

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 30, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,579,462.91
TOTAL TRANSFERS BETWEEN FUNDS	\$ 322,056.36
TOTAL NURSING HOME UPL EXPENSES	\$ 1,955,901.62
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 1,267,685.20
GRAND TOTAL DISBURSEMENTS APPROVED December 30, 2025	\$ 5,125,106.09

APPROVED

DEC 30 2025

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---December 30, 2025

PAYABLES AND PAYROLL

12/22/2025 Weekly Payables	542,926.40
12/23/2025 Critical - TORCH	3,085.00
12/22/2025 McKesson-340B Prescription Expense	8,208.16
12/30/2025 McKesson-340B Prescription Expense	7,770.13
12/22/2025 Amerisource Bergen-340B Prescription Expense	85.54
12/22/2025 Amerisource Bergen-340B Prescription Expense	44.44
12/29/2025 Amerisource Bergen-340B Prescription Expense	313.17
12/29/2025 Amerisource Bergen-340B Prescription Expense	15.21
12/23/2025 Health Equity - Wage Works employee FSA	87,951.64
12/29/2025 Payroll Liabilities-Payroll Taxes	122,980.71
12/29/2025 Payroll	389,576.21

Prosperity Electronic Bank Payments

12/22/2025 90 Degree Benefits - employee insurance claims	1,677.14
12/29/2025 90 Degree Benefits - employee insurance claims	304,755.19
12/23/2025 HPHG - December health insurance premium payment	77,195.16
12/22/2025 Pay Plus-Patient Claims Processing Fee	1,837.73
12/22/2025 Credit Card Lease Fee	285.82
12/29/2025 Pay Plus-Patient Claims Processing Fee	1,546.54
12/22/2025 Enhanced Analysis	184.90
12/29/2025 Health Equity -HSA Contributions	1,050.82
12/29/2025 Healthsure - Renewal of Directors & Officers	27,973.00

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 1,579,462.91**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

12/22/2025 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	163,731.89
12/22/2025 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	95,250.23
12/22/2025 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	63,074.24

TOTAL TRANSFERS BETWEEN FUNDS **\$ 322,056.36**

NURSING HOME UPL EXPENSES

12/29/2025 Nursing Home UPL-Cantex Transfer	291,529.96
12/29/2025 Nursing Home UPL-Nexion Transfer	466,136.69
12/29/2025 Nursing Home UPL-Tuscany Transfer	507,000.73
12/29/2025 Nursing Home UPL-HSL Transfer	443,697.59

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

12/29/2025 Lavaca Bay to MMC - Y8 Q4 QIPP owed to MMC	221,439.25
12/22/2025 Gulfpointe to MMC - Claims owed to MMC	5,992.52
12/29/2025 Gulfpointe to MMC - Claims owed to MMC	12,213.25
12/22/2025 Golden Creek to MMC -UHC Comm. Plan Recoup	102.66
12/29/2025 Golden Creek to MMC - Y8 Q4 QIPP owed to MMC	7,788.97

TOTAL NURSING HOME UPL EXPENSES **\$ 1,955,901.62**

INTER-GOVERNMENT TRANSFERS

12/29/2025 HARP IGT	1,634.20
12/29/2025 QIPP IGT	1,266,051.00

TOTAL INTER-GOVERNMENT TRANSFERS **\$ 1,267,685.20**

GRAND TOTAL DISBURSEMENTS APPROVED December 30, 2025 **\$ 5,125,106.09**

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 908802557	SUPPLIES	12/10/202	12/08/202	12/10/202			2,082.00	0.00	0.00	2,082.00 ✓
✓ 908792954	SUPPLIES	12/11/202	12/04/202	12/11/202			363.62	0.00	0.00	363.62 ✓
✓ 908825417	SUPPLIES	12/16/202	12/15/202	12/16/202			269.70	0.00	0.00	269.70 ✓
✓ 908825415	SUPPLIES	12/16/202	12/15/202	12/16/202			904.70	0.00	0.00	904.70 ✓
✓ 908825416	SUPPLIES	12/16/202	12/15/202	12/16/202			374.78	0.00	0.00	374.78 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
 11072 BIO-RAD LABORATORIES, INC 3,994.80 0.00 0.00 3,994.80

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
✓ 53670654	ELECTRICITY-CLINIC	12/18/202	12/01/202	12/31/202			1,837.33	0.00	0.00	1,837.33 ✓
✓ 53673495	ELECTRICITY- NOVEMBER	12/18/202	12/01/202	12/31/202			30,111.00	0.00	0.00	30,111.00 ✓
✓ 53673493	NOVEMBER ELECTRICITY	12/18/202	12/01/202	12/31/202			18.98	0.00	0.00	18.98 ✓
✓ 53677130	NOV ELECTRICITY	12/18/202	12/01/202	12/31/202			8.33	0.00	0.00	8.33 ✓
✓ 53670904	NOVEMBER ELECTRICITY	12/18/202	12/01/202	12/31/202			572.90	0.00	0.00	572.90 ✓
✓ 53671229	NOVEMBER ELECTRICITY	12/18/202	12/01/202	12/31/202			548.69	0.00	0.00	548.69 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
 C1048 CALHOUN COUNTY 33,097.23 0.00 0.00 33,097.23

Vendor# Vendor Name Class Pay Code
 11295 ✓ CALHOUN COUNTY INDIGENT ACCOUN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 120925	INDGNT COPAYS	12/18/202	12/09/202	12/10/202			40.00	0.00	0.00	40.00 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
 11295 CALHOUN COUNTY INDIGENT ACCOUN 40.00 0.00 0.00 40.00

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
✓ AH1Z93Q	SUPPLIES	12/16/202	12/02/202	01/01/202			130.00	0.00	0.00	130.00 ✓
✓ AH11J4X	SUPPLIES	12/16/202	12/02/202	01/01/202			64.51	0.00	0.00	64.51 ✓
✓ AH19S7K	SUPPLIES	12/16/202	12/03/202	01/02/202			42.10	0.00	0.00	42.10 ✓
✓ AH2AP5G	SUPPLIES	12/16/202	12/03/202	01/02/202			116.32	0.00	0.00	116.32 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
 C1992 CDW GOVERNMENT, INC. 352.93 0.00 0.00 352.93

Vendor# Vendor Name Class Pay Code
 12768 ✓ CHEMAQUA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9425553	WATER TREATMENT	12/19/202	12/10/202	12/20/202			635.24	0.00	0.00	635.24 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net

	12768	CHEMAQUA					635.24	0.00	0.00	635.24	
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
	202539		12/18/202	12/08/202	12/08/202			64,784.54	0.00	0.00	64,784.54
	NOVEMBER INVOICE <i>CRNA</i>										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER						64,784.54	0.00	0.00	64,784.54
Vendor#	Vendor Name		Class		Pay Code						
C1730	CITY OF PORT LAVACA		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	121225C		12/19/202	12/12/202	01/05/202			110.08	0.00	0.00	110.08
	121225B		12/19/202	12/12/202	01/05/202			52.01	0.00	0.00	52.01
	121225A	UTILITY BILL	12/19/202	12/12/202	01/05/202			3,694.93	0.00	0.00	3,694.93
	121225	UTILITY BILL	12/19/202	12/12/202	01/05/202			170.22	0.00	0.00	170.22
	UTILITY BILL- CLINIC <i>101 N Virginia St</i>										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA						4,027.24	0.00	0.00	4,027.24
Vendor#	Vendor Name		Class		Pay Code						
10212	CLINICAL PATHOLOGY LABS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	17656113025		12/22/202	11/30/202	11/30/202			21,188.41	0.00	0.00	21,188.41
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS						21,188.41	0.00	0.00	21,188.41
Vendor#	Vendor Name		Class		Pay Code						
C1166	COASTAL OFFICE SOLUTIONS		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	OEQT322051A		12/19/202	11/03/202	11/13/202			17,071.92	0.00	0.00	17,071.92
	Vendor Totals: Number Name <i>Changeable Glassboards</i>										
	C1166	COASTAL OFFICE SOLUTIONS						17,071.92	0.00	0.00	17,071.92
Vendor#	Vendor Name		Class		Pay Code						
14400	CULINARY CONCESSIONS LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV310573		12/18/202	11/30/202	12/30/202			32,743.96	0.00	0.00	32,743.96
	LUBYS BILL										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	14400	CULINARY CONCESSIONS LLC						32,743.96	0.00	0.00	32,743.96
Vendor#	Vendor Name		Class		Pay Code						
10368	DEWITT POTH & SON										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8168860		12/08/202	11/25/202	01/06/202			167.80	0.00	0.00	167.80
	8180110	SUPPLIES	12/15/202	12/05/202	12/30/202			422.02	0.00	0.00	422.02
	8171021	SUPPLIES	12/16/202	12/05/202	12/30/202			4.23	0.00	0.00	4.23
	8180111	SUPPLIES	12/16/202	12/08/202	01/02/202			3.25	0.00	0.00	3.25
	8183800	SUPPLIES	12/16/202	12/09/202	01/03/202			110.38	0.00	0.00	110.38
	8185740	SUPPLIES	12/16/202	12/11/202	01/05/202			35.04	0.00	0.00	35.04
	<i>Snip paper, letter</i>										
	<i>Protector Sheets, Paper, Dividers etc.</i>										
	<i>Ballpoint Pens</i>										
	<i>Tip Rubber Finger</i>										
	<i>Envelopes Paper, marker, Dry Eraser</i>										
	<i>Desk pad</i>										

Vendor#	Vendor Name	Class	Pay Code							
2471785	ADMIN FEES			12/18/202	12/10/202	01/04/202	19,950.00	0.00	0.00	19,950.00
Vendor Totals: Number Name Gross Discount No-Pay Net										
10599	FORVIS						19,950.00	0.00	0.00	19,950.00
17244	FREED INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7EB963010004		12/18/202	12/04/202	01/02/202			2,494.80	0.00	0.00	2,494.80
Vendor Totals: Number Name Gross Discount No-Pay Net										
17244	FREED INC						2,494.80	0.00	0.00	2,494.80
G1210	GULF COAST PAPER COMPANY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2709900		12/16/202	12/09/202	01/08/202			382.93	0.00	0.00	382.93
Vendor Totals: Number Name Gross Discount No-Pay Net										
G1210	GULF COAST PAPER COMPANY						382.93	0.00	0.00	382.93
15348	HEALTH EQUITY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7NOFT9S		12/18/202	10/06/202	10/06/202			317.80	0.00	0.00	317.80
Vendor Totals: Number Name Gross Discount No-Pay Net										
15348	HEALTH EQUITY						621.35	0.00	0.00	621.35
H0416	HOLOGIC INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11173651	SUPPLIES	12/19/202	12/18/202	12/18/202			472.50	0.00	0.00	472.50
11190175	SUPPLIES	12/19/202	01/03/202	12/19/202			236.25	0.00	0.00	236.25
11196308	SUPPLIES	12/19/202	01/10/202	12/19/202			472.50	0.00	0.00	472.50
11202752	SUPPLIES	12/19/202	01/16/202	12/19/202			50.00	0.00	0.00	50.00
11224564	SUPPLIES	12/19/202	02/05/202	02/05/202			945.00	0.00	0.00	945.00
11290367	SUPPLIES	12/19/202	04/04/202	04/04/202			472.50	0.00	0.00	472.50
11303685	SUPPLIES	12/19/202	04/17/202	04/17/202			933.25	0.00	0.00	933.25
11346422	SUPPLIES	12/19/202	05/27/202	05/27/202			236.25	0.00	0.00	236.25
11348305	SUPPLIES	12/19/202	05/28/202	12/19/202			236.25	0.00	0.00	236.25
11382927	SUPPLIES	12/19/202	06/27/202	06/27/202			236.25	0.00	0.00	236.25
11412614	SUPPLIES	12/19/202	07/25/202	07/25/202			472.50	0.00	0.00	472.50
11435780	SUPPLIES	12/19/202	08/15/202	08/15/202			236.25	0.00	0.00	236.25
11471578	SUPPLIES	12/19/202	09/17/202	09/17/202			473.00	0.00	0.00	473.00

12/18/202 12/10/202 01/04/202 19,950.00 0.00 0.00 19,950.00

ADMIN FEES / Prep \$42026 (OSH) & (OUI) (WC)

Freed Group Plan 12/13/25 3131 20

Supplies Cansiter, mop, Linens, etc.

