0.00	31.11
	SUPPLIES									

4146023		11/30/202	12/01/202	12/11/202	41.69	0.00	0.00	41.69
	SUPPLIES							
4146022		11/30/202	12/01/202	12/11/202	917.26	0.00	0.00	917.26
4146021		11/30/202	12/01/202	12/11/202	82.72	0.00	0.00	82.72
	SUPPLIES							
4143474		11/30/202	12/01/202	12/11/202	404.39	0.00	0.00	404.39
	SUPPLIES							
4151117		11/30/202	12/02/202	12/12/202	52.28	0.00	0.00	52.28
	SUPPLIES							
4151370		11/30/202	12/02/202	12/12/202	174.29	0.00	0.00	174.29
	SUPPLIES							
4151369		12/04/202	12/02/202	12/12/202	213.34	0.00	0.00	213.34

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	14,923.00	0.00	0.00	14,923.00

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
8801309852		12/03/202	11/20/202	12/20/202			89.89	0.00	0.00	89.89

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	89.89	0.00	0.00	89.89

Vendor#	Vendor Name	Class	Pay Code
13624	NEXION HEALTH AT NAVASOTA INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110125	NOVEMBER	11/30/202	11/01/202	11/01/202			1,000.00	0.00	0.00	1,000.00

Telemedicine Reim.

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13624	NEXION HEALTH AT NAVASOTA INC	1,000.00	0.00	0.00	1,000.00

Vendor#	Vendor Name	Class	Pay Code
G0425	ODEFEY WITTE WALL & VILLAFRANC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5532		11/30/202	11/26/202	12/20/202			1,522.50	0.00	0.00	1,522.50

Services . OCT. 2025

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ODEFEY WITTE WALL & VILLAFRANC	1,522.50	0.00	0.00	1,522.50

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
39025059	SUPPLIES	12/03/202	11/25/202	12/20/202			349.60	0.00	0.00	349.60
39025060	SUPPLIES	12/03/202	11/25/202	12/25/202			201.88	0.00	0.00	201.88

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	551.48	0.00	0.00	551.48

Vendor#	Vendor Name	Class	Pay Code
18112	OSTEOREMEDIES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10063793	SUPPLIES	12/03/202	11/25/202	12/20/202			1,000.00	0.00	0.00	1,000.00

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

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

	422		12/02/202	11/25/202	11/25/202			600.00	0.00	0.00	600.00
		ACLS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14764	PL-CPR, LLC					600.00	0.00	0.00	600.00
Vendor#	Vendor Name					Class	Pay Code				
P2100	PORT LAVACA WAVE					W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV0055		11/30/202	11/26/202	12/10/202			200.00	0.00	0.00	200.00
		FOOTBALL LIVE STREAM									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		P2100	PORT LAVACA WAVE					200.00	0.00	0.00	200.00
Vendor#	Vendor Name					Class	Pay Code				
14536	QUVA PHARMA INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	WA0000020939		11/30/202	11/25/202	12/20/202			291.15	0.00	0.00	291.15
		PHARMACY SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14536	QUVA PHARMA INC					291.15	0.00	0.00	291.15
Vendor#	Vendor Name					Class	Pay Code				
14920	REPUBLIC SERVICES, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0847001425324		11/30/202	11/26/202	11/26/202			2,309.08	0.00	0.00	2,309.08
		TRASH SERVICE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14920	REPUBLIC SERVICES, INC.					2,309.08	0.00	0.00	2,309.08
Vendor#	Vendor Name					Class	Pay Code				
10936	SIEMENS FINANCIAL SERVICES										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	56382600012738		12/03/202	11/28/202	12/18/202			~~1,333.33~~	0.00	0.00	~~1,333.33~~
		RENTAL incorrect remit to									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10936	SIEMENS FINANCIAL SERVICES					~~1,333.33~~	0.00	0.00	~~1,333.33~~
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
	116818587		12/02/202	11/16/202	12/11/202			2,617.41	0.00	0.00	2,617.41
		Contract 11/16/25 - 12/15/25									
	116822239A		12/04/202	11/24/202	12/19/202			3,507.72	0.00	0.00	3,507.72
		RAD CONTRACT 11/24 - 12/23/25									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC					6,125.13	0.00	0.00	6,125.13
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
	984770651		11/30/202	11/27/202	12/03/202			6,650.00	0.00	0.00	6,650.00
		SUPPLIES									
	984770652		11/30/202	11/27/202	12/03/202			7,315.00	0.00	0.00	7,315.00
		SUPPLIES									
	984769312		12/03/202	11/26/202	12/03/202			6,650.00	0.00	0.00	6,650.00
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW, INC.					20,615.00	0.00	0.00	20,615.00
Vendor#	Vendor Name					Class	Pay Code				
15236	SPECIALTY PROFESSIONAL										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1250001220		11/30/202	11/07/202	11/07/202			3,725.00	0.00	0.00	3,725.00

Amber Meuer

AGENCY STAFFING , Amber Helzer

1250001244	11/30/202 11/14/202 11/14/202			3,725.00	0.00	0.00	3,725.00
AGENCY STAFFING							
Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net
15236	SPECIALTY PROFESSIONAL			7,450.00	0.00	0.00	7,450.00

Vendor#	Vendor Name	Class	Pay Code
17248	SUMMIT PAIN AND WELLNESS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1378		11/30/202	11/24/202	12/24/202			3,680.00	0.00	0.00	3,680.00

RVU's NOV. 2025

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
17248	SUMMIT PAIN AND WELLNESS	3,680.00	0.00	0.00	3,680.00

Vendor#	Vendor Name	Class	Pay Code
14212	SURGICAL DIRECT SOUTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9370		12/03/202	11/25/202	12/25/202			3,630.00	0.00	0.00	3,630.00
SURGERY SUPPLIES										
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
14212	SURGICAL DIRECT SOUTH						3,630.00	0.00	0.00	3,630.00

Vendor#	Vendor Name	Class	Pay Code
14524	SYSMEX AMERICA, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
96212693		12/03/202	11/24/202	12/24/202			527.44	0.00	0.00	527.44
SUPPLIES , Remote										
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
14524	SYSMEX AMERICA, INC.						527.44	0.00	0.00	527.44

Vendor#	Vendor Name	Class	Pay Code
10758	TEXAS SELECT STAFFING, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0026177A		11/30/202	11/26/202	11/27/202			8,321.25	0.00	0.00	8,321.25
AGENCY STAFFING Jennifer Stephens / Shawn Jeschke										
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
10758	TEXAS SELECT STAFFING, LLC						8,321.25	0.00	0.00	8,321.25

Vendor#	Vendor Name	Class	Pay Code
B1941	THE BACK OFFICE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0244201		11/30/202	12/01/202	12/02/202			1,673.75	0.00	0.00	1,673.75
PAPER SHRED NOV. 2025										
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
B1941	THE BACK OFFICE						1,673.75	0.00	0.00	1,673.75

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
113025		11/30/202	11/30/202	11/30/202			362.14	0.00	0.00	362.14
SUPPLIES										
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
15396	THIRD COAST DISTRIBUTING LLC						362.14	0.00	0.00	362.14

Vendor#	Vendor Name	Class	Pay Code
C2510	TRUBRIDGE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1034450		12/03/202	11/21/202	12/16/202			140.00	0.00	0.00	140.00
CONT EDU										
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
C2510	TRUBRIDGE						140.00	0.00	0.00	140.00

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
2921074407		11/25/202	11/24/202	12/19/202			249.48	0.00	0.00	249.48
	UNIFORMS									
2921074156		11/30/202	11/20/202	12/15/202			3,081.49	0.00	0.00	3,081.49
	LAUNDRY									
2921074764		11/30/202	11/27/202	12/22/202			3,094.04	0.00	0.00	3,094.04
	LAUNDRY									
2921074799		11/30/202	11/27/202	12/22/202			528.07	0.00	0.00	528.07
	UNIFORMS									
2921074790		11/30/202	11/27/202	12/22/202			289.05	0.00	0.00	289.05
	LAUNDRY									
2921074391		12/02/202	11/24/202	12/19/202			4,729.14	0.00	0.00	4,729.14
	LINENS									
2921074795		12/02/202	11/27/202	12/22/202			209.47	0.00	0.00	209.47
	LAUNDRY									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					12,180.74	0.00	0.00	12,180.74

