

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 14, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,153,061.85
TOTAL TRANSFERS BETWEEN FUNDS	\$ 87,144.98
TOTAL NURSING HOME UPL EXPENSES	\$ 515,454.23
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED January 14, 2026	\$ 1,755,661.06

APPROVED

JAN 14 2026

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---January 14, 2026

PAYABLES AND PAYROLL

1/8/2026 Weekly Payables	399,993.33
1/7/2026 Citibank Credit Card-see attached (Erin)	570.00
1/13/2026 McKesson-340B Prescription Expense	24,915.84
1/13/2026 Cencora-340B Prescription Expense	39.67
1/13/2026 Cencora-340B Prescription Expense	150.47
1/13/2026 Payroll Liabilities-Payroll Taxes	112,812.39
1/13/2026 Payroll	364,562.81

Prosperity Electronic Bank Payments

1/13/2026 90 Degree Benefits - employee insurance claims	67,388.25
1/13/2026 Sales Tax - December 2025	2,287.86
1/13/2026 TCDRS December Retirement	176,245.40
1/13/2026 Pay Plus-Patient Claims Processing Fee	2,028.18
1/13/2026 Credit Card Lease Fee	335.53
1/13/2026 Pay Plus-Patient Claims Processing Fee	681.30
1/13/2026 Health Equity -HSA Contributions	1,050.82

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 1,153,061.85**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

1/8/2026 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error/Recoup processed by MMC twice	15,941.63
1/8/2026 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	68,270.35
1/8/2026 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	2,933.00

TOTAL TRANSFERS BETWEEN FUNDS **\$ 87,144.98**

NURSING HOME UPL EXPENSES

1/13/2026 Nursing Home UPL-Cantex Transfer	25,778.87
1/13/2026 Nursing Home UPL-Nexion Transfer	216,146.75
1/13/2026 Nursing Home UPL-Tuscany Transfer	105,979.16
1/13/2026 Nursing Home UPL-HSL Transfer	132,243.14

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

1/5/2026 Tuscany to MMC - Aetna Recoup	5,459.57
1/5/2026 Gulfpointe to MMC - Claims owed to MMC	29,305.60

TRANSFER OF FUNDS BETWEEN NURSING HOMES

1/13/2026 Solera to Golden Creek - Claim payments owed to Golden Creek from Solera	541.14
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TOTAL NURSING HOME UPL EXPENSES **\$ 515,454.23**

TOTAL INTER-GOVERNMENT TRANSFERS **\$ -**

GRAND TOTAL DISBURSEMENTS APPROVED January 14, 2026 **\$ 1,755,661.06**

	10599	FORVIS					8,925.00	0.00	0.00	8,925.00	
Vendor#	Vendor Name		Class		Pay Code						
18248	GARCIA'S A/C & HEAT SERVICES										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2300		01/07/202	12/31/202	01/14/202			940.00	0.00	0.00	940.00
	REFRIGERANT REPAIR										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	18248	GARCIA'S A/C & HEAT SERVICES						940.00	0.00	0.00	940.00
Vendor#	Vendor Name		Class		Pay Code						
12404	GE PRECISION HEALTHCARE, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	202973668		12/30/202	12/10/202	01/09/202			93.00	0.00	0.00	93.00
	EARPLUGS										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC						93.00	0.00	0.00	93.00
Vendor#	Vendor Name		Class		Pay Code						
12380	HEALTH SOLUTIONS DIETETICS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	120125		12/12/202	12/01/202	12/01/202			3,400.00	0.00	0.00	3,400.00
	DECEMBER INVOICE										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS						3,400.00	0.00	0.00	3,400.00
Vendor#	Vendor Name		Class		Pay Code						
H0031	HEB CREDIT RECEIVABLES DEPT308										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	122925		12/31/202	12/29/202	12/29/202			246.25	0.00	0.00	246.25
	DIETARY SUPPLIES										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308						246.25	0.00	0.00	246.25
Vendor#	Vendor Name		Class		Pay Code						
14976	INOVALON PROVIDER INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	26M0000764		01/07/202	01/07/202	01/07/202			773.76	0.00	0.00	773.76
	SCHED & OSM MOD 010126-0131										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	14976	INOVALON PROVIDER INC.						773.76	0.00	0.00	773.76
Vendor#	Vendor Name		Class		Pay Code						
11285	ITA RESOURCES INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MMC012026		01/06/202	01/01/202	01/21/202			42,919.61	0.00	0.00	42,919.61
	PROF FEES										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC						42,919.61	0.00	0.00	42,919.61
Vendor#	Vendor Name		Class		Pay Code						
K0530	KCI USA		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	33880157		01/07/202	12/19/202	01/07/202			878.81	0.00	0.00	878.81
	SUPPLIES										
	33852501		01/07/202	12/19/202	01/07/202			1,976.25	0.00	0.00	1,976.25
	SUPPLIES										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	K0530	KCI USA						2,855.06	0.00	0.00	2,855.06
Vendor#	Vendor Name		Class		Pay Code						
D1710	KEEP-U-NEAT CLEANERS		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	010626		12/31/202	01/05/202	01/15/202			1,538.00	0.00	0.00	1,538.00