CO2 Cylinders 5pc

Mammopad / Sertera Spring Core device

Mammopad

✓	11542369		12/19/202	11/18/202	12/19/202		253.00	0.00	0.00	253.00	✓	
		SUPPLIES										
✓	11552887		12/19/202	11/28/202	11/28/202		50.00	0.00	0.00	50.00	✓	
		SUPPLIES										
			<i>CO2 Cylinders 5pk</i>									
✓	11439880		12/19/202	12/19/202	12/19/202		472.50	0.00	0.00	472.50	✓	
		SUPPLIES										
			<i>Mummopad</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
		H0416 HOLOGIC INC					6,248.00	0.00	0.00	6,248.00		
Vendor#	Vendor Name		Class	Pay Code								
11692	✓	INJOY HEALTH EDUCATION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	SO22897548		12/19/202	10/21/202	10/21/202			225.00	0.00	0.00	225.00	
		WEB APP RENEWAL 122025									✓	
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
		11692 INJOY HEALTH EDUCATION					225.00	0.00	0.00	225.00		
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	
✓	85662897		12/22/202	11/29/202	12/24/202			33.00	0.00	0.00	33.00	
		LAB TESTING SERVICE									✓	
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
		L0700 LABCORP OF AMERICA HOLDINGS					33.00	0.00	0.00	33.00		
Vendor#	Vendor Name		Class	Pay Code								
11600	✓	LEGAL SHIELD										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	101525		12/18/202	10/15/202	10/15/202			443.80	0.00	0.00	443.80	
			<i>October 2025 bill</i>									
✓	121525		12/18/202	12/15/202	12/15/202			443.80	0.00	0.00	443.80	
		DECEMBER BILL									✓	
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
		11600 LEGAL SHIELD					887.60	0.00	0.00	887.60		
Vendor#	Vendor Name		Class	Pay Code								
14432	✓	LGC CLINICAL DIAGNOSTICS, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	90335580		12/19/202	12/08/202	12/08/202			715.00	0.00	0.00	715.00	
		LAB SUPPLIES									✓	
			<i>Validate</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
		14432 LGC CLINICAL DIAGNOSTICS, INC.					715.00	0.00	0.00	715.00		
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	
✓	120225		12/22/202	12/02/202	12/02/202			521.50	0.00	0.00	521.50	
			<i>401B Water Softener</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
		L1640 LOWE'S BUSINESS ACCT/SYNCB					521.50	0.00	0.00	521.50		
Vendor#	Vendor Name		Class	Pay Code								
10972	✓	M G TRUST										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	121525		12/18/202	12/15/202	12/15/202			895.00	0.00	0.00	895.00	
		PAYROLL CLEARING									✓	
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
		10972 M G TRUST					895.00	0.00	0.00	895.00		
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	
✓	W18762		12/19/202	10/29/202	11/04/202			5,833.40	0.00	0.00	5,833.40	
			<i>MVAC Labor</i>									

HVAC SERVICE

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		17972	MALEK INC				5,833.40	0.00	0.00	5,833.40	
Vendor#	Vendor Name			Class	Pay Code						
17968	MALONE SOLUTIONS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	2051328		12/18/202	07/16/202	08/30/202			6,945.88	0.00	0.00	6,945.88
		LABOR NURSE AGENCY STAFFIN	<i>Sherleen Posup 7/3 & 7/10/25</i>								✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17968	MALONE SOLUTIONS					6,945.88	0.00	0.00	6,945.88
Vendor#	Vendor Name			Class	Pay Code						
15200	MANAGED CARE PARTNERS INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	6914		12/18/202	01/01/202	01/01/202			530.00	0.00	0.00	530.00
		PRO FEES JAN 2026									✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15200	MANAGED CARE PARTNERS INC.					530.00	0.00	0.00	530.00
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
✓	24740583		12/10/202	12/08/202	12/23/202			130.23	0.00	0.00	130.23
		SUPPLIES	<i>Collector / Cervical Collar</i>								✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC					130.23	0.00	0.00	130.23
Vendor#	Vendor Name			Class	Pay Code						
11612	MEDICAL AIR SERVICES ASSOC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	2260965		12/18/202	01/01/202	01/01/202			1,426.00	0.00	0.00	1,426.00
		DECEMBER BILL									✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11612	MEDICAL AIR SERVICES ASSOC.					1,426.00	0.00	0.00	1,426.00
Vendor#	Vendor Name			Class	Pay Code						
18092	MEDICAL SOLUTIONS LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	201130655		12/18/202	12/16/202	01/05/202			1,035.00	0.00	0.00	1,035.00
		AGENCY STAFFING LAB	<i>Joshua Kettlemaier 11/25 & 11/26/25</i>								✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		18092	MEDICAL SOLUTIONS LLC					1,035.00	0.00	0.00	1,035.00
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
✓	2394696763		12/01/202	10/22/202	11/16/202			3,507.39	0.00	0.00	3,507.39
		SUPPLIES									✓
✓	2393612597		12/10/202	10/15/202	11/09/202			2,002.76	0.00	0.00	2,002.76
		SUPPLIES									✓
✓	2400820455		12/10/202	12/03/202	12/28/202			3,999.39	0.00	0.00	3,999.39
		SUPPLIES									✓
✓	2401907790		12/10/202	12/09/202	01/03/202			8.00	0.00	0.00	8.00
		SUPPLIES									✓
✓	2402073593		12/10/202	12/10/202	01/04/202			842.12	0.00	0.00	842.12
		SUPPLIES									✓
✓	2402073582		12/10/202	12/10/202	01/04/202			419.64	0.00	0.00	419.64
		SUPPLIES									✓
✓	2402073590		12/10/202	12/10/202	01/04/202			3,308.66	0.00	0.00	3,308.66
		SUPPLIES									✓
✓	2402073584		12/10/202	12/10/202	01/04/202			297.92	0.00	0.00	297.92
		SUPPLIES									✓

✓	2402073583	SUPPLIES	12/10/202	12/10/202	01/04/202		651.83	0.00	0.00	651.83	✓
✓	2400320458	SUPPLIES	12/11/202	12/03/202	12/28/202		14,838.02	0.00	0.00	14,838.02	✓
✓	2402944759	SUPPLIES	12/16/202	12/16/202	01/05/202		48.97	0.00	0.00	48.97	✓
✓	2401123807	SUPPLIES	12/19/202	12/04/202	12/29/202		447.94	0.00	0.00	447.94	✓
✓	2401123811	SUPPLIES	12/19/202	12/04/202	12/29/202		195.15	0.00	0.00	195.15	✓
✓	2401123806	SUPPLIES	12/19/202	12/04/202	12/29/202		550.31	0.00	0.00	550.31	✓
✓	2401123812	SUPPLIES	12/19/202	12/04/202	12/29/202		195.15	0.00	0.00	195.15	✓
✓	2401123808	SUPPLIES	12/19/202	12/04/202	12/29/202		1,585.83	0.00	0.00	1,585.83	✓
✓	2401426145	SUPPLIES	12/19/202	12/05/202	12/30/202		564.03	0.00	0.00	564.03	✓
✓	2401426143	SUPPLIES	12/19/202	12/05/202	12/30/202		285.82	0.00	0.00	285.82	✓
✓	2403504435	SUPPLIES	12/19/202	12/18/202	01/05/202		-63.32	0.00	0.00	-63.32	✓
		CREDIT									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		M2470	MEDLINE INDUSTRIES INC				33,685.61	0.00	0.00	33,685.61	
Vendor#	Vendor Name		Class	Pay Code							
M2621	MMC AUXILIARY GIFT SHOP		W								
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	121825		12/18/202	12/18/202	12/18/202			191.88	0.00	0.00	191.88
		EMPLOYEE GIFT SHOP DEDUCT!									✓
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		M2621	MMC AUXILIARY GIFT SHOP				191.88	0.00	0.00	191.88	
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
	CM66006A		12/18/202	12/05/202	12/15/202			-5.74	0.00	0.00	-5.74
✓	4173680	SUPPLIES	12/18/202	12/08/202	12/18/202			53.95	0.00	0.00	53.95
✓	4173679	SUPPLIES	12/18/202	12/08/202	12/18/202			56.11	0.00	0.00	56.11
✓	4171880	SUPPLIES	12/18/202	12/08/202	12/18/202			1,214.82	0.00	0.00	1,214.82
✓	4171881	SUPPLIES	12/18/202	12/08/202	12/18/202			149.83	0.00	0.00	149.83
✓	4179746	SUPPLIES	12/18/202	12/09/202	12/19/202			171.50	0.00	0.00	171.50
✓	4179744	SUPPLIES	12/18/202	12/09/202	12/19/202			39.88	0.00	0.00	39.88
✓	4179745	SUPPLIES	12/18/202	12/09/202	12/19/202			65.03	0.00	0.00	65.03
✓	4184218	SUPPLIES	12/18/202	12/10/202	12/20/202			848.59	0.00	0.00	848.59
✓	4184217	SUPPLIES	12/18/202	12/10/202	12/20/202			181.37	0.00	0.00	181.37
✓	4182617	SUPPLIES	12/18/202	12/10/202	12/20/202			34.43	0.00	0.00	34.43

✓	4189351	SUPPLIES	12/18/202	12/11/202	12/21/202		57.18	0.00	0.00	57.18	✓	
✓	4189352	SUPPLIES	12/18/202	12/11/202	12/21/202		11,415.63	0.00	0.00	11,415.63	✓	
✓	4187872	SUPPLIES	12/18/202	12/11/202	12/21/202		48.77	0.00	0.00	48.77	✓	
✓	4189353	SUPPLIES	12/18/202	12/11/202	12/21/202		34.86	0.00	0.00	34.86	✓	
✓	4187873	SUPPLIES	12/18/202	12/11/202	12/21/202		149.83	0.00	0.00	149.83	✓	
✓	4189354	SUPPLIES	12/18/202	12/11/202	12/21/202		2,906.31	0.00	0.00	2,906.31	✓	
✓	4196808	SUPPLIES	12/18/202	12/14/202	12/24/202		11.84	0.00	0.00	11.84	✓	
✓	4196806	SUPPLIES	12/18/202	12/14/202	12/24/202		31.50	0.00	0.00	31.50	✓	
✓	4196807	SUPPLIES	12/18/202	12/14/202	12/24/202		309.43	0.00	0.00	309.43	✓	
✓	4202818	SUPPLIES	12/18/202	12/15/202	12/25/202		251.14	0.00	0.00	251.14	✓	
✓	4199126	SUPPLIES	12/18/202	12/15/202	12/25/202		5,997.87	0.00	0.00	5,997.87	✓	
✓	4202817	SUPPLIES	12/18/202	12/15/202	12/25/202		53.90	0.00	0.00	53.90	✓	
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
							10536	MORRIS & DICKSON CO, LLC	24,078.03	0.00	0.00	24,078.03
Vendor#	Vendor Name		Class	Pay Code								
15224	MUTUAL OF OMAHA											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	002003884476		12/18/202	01/01/202	01/01/202			23,991.54	0.00	0.00	23,991.54	
DECEMBER BILL												
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
							15224	MUTUAL OF OMAHA	23,991.54	0.00	0.00	23,991.54
Vendor#	Vendor Name		Class	Pay Code								
01500	OLYMPUS AMERICA INC		M									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	38776915		12/19/202	10/07/202	11/01/202			1,125.00	0.00	0.00	1,125.00	
SURGERY CONTRACT												
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
							01500	OLYMPUS AMERICA INC	1,125.00	0.00	0.00	1,125.00
Vendor#	Vendor Name		Class	Pay Code								
S0905	PERFORMANCE HEALTH SUPPLY LLC		M									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	IN99481625		12/18/202	12/16/202	01/05/202			41.35	0.00	0.00	41.35	
CARD REHAB SUPPLIES												
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
							S0905	PERFORMANCE HEALTH SUPPLY LLC	41.35	0.00	0.00	41.35
Vendor#	Vendor Name		Class	Pay Code								
18256	PORT LAVACA ROTARY											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	4598		12/19/202	12/15/202	12/15/202			70.00	0.00	0.00	70.00	
NOVEMBER DUES												
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
							18256	PORT LAVACA ROTARY	70.00	0.00	0.00	70.00
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	
	✓	9359104299		12/18/202	05/23/202	06/22/202			224.59	0.00	0.00	224.59	✓
		SUPPLIES											
		Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
		10372	PRECISION DYNAMICS CORP (PDC)						224.59	0.00	0.00	224.59	
Vendor#		Vendor Name							Class	Pay Code			
12480	✓	PRO ENERGY PARTNERS LLC											
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	R15536		12/19/202	12/12/202	12/27/202			2,920.63	0.00	0.00	2,920.63	✓
		NATURAL GAS <i>NOV. 2025</i>											
		Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
		12480	PRO ENERGY PARTNERS LLC						2,920.63	0.00	0.00	2,920.63	
Vendor#		Vendor Name							Class	Pay Code			
12436	✓	SHANNA O'DONNELL, FNP											
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	121525		12/18/202	12/15/202	12/15/202			888.00	0.00	0.00	888.00	✓
		DEA LICENSE RENEWAL											
		Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
		12436	SHANNA O'DONNELL, FNP						888.00	0.00	0.00	888.00	
Vendor#		Vendor Name							Class	Pay Code			
10699	✓	SIGN AD, LTD.											
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓	320916		12/18/202	12/16/202	12/26/202			440.00	0.00	0.00	440.00	✓
		ADV LEASE SPACE 121725-01132											
		Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
		10699	SIGN AD, LTD.						440.00	0.00	0.00	440.00	
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	
	✓	CM15596A		12/18/202	08/15/202	09/09/202			-1,680.00	0.00	0.00	-1,680.00	✓
		CREDIT											
	✓	107055857		12/18/202	11/30/202	12/25/202			5,174.00	0.00	0.00	5,174.00	✓
		NOVEMBER BILL											
	✓	CM16342		12/18/202	11/30/202	12/25/202			-3,420.00	0.00	0.00	-3,420.00	✓
		NOVEMBER CREDIT											
		Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
		11296	SOUTH TEXAS BLOOD & TISSUE CEN						74.00	0.00	0.00	74.00	
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	
	✓	15032371		12/16/202	12/09/202	01/03/202			26.27	0.00	0.00	26.27	✓
		SUPPLIES <i>Paper roll</i>											
		Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
		S3940	STERIS CORPORATION						26.27	0.00	0.00	26.27	
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	
	✓	2028208		12/18/202	12/10/202	01/05/202			146.00	0.00	0.00	146.00	✓
		ER SOFTWARE SUBSCRIPTION											
		Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
		T2539	T-SYSTEM, INC						146.00	0.00	0.00	146.00	
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	
	✓	0026237		12/18/202	01/01/202	01/02/202			6,840.00	0.00	0.00	6,840.00	✓