Vendor#	Vendor Name	Class	Pay Code
12400	UPDOX LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00631841		11/30/202	11/30/202	12/20/202			653.34	0.00	0.00	653.34
	FAX									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12400	UPDOX LLC					653.34	0.00	0.00	653.34

Vendor#	Vendor Name	Class	Pay Code
11280	VICTORIA ADVOCATE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0354216		11/30/202	11/01/202	11/01/202			32.50	0.00	0.00	32.50
	NEWSPAPER SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11280	VICTORIA ADVOCATE					32.50	0.00	0.00	32.50

Vendor#	Vendor Name	Class	Pay Code
18244	WAGEWORKS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
64762115		12/04/202	12/04/202	12/04/202			1,121.00	0.00	0.00	1,121.00
	REFUND									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	18244	WAGEWORKS INC					1,121.00	0.00	0.00	1,121.00

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9112043087		11/25/202	11/24/202	12/19/202			9,093.41	0.00	0.00	9,093.41
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC					9,093.41	0.00	0.00	9,093.41

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS00007638		11/30/202	11/25/202	11/25/202			5,354.00	0.00	0.00	5,354.00
	WOUND CARE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS					5,354.00	0.00	0.00	5,354.00

APPROVED ON

DEC 04 2025

BY FINANCE AUDITOR

Grand Totals:	Gross	No-Pay	Net
	321,021.16	0.00	~~321,021.16~~

321,021.16 +
1,333.31 -
319,687.85 =

pg 8.

incorrect remit to

Check# 211341-211403

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	211341	12/10/25	567.17	ACE HARDWARE 15521
A/P	211342	12/10/25	4,103.65	AIRGAS USA, LLC - CENTRAL DIV
A/P	211343	12/10/25	3,200.65	ALTEX ELECTRONICS LTD
A/P	211344	12/10/25	1,517.95	AMAZON CAPITAL SERVICES
A/P	211345	12/10/25	108.91	AQUA BEVERAGE COMPANY
A/P	211346	12/10/25	1,365.00	ARTHREX, INC
A/P	211347	12/10/25	5,350.00	AVENO NETWORKS
A/P	211348	12/10/25	2,820.00	BAY STORAGE
A/P	211349	12/10/25	10,171.41	BECKMAN COULTER INC
A/P	211350	12/10/25	256.64	BIO-RAD LABORATORIES, INC
A/P	211351	12/10/25	78.53	CALHOUN COUNTY
A/P	211352	12/10/25	111.80	CAPITAL ONE
A/P	211353	12/10/25	1,863.23	CITY AMBULANCE SERVICE
A/P	211354	12/10/25	1,236.55	CLEARFLY
A/P	211355	12/10/25	312.90	COASTAL OFFICE SOLUTONS
A/P	211356	12/10/25	55.00	[redacted]
A/P	211357	12/10/25	88,838.53	DISCOVERY MEDICAL NETWORK INC
A/P	211358	12/10/25	494.01	ECLINICAL WORKS LLC
A/P	211359	12/10/25	825.00	EL CAMPO REFRIGERATION
A/P	211360	12/10/25	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	211361	12/10/25	7,309.41	FISHER HEALTHCARE
A/P	211362	12/10/25	5,250.00	FORVIS
A/P	211363	12/10/25	40.32	FRONTIER
A/P	211364	12/10/25	7,916.67	FUJI FILM
A/P	211365	12/10/25	11,126.96	GREAT AMERICA FINANCIAL SVCS
A/P	211366	12/10/25	75.00	GULF COAST DELIVERY
A/P	211367	12/10/25	869.00	HOSPITAL CARE CONSULTANTS INC.
A/P	211368	12/10/25	1,985.12	HOWARD INDUSTRIES INC
A/P	211369	12/10/25	44,031.93	ITA RESOURCES INC
A/P	211370	12/10/25	1,615.85	LOFTIN EQUIPMENT COMPANY
A/P	211371	12/10/25	895.00	M G TRUST
A/P	211372	12/10/25	1,037.59	MCKESSON MEDICAL SURGICAL INC
A/P	211373	12/10/25	1,424.98	MEDICAL DATA SYSTEMS, INC.
A/P	211374	12/10/25	3,950.25	MEDICAL SOLUTIONS LLC
A/P	211375	12/10/25	.00	VOIDED
A/P	211376	12/10/25	5,266.52	MEDLINE INDUSTRIES INC
A/P	211377	12/10/25	.00	VOIDED
A/P	211378	12/10/25	14,923.00	MORRIS & DICKSON CO, LLC
A/P	211379	12/10/25	89.89	MXR IMAGING, INC
A/P	211380	12/10/25	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	211381	12/10/25	1,522.50	ODEFEY WITTE WALL & VILLAFRANC
A/P	211382	12/10/25	551.48	OLYMPUS AMERICA INC
A/P	211383	12/10/25	1,000.00	OSTEOREMEDIES LLC
A/P	211384	12/10/25	600.00	PL-CPR, LLC
A/P	211385	12/10/25	200.00	PORT LAVACA WAVE
A/P	211386	12/10/25	291.15	QUVA PHARMA INC
A/P	211387	12/10/25	2,309.08	REPUBLIC SERVICES, INC.
A/P	211388	12/10/25	6,125.13	SIEMENS MEDICAL SOLUTIONS INC
A/P	211389	12/10/25	20,615.00	SMITH & NEPHEW, INC.
A/P	211390	12/10/25	7,450.00	SPECIALTY PROFESSIONAL

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	211391	12/10/25	3,680.00	SUMMIT PAIN AND WELLNESS
A/P	211392	12/10/25	3,630.00	SURGICAL DIRECT SOUTH
A/P	211393	12/10/25	527.44	SYSMEX AMERICA, INC.
A/P	211394	12/10/25	8,321.25	TEXAS SELECT STAFFING, LLC
A/P	211395	12/10/25	1,673.75	THE BACK OFFICE
A/P	211396	12/10/25	362.14	THIRD COAST DISTRIBUTING LLC
A/P	211397	12/10/25	140.00	TRUBRIDGE
A/P	211398	12/10/25	12,180.74	UNIFIRST HOLDINGS INC
A/P	211399	12/10/25	653.34	UPDOX LLC
A/P	211400	12/10/25	32.50	VICTORIA ADVOCATE
A/P	211401	12/10/25	1,121.00	WAGEWORKS INC
A/P	211402	12/10/25	9,093.41	WERFEN USA LLC
A/P	211403	12/10/25	5,354.00	WOUND CARE SPECIALISTS
A/P	211404	12/10/25	149.58	FORTBEND HEALTHCARE CENTER
A/P	211405	12/10/25	78,960.09	GOLDENCREEK HEALTHCARE
A/P	211406	12/10/25	15,150.19	LAVACA BAY NURSING AND REHAB
A/P	211407	12/10/25	15,795.55	TUSCANY VILLAGE
TOTALS:			429,743.24	

APPROVED ON

DEC 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 319,687.83 +
149.58 +
NH xfers 78,960.09 +
15,795.55 +
15,150.19 +
429,743.24 ◊

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/05/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 12/05/2025

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

As of: 12/05/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 12/05/2025 ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 79,223.51 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 12/09/2025,
Pay This Amount: 77,639.07 USD

If Paid After 12/09/2025,
Pay this Amount: 79,223.51 USD

Due If Paid On Time:
USD 77,639.07

Disc lost if paid late:
1,584.44

Due If Paid Late:
USD 79,223.51

77-579-13 +
59-94 +
77-639-07 =

APPROVED ON
DEC 08 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 12/05/2025

Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 12/05/2025

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 12/05/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 12/05/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342	**WALMART 1098/MEM MED PHS**										
11/29/2025	12/09/2025	7604399454	256174349	115Invoice	9.61	480.38		470.77	✓	7604399454	
11/29/2025	12/09/2025	7604399455	252256655	115Invoice	28.35	1,417.39		1,389.04		7604399455	
11/29/2025	12/09/2025	7604399456	249497709	115Invoice	6.69	334.56		327.87	✓	7604399456	
11/29/2025	12/09/2025	7604399457	249571557	115Invoice	6.69	334.56		327.87	✓	7604399457	
11/29/2025	12/09/2025	7604399458	258957701	115Invoice	0.01	0.32		0.31	✓	7604399458	
12/01/2025	12/09/2025	7604655520	252497792	115Invoice	6.40	320.23		313.83	✓	7604655520	
12/01/2025	12/09/2025	7604655521	254826610	115Invoice	11.59	579.30		567.71	✓	7604655521	
12/01/2025	12/09/2025	7604655522	249497709	115Invoice	8.65	432.64		423.99	✓	7604655522	
12/01/2025	12/09/2025	7604655523	250124874	115Invoice	1.78	88.95		87.17	✓	7604655523	
12/01/2025	12/09/2025	7604655524	259912470	115Invoice	0.21	10.64		10.43	✓	7604655524	
12/01/2025	12/09/2025	7604655525	260016003	115Invoice	0.64	31.93		31.29	✓	7604655525	
12/01/2025	12/09/2025	7604655526	249571557	115Invoice	6.69	334.56		327.87	✓	7604655526	
12/01/2025	12/09/2025	7604655527	249636442	115Invoice	6.69	334.56		327.87	✓	7604655527	
12/01/2025	12/09/2025	7604655528	252256655	115Invoice	14.17	708.69		694.52	✓	7604655528	
12/01/2025	12/09/2025	7604673853	249361517	115Invoice	1.33	66.41		65.08	✓	7604673853	
12/01/2025	12/09/2025	7604673854	254670802	115Invoice	2.84	142.18		139.34	✓	7604673854	
12/01/2025	12/09/2025	7604673855	259876642	115Invoice	5.11	255.41		250.30	✓	7604673855	
12/01/2025	12/09/2025	7604673856	249361517	115Invoice	6.13	306.59		300.46	✓	7604673856	
12/01/2025	12/09/2025	7604673857	249636442	115Invoice	6.13	306.59		300.46	✓	7604673857	
12/01/2025	12/09/2025	7604673858	259876642	115Invoice	5.51	275.32		269.81	✓	7604673858	
12/01/2025	12/09/2025	7604673859	249830140	115Invoice	12.30	615.06		602.76	✓	7604673859	
12/01/2025	12/09/2025	7604673860	249361517	115Invoice	5.41	270.70		265.29	✓	7604673860	
12/01/2025	12/09/2025	7604673861	249636442	115Invoice	5.41	270.70		265.29	✓	7604673861	
12/01/2025	12/09/2025	7604673862	250995687	115Invoice	6.07	303.44		297.37	✓	7604673862	
12/01/2025	12/09/2025	7604673863	251097789	115Invoice	6.07	303.44		297.37	✓	7604673863	
12/01/2025	12/09/2025	7604673864	258993659	115Invoice	0.03	1.27		1.24	✓	7604673864	
12/02/2025	12/09/2025	7604917089	258234195	115Invoice		0.24		0.24	✓	7604917089	
12/02/2025	12/09/2025	7604917090	258957701	115Invoice	0.01	0.49		0.48	✓	7604917090	
12/02/2025	12/09/2025	7604917091	260182185	115Invoice	0.26	13.12		12.86	✓	7604917091	
12/02/2025	12/09/2025	7604917092	250516291	115Invoice	1.78	88.95		87.17	✓	7604917092	
12/02/2025	12/09/2025	7604917093	260086000	115Invoice	0.64	31.93		31.29	✓	7604917093	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 12/05/2025

Page: 002

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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 SuppID:
Territory: 7001

Customer: 256342
Date: 12/05/2025

As of: 12/05/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 12/05/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
12/02/2025	12/09/2025	7604917094	252670797	115Invoice	21.26	1,063.04		1,041.78	✓	7604917094	
12/02/2025	12/09/2025	7604937407	259789190	115Invoice	0.01	0.63		0.62	✓	7604937407	
12/02/2025	12/09/2025	7604937409	260086000	115Invoice	0.01	0.63		0.62	✓	7604937409	
12/02/2025	12/09/2025	7604937413	259337258	115Invoice	0.02	0.95		0.93	✓	7604937413	
12/02/2025	12/09/2025	7604937417	260086000	115Invoice	0.01	0.63		0.62	✓	7604937417	
12/03/2025	12/09/2025	7605164455	260271662	115Invoice	0.01	0.63		0.62	✓	7605164455	
12/03/2025	12/09/2025	7605164456	260271662	115Invoice	10.22	510.82		500.60	✓	7605164456	
12/03/2025	12/09/2025	7605164457	260271662	115Invoice	0.21	10.64		10.43	✓	7605164457	
12/04/2025	12/09/2025	7605440520	260431557	115Invoice	0.01	0.63		0.62	✓	7605440520	
12/04/2025	12/09/2025	7605440521	254287597	115Invoice	0.94	46.94		46.00	✓	7605440521	
12/04/2025	12/09/2025	7605440522	250743763	115Invoice	1.78	88.95		87.17	✓	7605440522	
12/04/2025	12/09/2025	7605440523	252670797	115Invoice	7.09	354.35		347.26	✓	7605440523	
12/04/2025	12/09/2025	7605440524	249636442	115Invoice	6.69	334.56		327.87	✓	7605440524	
12/04/2025	12/09/2025	7605440525	251097789	115Invoice	6.69	334.56		327.87	✓	7605440525	
12/04/2025	12/09/2025	7605464025	260554128	115Invoice	68.04	3,401.80		3,333.76	✓	7605464025	
12/04/2025	12/09/2025	7605464026	260752003	115Invoice	68.04	3,401.80		3,333.76	✓	7605464026	
12/05/2025	12/09/2025	7605646927	254826610	115Invoice	14.42	720.80		706.38	✓	7605646927	
12/05/2025	12/09/2025	7605646928	252497792	115Invoice	2.13	106.74		104.61	✓	7605646928	
12/05/2025	12/09/2025	7605646929	252844156	115Invoice	14.17	708.69		694.52	✓	7605646929	
12/05/2025	12/09/2025	7605646930	252908031	115Invoice	14.17	708.69		694.52	✓	7605646930	
12/05/2025	12/09/2025	7605646931	253128232	115Invoice	6.72	335.83		329.11	✓	7605646931	
12/05/2025	12/09/2025	7605646932	251097789	115Invoice	6.69	334.56		327.87	✓	7605646932	
12/05/2025	12/09/2025	7605646933	251160457	115Invoice	6.69	334.56		327.87	✓	7605646933	
12/05/2025	12/09/2025	7605659086	251598404	115Invoice	5.41	270.70		265.29	✓	7605659086	
12/05/2025	12/09/2025	7605659087	251369670	115Invoice	3.98	199.22		195.24	✓	7605659087	
12/05/2025	12/09/2025	7605659088	249872109	115Invoice	12.26	613.18		600.92	✓	7605659088	
12/05/2025	12/09/2025	7605659089	250454105	115Invoice	12.26	613.18		600.92	✓	7605659089	
12/05/2025	12/09/2025	7605659090	251436139	115Invoice	12.26	613.18		600.92	✓	7605659090	
12/05/2025	12/09/2025	7605659091	250376172	115Invoice	17.03	851.56		834.53	✓	7605659091	
12/05/2025	12/09/2025	7605659092	251969648	115Invoice	17.03	851.56		834.53	✓	7605659092	
12/05/2025	12/09/2025	7605659093	254287597	115Invoice	18.41	920.44		902.03	✓	7605659093	