DRY CLEANING

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		D1710	KEEP-U-NEAT CLEANERS		1,538.00	0.00	0.00	1,538.00		
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
85937647		01/08/202	12/27/202	12/27/202			16.00	0.00	0.00	16.00
LAB DRAWS										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		L0700	LABCORP OF AMERICA HOLDINGS		16.00	0.00	0.00	16.00		
Vendor#	Vendor Name		Class	Pay Code						
10371	LOFTIN EQUIPMENT COMPANY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00073583		12/31/202	11/05/202	12/31/202			1,439.15	0.00	0.00	1,439.15
SUPPLIES										
00075104		12/31/202	11/26/202	12/26/202			812.40	0.00	0.00	812.40
GENERATOR MAINT										
00075953		12/31/202	12/10/202	11/26/202			1,399.60	0.00	0.00	1,399.60
GENERATOR MAINT										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10371	LOFTIN EQUIPMENT COMPANY		3,651.15	0.00	0.00	3,651.15		
Vendor#	Vendor Name		Class	Pay Code						
M2181	MATTHEW BENDER & CO., INC.		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
48080977		01/07/202	12/18/202	01/17/202			97.08	0.00	0.00	97.08
TX PHARM LAW E-BOOK										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		M2181	MATTHEW BENDER & CO., INC.		97.08	0.00	0.00	97.08		
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
24838782		01/07/202	12/31/202	01/15/202			43.39	0.00	0.00	43.39
SUPPLIES										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		M2178	MCKESSON MEDICAL SURGICAL INC		43.39	0.00	0.00	43.39		
Vendor#	Vendor Name		Class	Pay Code						
11203	MEDI-DOSE, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0978586		01/07/202	10/17/202	01/07/202			181.05	0.00	0.00	181.05
SUPPLIES										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		11203	MEDI-DOSE, INC		181.05	0.00	0.00	181.05		
Vendor#	Vendor Name		Class	Pay Code						
11141	MEDICAL DATA SYSTEMS, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
210257		12/31/202	12/31/202	01/20/202			434.28	0.00	0.00	434.28
COLLECTION FEES										
210258		12/31/202	12/31/202	01/20/202			1,190.07	0.00	0.00	1,190.07
COLLECTION FEES DEC										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		11141	MEDICAL DATA SYSTEMS, INC.		1,624.35	0.00	0.00	1,624.35		
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
201134058		12/31/202	12/17/202	01/16/202			4,200.00	0.00	0.00	4,200.00
AGENCY STAFFING										