AGENCY STAFFING

Jennifer Stephens 12/16/25

Vendor Totals:		Number	Name	Class		Pay Code	Gross	Discount	No-Pay	Net
		10758	TEXAS SELECT STAFFING, LLC				6,840.00	0.00	0.00	6,840.00
Vendor#	Vendor Name	Class		Pay Code						
13616	TRIOSE, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 13616-TRIOSE-270228		12/18/202	11/26/202	12/11/202			370.75	0.00	0.00	370.75 ✓
✓ 13616-TRIOSE-271002	FREIGHT	11/22/20	12/18/202	12/05/202	12/20/202		43.47	0.00	0.00	43.47 ✓
✓ 13616-TRIOSE-271305	FREIGHT	11/29/25	12/18/202	12/09/202	12/24/202		139.14	0.00	0.00	139.14 ✓
Vendor Totals:		13616	TRIOSE, INC				553.36	0.00	0.00	553.36
Vendor#	Vendor Name	Class		Pay Code						
15872	TYPENEX MEDICAL LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 15872-25123336	SUPPLIES	12/16/202	12/01/202	12/16/202			272.35	0.00	0.00	272.35 ✓
Vendor Totals:		15872	TYPENEX MEDICAL LLC				272.35	0.00	0.00	272.35
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
✓ U1064-2921075520	LINENS	12/10/202	12/08/202	01/02/202			3,604.51	0.00	0.00	3,604.51 ✓
✓ U1064-2921075523	UNIFORMS	12/10/202	12/08/202	01/02/202			210.34	0.00	0.00	210.34 ✓
✓ U1064-2921075880	LINENS	12/18/202	12/11/202	01/05/202			444.55	0.00	0.00	444.55 ✓
✓ U1064-2921076382	LINENS	12/18/202	12/18/202	01/05/202			503.88	0.00	0.00	503.88 ✓
Vendor Totals:		U1064	UNIFIRST HOLDINGS INC				4,763.28	0.00	0.00	4,763.28
Vendor#	Vendor Name	Class		Pay Code						
15444	VANDERBILT HEALTH									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 15444-CI00125388	QTRLY ADMIN FEES JULY-SEPT	12/18/202	12/09/202	12/09/202			707.96	0.00	0.00	707.96 ✓
Vendor Totals:		15444	VANDERBILT HEALTH				707.96	0.00	0.00	707.96
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
✓ I1110-9112060990	SUPPLIES	12/16/202	12/15/202	01/05/202			1,571.67	0.00	0.00	1,571.67 ✓
Vendor Totals:		I1110	WERFEN USA LLC				1,571.67	0.00	0.00	1,571.67

Through 5/31/2025

Grand Totals:	Gross	Discount	No-Pay	Net
	542,926.40	0.00	0.00	542,926.40

APPROVED ON

DEC 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 211508-211572

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 23 2025

12/23/2025
09:03

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 01/08/2026

0
ap_open_invoice.template

Vendor# Vendor Name

12984 ✓ TEXAS ORGANIZATION OF RURAL

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2239888		12/23/202	12/10/202	01/01/202			3,085.00	0.00	0.00	3,085.00

TORCH MEMBERSHIP 010126-12/31/26 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12984	TEXAS ORGANIZATION OF RURAL	3,085.00	0.00	0.00	3,085.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,085.00	0.00	0.00	3,085.00

APPROVED ON

DEC 23 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ch# 2115ae

RUN DATE:12/29/25
TIME:09:23

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/30/25 THRU 12/30/25

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	211507	12/30/25	2,521.81	GLORIA REID
A/P	211508	12/30/25	191.69	ALTEX ELECTRONICS LTD
A/P	211509	12/30/25	512.05	AMAZON CAPITAL SERVICES
A/P	211510	12/30/25	20.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	211511	12/30/25	26,502.66	AUTHORITYRX, LLC
A/P	211512	12/30/25	6,333.74	BECKMAN COULTER INC
A/P	211513	12/30/25	398.00	BEEKLEY CORPORATION
A/P	211514	12/30/25	3,994.80	BIO-RAD LABORATORIES, INC
A/P	211515	12/30/25	33,097.23	CALHOUN COUNTY
A/P	211516	12/30/25	40.00	CALHOUN COUNTY INDIGENT ACCOUNT
A/P	211517	12/30/25	352.93	CDW GOVERNMENT, INC.
A/P	211518	12/30/25	635.24	CHEMAQUA
A/P	211519	12/30/25	64,784.54	CITIZENS MEDICAL CENTER
A/P	211520	12/30/25	4,027.24	CITY OF PORT LAVACA
A/P	211521	12/30/25	21,188.41	CLINICAL PATHOLOGY LABS
A/P	211522	12/30/25	17,071.92	COASTAL OFFICE SOLUTIONS
A/P	211523	12/30/25	32,743.96	CULINARY CONCESSIONS LLC
A/P	211524	12/30/25	742.72	DEWITT POTH & SON
A/P	211525	12/30/25	499.20	DIRECTV ENTERTAINMENT HOLDINGS
A/P	211526	12/30/25	158,755.64	DISCOVERY MEDICAL NETWORK INC
A/P	211527	12/30/25	686.30	DSHS CENTRAL LAB MC2004
A/P	211528	12/30/25	4,374.94	ESO SOLUTIONS, INC.
A/P	211529	12/30/25	12,117.18	FISHER HEALTHCARE
A/P	211530	12/30/25	2,369.80	FLEX FINANCIAL
A/P	211531	12/30/25	19,950.00	FORVIS
A/P	211532	12/30/25	2,494.80	FRIBED INC
A/P	211533	12/30/25	382.93	GULF COAST PAPER COMPANY
A/P	211534	12/30/25	621.35	HEALTH EQUITY
A/P	211535	12/30/25	.00	VOIDED
A/P	211536	12/30/25	6,248.00	HOLOGIC INC
A/P	211537	12/30/25	225.00	INJOY HEALTH EDUCATION
A/P	211538	12/30/25	33.00	LABCORP OF AMERICA HOLDINGS
A/P	211539	12/30/25	887.60	LEGAL SHIELD
A/P	211540	12/30/25	715.00	LGC CLINICAL DIAGNOSTICS, INC.
A/P	211541	12/30/25	521.50	LOWE'S BUSINESS ACCT/SYNCE
A/P	211542	12/30/25	895.00	M G TRUST
A/P	211543	12/30/25	5,833.40	MALER INC
A/P	211544	12/30/25	6,945.88	MALONE SOLUTIONS
A/P	211545	12/30/25	530.00	MANAGED CARE PARTNERS INC.
A/P	211546	12/30/25	130.23	MCKESSON MEDICAL SURGICAL INC
A/P	211547	12/30/25	1,426.00	MEDICAL AIR SERVICES ASSOC.
A/P	211548	12/30/25	1,035.00	MEDICAL SOLUTIONS LLC
A/P	211549	12/30/25	.00	VOIDED
A/P	211550	12/30/25	.00	VOIDED
A/P	211551	12/30/25	33,685.61	MEDLINE INDUSTRIES INC
A/P	211552	12/30/25	191.88	MMC AUXILIARY GIFT SHOP
A/P	211553	12/30/25	.00	VOIDED
A/P	211554	12/30/25	24,078.03	MORRIS & DICKSON CO, LLC
A/P	211555	12/30/25	23,991.54	MUTUAL OF OMAHA
A/P	211556	12/30/25	1,125.00	OLYMPUS AMERICA INC

RUN DATE: 12/29/25
TIME: 09:23

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/30/25 THRU 12/30/25

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	211557	12/30/25	41.35	PERFORMANCE HEALTH SUPPLY LLC
A/P	211558	12/30/25	70.00	PORT LAVACA ROTARY
A/P	211559	12/30/25	224.59	PRECISION DYNAMICS CORP (PDC)
A/P	211560	12/30/25	2,920.63	PRO ENERGY PARTNERS LLC
A/P	211561	12/30/25	888.00	SHAMNA O'DONNELL, FNP
A/P	211562	12/30/25	440.00	SIGN AD, LTD.
A/P	211563	12/30/25	74.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	211564	12/30/25	26.27	STERIS CORPORATION
A/P	211565	12/30/25	146.00	T-SYSTEM, INC
A/P	211566	12/30/25	3,085.00	TEXAS ORGANIZATION OF RURAL
A/P	211567	12/30/25	6,840.00	TEXAS SELECT STAFFING, LLC
A/P	211568	12/30/25	553.36	TRIOSE, INC
A/P	211569	12/30/25	272.35	TYPENEX MEDICAL LLC
A/P	211570	12/30/25	4,763.28	UNIFIRST HOLDINGS INC
A/P	211571	12/30/25	707.96	VANDERBILT HEALTH
A/P	211572	12/30/25	1,571.67	WERFEN USA LLC
A/P	211573	12/30/25	163,731.89	GOLDENCREEK HEALTHCARE
A/P	211574	12/30/25	63,074.24	LAVACA BAY NURSING AND REHAB
A/P	211575	12/30/25	95,250.23	TUSCANY VILLAGE
TOTALS:			870,589.57	

2,521.81 - employee check - approved last cc - issued check
888,067.76 ◊ due to Direct Dep. issue

APPROVED ON

DEC 30 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables
542,926.40 +
3,085.00 +
NH
xfers 163,731.89 +
95,250.23 +
63,074.24 +
888,067.76 ◊

MCKESSON

STATEMENT

As of: 12/19/2025

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:

As of: 12/19/2025 Page: 002
Mail to: Comp: 8000

Customer: 632536
Date: 12/20/2025

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 12/20/2025 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: 8,375.69 USD