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 12/05/2025 Page: 003

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 12/05/2025

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

As of: 12/05/2025 Page: 003
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/05/2025 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
12/05/2025	12/09/2025	7605659094	259337258	115Invoice	0.02	0.95		0.93	✓	7605659094	
12/05/2025	12/09/2025	7605659095	259627962	115Invoice	0.01	0.63		0.62	✓	7605659095	
12/05/2025	12/09/2025	7605659096	259789190	115Invoice	0.01	0.63		0.62	✓	7605659096	
12/05/2025	12/09/2025	7605659097	251097789	115Invoice	6.07	303.44		297.37	✓	7605659097	
12/05/2025	12/09/2025	7605659098	251307890	115Invoice	6.07	303.44		297.37	✓	7605659098	
12/05/2025	12/09/2025	7605697600	260271662	115Invoice	17.01	850.44		833.43	✓	7605697600	
12/05/2025	12/09/2025	7605704322	255213069	115Invoice	47.81	2,390.51		2,342.70	✓	7605704322	
12/05/2025	12/09/2025	7605704323	259405677	115Invoice	9.27	463.30		454.03	✓	7605704323	
12/05/2025	12/09/2025	7605704324	260431557	115Invoice	17.01	850.44		833.43	✓	7605704324	
12/05/2025	12/09/2025	7605704325	253438167	115Invoice	3.57	178.31		174.74	✓	7605704325	
12/05/2025	12/09/2025	7605704326	257258429	115Invoice	51.03	2,551.32		2,500.29	✓	7605704326	
12/05/2025	12/09/2025	7605704327	257073662	115Invoice	15.94	796.84		780.90	✓	7605704327	
12/05/2025	12/09/2025	7605704328	259148050	115Invoice	14.26	713.22		698.96	✓	7605704328	
12/05/2025	12/09/2025	7605704329	257030995	115Invoice	136.07	6,803.51		6,667.44	✓	7605704329	
12/05/2025	12/09/2025	7605704330	253900242	115Invoice	47.81	2,390.51		2,342.70	✓	7605704330	
12/05/2025	12/09/2025	7605710000	258712699	115Invoice	153.08	7,653.95		7,500.87	✓	7605710000	
12/05/2025	12/09/2025	7605710001	257499903	115Invoice	102.05	5,102.63		5,000.58	✓	7605710001	
12/05/2025	12/09/2025	7605710002	258648706	115Invoice	27.80	1,389.89		1,362.09	✓	7605710002	
12/05/2025	12/09/2025	7605712737	259627962	115Invoice	391.20	19,560.09		19,168.89	✓	7605712737	
12/05/2025	12/09/2025	7605712738	258079820	115Invoice	9.27	463.30		454.03	✓	7605712738	

APPROVED ON

DEC 08 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 12/05/2025 Page: 003

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 12/05/2025

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

As of: 12/05/2025 Page: 003
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/05/2025 ITEMS NOT PAID (✓)

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

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

National Account 632536

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 79,162.35 USD

Future Due:	0.00				**Due If Paid On Time:**
		If Paid By 12/09/2025,			USD 77,579.13
Past Due:	0.00	**Pay This Amount:**	77,579.13	USD	**Disc lost if paid late:** 1,583.22
Last Payment	9,202.45	**If Paid After 12/09/2025,**			**Due If Paid Late:**
12/01/2025		**Pay this Amount:**	79,162.35	USD	USD 79,162.35

APPROVED ON

DEC 08 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 12/05/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 12/05/2025

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

As of: 12/05/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 820405 **PLEASE CHECK ANY**
Date: 12/05/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
12/01/2025	12/09/2025	7604393687	B2511-055-257439	115Invoice	0.63	31.49		30.86	✓	7604393687	
12/04/2025	12/09/2025	7605246723	B2512-055-258946	115Invoice	0.59	29.67		29.08	✓	7605246723	

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: 61.16 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 32,105.84
11/17/2025

If Paid By 12/09/2025,
Pay This Amount: 59.94 USD

If Paid After 12/09/2025,
Pay this Amount: 61.16 USD

Due If Paid On Time:
USD 59.94

Disc lost if paid late:
1.22

Due If Paid Late:
USD 61.16

APPROVED ON

DEC 08 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 71054455
Date: 12-05-2025

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

DEA: RA0289276
866-451-9655

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

Remit To:
AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	79.37
Past Due:	0.00
Total Due:	79.37
Account Balance:	79.37

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-01-2025	12-12-2025	3234512849	7011055477	Invoice	22.29		0.00	22.29
12-01-2025	12-12-2025	3234514530	7011060249	Invoice	3.78		0.00	3.78
12-01-2025	12-12-2025	3234514531	7011068440	Invoice	5.63		0.00	5.63
12-01-2025	12-12-2025	3234629687	7011071815	Invoice	7.72		0.00	7.72
12-03-2025	12-12-2025	3234925734	7011080574	Invoice	8.84		0.00	8.84
12-04-2025	12-12-2025	3235070244	7011086646	Invoice	21.66		0.00	21.66
12-05-2025	12-12-2025	3235220651	7011093131	Invoice	9.45		0.00	9.45

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
79.37	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
DEC 08 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
12-12-2025	79.37
Total Due:	79.37

Processing Number 0000072057527 9 Document Type Customer Statement 202512060 4843

cencora

STATEMENT

Statement Number: 71070375
Date: 12-05-2025

Serviced By:
AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

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

Remit To:
AMERISOURCEBERGEN
PO Box 978740
DALLAS TX 75397-8740

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	921.27
Past Due:	0.00
Total Due:	921.27
Account Balance:	921.27

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-01-2025	12-12-2025	3234613161	7011069673	Invoice	95.24		0.00	95.24
12-01-2025	12-12-2025	3234613162	7011072324	Invoice	36.71		0.00	36.71
12-01-2025	12-12-2025	3234679958	7011077336	Invoice	10.31		0.00	10.31
12-02-2025	12-12-2025	3234828179	7011080653	Invoice	7.80		0.00	7.80
12-03-2025	12-12-2025	3234972877	7011086286	Invoice	3.48		0.00	3.48
12-04-2025	12-12-2025	3235117190	7011095054	Invoice	4.54		0.00	4.54
12-05-2025	12-12-2025	3235258089	7011101914	Invoice	763.19		0.00	763.19

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
921.27	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
DEC 08 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
12-12-2025	921.27
Total Due:	921.27