EN *Lysa Cortinas 11/25-11/27/25*

✓ 201132851	12/31/202 12/17/202 01/16/202	2,725.50	0.00	0.00	2,725.50 ✓
AGENCY STAFFING	<i>Joshua Kethermayer 11/28 & 12/1 - 12/4/25</i>				
✓ 201132949	12/31/202 12/17/202 01/16/202	3,700.00	0.00	0.00	3,700.00 ✓
AGENCY STAFFING	<i>Yssa Cortinas 11/14 - 11/16/25</i>				
✓ 201137022	12/31/202 12/18/202 01/17/202	3,600.00	0.00	0.00	3,600.00 ✓
AGENCY STAFFING	<i>11/28/25 - 11/30/25</i>				
✓ 201141688	12/31/202 12/23/202 01/22/202	3,575.00	0.00	0.00	3,575.00 ✓
AGENCY STAFFING	<i>12/9 - 12/11/25</i>				

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18092	MEDICAL SOLUTIONS LLC	17,800.50	0.00	0.00	17,800.50

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
✓ 2400820438	SUPPLIES	12/19/202	12/03/202	12/28/202			310.35	0.00	0.00	310.35 ✓
✓ 2401426141	SUPPLIES	12/19/202	12/05/202	12/30/202			43.06	0.00	0.00	43.06 ✓
✓ 2402073585	SUPPLIES	12/31/202	12/10/202	01/04/202			57.53	0.00	0.00	57.53 ✓
✓ 2403889020	SUPPLIES	01/07/202	12/20/202	01/14/202			5,318.33	0.00	0.00	5,318.33 ✓
✓ 2403889019	SUPPLIES	01/07/202	12/20/202	01/14/202			21.59	0.00	0.00	21.59 ✓
✓ 2404088972	SUPPLIES	01/07/202	12/23/202	01/17/202			172.41	0.00	0.00	172.41 ✓
✓ 2404209737	SUPPLIES	01/07/202	12/24/202	01/18/202			203.92	0.00	0.00	203.92 ✓
✓ 2404209744	SUPPLIES	01/07/202	12/24/202	01/18/202			44.08	0.00	0.00	44.08 ✓
✓ 2404209749	SUPPLIES	01/07/202	12/24/202	01/18/202			16,680.38	0.00	0.00	16,680.38 ✓
✓ 2404209746	SUPPLIES	01/07/202	12/24/202	01/18/202			139.48	0.00	0.00	139.48 ✓
✓ 2404209743	SUPPLIES	01/07/202	12/24/202	01/18/202			102.60	0.00	0.00	102.60 ✓
✓ 2404209738	SUPPLIES	01/07/202	12/24/202	01/18/202			805.11	0.00	0.00	805.11 ✓
✓ 2404426214	SUPPLIES	01/07/202	12/24/202	01/18/202			140.90	0.00	0.00	140.90 ✓
✓ 2404209742	SUPPLIES	01/07/202	12/24/202	01/18/202			93.53	0.00	0.00	93.53 ✓
✓ 2404209739	SUPPLIES	01/07/202	12/24/202	01/18/202			65.57	0.00	0.00	65.57 ✓
✓ 2404209747	SUPPLIES	01/07/202	12/24/202	01/18/202			4.05	0.00	0.00	4.05 ✓
✓ 2404209741	SUPPLIES	01/07/202	12/24/202	01/18/202			38.64	0.00	0.00	38.64 ✓
✓ 2404209740	SUPPLIES	01/07/202	12/24/202	01/18/202			98.21	0.00	0.00	98.21 ✓
✓ 2404209750	SUPPLIES	01/07/202	12/24/202	01/18/202			70.60	0.00	0.00	70.60 ✓
✓ 2404209748	SUPPLIES	01/07/202	12/24/202	01/18/202			4,071.63	0.00	0.00	4,071.63 ✓
✓ 2404767919	SUPPLIES	01/07/202	12/27/202	01/21/202			6.26	0.00	0.00	6.26 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
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✓4275329		01/06/202	01/05/202	01/15/202			7.67	0.00	0.00	7.67 ✓
	SUPPLIES									
✓4278791		01/07/202	01/06/202	01/16/202			182.34	0.00	0.00	182.34 ✓
	SUPPLIES									
✓4278793		01/07/202	01/06/202	01/16/202			254.95	0.00	0.00	254.95 ✓
✓4280912		01/07/202	01/06/202	01/16/202			111.40	0.00	0.00	111.40 ✓
✓4281382		01/07/202	01/06/202	01/16/202			827.33	0.00	0.00	827.33 ✓
✓4278792		01/07/202	01/06/202	01/16/202			97.56	0.00	0.00	97.56 ✓
✓4278790		01/07/202	01/06/202	01/16/202			74.90	0.00	0.00	74.90 ✓
✓4280913		01/07/202	01/06/202	01/16/202			313.23	0.00	0.00	313.23 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC				19,288.65	0.00	0.00	19,288.65
Vendor#	Vendor Name		Class	Pay Code						
13548	NACOGDOCHES TRANSCRIPTION									
✓Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8941		12/31/202	01/05/202	01/15/202			53.20	0.00	0.00	53.20 ✓
	110825-112125 BILLING PERIOD									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		13548	NACOGDOCHES TRANSCRIPTION				53.20	0.00	0.00	53.20
Vendor#	Vendor Name		Class	Pay Code						
15988	NCS PEARSON INC									
✓Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
30423275		01/07/202	12/20/202	01/07/202			102.20	0.00	0.00	102.20 ✓
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		15988	NCS PEARSON INC				102.20	0.00	0.00	102.20
Vendor#	Vendor Name		Class	Pay Code						
P1800	PITNEY BOWES INC		W							
✓Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1028681926		01/08/202	12/22/202	01/21/202			198.00	0.00	0.00	198.00 ✓
	POSTAGE									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		P1800	PITNEY BOWES INC				198.00	0.00	0.00	198.00
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
9360735866		12/30/202	12/22/202	01/21/202			204.36	0.00	0.00	204.36 ✓
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)				204.36	0.00	0.00	204.36
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
321482		12/31/202	01/01/202	01/11/202			950.00	0.00	0.00	950.00 ✓
	ADV LEASE SPACE 011426-02102									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.				950.00	0.00	0.00	950.00
Vendor#	Vendor Name		Class	Pay Code						
S2362	SMITH & NEPHEW, INC.									
✓Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