Future Due: 0.00

Past Due: 0.00

If Paid By 12/23/2025,
Pay This Amount: 8,208.16 USD

Due If Paid On Time: ✓
USD 8,208.16

Disc lost if paid late: 167.53

If Paid After 12/23/2025,
Pay this Amount: 8,375.69 USD

Due If Paid Late: ✓
USD 8,375.69

Last Payment
08/07/2017 2,451.97

8,137.54 +
70.62 +
8,208.16 =

APPROVED ON

DEC 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 12/19/2025

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 SupplD:
Territory: 7001

As of: 12/19/2025 Page: 001
Mail to: Comp: 8000

Customer: 256342
Date: 12/20/2025

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/20/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
12/13/2025	12/23/2025	7607066391	252497792	115Invoice	3.98	199.22		195.24		7607066391	✓
12/13/2025	12/23/2025	7607066392	254287597	115Invoice	6.72	335.83		329.11		7607066392	✓
12/13/2025	12/23/2025	7607066393	259030308	115Invoice	2.18	109.15		106.97		7607066393	✓
12/13/2025	12/23/2025	7607066394	251436139	115Invoice	12.14	606.88		594.74		7607066394	✓
12/13/2025	12/23/2025	7607066395	252120665	115Invoice	6.07	303.44		297.37		7607066395	✓
12/13/2025	12/23/2025	7607066396	251369670	115Invoice	6.69	334.56		327.87		7607066396	✓
12/13/2025	12/23/2025	7607066397	260885266	115Invoice	0.01	0.32		0.31		7607066397	✓
12/13/2025	12/23/2025	7607066398	260952425	115Invoice	0.02	0.95		0.93		7607066398	✓
12/15/2025	12/23/2025	7607298031	251239593	115Invoice	0.33	16.56		16.23		7607298031	✓
12/15/2025	12/23/2025	7607298032	251369670	115Invoice	6.89	334.56		327.87		7607298032	✓
12/15/2025	12/23/2025	7607298033	254287597	115Invoice	6.72	335.83		329.11		7607298033	✓
12/15/2025	12/23/2025	7607298034	261868220	115Invoice	5.22	260.77		255.55		7607298034	✓
12/15/2025	12/23/2025	7607298035	261729155	115Invoice	0.03	1.27		1.24		7607298035	✓
12/16/2025	12/23/2025	7607553795	254965940	115Invoice	2.84	142.18		139.34		7607553795	✓
12/16/2025	12/23/2025	7607553796	251239593	115Invoice	12.30	615.06		602.76		7607553796	✓
12/16/2025	12/23/2025	7607553797	256371146	115Invoice	11.59	579.30		567.71		7607553797	✓
12/16/2025	12/23/2025	7607553798	260952425	115Invoice	0.01	0.32		0.31		7607553798	✓
12/17/2025	12/23/2025	7607808380	254287597	115Invoice	6.72	335.83		329.11		7607808380	✓
12/17/2025	12/23/2025	7607808381	252120665	115Invoice	6.07	303.44		297.37		7607808381	✓
12/17/2025	12/23/2025	7607808382	255620032	115Invoice	18.41	920.46		902.05		7607808382	✓
12/17/2025	12/23/2025	7607808383	252988426	115Invoice	6.79	339.32		332.53		7607808383	✓
12/18/2025	12/23/2025	7608067850	262379336	115Invoice	21.44	1,072.19		1,050.75		7608067850	✓
12/19/2025	12/23/2025	7608274434	253215339	115Invoice	1.57	78.47		76.90		7608274434	✓
12/19/2025	12/23/2025	7608274435	254287597	115Invoice	20.15	1,007.48		987.33		7608274435	✓
12/19/2025	12/23/2025	7608274436	255291712	115Invoice	0.98	48.96		47.98		7608274436	✓
12/19/2025	12/23/2025	7608274437	262463097	115Invoice	0.21	10.64		10.43		7608274437	✓
12/19/2025	12/23/2025	7608274438	262536534	115Invoice	0.21	10.64		10.43		7608274438	✓

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

MCKESSON

STATEMENT

As of: 12/19/2025

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 SupplD:
 Territory: 7001

As of: 12/19/2025 Page: 002
 Mail to: Comp: 8000

Customer: 256342
 Date: 12/20/2025

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 256342 PLEASE CHECK ANY
 Date: 12/20/2025 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: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 8,303.63 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12/15/2025 20,252.56

If Paid By 12/23/2025,
 Pay This Amount: 8,137.54 USD

If Paid After 12/23/2025,
 Pay this Amount: 8,303.63 USD

Due If Paid On Time: ✓
 USD 8,137.54
 Disc lost if paid late: 166.09
 Due If Paid Late:
 USD 8,303.63

APPROVED ON
 DEC 22 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

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MCKESSON

STATEMENT

As of: 12/19/2025

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: 12/20/2025

As of: 12/19/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 12/20/2025 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											
12/18/2025	12/23/2025	7607892702	B2512-055-264668	115Invoice	1.44	72.06		70.62	✓	7607892702	<input type="checkbox"/>

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: 72.06 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 20,252.56
12/15/2025

If Paid By 12/23/2025,
Pay This Amount:

70.62 USD

If Paid After 12/23/2025,
Pay this Amount:

72.06 USD

Due If Paid On Time:
USD

✓ 70.62

Disc lost if paid late:

1.44

Due If Paid Late:
USD

72.06

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CALHOUN COUNTY, TEXAS

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MCKESSON

STATEMENT

As of: 12/26/2025

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: 12/26/2025

As of: 12/26/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 12/26/2025 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: 7,928.70 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 12/30/2025,
Pay This Amount: 7,770.13 USD

If Paid After 12/30/2025,
Pay this Amount: 7,928.70 USD

Due If Paid On Time:
USD 7,770.13

Disc lost if paid late:
158.57

Due If Paid Late:
USD 7,928.70



APPROVED ON

DEC 29 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

7,571.11 +
70.62 +
120.96 +
3.60 +
3.84 +
7,770.13 ◊

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

MCKESSON

STATEMENT

As of: 12/26/2025

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 SupplD:
Territory: 7001

As of: 12/26/2025 Page: 001
Mail to: Comp: 8000

Customer: 256342
Date: 12/26/2025

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/26/2025 ITEMS NOT PAID (✓)

Billing Date	Dus 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											
12/20/2025	12/30/2025	7608389204	261131293	115Invoice	0.03	1.27		1.24		7608389204	✓
12/20/2025	12/30/2025	7608389205	254901038	115Invoice	6.72	335.83		329.11		7608389205	✓
12/20/2025	12/30/2025	7608389206	251630814	115Invoice	6.69	334.58		327.87		7608389206	✓
12/20/2025	12/30/2025	7608389207	251516026	115Invoice	0.33	16.56		16.23		7608389207	✓
12/20/2025	12/30/2025	7608389208	262536534	115Invoice	0.01	0.32		0.31		7608389208	✓
12/22/2025	12/30/2025	7608617010	251989848	115Invoice	6.69	334.56		327.87		7608617010	✓
12/22/2025	12/30/2025	7608617011	262725835	115Invoice	0.85	42.57		41.72		7608617011	✓
12/22/2025	12/30/2025	7608617012	253438167	115Invoice	2.05	102.49		100.44		7608617012	✓
12/22/2025	12/30/2025	7608617013	252256655	115Invoice	6.07	303.44		297.37		7608617013	✓
12/22/2025	12/30/2025	7608617014	262725835	115Invoice	0.01	0.32		0.31		7608617014	✓
12/23/2025	12/30/2025	7608903044	256803632	115Invoice	1.27	63.38		62.11		7608903044	✓
12/23/2025	12/30/2025	7608903045	262760861	115Invoice	0.21	10.64		10.43		7608903045	✓
12/23/2025	12/30/2025	7608903046	262862729	115Invoice	0.21	10.64		10.43		7608903046	✓
12/23/2025	12/30/2025	7608903047	254901038	115Invoice	20.15	1,007.48		987.33		7608903047	✓
12/23/2025	12/30/2025	7608903048	254965940	115Invoice	20.15	1,007.48		987.33		7608903048	✓
12/23/2025	12/30/2025	7608903049	251969648	115Invoice	20.07	1,003.68		983.61		7608903049	✓
12/23/2025	12/30/2025	7608903050	253900242	115Invoice	5.46	273.24		267.78		7608903050	✓
12/23/2025	12/30/2025	7608903051	261131293	115Invoice	0.01	0.63		0.62		7608903051	✓
12/23/2025	12/30/2025	7608903052	261642167	115Invoice	0.01	0.32		0.31		7608903052	✓
12/24/2025	12/30/2025	7609144365	252256655	115Invoice	18.21	910.32		892.11		7609144365	✓
12/24/2025	12/30/2025	7609144366	261642167	115Invoice	0.02	0.95		0.93		7609144366	✓
12/24/2025	12/30/2025	7609144367	255620032	115Invoice	5.69	284.37		278.68		7609144367	✓
12/24/2025	12/30/2025	7609144368	256638770	115Invoice	2.84	142.18		139.34		7609144368	✓
12/24/2025	12/30/2025	7609144369	257116761	115Invoice	2.84	142.18		139.34		7609144369	✓
12/24/2025	12/30/2025	7609144370	257732508	115Invoice	2.84	142.18		139.34		7609144370	✓
12/24/2025	12/30/2025	7609144371	261486304	115Invoice	2.95	147.35		144.40		7609144371	✓
12/24/2025	12/30/2025	7609144372	252256655	115Invoice	6.69	334.56		327.87		7609144372	✓
12/24/2025	12/30/2025	7609144373	261486304	115Invoice	2.03	101.73		99.70		7609144373	✓
12/26/2025	12/30/2025	7609376145	252458132	115Invoice	6.69	334.56		327.87		7609376145	✓
12/26/2025	12/30/2025	7609376146	254965940	115Invoice	6.72	335.83		329.11		7609376146	✓

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 12/26/2025

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 SupplD:
 Territory: 7001

Customer: 256342
 Date: 12/26/2025

As of: 12/26/2025 Page: 002
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 256342 PLEASE CHECK ANY
 Date: 12/26/2025 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: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 7,725.62 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12/22/2025 8,208.16

If Paid By 12/30/2025,
 Pay This Amount:

7,571.11 USD

If Paid After 12/30/2025,
 Pay this Amount:

7,725.62 USD

Due If Paid On Time:

USD 7,571.11

Disc lost if paid late:

154.51

Due If Paid Late:

USD 7,725.62

APPROVED ON

DEC 29 2025

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

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 For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 12/26/2025

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: 12/26/2025

As of: 12/26/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 12/26/2025 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											
12/26/2025	12/30/2025	7609208905	B2512-055-267181	115Invoice	1.44	72.06		70.62		7609208905	

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: 72.06 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12/22/2025 8,208.16

If Paid By 12/30/2025,
Pay This Amount: 70.62 USD

If Paid After 12/30/2025,
Pay this Amount: 72.06 USD

Due If Paid On Time:
USD 70.62

Disc lost if paid late: 1.44

Due If Paid Late:
USD 72.06

APPROVED ON

DEC 29 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MCKESSON

STATEMENT

As of: 12/26/2025

Page: 001

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

Company: 8000

CVS PHCY 8923/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

As of: 12/26/2025 Page: 001
Mail to: Comp: 8000

Customer: 835434
Date: 12/26/2025

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 12/26/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
12/24/2025	12/30/2025	7609090335	4663209	115Invoice	2.47	123.43		120.96		7609090335	<input type="checkbox"/>

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

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

Subtotals: 123.43 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12/15/2025 20,252.56

If Paid By 12/30/2025,
Pay This Amount:

120.96 USD

If Paid After 12/30/2025,
Pay this Amount:

123.43 USD

Due If Paid On Time:
USD

120.96

Disc lost if paid late:

2.47

Due If Paid Late:
USD

123.43

APPROVED ON

DEC 29 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 12/26/2025

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

DC: 8115
 Customer INV SupplD:
 Territory: 7001

Customer: 835437
 Date: 12/26/2025

As of: 12/26/2025 Page: 001
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 835437 PLEASE CHECK ANY
 Date: 12/26/2025 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 835437 CVS PHCY 7416/MEM MC PHS											
12/24/2025	12/30/2025	7609101534	4661406	115Invoice	0.07	3.67		3.60	✓	7609101534	