MKL

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

CLMLIN	CPTPRO	UNICNS	DMEPRO	DEPPRO	CLMPRP	CLMPRO	CLMPLU	CHGDT	AMT	CLMTP	PAYEE	PAYTYP	CVSCD	CVSTP	FIRSTNAME	LASTNAME	CODY	WORD	RBGMDT	THRUDT	PAYNO
6938	76360	2	29	0	2025	315001947	0	12/1/2025	$78.06	1	CLINICAL PATHOLOGY LABS, INC	P	172	0	[redacted]		AB	F	5/2/2025	5/2/2025	742554159
6939	76360	2	16	0	2025	318000395	0	12/1/2025	$122.69	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	10/20/2025	10/20/2025	742208337
6940	76360	3	122	0	2025	315001705	0	12/1/2025	$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	11/3/2025	11/3/2025	742605670
6942	76360	3	94	0	2025	315001836	0	12/1/2025	$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0	[redacted]		OVS	F	11/4/2025	11/4/2025	273335355
6943	76360	3	124	0	2025	315001665	0	12/1/2025	$55.89	1	SCOTT P. STEIN, D.O., P.A.	P	457	0	[redacted]		OVS	F	11/3/2025	11/3/2025	742861393
6944	76360	3	83	0	2025	315001882	0	12/1/2025	$55.89	1	HEALTH AND WELLNESS SOLUTIONS PA	P	457	0	[redacted]		OVS	F	11/4/2025	11/4/2025	260406833
6947	76360	3	53	0	2025	318000384	0	12/1/2025	$72.62	1	VICTORIA WOMENS CLINIC	P	180	0	[redacted]		XRDR	F	10/31/2025	10/31/2025	741831291
6948	76360	3	134	0	2025	318000431	0	12/1/2025	$72.62	1	VICTORIA WOMENS CLINIC	P	180	0	[redacted]		XRDR	F	10/30/2025	10/30/2025	741831291
6951	76360	3	138	2	2025	315001953	0	12/1/2025	$87.00	1	COUNSELING4LIFE LLC	P	360	0	[redacted]		POV	F	11/5/2025	11/5/2025	455131564
6954	76360	3	125	0	2025	315001626	0	12/1/2025	$94.80	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	10/20/2025	10/20/2025	742208337
6958	76360	3	21	1	2025	315001816	0	12/1/2025	$132.01	1	PORT LAVACA CLINIC	P	172	0	[redacted]		AB	F	10/24/2025	10/24/2025	742605670
6960	76360	3	71	1	2025	315001463	0	12/1/2025	$142.05	1	US ANESTHESIA PARTNERS OF TEXAS PA	P	405	0	[redacted]		AOQ	F	2/21/2025	2/21/2025	760482007
6963	76360	3	128	1	2025	315001847	0	12/1/2025	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	9/22/2025	9/22/2025	815248556
6964	76360	3	51	1	2025	315001589	0	12/1/2025	$155.04	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	10/20/2025	10/20/2025	742208337
6966	76360	3	138	0	2025	318000378	0	12/1/2025	$187.17	1	CONCORD MEDICAL GROUP OF TEXAS PLLC	P	189	0	[redacted]		ERD	F	10/13/2025	10/13/2025	465400615
6967	76360	3	48	0	2025	315001758	0	12/1/2025	$202.09	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	10/30/2025	10/30/2025	741680498
6968	76360	3	32	1	2025	315001828	0	12/1/2025	$207.99	1	VICTORIA VEIN AND SURGERY CLINIC	P	456	0	[redacted]		INJS	F	10/23/2025	10/23/2025	452590280
6969	76360	3	92	0	2025	315001636	0	12/1/2025	$241.28	1	SINGLETON ASSOCIATES PA	P	321	0	[redacted]		MRIO	F	10/16/2025	10/16/2025	741680498
6970	76360	3	59	1	2025	318000355	0	12/1/2025	$256.01	1	FAMILY CARE CENTER	P	360	0	[redacted]		POV	F	10/16/2025	10/16/2025	810970561
6971	76360	3	114	0	2025	315001797	0	12/1/2025	$272.00	1	CITIZENS MEDICAL PROFESSIONALS	P	176	0	[redacted]		AO	F	9/23/2025	9/23/2025	471158090
6974	76360	3	114	0	2025	315001607	0	12/1/2025	$1,874.82	1	VICTORIA EYE CENTER	P	431	0	[redacted]		SFS	F	10/23/2025	10/23/2025	742208337
6975	76360	3	30	1	2025	315001513	0	12/1/2025	$2,008.45	1	ORTHOLONESTAR PLLC	P	178	0	[redacted]		SO	F	10/21/2025	10/21/2025	842136648
6976	76360	999	35	0	2025	318000389	0	12/1/2025	$115.55	1	TMH PHYSICIAN ASSOCIATES PLLC	P	188	0	[redacted]		HV	F	8/29/2025	8/29/2025	300520570
6977	76360	999	35	0	2025	318000465	0	12/1/2025	$165.70	1	TMH PHYSICIAN ASSOCIATES PLLC	P	188	0	[redacted]		HV	F	8/29/2025	8/29/2025	300520570
6978	76360	999	35	0	2025	315002030	0	12/1/2025	$205.25	1	LIVER ASSOCIATES OF TEXAS	P	188	0	[redacted]		HV	F	8/24/2025	8/24/2025	760693452
6979	76360	999	35	0	2025	318000392	0	12/1/2025	$462.20	1	TMH PHYSICIAN ASSOCIATES PLLC	P	188	0	[redacted]		HV	F	8/25/2025	8/28/2025	300520570
6980	76360	999	35	0	2025	318000350	0	12/1/2025	$497.10	1	TMH PHYSICIAN ASSOCIATES PLLC	P	188	0	[redacted]		HV	F	8/25/2025	8/28/2025	300520570
									$7,992.58												

✓ MSL

APPROVED ON

DEC 08 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Dec 1, 2025 - Dec 7, 2025

Date	Bank Description	MMC Notes	Amount		CPSI "Handwritten Check" #
12/1/2025	PAY PLUS ACHTrans 102278931 101000690485324	- 3rd Party Payor Fee	311.73		902048
12/2/2025	STATE COMPTRLR TEXNET 08977975/51201 2100002	-UC IGT	564.92	*	902049
12/2/2025	PAY PLUS ACHTrans 102596667 101000692306900	- 3rd Party Payor Fee	88.59		902050
12/2/2025	MCKESSON DRUG AUTO ACH ACH06807599 910000169	- 340B Drug Program Expense	9,202.45	*	902051
12/2/2025	AUTHNET GATEWAY BILLING 145975964 1040000162	- 3rd Party Payor Fee	25.00		902052
12/3/2025	PAY PLUS ACHTrans 102837935 101000695136613	- 3rd Party Payor Fee	2.83		902053
12/3/2025	MERCHANT BANKCD FEE 971160913887 91000017085	- Credit Card Processing Fee	158.17		902054
12/3/2025	MERCHANT BANKCD FEE 971160910883 91000017085	- Credit Card Processing Fee	9.95		902055
12/3/2025	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	359.27		902056
12/3/2025	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	29.95		902057
12/3/2025	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	190.61		902058
12/3/2025	HPHG LLC PORT LAVAC MemMedCtr PtLav 11312265	- Health Insurance Claim Payments	129,089.60	**	902059
12/4/2025	PAY PLUS ACHTrans 103124771 101000697135305	- 3rd Party Payor Fee	72.25		902060
12/5/2025	PAY PLUS ACHTrans 103363770 101000698782874	- 3rd Party Payor Fee	594.44		902061
12/5/2025	HEALTHEQUITY INC HealthEqui 1356888 91000019	- EmpDeduct/Employer Contribut	1,152.00	*	902062
12/5/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	966.45	*	902063
12/5/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	369,401.76	*	902064
12/5/2025	FDMS FDMS PYMT 052-1601830-000 4100012190346	- Credit Card Machine Lease Fee	32.45		902065
12/5/2025	FDMS FDMS PYMT 052-2000500-000 4100012191451	- Credit Card Machine Lease Fee	75.67		902066
12/5/2025	FDMS FDMS PYMT 052-2182557-000 4100012192262	- Credit Card Machine Lease Fee	181.77		902067
12/5/2025	FDMS FDMS PYMT 052-2182545-000 4100012192256	- Credit Card Machine Lease Fee	45.64		902068
			512,555.50		

Michelle Cumberland — December 8, 2025

Michelle Cumberland, CFO
Memorial Medical Center

* Approved on 12.03.25cc
** Approved on 11.26.25cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
1/2/2025	- STATE COMTRLR TEXNET	-ATLIS IGT	260,926.00
12/22/2025	- WEBFILE TAX PYMT DD	- Sales Tax	2,372.91
			263,298.91

Michelle Cumberland — December 8, 2025

Michelle Cumberland, CFO
Memorial Medical Center

APPROVED ON
DEC 08 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TEXNET 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	$260,926.00
Bank Routing and Account Number	
Settlement Date	1/2/2026
ATLIS Amount	$260,926.00
Entered By	Caitlin Clevenger

Run Date: 12/4/2025
Run Time: 10:28:08

COMPTROLLER.TEXAS.GOV

Menu

Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 11/30/2025 (2511)

Taxpayer ID [redacted]
User ID [redacted]
Reference Number [redacted]
Date and Time of Filing:
12/06/2025, 11:09:08 AM

Taxpayer Name:
MEMORIAL MEDICAL CENTER
Taxpayer Address:
815 N VIRGINIA ST PORT LAVACA , TX 77979-3025
IP Address: [redacted]

Entered By: Caitlin Clevenger
Email Address:
cclevenger@mmcportlavaca.com
Telephone Number: (361) 552-0272

PAYMENT SUMMARY

Electronic Check
State Amount: $1,797.66
Local Amount: $575.25
Amount to Pay: $2,372.91
Electronic Check: $2,372.91

Payment Reference Number: [redacted]
Trace Number: [redacted]