Vendor#	Vendor Name	Class	Pay Code							
	C2510 TRUBRIDGE					342.00	0.00	0.00	342.00	
U1064	UNIFIRST HOLDINGS INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓2921076934	LINEN	12/29/202	12/25/202	01/19/202			349.87	0.00	0.00	349.87 ✓
✓2921076919	LAUNDRY	12/29/202	12/25/202	01/19/202			51.59	0.00	0.00	51.59 ✓
✓2921076926	LINENS	12/29/202	12/25/202	01/19/202			301.55	0.00	0.00	301.55 ✓
✓2921076936	LINEN	12/29/202	12/25/202	01/19/202			143.70	0.00	0.00	143.70 ✓
✓2921076322	LINENS	12/31/202	12/18/202	01/12/202			3,255.65	0.00	0.00	3,255.65 ✓
✓2921076354	LAUNDRY	12/31/202	12/18/202	01/12/202			289.83	0.00	0.00	289.83 ✓
✓2921076542	LAUNDRY	12/31/202	12/22/202	01/16/202			4,080.30	0.00	0.00	4,080.30 ✓
✓2921076922	LAUNDRY	12/31/202	12/25/202	01/19/202			289.83	0.00	0.00	289.83 ✓
✓2921076915	LINENS	01/01/202	12/25/202	01/19/202			3,177.03	0.00	0.00	3,177.03 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
U1064 UNIFIRST HOLDINGS INC							11,939.35	0.00	0.00	11,939.35