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

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

Subtotals: 3.67 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/10/2025 189,770.35

If Paid By 12/30/2025,
 Pay This Amount: 3.60 USD

If Paid After 12/30/2025,
 Pay this Amount: 3.67 USD

Due If Paid On Time: USD 3.60
 Disc lost if paid late: 0.07
 Due If Paid Late: USD 3.67

APPROVED ON
 DEC 29 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 12/26/2025

Page: 001

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

Company: 8000

HEB PHCY 0434/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

As of: 12/26/2025 Page: 001
 Mail to: Comp: 8000

Customer: 190813
 Date: 12/26/2025

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 190813 PLEASE CHECK ANY
 Date: 12/26/2025 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 190813 HEB PHCY 0434/MEM MED PHS											
12/24/2025	12/30/2025	7609094757	4835131	115Invoice	0.08	3.92		3.84	✓	7609094757	

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 3.92 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10/06/2025 121,855.86

If Paid By 12/30/2025,
 Pay This Amount:

3.84 USD

If Paid After 12/30/2025,
 Pay this Amount:

3.92 USD

Due If Paid On Time:
 USD

3.84

Disc lost if paid late:

0.08

Due if Paid Late:
 USD

3.92

APPROVED ON

DEC 29 2025

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

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

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

Remit To: AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	Summary <table style="width:100%; border-collapse: collapse;"> <tr> <td>Not Yet Due:</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Current:</td> <td style="text-align: right;">85.54</td> </tr> <tr> <td>Past Due:</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Total Due:</td> <td style="text-align: right;">85.54</td> </tr> <tr> <td>Account Balance:</td> <td style="text-align: right;">85.54</td> </tr> </table>	Not Yet Due:	0.00	Current:	85.54	Past Due:	0.00	Total Due:	85.54	Account Balance:	85.54
Not Yet Due:	0.00										
Current:	85.54										
Past Due:	0.00										
Total Due:	85.54										
Account Balance:	85.54										

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-15-2025	12-26-2025	3236092564	7011148628	Invoice	18.30		0.00	18.30
12-15-2025	12-26-2025	3236092565	7011153083	Invoice	3.76		0.00	3.76
12-15-2025	12-26-2025	3236092566	7011161111	Invoice	30.02		0.00	30.02
12-16-2025	12-26-2025	3236252324	7011165765	Invoice	6.24		0.00	6.24
12-19-2025	12-26-2025	3236683836	7011181562	Invoice	27.22		0.00	27.22

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
85.54	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
12-19-2025	(318.62)

APPROVED ON
DEC 22 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY TEXAS

Reminders	
Due Date	Amount
12-26-2025	85.54
Total Due:	85.54

✓ *MSL*

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.

Serviced By:	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	Customer:	WALGREENS CENTRAL FILL #21373 340B MEMORIAL MEDICAL CENTER 4100 DALE EARNHARDT WAY 200 NORTHLAKE TX 76262-2389
	DEA: RA0316958 866-451-9655		✓

Customer Number	
100566356 / 100566356	
Terms	
Sat - Fri Due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	44.44
Past Due:	0.00
Total Due:	44.44
Account Balance:	44.44

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

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-17-2025	12-26-2025	3236433491	7011175019	Invoice	28.51		0.00	28.51 ✓
12-18-2025	12-26-2025	3236573053	7011180898	Invoice	8.99		0.00	8.99 ✓
12-19-2025	12-26-2025	3236710668	7011188894	Invoice	6.94		0.00	6.94 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
44.44	0.00	0.00	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
12-26-2025	44.44
Total Due:	44.44

APPROVED ON
DEC 22 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

✓ MSC

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:	313.17
Past Due:	0.00
Total Due:	313.17
Account Balance:	313.17

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-22-2025	01-02-2026	3236836388	7011191422	Invoice	91.70		0.00	91.70
12-22-2025	01-02-2026	3236836389	7011196247	Invoice	57.62		0.00	57.62
12-22-2025	01-02-2026	3236836850	7011204116	Invoice	18.30		0.00	18.30
12-26-2025	01-02-2026	3237213995	7011220514	Invoice	119.27		0.00	119.27
12-26-2025	01-02-2026	3237213996	7011226483	Invoice	26.28		0.00	26.28

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
313.17	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
DEC 29 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Thank You for Your Payment

Date	Amount
12-26-2025	(129.98)

Reminders

Due Date	Amount
01-02-2026	313.17
Total Due:	313.17



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:	15.21
Past Due:	0.00
Total Due:	15.21
Account Balance:	15.21

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-22-2025	01-02-2026	3236812229	7011197883	Invoice	12.32		0.00	12.32
12-22-2025	01-02-2026	3236812331	7011204040	Invoice	2.89		0.00	2.89

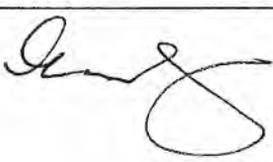
Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
15.21	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON

DEC 29 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders	
Due Date	Amount
01-02-2026	15.21
Total Due:	15.21

✓ 

INVOICE

Memorial Medical Center
815 North Virginia St PO Box 25
Port Lavaca, TX 77979
361.552.0399

Date Processed
12/23/2025

Confirmation Number
khcbj92

Employer ID
1356888

Status
Requested

Contact
Andrie Flores

Description	Tax Year	Invoice Date	Amount
RA Prefunding for DCRA 2026	N/A	12/25/2025	\$2,161.00

APPROVED ON

DEC 23 2025

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

Total Amount

\$2,161.00



[\(click link for detailed report\)](#)

INVOICE

Memorial Medical Center
815 North Virginia St PO Box 25
Port Lavaca, TX 77979
361.552.0399

Date Processed
12/23/2025

Confirmation Number
73x83n7

Employer ID
1356888

Status
Requested

Contact
Andrie Flores

Description	Tax Year	Invoice Date	Amount
RA Prefunding for HCRA 2026	N/A	12/25/2025	\$85,790.64

Total Amount

\$85,790.64

JCC

APPROVED ON

DEC 23 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

(click link for detailed report)

TOLL FEE 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="03"/>
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM"	★		<input type="text" value="\$ 122,980.71"/> #
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"			<input type="text" value="1"/>
	"ENTER W/CENTS AMOUNT OF MEDICARE"	0		<input type="text" value="\$ 64,759.64"/> #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			<input type="text" value="\$ 15,145.28"/> #
				<input type="text" value="\$ 43,075.79"/> #
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	★		<input type="text"/>
				<input type="text" value="1"/>
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			<input type="text"/>

CALLED IN BY:

CALLED IN DATE:

CALLED IN TIME:

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	12/12/2025	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	12/25/2025					
PAY DATE:	1/2/2026					
GROSS PAY:	\$ 558,703.80			\$ -		\$ 558,703.80
DEDUCTIONS:						
A/R	\$ 670.00					\$ 670.00
ADVANC						
BOOTS						
MUTUAL CRITICAL ILLNESS						
MUTUAL ACCIDENT						
IRS TAX						
MUTUAL SHORT TERM DIS						
MUTUAL VISION	\$ 772.80					\$ 772.80
CAFÉ-D	\$ 1,298.94					\$ 1,298.94
CAFÉ-H	\$ 29,237.32					\$ 29,237.32
	\$ -					\$ -
CAFÉ-P						
CANCER						
CHILD	\$ -					\$ -
CLINIC						
COMBIN	\$ 228.60					\$ 228.60
CREDUN						
DENTAL						
DEP-LF						
MUTUAL TERM LIFE	\$ 1,292.36					\$ 1,292.36
MUTUAL HOSP INDEM	\$ 623.00					\$ 623.00
FED TAX	\$ 43,075.79					\$ 43,075.79
FICA-M	\$ 7,572.64					\$ 7,572.64
FICA-O	\$ 32,379.82					\$ 32,379.82
FICA-M ADDITIONAL						
FIRST C						
FLEX S	\$ 4,244.48					\$ 4,244.48
FLX-FE						
GIFT S	\$ 385.55					\$ 385.55
MUTUAL CRITICAL ILLNESS	\$ 993.85					\$ 993.85
MUTUAL ACCIDENT	\$ 618.76					\$ 618.76
MUTUAL SHORT TERM DIS	\$ 1,750.58					\$ 1,750.58
LEGAL	\$ 988.05					\$ 988.05
OTHER	\$ 2,619.12					\$ 2,619.12
NATIONAL FARM LIFE	\$ 1,575.19					\$ 1,575.19
MED SURCHARGE						
Blank						
RELAY						
REPAY						
STONEDF	\$ 895.00					\$ 895.00
STONE						
STONE 2						
STUDEN						
TSA-R	\$ 37,905.74					\$ 37,905.74
UW/HOS						
TOTAL DEDUCTIONS:	\$ 169,127.59	\$ -	\$ -	\$ -	\$ -	\$ 169,127.59
NET PAY:	\$ 389,576.21	\$ -	\$ -	\$ -	\$ -	\$ 389,576.21
TOTAL CAFÉ 125 PLAN:	\$ 36,448.54					
TAXABLE PAY:	\$ 522,256.26	\$ 522,256.26				

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 7,572.70		
FICA - MED (EE)	1.45% \$ 7,572.70	\$ 7,572.64	\$ 0.06
FICA - SOC SEC (ER)	6.20% \$ 32,379.83		
FICA - SOC SEC (EE)	6.20% \$ 32,379.83	\$ 32,379.82	\$ 0.01
FED WITHHOLDING	\$ 43,075.79	\$ 43,075.79	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

Exempt Amt:

TOTAL: _____

TAX DEPOSIT:	\$ 122,980.85	\$ 122,980.71
FICA - MEDICARE	2.90% \$ 15,145.40	\$15,145.28
FICA - SOCIAL SECURITY	12.40% \$ 64,759.66	\$64,759.64
FED WITHHOLDING	\$ 43,075.79	\$43,075.79
TOTAL TAX:	\$ 122,980.85	\$122,980.71

PREPARED BY:
PREPARED DATE:

Sariah Rubio
12/29/2025

Run Date: 12/29/25
Time: 09:21

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 12/12/25 - 12/25/25 Run# 1

Page 109
P2R8G

Final Summary

*-- Pay Code Summary						*-- Deductions Summary							
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount			
1	REGULAR PAY-S1	7927.50	N	N	N			195668.89	A/R	405.00	A/R2	265.00	A/R3
1	REGULAR PAY-S1	1628.00	N	N	N	N		83700.52	ADVANC		AWARDS		BCBSVI
1	REGULAR PAY-S1	204.75	N	N	Y			8189.14	BOOTS		CAFE H		CAFE-1
1	REGULAR PAY-S1	115.00	Y	N	N			4232.78	CAFE-2		CAFE-3		CAFE-4
2	REGULAR PAY-S2	2198.25	N	N	N			64064.26	CAFE-5		CAFE-C		CAFE-D
2	REGULAR PAY-S2	216.25	N	N	Y			9585.80	CAFE-F		CAFE-H	29237.32	CAFE-I
2	REGULAR PAY-S2	81.50	Y	N	N			2849.40	CAFE-L		CAFE-P		CANCER
3	REGULAR PAY-S3	1417.25	N	N	N			48624.21	CHILD		CLINIC		COMBIN
3	REGULAR PAY-S3	219.75	N	N	Y			10721.76	CREDUN		DD ADV		DENTAL
3	REGULAR PAY-S3	42.50	Y	N	N			1916.03	DEP-LF		DIS-LF		EAT
4	CALL BACK PAY	19.50	N	1	N	N	Y	714.94	EATCSH		FEDTAX	43075.75	FICA-M
4	CALL BACK PAY	4.00	N	2	N	N	Y	214.09	FICA-O	32379.82	FIRSTC		FLEX S
4	CALL BACK PAY	2.00	N	3	N	N	Y	114.25	FLX FE		FORT D		FUTA
C	CALL PAY	2418.00	N	1	N	N		4836.00	GIFT S	385.55	GRANT		GRP-IN
D	DOUBLE TIME	18.00	N	1	N	N		1025.96	GTL		HOSP-I		HSA
D	DOUBLE TIME	6.25	N	2	N	N		619.65	ID TPT		IRSTAX		LEAF
D	DOUBLE TIME	8.25	N	3	N	N		917.73	LEGAL	176.05	MASA	812.00	MEALS
D	DOUBLE TIME	1.50	Y	2	N	N		189.00	METVIS		MISC		MISC/
D	DOUBLE TIME	8.00	Y	3	N	N		1032.00	MMCSHR		MOOACC	616.76	MOOILL
E	EXTRA WAGES		N	N	N	N		23418.51	MOOIND	623.00	MOOLIF	1292.36	MOOSTD
E	EXTRA WAGES		N	1	N	N	N	1997.50	MOOVIS	772.80	NATFML	1575.19	OTHER
F	FUNERAL LEAVE	32.00	N	1	N	N		543.28	PHI		PHI***		PR FIN
I	INSERVICE	15.00	N	1	N	N		838.05	RELAY		REPAY		SAMS
K	EXTENDED-ILLNESS-BANK	520.00	N	1	N	N		13643.50	SCRUBS		SIGNON		ST-TX
P	PAID-TIME-OFF	81.41	N	N	N	N		940.23	STONDF	895.00	STONE		STONE2
P	PAID-TIME-OFF	2499.00	N	1	N	N		73301.33	STUDEN		SUNACC		SUNILL
X	CALL PAY 2	152.00	N	1	N	N		304.00	SUNIND		SUNLIF		SUNSTD
Z	CALL PAY 3	96.00	N	1	N	N		288.00	SUNVIS		SURCHG		TSA-1
p	PAID TIME OFF - PROBATION	100.00	N	1	N	N		2457.99	TSA-2		TSA-C		TSA-P
t	PHONE & DATA		N	N	N	N		1755.00	TSA-R	37905.74	TUTION		UNIFOR
									UW/HOS				