Type of Bank Account: Checking
Accountholder Name:
Memorial Medical Center Operating
Bank Routing Number: [redacted]
Bank Account Number [redacted]
Payment Effective Date: 12/22/2025

CREDIT SUMMARY

Credits Taken

Are you taking credit to reduce taxes due on this return?	No
Are you taking credit to reduce taxable sales on this return for the purchase of Texas farm-raised oysters?	No
Amount of credit being taken on this return for the purchase of Texas farm-raised oysters	$0.00
Are you taking credit to reduce taxable sales on this return for participation in a qualified oyster shell recycling program?	No
Amount of credit being taken on this return for participation in a qualified oyster shell recycling program	$0.00

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	28,907	28,907	0.00	28,907	1,806.69	28,907	0.02	578.14
SubTotal	**28,907**	**28,907**	**0**	**28,907**	**1,806.69**	**28,907**		**578.14**

Total Tax for Locations **2,384.83**

Total Tax Due:	$2,384.83
Timely Filing Discount:	- $11.92
Balance Due:	$2,372.91

Pending Payments:	- $0.00
Total Amount Due and Payable:	**$2,372.91**

(State amount due is $1,797.66) (Local amount due is $575.25)

Date/Time	12-02-2025 / 03:27 PM
Submitted By	cclevenger256
Pay Date	11-30-2025
Employee Deposits	$72,025.02
Employer Contributions	$103,921.52
Group Term Life Premiums	$0.00
Total	$175,946.54
Comments	
Payroll File	November 2025.xlsx

CLOSE PRINT

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DEC 04 2025

CALHOUN COUNTY, TEXAS

12/04/2025
09:09

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/26/2025

0
ap_open_invoice.template

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
112625		11/30/202	11/26/202	12/26/202			149.58	0.00	0.00	149.58

ins. pmt dup. intommc dpt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	149.58	0.00	0.00	149.58

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	149.58	0.00	0.00	149.58

APPROVED ON

DEC 04 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 211404

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 04 2025

CALHOUN COUNTY, TEXAS

12/04/2025
09:10

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/26/2025

0
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
S 112525A		11/30/202	11/25/202	12/26/202			67,095.65	0.00	0.00	67,095.65
S 112525		11/30/202	11/25/202	12/26/202			790.00	0.00	0.00	790.00
S 112625A		11/30/202	11/26/202	12/26/202			3,445.20	0.00	0.00	3,445.20
S 112625		11/30/202	11/26/202	12/26/202			4,671.98	0.00	0.00	4,671.98
S 112825		11/30/202	11/28/202	12/26/202			2,426.26	0.00	0.00	2,426.26
S 120125A		12/03/202	12/01/202	12/26/202			445.29	0.00	0.00	445.29
S 120125		12/03/202	12/01/202	12/26/202			85.71	0.00	0.00	85.71

Ins. pmt dep. into MMC dpt in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	78,960.09	0.00	0.00	78,960.09

APPROVED ON
DEC 04 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	78,960.09	0.00	0.00	78,960.09

CHK# 211405

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DEC 04 2025

CALHOUN COUNTY, TEXAS

12/04/2025 09:09

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/26/2025

0
ap_open_invoice.template

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
S	112625	ins. Pmt dep. into MMC Opt. in error	11/30/202	11/26/202	12/26/202			2,514.00	0.00	0.00	2,514.00
S	112625A		11/30/202	11/26/202	12/26/202			1,840.89	0.00	0.00	1,840.89
S	112825		11/30/202	11/28/202	12/26/202			790.00	0.00	0.00	790.00
S	112825A		11/30/202	11/28/202	12/26/202			419.00	0.00	0.00	419.00
S	120125		12/03/202	12/01/202	12/26/202			6,071.66	0.00	0.00	6,071.66
S	120225		12/03/202	12/02/202	12/26/202			4,160.00	0.00	0.00	4,160.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	15,795.55	0.00	0.00	15,795.55

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	15,795.55	0.00	0.00	15,795.55

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DEC 04 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 211407

RECEIVED BY THE
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DEC 04 2025

CALHOUN COUNTY, TEXAS

12/04/2025
09:09

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/26/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12792	LAVACA BAY NURSING AND REHAB		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	112525	INS. PMT dep into MMC bk. in error	11/30/202	11/25/202	12/26/202			1,063.44	0.00	0.00	1,063.44
	112525A		11/30/202	11/25/202	12/26/202			5,028.00	0.00	0.00	5,028.00
	112825		11/30/202	11/28/202	12/26/202			2,933.00	0.00	0.00	2,933.00
	112825A		11/30/202	11/28/202	12/26/202			73.69	0.00	0.00	73.69
	120125		12/03/202	12/01/202	12/26/202			6,052.06	0.00	0.00	6,052.06

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	15,150.19	0.00	0.00	15,150.19

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	15,150.19	0.00	0.00	15,150.19

APPROVED ON

DEC 04 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 211404

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/8/2025

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		5,250.93	5,150.93	6,100.61			6,200.61	6,100.61
						Bank Balance	6,200.61	
						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	**6,100.61**	
Broadmoor		4,521.94	4,421.94	5,587.56		-	5,687.56	5,587.56
						Bank Balance	5,687.56	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**5,587.56**	
Crescent		101.01	-	5,680.10			5,781.11	5,681.11
						Bank Balance	5,781.11	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**5,681.11**	
Fort Bend		45,550.22	45,450.22	5,698.91			5,798.91	3,509.71
						Bank Balance	5,798.91	
						Variance	-	
						Leave in Balance	100.00	
						Recoup Owed to MMC	1,993.07	
						Recoup Owed to MMC	196.13	
						Adjust Balance/Transfer Amt	**3,509.71**	
Solera at W Houston		111.45	-	8,471.56			8,583.01	7,589.45
						Bank Balance	8,583.01	
						Variance	-	
						Leave in Balance	100.00	
						Recoup Owed to MMC	893.56	
						Adjust Balance/Transfer Amt	**7,589.45**	

6,100.61 +
5,587.56 +
5,681.11 +
3,509.71 +
7,589.45 +
28,468.44 ◇

Nest Houston / Fort Bend / Broadmoor:

TOTAL TRANSFERS	**28,468.44**

Approved: MSC
Michelle Cumberland, CFO **12/8/2025**

APPROVED ON
DEC 08 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

J:\NH Weekly Transfers\NH UPL Transfer Summary\2025\NH UPL Transfer Summary 12.8.2

Ashford Gardens		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/4/2025	Deposit	-	6,100.61		6,100.61
12/3/2025	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	5,150.93	-		-
		-	-		-
		-	-		-
		-	-		-
		5,150.93	**6,100.61**	**-**	**6,100.61**

Broadmoor		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/4/2025	Deposit	-	5,587.56		5,587.56
12/3/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	4,421.94	-		-
		-	-		-
		-	-		-
		-	-		-
		4,421.94	**5,587.56**	**-**	**5,587.56**

Crescent		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/4/2025	Deposit	-	5,680.10		5,680.10
		-	-		-
		-	-		-
		-	-		-
		-	-		-
		-	-		-
		-	-		-
		-	**5,680.10**	**-**	**5,680.10**

Fort Bend		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/4/2025	Deposit	-	5,698.91		9,213.66
12/3/2025	278	215.37	-		-
12/3/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	45,234.85	-		-
					-
		-	-		-
		-	-		-
		-	-		-
		-	-		-
		45,450.22	**5,698.91**	**-**	**9,213.66**

Solera at West Houston		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/4/2025	Deposit	-	8,471.56		8,471.56
					-
					-
					-
					-
		-	-		-
		-	**8,471.56**	**-**	**8,471.56**