Vendor#	Vendor Name	Class	Pay Code							
10768	VICTORIA MEDICAL FOUNDATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓2026171	2026 DUES THURKILL	01/06/202	12/16/202	12/16/202			575.00	0.00	0.00	575.00 ✓
✓2026168	2026 DUES SHEFCIK	01/06/202	12/16/202	12/16/202			575.00	0.00	0.00	575.00 ✓
✓2026107	2026 DUES SCHULTZ	01/06/202	12/16/202	12/16/202			800.00	0.00	0.00	800.00 ✓
✓2026160	2026 DUES O'DONNELL	01/06/202	12/16/202	12/16/202			575.00	0.00	0.00	575.00 ✓
✓2026158	2026 DUES NORMAN	01/06/202	12/16/202	12/16/202			575.00	0.00	0.00	575.00 ✓
✓202661	2026 DUES JENKINS	01/06/202	12/16/202	12/16/202			800.00	0.00	0.00	800.00 ✓
✓2026142	2026 DUES GAINES	01/06/202	12/16/202	12/16/202			575.00	0.00	0.00	575.00 ✓
✓202640	2026 DUES FOLLOWILL	01/06/202	12/16/202	12/16/202			800.00	0.00	0.00	800.00 ✓
✓202628	2026 DUES CROWLEY	01/06/202	12/16/202	12/16/202			800.00	0.00	0.00	800.00 ✓
✓202620	2026 DUES CANTU	01/06/202	12/16/202	12/16/202			800.00	0.00	0.00	800.00 ✓
✓20267	2026 DUES ARROYO DIAZ	01/06/202	12/16/202	12/16/202			800.00	0.00	0.00	800.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10768 VICTORIA MEDICAL FOUNDATION							7,675.00	0.00	0.00	7,675.00

Vendor#	Vendor Name	Class	Pay Code							
I1110	WERFEN USA LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓9112070777	SUPPLIES	01/07/202	12/22/202	01/16/202			2,153.26	0.00	0.00	2,153.26 ✓

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		11110	WERFEN USA LLC		2,153.26	0.00	0.00	2,153.26		
Vendor#	Vendor Name		Class	Pay Code						
10556	WOUND CARE SPECIALISTS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS00007677		12/12/202	12/22/202	01/20/202			8,534.00	0.00	0.00	8,534.00
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10556	WOUND CARE SPECIALISTS		8,534.00	0.00	0.00	8,534.00		

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	399,993.33	0.00	0.00	399,993.33