----- Grand Totals: 20031.66 ----- (Gross: 558703.80 Deductions: 169127.59 Net: 389576.21
 | Checks Count:- FT 198 PT 12 Other 39 Female 224 Male 24 Credit OverAmt 15 ZeroNet Term Total: 248 |

CHENO	GRPHO	LOCNO	EMPHO	DEPRD	CLMPRE	CLMNO	CLMSLT	CHDRT	AMT	CLMTP	PAYEE	PAYTO	CPVCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRU DT	PRVNO
7026	76351		2	58	3	2025	324000205	0	12/15/2025	\$56.80	1 PALACIOS MEDICAL CLINIC	P		177	0		OV	F	7/24/2025	7/24/2025	760698013
7028	76351		3	82	1	2025	325000307	0	12/15/2025	\$149.26	1 NUECES EMERGENCY MEDICINE ASSOC PA	P		189	0		ERD	F	9/26/2025	9/26/2025	473774578
7029	76351		3	45	1	2025	322000371	0	12/15/2025	\$150.16	1 SINGLETON ASSOCIATES PA	P		324	0		CAT	F	11/7/2025	11/7/2025	741680498
7030	76360		2	87	0	2025	322000389	0	12/15/2025	\$580.20	1 PORT LAVACA CLINIC	P		172	0		AB	F	11/6/2025	11/6/2025	742605670
7032	76360		3	40	0	2025	318000860	0	12/15/2025	\$34.10	1 SINGLETON ASSOCIATES PA	P		181	0		XRAY	F	10/30/2025	10/30/2025	741680498
7033	76360		3	120	3	2025	323000250	0	12/15/2025	\$41.75	1 GREENHOUSE PSYCHIATRIC SERVICES	P		177	0		OV	F	7/14/2025	7/14/2025	872768796
7034	76360		3	120	3	2025	323000255	0	12/15/2025	\$41.75	1 GREENHOUSE PSYCHIATRIC SERVICES	P		177	0		OV	F	10/8/2025	10/8/2025	872768796
7035	76360		3	53	0	2025	324000279	0	12/15/2025	\$90.00	1 VICTORIA WOMENS CLINIC	P		180	0		XRDR	F	11/13/2025	11/13/2025	741831291
7038	76360		3	120	3	2025	323000253	0	12/15/2025	\$129.34	1 GREENHOUSE PSYCHIATRIC SERVICES	P		177	0		OV	F	6/16/2025	6/16/2025	872768796
7039	76360		3	30	1	2025	324000284	0	12/15/2025	\$142.12	1 US ANES PARTNERS OF TX PA	P		178	0		SO	F	10/21/2025	10/21/2025	760482007
7042	76360		3	23	0	2025	322000471	0	12/15/2025	\$243.29	1 SINGLETON ASSOCIATES PA	P		172	0		AB	F	11/7/2025	11/7/2025	741680498
7044	76370		3	53	0	2025	322000373	0	12/15/2025	\$20.37	1 CLINICAL PATHOLOGY LABS, INC	P		172	0		AB	F	10/30/2025	10/30/2025	742554159

\$1,677.14

MSC

APPROVED ON

DEC 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

EMPNO	ORGAN	CLASS	UNEMP	DATE	AMOUNT	DATE	AMOUNT	DATE	PAYE	PAYE	DEPT	DEPT	DEPT	DEPT	DEPT
7103	76360	2	35	0	2025 357000066	0 12/23/2025	\$97,278.90	1	HOUSTON METHODIST HOSPITAL	P	418				
7104	76360	2	35	0	2025 357000220	0 12/23/2025	\$96,477.90	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	459				
7105	76360	2	35	0	2025 357000315	0 12/23/2025	\$50,071.50	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	459				
7106	76360	999	35	0	2025 357000448	0 12/23/2025	\$49,245.00	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	459				
7107	76360	2	35	0	2025 357000531	0 12/23/2025	\$11,681.89	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	434				
							\$304,755.19								

✓ [Signature]

APPROVED ON

DEC 29 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — Dec 15, 2025 - Dec 21, 2025**

Date	Bank Description	MMC Notes	CPSI *Handwritten		GL number
			Amount	Check #	
12/15/2025	Enhanced Analysis Ch	-Bank Fees	488.00	902082	40910090
12/15/2025	PAY PLUS ACHTrans 104840739 101000698823258	-3rd Party Payor Fee	1,276.21	902083	40440076
12/15/2025	TEXAS COUNTY DRS RECEIVABLE 0419 21000024063	- Retirement Funding	175,946.54	902084 *	20260000
12/15/2025	FDMS FDMS PYMT 052-2100911-000 4100012132732	- Credit Card Machine Lease Fee	45.64	902085	40440076
12/15/2025	FDMS FDMS PYMT 052-1743548-000 4100012132270	- Credit Card Machine Lease Fee	80.06	902086	40440076
12/15/2025	FDMS FDMS PYMT 052-1743547-000 4100012132124	- Credit Card Machine Lease Fee	40.03	902087	40440076
12/15/2025	FDMS FDMS PYMT 052-1737276-000 4100012132067	- Credit Card Machine Lease Fee	120.09	902088	40440076
12/16/2025	PAY PLUS ACHTrans 105348944 101000690723345	-3rd Party Payor Fee	121.33	902089	40440076
12/16/2025	MCKESSON DRUG AUTO ACH ACH06828915 910000133	-340B Drug Program Expense	20,252.56	902090 * *	60310000
12/16/2025	HPHG LLC PORT LAVA MemMedCtr P/Lav 113122650	-Health Insurance Claim Payments	7,992.58	902091 *	60320000
12/17/2025	PAY PLUS ACHTrans 105899544 101000692396076	-3rd Party Payor Fee	111.17	902092	40440076
12/18/2025	PAY PLUS ACHTrans 106214466 101000694321803	-3rd Party Payor Fee	196.66	902093	40440076
12/18/2025	HPHG LLC MEMOR PREM MemMedCtr P/Lav 11312265	-Health Insurance Premium Payment	77,195.16	902094	60320000
12/19/2025	PAY PLUS ACHTrans 106544946 101000695919290	-3rd Party Payor Fee	132.36	902095	40440076
12/19/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	-340B Drug Program Expense	318.62	902096 * *	60310000
12/19/2025	HPHG LLC PT LAVACA MemMedCtr P/Lav 113122650	-Health Insurance Claim Payments	51,371.82	902097 * *	60320000
12/19/2025	HEALTH EQUITY INC HealthEqui 1356888 91000016	-EmpDeduct/Employer Contribut	1,152.00	902098 * *	20260000
12/19/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	370,814.42	902099 * *	

707,352.15

Michelle Cumberland

Michelle Cumberland, CFO
Memorial Medical Center

December 15, 2025

* Approved on 12.10.25 CC
* * Approved on 12.17.25 CC

Enh. Analysis
184-90 +
184-90 +

pay plus
1,276-21 +
121-33 +
111-17 +
196-66 +
132-36 +
1,837-73 +

Lease Fee
45-64 +
80-06 +
40-03 +
120-09 +
285-82 +

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

Date	Description	MMC Notes	Amount
		707-352-15 +	
		175-946-54 -	
		20-252-56 -	
		7-992-58 -	
		77-195-16 -	
		318-62 -	
		51-371-82 -	
		1-152-00 -	
		370-814-42 -	
		2-308-45 0	
		2-308-45 -	
		0-00 0	

December 15, 2025

Michelle Cumberland, CFO
Memorial Medical Center

**APPROVED ON
DEC 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

184-90 +
1,837-73 +
285-82 +
2,308-45 0

Beginning Balance:	+	\$0.00
Current Amount Due:	+	\$9,844.98
Current Adjustments:		\$0.00
Total Amount Due:		\$9,844.98

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 12/1/2025

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

Master Group Totals						Total Due
SPEC AGG	162	\$66,514.52	Adjustments	1	(\$571.36)	\$65,943.16
ADMIN FEES	162	\$7,209.00	Adjustments	1	(\$89.00)	\$7,120.00
PPO UR	162	\$3,474.90	Adjustments	1	(\$42.90)	\$3,432.00
One-time Adjustments		\$700.00				\$700.00

APPROVED ON

DEC 23 2025

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Balance Forward:		\$77,898.42
Payments:	-	\$77,898.42
Adjustments:	+	\$0.00
Beginning Balance:		\$0.00
Current Amount Due:	+	\$77,898.42
Current Adjustments:	+	(\$703.26)
Total Amount Due:	✓	\$77,195.16

✓ MSc

Description	Medical
EE	93
ES	17
EF	13
EC	39
Mst Total	162

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

Please pay premium as billed. Changes received after billing has processed will be reflected on the next months bill.