TOTALS		**31,538.74**	**-**	**35,053.49**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,284,886.77	$1,240,912.03	$1,284,886.77	$1,591,020.35
*4381 MEMORIAL MEDICAL / NH ASHFORD	$6,200.61	$6,200.61	$6,200.61	$6,200.61
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$5,687.56	$5,687.56	$5,687.56	$5,687.56
*4411 MEMORIAL MEDICAL / NH CRESCENT	$5,781.11	$5,781.11	$5,781.11	$5,781.11
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$8,583.01	$15,077.51	$8,583.01	$8,583.01
*4446 MEMORIAL MEDICAL / NH FORT BEND	$5,798.91	$5,798.91	$5,798.91	$5,798.91
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$29,937.40	$60,626.09	$29,937.40	$24,234.80
*4551 CAL CO INDIGENT HEALTHCARE	$16,487.08	$16,487.08	$16,487.08	$16,487.08
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$254,046.86	$265,594.39	$254,046.86	$253,958.65
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$5,586.51	$5,586.51	$5,586.51	$5,586.51
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$75,013.06	$75,013.06	$75,013.06	$10,460.00
*3407 MMC -NH TUSCANY VILLAGE	$248,384.28	$248,384.28	$248,384.28	$237,687.17
*2998 MMC -MONEY MARKET FUND	$572,037.37	$572,037.37	$572,037.37	$572,037.37
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$10,328.63	$10,328.63	$10,328.63	$9,684.57
Total Balance	**$2,528,759.16**	**$2,533,515.14**	**$2,528,759.16**	**$2,753,207.70**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
12/8/2025

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		140,347.62	139,547.78	29,137.56		-	29,937.40	28,841.14
						Bank Balance	29,937.40	
						Variance	-	
						Leave in Balance	100.00	
						Recoup Owed to MMC	31.37	
						Recoup Owed to MMC	534.55	
						Recoup Owed to MMC	133.92	
						Recoup Owed to MMC	58.61	
						Recoup Owed to MMC	237.81	
						Adjust Balance/Transfer Amt	28,841.14	

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:
Michelle Cumberland, CFO 12/8/2025

APPROVED ON
DEC 08 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/5/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	1,942.06		1,942.06
12/5/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001256	-	2,133.00		2,133.00
12/5/2025	NOVITAS SOLUTION HCCLAIMPMT 676097 420000199	-	1,627.54		1,627.54
12/4/2025	Deposit	-	5,922.91		5,922.91
12/4/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	2,265.00		2,265.00
12/4/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001522	-	6,582.06		6,582.06
12/3/2025	247	285.59	-		-
12/3/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	139,262.19	-		-
12/3/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001770	-	1,672.00		1,672.00
12/2/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	158.00		158.00
12/1/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	1,776.00		1,776.00
12/1/2025	Luminos Hospice Bill.com 015MMDXRLBRFLSS 210	-	2,964.54		2,964.54
12/1/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001555	-	2,094.45		2,094.45
		√		√	-
					-
		139,547.78	**29,137.56**	**-**	**29,137.56**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,284,886.77	$1,240,912.03	$1,284,886.77	$1,591,020.35
*4381 MEMORIAL MEDICAL / NH ASHFORD	$6,200.61	$6,200.61	$6,200.61	$6,200.61
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$5,687.56	$5,687.56	$5,687.56	$5,687.56
*4411 MEMORIAL MEDICAL / NH CRESCENT	$5,781.11	$5,781.11	$5,781.11	$5,781.11
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$8,583.01	$15,077.51	$8,583.01	$8,583.01
*4446 MEMORIAL MEDICAL / NH FORT BEND	$5,798.91	$5,798.91	$5,798.91	$5,798.91
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$29,937.40	$60,626.09	$29,937.40	$24,234.80
*4551 CAL CO INDIGENT HEALTHCARE	$16,487.08	$16,487.08	$16,487.08	$16,487.08
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$254,046.86	$265,594.39	$254,046.86	$253,958.65
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$5,586.51	$5,586.51	$5,586.51	$5,586.51
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$75,013.06	$75,013.06	$75,013.06	$10,460.00
*3407 MMC -NH TUSCANY VILLAGE	$248,384.28	$248,384.28	$248,384.28	$237,687.17
*2998 MMC -MONEY MARKET FUND	$572,037.37	$572,037.37	$572,037.37	$572,037.37
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$10,328.63	$10,328.63	$10,328.63	$9,684.57
Total Balance	**$2,528,759.16**	**$2,533,515.14**	**$2,528,759.16**	**$2,753,207.70**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
12/8/2025

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		197,169.81	-	56,877.05	-	-		254,046.86	No Transfer
							Bank Balance	254,046.86	
							Variance	-	
							Leave in Balance	100.00	
							Claims owed to MMC	325,464.68	
							Claims owed to MMC	104,277.83	
							Adjust Balance/Transfer Amt	(175,795.65)	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		100.51	-	5,486.00		-		5,586.51	5,486.51
							Bank Balance	5,586.51	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	5,486.51	

Routing information for Gulf Pointe Plaza:

TOTAL TRANSFERS -

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

Approved: MSC
Michelle Cumberland, CFO 12/8/2025

APPROVED ON
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CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/5/2025 HNB - ECHO HCCLAIMPMT 746003411 440000278709	-	88.21		88.21
12/4/2025 HNB - ECHO HCCLAIMPMT 746003411 440000235090	-	24,256.86		24,256.86
12/4/2025 HNB - ECHO HCCLAIMPMT 746003411 440000235090	-	107.60		107.60
12/3/2025 HNB - ECHO HCCLAIMPMT 746003411 440000289056	-	12,461.55		12,461.55
12/3/2025 HNB - ECHO HCCLAIMPMT 746003411 440000289711	-	259.88		259.88
12/2/2025 HNB - ECHO HCCLAIMPMT 746003411 440000233898	-	9,788.16		9,788.16
12/1/2025 HNB - ECHO HCCLAIMPMT 746003411 440000265617	-	9,914.79		9,914.79
				-
				-
				-
				-
	-	**56,877.05**	-	**56,877.05**

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/4/2025 Deposit	-	5,486.00		5,486.00
	-	-		-
	-	**5,486.00**	-	**5,486.00**
	-	**62,363.05**	-	**62,363.05**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,284,886.77	$1,240,912.03	$1,284,886.77	$1,591,020.35
*4381 MEMORIAL MEDICAL / NH ASHFORD	$6,200.61	$6,200.61	$6,200.61	$6,200.61
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$5,687.56	$5,687.56	$5,687.56	$5,687.56
*4411 MEMORIAL MEDICAL / NH CRESCENT	$5,781.11	$5,781.11	$5,781.11	$5,781.11
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$8,583.01	$15,077.51	$8,583.01	$8,583.01
*4446 MEMORIAL MEDICAL / NH FORT BEND	$5,798.91	$5,798.91	$5,798.91	$5,798.91
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$29,937.40	$60,626.09	$29,937.40	$24,234.80
*4551 CAL CO INDIGENT HEALTHCARE	$16,487.08	$16,487.08	$16,487.08	$16,487.08
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$254,046.86	$265,594.39	$254,046.86	$253,958.65
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$5,586.51	$5,586.51	$5,586.51	$5,586.51
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$75,013.06	$75,013.06	$75,013.06	$10,460.00
*3407 MMC -NH TUSCANY VILLAGE	$248,384.28	$248,384.28	$248,384.28	$237,687.17
*2998 MMC -MONEY MARKET FUND	$572,037.37	$572,037.37	$572,037.37	$572,037.37
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$10,328.63	$10,328.63	$10,328.63	$9,684.57
Total Balance	**$2,528,759.16**	**$2,533,515.14**	**$2,528,759.16**	**$2,753,207.70**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
12/8/2025

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		274,707.06	274,607.06	248,284.28	-	-	-	248,384.28	246,747.06
							Bank Balance	248,384.28	
							Variance	-	
							Leave in Balance	100.00	
							Recoup Owed to MMC	1,537.22	
							Adjust Balance/Transfer Amt	246,747.06	

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: MSC
Michelle Cumberland, CFO 12/8/2025

APPROVED ON
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CALHOUN COUNTY, TEXAS

Tuscany Village			Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/5/2025	Merchant Capture Dep		-	10,697.11		10,697.11
12/4/2025	Deposit		-	34,226.40		34,226.40
12/4/2025	Deposit		-	69,507.31		69,507.31
12/3/2025		1194	62.40	-		-
12/3/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE		274,544.66	-		-
12/1/2025	Deposit		-	106,510.28		106,510.28
12/1/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000166		-	27,343.18		27,343.18
			✓	✓		-
						-
			274,607.06	**248,284.28**	**-**	**248,284.28**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,284,886.77	$1,240,912.03	$1,284,886.77	$1,591,020.35
*4381 MEMORIAL MEDICAL / NH ASHFORD	$6,200.61	$6,200.61	$6,200.61	$6,200.61
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$5,687.56	$5,687.56	$5,687.56	$5,687.56
*4411 MEMORIAL MEDICAL / NH CRESCENT	$5,781.11	$5,781.11	$5,781.11	$5,781.11
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$8,583.01	$15,077.51	$8,583.01	$8,583.01
*4446 MEMORIAL MEDICAL / NH FORT BEND	$5,798.91	$5,798.91	$5,798.91	$5,798.91
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$29,937.40	$60,626.09	$29,937.40	$24,234.80
*4551 CAL CO INDIGENT HEALTHCARE	$16,487.08	$16,487.08	$16,487.08	$16,487.08
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$254,046.86	$265,594.39	$254,046.86	$253,958.65
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$5,586.51	$5,586.51	$5,586.51	$5,586.51
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$75,013.06	$75,013.06	$75,013.06	$10,460.00
*3407 MMC -NH TUSCANY VILLAGE	$248,384.28	$248,384.28	$248,384.28	$237,687.17
*2998 MMC -MONEY MARKET FUND	$572,037.37	$572,037.37	$572,037.37	$572,037.37
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$10,328.63	$10,328.63	$10,328.63	$9,684.57
Total Balance	**$2,528,759.16**	**$2,533,515.14**	**$2,528,759.16**	**$2,753,207.70**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
12/8/2025

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		193,439.44	193,339.44	74,913.06			-	75,013.06	73,375.84
							Bank Balance	75,013.06	
							Variance	-	
							Leave in Balance	100.00	
							Recoup Owed to MMC	1,537.22	
							Adjust Balance/Transfer Amt	73,375.84	

Approved:
Michelle Cumberland, CFO 12/8/2025

Note: Only balances of over $9,000 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
DEC 08 2025
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CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/5/2025	NDC SWEEP FAC 02330 56009680012061 SWEEP FR	-	29,551.11		29,551.11
12/5/2025	Deposit	-	35,001.95		35,001.95
12/4/2025	Deposit	-	5,665.12		5,665.12
12/3/2025	1167	234.76	-		-
12/3/2025	WIRE OUT REG Leased OpCo LLC	193,104.68	-		-
12/3/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000133	-	3,385.38		3,385.38
12/1/2025	HNB - ECHO HCCLAIMPMT 746003411 440000265635	-	1,309.50		1,309.50
					-
					-
					-
		✓	✓		-
					-
		193,339.44	**74,913.06**	**-**	**74,913.06**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,284,886.77	$1,240,912.03	$1,284,886.77	$1,591,020.35
*4381 MEMORIAL MEDICAL / NH ASHFORD	$6,200.61	$6,200.61	$6,200.61	$6,200.61
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$5,687.56	$5,687.56	$5,687.56	$5,687.56
*4411 MEMORIAL MEDICAL / NH CRESCENT	$5,781.11	$5,781.11	$5,781.11	$5,781.11
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$8,583.01	$15,077.51	$8,583.01	$8,583.01
*4446 MEMORIAL MEDICAL / NH FORT BEND	$5,798.91	$5,798.91	$5,798.91	$5,798.91
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$29,937.40	$60,626.09	$29,937.40	$24,234.80
*4551 CAL CO INDIGENT HEALTHCARE	$16,487.08	$16,487.08	$16,487.08	$16,487.08
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$254,046.86	$265,594.39	$254,046.86	$253,958.65
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$5,586.51	$5,586.51	$5,586.51	$5,586.51
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$75,013.06	$75,013.06	$75,013.06	$10,460.00
*3407 MMC -NH TUSCANY VILLAGE	$248,384.28	$248,384.28	$248,384.28	$237,687.17
*2998 MMC -MONEY MARKET FUND	$572,037.37	$572,037.37	$572,037.37	$572,037.37
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$10,328.63	$10,328.63	$10,328.63	$9,684.57
Total Balance	**$2,528,759.16**	**$2,533,515.14**	**$2,528,759.16**	**$2,753,207.70**

Lavaca Bay- recoup

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC ✓

Date Requested: 12-4-25

APPROVED ON
DEC 08 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT $1537.22 ✓

Chk# 001168

G/L NUMBER: 20656000

EXPLANATION: Medicare recoup- Lavaca Bay 11-28-25

Remit # EFT635317

REQUESTED BY: K. Pokluda

AUTHORIZED BY: ✓ CG

CAT # 10303 / FM 1600

Fort Bend recoup-

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: mmc

Date Requested: 12-4-25

APPROVED ON DEC 08 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Chk#000279

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

AMOUNT $196.13 ✓ G/L NUMBER: 20652000

EXPLANATION: Medicare recoup - Fort Bend 11-28-25
Remit # EFT7635317

REQUESTED BY: K. Pokluda AUTHORIZED BY: CCS ✓

CAT # 10303 / FM 1600

Fort Bend recoup

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: mmc

Date Requested: 12-4-25

APPROVED ON
DEC 08 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 000279

FOR ACCT. USE ONLY

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

AMOUNT $1993.07 ✓

G/L NUMBER: 20652000

EXPLANATION: Medicare recoup - Fort Bend 11-28-25

Remit # EFT7635317

✓

REQUESTED BY: K. Pokluda

AUTHORIZED BY: CCJ

CAT # 10303 / FM 1600

MC recoup

MEMORIAL MEDICAL CENTER
CHECK REQUEST

MMC

Date Requested: 11-28-25

PAYEE

APPROVED ON
DEC 08 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 000249

FOR ACCT. USE ONLY

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

AMOUNT #237.81 ✓ G/L NUMBER: 20653000

EXPLANATION: UHC Comm Plan recoup- Golden Creek 11-21-25
Payment #25323B1001707136

REQUESTED BY: K. Poklueda

AUTHORIZED BY: CC ✓

CAT # 10303 / FM 1600

Golden Creek - recoup

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC

Date Requested: 12-2-25

APPROVED ON
DEC 08 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#000249

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

AMOUNT: $58.61 ✓

G/L NUMBER: 20653000

EXPLANATION: UHC Comm Plan recoup - Golden Creek 11-26-25
Pmt #25330B1001736365

REQUESTED BY: K. Poklada

AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

Solera - recoup

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: mmc

Date Requested: 12-4-25

APPROVED ON DEC 08 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Chk# 001331

FOR ACCT. USE ONLY

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

AMOUNT #89356 /

G/L NUMBER: 20652000

EXPLANATION: Medicare recoup - Solera 5-1625

Remit #04252

/

REQUESTED BY: K. Poklada

AUTHORIZED BY: CEJ

CAT # 10303 / FM 1600

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

001331

Date 12-12-25 88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 893. 5/100

Eight hundred ninety-three dollars 5/100 DOLLARS

PROSPERITY BANK®

FOR Medicare recoup

MP

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

000279

Date 12-12-25 88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 2,189. 20/100

Two thousand, one hundred eighty nine dollars 20/100 DOLLARS

PROSPERITY BANK®

FOR medicare recoup

MP

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MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000249

Date 12-12-25 88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 296. 42/100

Two hundred ninety-six dollars 42/100 DOLLARS

PROSPERITY BANK®

FOR UHC recoup

MP

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

001168

Date 12-12-25

88-2265/1131

PAY
TO THE
ORDER OF mmc operative

$ 1,537. ~~22~~/100

One thousand, five hundred thirty-seven dollars 3 22/100 DOLLARS

PROSPERITY BANK®

FOR Medicare Refund

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG *	000249	12/12/25	296.42	MMC OPERATING
NHF *	000279	12/12/25	2,189.20	MMC OPERATING
BSL *	001168	12/12/25	1,537.22	MMC OPERATING
NHS	001331	12/12/25	893.56	MMC OPERATING
TOTALS:			4,916.40	