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — Dec 22, 2025 - Dec 28, 2025**

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten"		GL number
				Check #		
12/22/2025	WEBFILE TAX PYMT DD 902/81150015 21000029233	- Sales Tax	2,372.91	X	902100	AMOUNT:20300000 DISC:50700000
12/22/2025	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	- Citibank Corporate Card Payment	4,518.15	X K	902101	20050000
12/22/2025	PAY PLUS ACHTrans 106957642 101000697446963	- 3rd Party Payor Fee	488.78		902102	40440076
12/22/2025	IRS USATAXPYMT 270575662982390 6103601001878	- Payroll Taxes	114,974.02	X X	902103	FWT:20200000 FICA:20210000
12/23/2025	MCKESSON DRUG AUTO ACH ACH06834598 910000130	- 340B Drug Program Expense	8,208.16		902104	60310000
12/26/2025	PAY PLUS ACHTrans 107462075 101000692719344	- 3rd Party Payor Fee	1,057.76		902105	40440076
12/26/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	129.98		902106	60310000

** Approval for
12.30.25 cc*

131,749.76

** Approved on 12.10.25 cc
* * Approved on 12.17.25 cc*

Erin Clevenger
Erin Clevenger, CEO
Memorial Medical Center

December 29, 2025

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

Date	Description	MMC Notes	Amount
1/6/2026	- STATE COMTRLR TEXNET	HARP IGT	1,634.20
1/8/2026	- STATE COMTRLR TEXNET	QIPP IGT	1,266,051.00
			<u>1,267,685.20</u>

*Pay
AUS*

*488.78 +
1,057.76 +
1,546.54*

Erin Clevenger
Erin Clevenger, CEO
Memorial Medical Center

December 29, 2025

**APPROVED ON
DEC 29 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

*131,749.76 +
2,372.91 -
4,518.15 -
114,974.02 -
8,208.16 -
1,29.98 -
1,546.54 +
1,546.54 -
0.00 +*



5900 Southwest Pkwy
 Building 2, Suite 200
 Austin, TX 78735

Phone: (888) 665-1539
 Fax: (866) 618-3844

Memorial Medical Center - Port Lavaca
815 N. Virginia St/PO Box 25
Port Lavaca, TX 77979-0025

Invoice # 6868		Page 1 of 1
Account Number	Date	
MEMOMED-01	12/29/2025	
BALANCE DUE ON		
1/12/2026		
AMOUNT PAID	Amount Due	
	\$27,973.00	

Directors & Officers	PolicyNumber: BHP1800010207	Effective: 1/1/2026 to 1/1/2027
----------------------	-----------------------------	---------------------------------

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
94963	1/1/2026	1/12/2026	RENB	Renewal of Directors & Officers/EPL Effective 1/1/2026	\$27,973.00
Total Invoice Balance:					\$27,973.00

APPROVED ON
 DEC 29 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

✓
 ✓



Transaction Summary

Transaction Complete
Trace #

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

Payment Total	\$1,634.20
Bank Routing and Account Number	
Settlement Date	1/6/2026
HARP Non-State Amount	\$1,634.20
Entered By	Caitlin Clevenger



Transaction Summary

Transaction Complete
Trace #

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

Payment Total	\$1,266,051.00
Bank Routing and Account Number	
Settlement Date	1/8/2026
QIPP Amount	\$1,266,051.00
Entered By	Caitlin Clevenger

Plan	Start Date	EE Per Pay Cost	ER Per Pay Cost
2026 Heath Equity Health Savings Account	1/1/2026	\$40.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$25.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$0.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$30.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$8.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$0.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$5.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$137.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$3.33	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$25.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$0.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$25.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$4.16	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$100.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$5.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$0.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$158.33	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$0.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$10.00	\$25.00
		\$575.82	\$475.00
	Total	\$1,050.82	

RECEIVED BY THE COUNTY AUDITOR ON

DEC 22 2025

12/19/2025

MEMORIAL MEDICAL CENTER

0

16:25

AP Open Invoice List

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Due Dates Through: 01/09/2026

Vendor# 11836 Vendor Name GOLDENCREEK HEALTHCARE

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ S 121025B ✓		12/19/202	12/10/202	01/09/202			1,154.79	0.00	0.00	1,154.79 ✓
✓ S 121025 ✓		12/19/202	12/10/202	01/09/202			61,652.24	0.00	0.00	61,652.24 ✓
✓ S 121025A ✓		12/19/202	12/10/202	01/09/202			88,642.19	0.00	0.00	88,642.19 ✓
✓ S 121125 ✓		12/19/202	12/11/202	01/09/202			234.44	0.00	0.00	234.44 ✓
✓ S 121225 ✓		12/19/202	12/12/202	01/09/202			375.48	0.00	0.00	375.48 ✓
✓ S 121225A ✓		12/19/202	12/12/202	01/09/202			4,064.88	0.00	0.00	4,064.88 ✓
✓ S 121525A ✓		12/19/202	12/15/202	01/09/202			2,352.87	0.00	0.00	2,352.87 ✓
✓ S 121525 ✓		12/19/202	12/15/202	01/09/202			2,095.00	0.00	0.00	2,095.00 ✓
✓ S 121625 ✓		12/19/202	12/16/202	01/09/202			3,160.00	0.00	0.00	3,160.00 ✓

INS PMT. dep. into mmc opt in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	163,731.89	0.00	0.00	163,731.89

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	163,731.89	0.00	0.00	163,731.89

APPROVED ON

DEC 22 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CHECK 211573

DEC 22 2025

MEMORIAL MEDICAL CENTER

12/19/2025

AP Open Invoice List

16:25

CALHOUN COUNTY, TEXAS

Due Date Through: 01/09/2026

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
✓ JS 121025 ✓		12/19/202	12/10/202	01/09/202			22,880.00	0.00	0.00	22,880.00 ✓
✓ JS 121125 ✓		12/19/202	12/11/202	01/09/202			3,290.00	0.00	0.00	3,290.00 ✓
✓ JS 121525 ✓		12/19/202	12/15/202	01/09/202			26,000.00	0.00	0.00	26,000.00 ✓
✓ JS 121625 ✓		12/19/202	12/16/202	01/09/202			31,210.00	0.00	0.00	31,210.00 ✓
✓ JS 121725 ✓		12/19/202	12/17/202	01/09/202			4,230.00	0.00	0.00	4,230.00 ✓
✓ JS 121725A ✓		12/19/202	12/17/202	01/09/202			7,640.23	0.00	0.00	7,640.23 ✓

ins amt dep into mmc opt in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	95,250.23	0.00	0.00	95,250.23

Report Summary

Grand Totals	Gross	Discount	No-Pay	Net
	95,250.23	0.00	0.00	95,250.23

APPROVED ON

DEC 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Check 211576

DEC 22 2025

MEMORIAL MEDICAL CENTER

12/19/2025

16:24

AP Open Invoice List

0

CALHOUN COUNTY, TEXAS

Due Dates Through: 01/09/2026

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
✓	121125 ✓		12/19/202	12/11/202	01/09/202			329.97	0.00	0.00	329.97 ✓
✓	121125A ✓	ins. amt dep. into MMC opt. in error	12/19/202	12/11/202	01/09/202			116.49	0.00	0.00	116.49 ✓
✓	121125B ✓		12/19/202	12/11/202	01/09/202			151.62	0.00	0.00	151.62 ✓
✓	121225 ✓		12/19/202	12/11/202	01/09/202			3,643.17	0.00	0.00	3,643.17 ✓
✓	121225A ✓		12/19/202	12/12/202	01/09/202			3,297.44	0.00	0.00	3,297.44 ✓
✓	121225B ✓		12/19/202	12/12/202	01/09/202			49,689.36	0.00	0.00	49,689.36 ✓
✓	121525 ✓		12/19/202	12/15/202	01/09/202			2,884.63	0.00	0.00	2,884.63 ✓
✓	121625 ✓		12/19/202	12/16/202	01/09/202			241.99	0.00	0.00	241.99 ✓
✓	121725 ✓		12/19/202	12/17/202	01/09/202			1,276.94	0.00	0.00	1,276.94 ✓
✓	121725A ✓		12/19/202	12/17/202	01/09/202			1,442.63	0.00	0.00	1,442.63 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	LAVACA BAY NURSING AND REHAB	63,074.24	0.00	0.00	63,074.24

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	63,074.24	0.00	0.00	63,074.24

APPROVED ON

DEC 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Unit# 211574

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 12/29/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		100.00	-	161,758.54		161,858.54	161,758.54
						Bank Balance 161,858.54	
						Variance -	
						Leave in Balance 100.00	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
 JP Morgan Chase Bank

Broadmoor	100.00	-	27,755.41	Adjust Balance/Transfer Amt	161,758.54		
					27,855.41		27,755.41
					Bank Balance 27,855.41		
					Variance -		
					Leave in Balance 100.00		

Crescent	1,692.66	-	45,957.85	Adjust Balance/Transfer Amt	27,755.41		
					47,650.51		47,550.51
					Bank Balance 47,650.51		
					Variance -		
					Leave in Balance 100.00		

Fort Bend	503.79	2,126.83	46,100.42	Adjust Balance/Transfer Amt	47,550.51		
					44,477.38		44,377.38
					Bank Balance 44,477.38		
					Variance -		
					Leave in Balance 100.00		

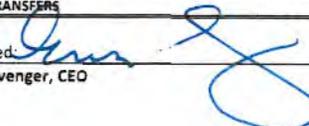
Solera at W Houston	2,164.29	-	8,023.83	Adjust Balance/Transfer Amt	44,377.38		
					10,188.12		10,088.12
					Bank Balance 10,188.12		
					Variance -		
					Leave in Balance 100.00		

161,758.54 +
 27,755.41 + Fort Bend / Broadmoor:
 47,550.51 +
 44,377.38 +
 10,088.12 +
 291,529.96 =

APPROVED ON
 DEC 29 2025

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt 10,088.12
TOTAL TRANSFERS 291,529.96

Approved: 
 Erin Clevenger, CEO 12/29/2025

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

Ashford Gardens

12/24/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	161,758.54		161,758.54
✓ -	✓ -		-
-	-		-
-	-		-
-	-		-
-	161,758.54	-	161,758.54

Broadmoor

12/24/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2
 12/24/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	570.48		570.48
-	27,184.93		27,184.93
-	-		-
✓ -	✓ -		-
-	-		-
-	-		-
-	27,755.41	-	27,755.41

Crescent

12/24/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	45,957.85		45,957.85
-	-		-
-	-		-
-	-		-
✓ -	✓ -		-
-	-		-
-	-		-
-	45,957.85	-	45,957.85

Fort Bend

12/26/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2
 12/23/2025 280
 12/23/2025 NOVITAS SOLUTION HCCLAIMPMT 675663 420000153
 12/22/2025 NOVITAS SOLUTION HCCLAIMPMT 675663 420000116

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	19,700.42		9,213.66
2,126.83	-		-
-	7,680.63		-
-	18,719.37		-
-	-		-
✓ -	✓ -		-
-	-		-
-	-		-
2,126.83	46,100.42	-	9,213.66

Solera at West Houston

12/24/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	8,023.83		8,023.83
-	-		-
✓ -	✓ -		-
-	-		-
-	-		-
-	8,023.83	-	8,023.83

TOTALS

	289,596.05	-	252,709.29
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Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$2,224,441.96	\$2,284,364.88	\$2,224,441.96	\$2,186,217.61
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$161,858.54 ✓ ↓	\$161,858.54	\$161,858.54	\$161,858.54
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$27,855.41 ✓ ↓	\$27,855.41	\$27,855.41	\$27,855.41
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$47,650.51 ✓ ↓	\$47,650.51	\$47,650.51	\$47,650.51
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$10,188.12 ✓ ↓	\$10,188.12	\$10,188.12	\$10,188.12
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$44,477.38 ✓ ↓	\$44,477.38	\$44,477.38	\$24,776.96
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$474,128.32 ✓	\$478,073.18	\$474,128.32	\$466,763.24
*4551 CAL CO INDIGENT HEALTHCARE	\$29,558.66	\$29,558.66	\$29,558.66	\$29,558.66
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$70,338.15 ✓	\$71,637.95	\$70,338.15	\$60,932.56
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.00 ✓	\$100.00	\$100.00	\$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$665,236.84 ✓	\$665,236.84	\$665,236.84	\$664,513.21
*3407 MMC -NH TUSCANY VILLAGE	\$602,183.21 ✓	\$614,914.97	\$602,183.21	\$513,309.07
*2998 MMC -MONEY MARKET FUND	\$572,037.37	\$572,037.37	\$572,037.37	\$572,037.37
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$16,381.11	\$16,381.11	\$16,381.11	\$16,381.11
Total Balance	\$4,946,435.58	\$5,024,334.92	\$4,946,435.58	\$4,782,142.37

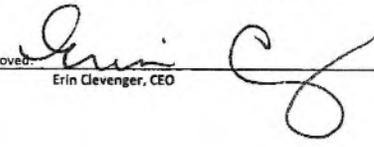
Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 12/29/2025

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		16,626.88	-	457,501.44		474,128.32	466,136.69
					Bank Balance Variance	474,128.32	
					Leave In Balance	100.00	
					UHC Recoup owed to MMC	102.66	
					Y8 Q4 Funds owed to MMC	7,789.97	

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

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

Adjust Balance/Transfer Amt 466,136.69

Approved: 
 Erin Clevenger, CEO

12/29/2025

APPROVED ON

DEC 29 2025

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Balances Overview

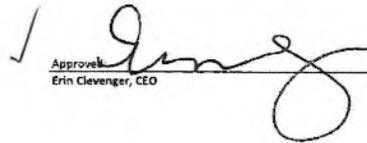
Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$2,224,441.96	\$2,284,364.88	\$2,224,441.96	\$2,186,217.61
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$161,858.54	\$161,858.54	\$161,858.54	\$161,858.54
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$27,855.41	\$27,855.41	\$27,855.41	\$27,855.41
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$47,650.51	\$47,650.51	\$47,650.51	\$47,650.51
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$10,188.12	\$10,188.12	\$10,188.12	\$10,188.12
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$44,477.38	\$44,477.38	\$44,477.38	\$24,776.96
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$474,128.32 ↓	\$478,073.18	\$474,128.32	\$466,763.24
*4551 CAL CO INDIGENT HEALTHCARE	\$29,558.66	\$29,558.66	\$29,558.66	\$29,558.66
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$70,338.15	\$71,637.95	\$70,338.15	\$60,932.56
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.00	\$100.00	\$100.00	\$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$665,236.84	\$665,236.84	\$665,236.84	\$664,513.21
*3407 MMC -NH TUSCANY VILLAGE	\$602,183.21	\$614,914.97	\$602,183.21	\$513,309.07
*2998 MMC -MONEY MARKET FUND	\$572,037.37	\$572,037.37	\$572,037.37	\$572,037.37
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$16,381.11	\$16,381.11	\$16,381.11	\$16,381.11
Total Balance	\$4,946,435.58	\$5,024,334.92	\$4,946,435.58	\$4,782,142.37

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 12/29/2025

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		293,558.78	279,868.43	56,547.80			70,338.15	No Transfer (Holding due to pending claims requests)	
						Bank Balance	70,338.15	X	
						Variance	100.00		
						Leave in Balance			
						Adjust Balance/Transfer Amt	52,032.38		
Gulf Pointe Plaza-Medicare/Medicaid		100.00					100.00	NO TRANSFER	
						Bank Balance	100.00	X	
						Variance			
						Leave in Balance	100.00		
						Adjust Balance/Transfer Amt			
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: 
 Erin Clevenger, CEO
 12/29/2025

APPROVED ON
 DEC 29 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

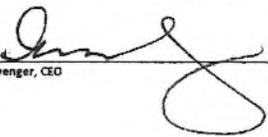
Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$2,224,441.96	\$2,284,364.88	\$2,224,441.96	\$2,186,217.61
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$161,858.54	\$161,858.54	\$161,858.54	\$161,858.54
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$27,855.41	\$27,855.41	\$27,855.41	\$27,855.41
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$47,650.51	\$47,650.51	\$47,650.51	\$47,650.51
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$10,188.12	\$10,188.12	\$10,188.12	\$10,188.12
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$44,477.38	\$44,477.38	\$44,477.38	\$24,776.96
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$474,128.32	\$478,073.18	\$474,128.32	\$466,763.24
*4551 CAL CO INDIGENT HEALTHCARE	\$29,558.66	\$29,558.66	\$29,558.66	\$29,558.66
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$70,338.15	↓ \$71,637.95	\$70,338.15	\$60,932.56
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.00	↓ \$100.00	\$100.00	\$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$665,236.84	\$665,236.84	\$665,236.84	\$664,513.21
*3407 MMC -NH TUSCANY VILLAGE	\$602,183.21	\$614,914.97	\$602,183.21	\$513,309.07
*2998 MMC -MONEY MARKET FUND	\$572,037.37	\$572,037.37	\$572,037.37	\$572,037.37
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$16,381.11	\$16,381.11	\$16,381.11	\$16,381.11
Total Balance	\$4,946,435.58	\$5,024,334.92	\$4,946,435.58	\$4,782,142.37

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscan Transfer
 Prosperity Accounts
 12/29/2025

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		356,157.24	-	246,015.97	-	-	602,183.21	507,000.73
						Bank Balance Variance	602,183.21	
						Leave in Balance	100.00	
						QIPP Y8Q4 Payment	95,048.23	
						QIPP Y8Q4 Payment	34.13	
						Adjust Balance/Transfer Amt	<u>507,000.73</u>	

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: 
 Erin Clevenger, CEO 12/29/2025

APPROVED ON
 DEC 29 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

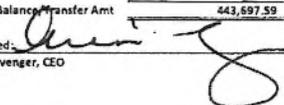
Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$2,224,441.96	\$2,284,364.88	\$2,224,441.96	\$2,186,217.61
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$161,858.54	\$161,858.54	\$161,858.54	\$161,858.54
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$27,855.41	\$27,855.41	\$27,855.41	\$27,855.41
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$47,650.51	\$47,650.51	\$47,650.51	\$47,650.51
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$10,188.12	\$10,188.12	\$10,188.12	\$10,188.12
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$44,477.38	\$44,477.38	\$44,477.38	\$24,776.96
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$474,128.32	\$478,073.18	\$474,128.32	\$466,763.24
*4551 CAL CO INDIGENT HEALTHCARE	\$29,558.66	\$29,558.66	\$29,558.66	\$29,558.66
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$70,338.15	\$71,637.95	\$70,338.15	\$60,932.56
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.00	\$100.00	\$100.00	\$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$665,236.84	\$665,236.84	\$665,236.84	\$664,513.21
*3407 MMC -NH TUSCANY VILLAGE	\$602,183.21	\$614,914.97	\$602,183.21	\$513,309.07
*2998 MMC -MONEY MARKET FUND	\$572,037.37	\$572,037.37	\$572,037.37	\$572,037.37
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$16,381.11	\$16,381.11	\$16,381.11	\$16,381.11
Total Balance	\$4,946,435.58	\$5,024,334.92	\$4,946,435.58	\$4,782,142.37

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 12/29/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repevment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Lavaca Bay Nursing and Rehab	7	309,579.99	32,443.39	368,100.24			665,236.84	443,697.59
						Bank Balance	665,236.84	
						Variance	-	
						Leave in Balance	100.00	
						Y8 Q4 QIPP Funds Owed to MMC	221,439.25	

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 443,697.59
 Approved: 
 Erin Clevenger, CEO 12/29/2025

APPROVED ON
 DEC 29 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$2,224,441.96	\$2,284,364.88	\$2,224,441.96	\$2,186,217.61
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$161,858.54	\$161,858.54	\$161,858.54	\$161,858.54
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$27,855.41	\$27,855.41	\$27,855.41	\$27,855.41
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$47,650.51	\$47,650.51	\$47,650.51	\$47,650.51
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$10,188.12	\$10,188.12	\$10,188.12	\$10,188.12
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$44,477.38	\$44,477.38	\$44,477.38	\$24,776.96
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$474,128.32	\$478,073.18	\$474,128.32	\$466,763.24
*4551 CAL CO INDIGENT HEALTHCARE	\$29,558.66	\$29,558.66	\$29,558.66	\$29,558.66
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$70,338.15	\$71,637.95	\$70,338.15	\$60,932.56
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.00	\$100.00	\$100.00	\$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$665,236.84 ✓	\$665,236.84	\$665,236.84	\$664,513.21
*3407 MMC -NH TUSCANY VILLAGE	\$602,183.21	\$614,914.97	\$602,183.21	\$513,309.07
*2998 MMC -MONEY MARKET FUND	\$572,037.37	\$572,037.37	\$572,037.37	\$572,037.37
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$16,381.11	\$16,381.11	\$16,381.11	\$16,381.11
Total Balance	\$4,946,435.58	\$5,024,334.92	\$4,946,435.58	\$4,782,142.37

✓ Lavaca Bay

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 12/29/2025

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APPROVED ON

DEC 29 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓
check # 001171

FOR ACCT USE ONLY

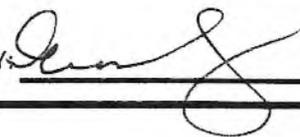
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT: \$ 221,439.25

G/L NUMBER: _____

EXPLANATION: Y8 Q4 QIPP FUNDS OWED TO MMC

REQUESTED BY: CAITLIN CLEVINGER

AUTHORIZED BY: 

Gulf Pointe

MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC Operating Date Requested: 12/16/2025

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APPROVED ON

DEC 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Handwritten signature

FOR ACCT USE ONLY

- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT: \$ 4,546.12 ✓ G/L NUMBER: 20654000

EXPLANATION: Claims owed to Memorial Medical Center

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: *MSC*

GP

MEMORIAL MEDICAL CENTER CHECK REQUEST

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MMC OPERATING

Date Requested: 12/17/2025

APPROVED ON
DEC 22 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Check # 001157

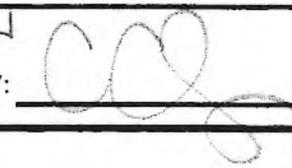
FOR ACCT USE ONLY	
<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

AMOUNT: \$ 1,446.40

G/L NUMBER: 20654000

EXPLANATION: CLAIMS OWED TO MMC

REQUESTED BY: MELISSA DEGLADO

AUTHORIZED BY: 

GP

MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC OPERATING Date Requested: 12/23/2025

A _____

Y APPROVED ON

E DEC 29 2025

E BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
12/29/2025

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT: \$ 7,457.31 ✓ G/L NUMBER: 206540000

EXPLANATION: CLAIMS OWED TO MMC

REQUESTED BY: MELISSA DELGADO

AUTHORIZED BY: ✓ 

GIP

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 12/29/2025

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APPROVED ON

DEC 29 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check # 001157

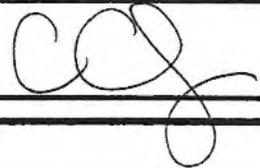
FOR ACCT USE ONLY

- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT: \$ 4,755.94 ✓ G/L NUMBER: 20654000

EXPLANATION: Claims owed to MMC

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
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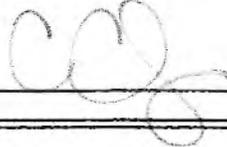
mmc **APPROVED ON** Date Requested: 12-17-25
DEC 22 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 000250

FOR ACCT. USE ONLY

- Imprest Cash
- A/P Check
- Voucher Check

AMOUNT \$102.66 ✓ G/L NUMBER: 20653000

EXPLANATION: UHC Comm Plan recoup - Golden creek (12-11-25)
Pmt # 25345 B1000775858 ✓

REQUESTED BY: K. Pokluda AUTHORIZED BY: 

Golden Creek

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center

Date Requested: 12/29/2025

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E _____

APPROVED ON
DEC 29 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chick 000251

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT: \$ 7,788.97

G/L NUMBER: _____

EXPLANATION: Y8 Q4 QIPP FUNDS OWED TO MMC

REQUESTED BY: CAITLIN CLEVINGER

AUTHORIZED BY: *[Signature]*

MEMORIAL MEDICAL CENTER

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

001171

Date 12-30-25 88-2265/1131

PAY
TO THE
ORDER OF

MMC Operating

\$ 221,439. ²⁵/₁₀₀

Two hundred, twenty-one thousand, four hundred thirty-nine dollars & ²⁵/₁₀₀ DOLLARS



FOR 40 Q4 QIPP



MEMORIAL MEDICAL CENTER

NH GULF POINTE - PRIVATE PAY
815 N. VIRGINIA ST.
PORT LAVACA, TX 77979

001157

Date 12-30-25 88-2265/1131

PAY
TO THE
ORDER OF

MMC Operating

\$ 18,205. ⁷⁷/₁₀₀

Eighteen thousand, two hundred five dollars & ⁷⁷/₁₀₀ DOLLARS



FOR Claims owed to mmc-echo



MEMORIAL MEDICAL CENTER

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

000250

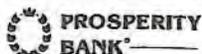
Date 12-30-25 88-2265/1131

PAY
TO THE
ORDER OF

MMC Operating

\$ 102. ⁶⁶/₁₀₀

One hundred two dollars & ⁶⁶/₁₀₀ DOLLARS



FOR UHC-recoup



MEMORIAL MEDICAL CENTER

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

000251

Date 12-30-25

88-2265/1131

PAY

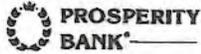
TO THE
ORDER OF

MMC Operative

\$ 7,788 $\frac{97}{100}$

Seven thousand, seven hundred eighty eight dollars & $\frac{97}{100}$

DOLLARS



**PROSPERITY
BANK**

FOR 40 Q4 RPP owed to MMC

Security features are included. Details on back.

RUN DATE:12/30/25
TIME:13:16

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/30/25 THRU 12/30/25

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG 000250 12/30/25 102.66 MMC OPERATING
NHG * 000251 12/30/25 7,788.97 MMC OPERATING
GPP * 001157 12/30/25 18,205.77 MMC OPERATING
BSL * 001171 12/30/25 221,439.25 MMC OPERATING