APPROVED ON

JAN 08 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 211655-211720

RUN DATE:01/13/26
TIME:14:11

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/14/26 THRU 01/14/26

PAGE 1
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

A/P	211655	01/14/26	1,400.00	ACUTE CARE INC
A/P	211656	01/14/26	362.94	ADVANCED STERILIZATION PRODUCT
A/P	211657	01/14/26	187.18	ALIMED INC.
A/P	211658	01/14/26	1,596.22	AMAZON CAPITAL SERVICES
A/P	211659	01/14/26	23,084.08	AVENO NETWORKS
A/P	211660	01/14/26	877.74	BAYER HEALTHCARE
A/P	211661	01/14/26	14,469.68	BECKMAN COULTER INC
A/P	211662	01/14/26	35.84	CALHOUN COUNTY
A/P	211663	01/14/26	247.65	CARDINAL HEALTH 414, INC.
A/P	211664	01/14/26	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	211665	01/14/26	2,150.00	CERVEY, LLC
A/P	211666	01/14/26	67,265.33	CITIZENS MEDICAL CENTER
A/P	211667	01/14/26	675.25	CULLIGAN ULTRAPURE INC.
A/P	211668	01/14/26	29.41	DEWITT POTH & SON
A/P	211669	01/14/26	78,581.63	DISCOVERY MEDICAL NETWORK INC
A/P	211670	01/14/26	105.00	DOWELL PEST CONTROL
A/P	211671	01/14/26	1,450.00	FIRST UNITED METHODIST CHURCH
A/P	211672	01/14/26	8,155.80	FISHER HEALTHCARE
A/P	211673	01/14/26	8,925.00	FORVIS
A/P	211674	01/14/26	940.00	GARCIA'S A/C & HEAT SERVICES
A/P	211675	01/14/26	93.00	GE PRECISION HEALTHCARE, LLC
A/P	211676	01/14/26	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	211677	01/14/26	246.25	HEB CREDIT RECEIVABLES DEPT308
A/P	211678	01/14/26	773.76	INOVALON PROVIDER INC.
A/P	211679	01/14/26	42,919.61	ITA RESOURCES INC
A/P	211680	01/14/26	2,855.06	KCI USA
A/P	211681	01/14/26	1,538.00	KEEP-U-NEAT CLEANERS
A/P	211682	01/14/26	16.00	LABCORP OF AMERICA HOLDINGS
A/P	211683	01/14/26	3,651.15	LOPTIN EQUIPMENT COMPANY
A/P	211684	01/14/26	97.08	MATTHEW BENDER & CO., INC.
A/P	211685	01/14/26	43.39	MCKESSON MEDICAL SURGICAL INC
A/P	211686	01/14/26	181.05	MEDI-DOSE, INC
A/P	211687	01/14/26	1,624.35	MEDICAL DATA SYSTEMS, INC.
A/P	211688	01/14/26	17,800.50	MEDICAL SOLUTIONS LLC
A/P	211689	01/14/26	.00	VOIDED
A/P	211690	01/14/26	.00	VOIDED
A/P	211691	01/14/26	28,488.23	MEDLINE INDUSTRIES INC
A/P	211692	01/14/26	1,500.00	MICHAEL GAINES
A/P	211693	01/14/26	273.12	VMC AUXILIARY GIFT SHOP
A/P	211694	01/14/26	.00	VOIDED
A/P	211695	01/14/26	19,288.65	MORRIS & DICKSON CO, LLC
A/P	211696	01/14/26	53.20	NACOGDOCHES TRANSCRIPTION
A/P	211697	01/14/26	102.20	NCS PEARSON INC
A/P	211698	01/14/26	198.00	PITNEY BOWES INC
A/P	211699	01/14/26	204.36	PRECISION DYNAMICS CORP (PDC)
A/P	211700	01/14/26	950.00	SIGN AD, LTD.
A/P	211701	01/14/26	10,250.00	SMITH & NEPHEW, INC.
A/P	211702	01/14/26	750.00	ST DAVIDS HEALTHCARE
A/P	211703	01/14/26	3,211.90	STERICYCLE, INC
A/P	211704	01/14/26	447.97	STERIS CORPORATION

RUN DATE:01/13/26
TIME:14:11

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/14/26 THRU 01/14/26

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	211705	01/14/26	146.59	STERIS CORPORATION
A/P	211706	01/14/26	157.55	STRYKER SALES LLC
A/P	211707	01/14/26	3,160.00	SUMMIT PAIN AND WELLNESS
A/P	211708	01/14/26	106.84	SUNMED GROUP HOLDINGS
A/P	211709	01/14/26	4,035.00	SURGICAL DIRECT SOUTH
A/P	211710	01/14/26	527.44	SYSTEMS AMERICA, INC.
A/P	211711	01/14/26	375.00	TEXAS ASSOCIATION OF RURAL
A/P	211712	01/14/26	4,965.00	TEXAS MUTUAL INSURANCE CO
A/P	211713	01/14/26	1,673.75	THE BACK OFFICE
A/P	211714	01/14/26	814.97	THERMO FISHER SCIENTIFIC
A/P	211715	01/14/26	102.00	TRANSCAT INC
A/P	211716	01/14/26	342.00	TRUBRIDGE
A/P	211717	01/14/26	11,939.35	UNIFIRST HOLDINGS INC
A/P	211718	01/14/26	7,675.00	VICTORIA MEDICAL FOUNDATION
A/P	211719	01/14/26	2,153.26	WERFEN USA LLC
A/P	211720	01/14/26	8,534.00	WOUND CARE SPECIALISTS
A/P	211721	01/14/26	15,941.63	GOLDENCREEK HEALTHCARE
A/P	211722	01/14/26	2,933.00	LAVACA BAY NURSING AND REHAB
A/P	211723	01/14/26	68,270.35	TUSCANY VILLAGE
TOTALS:			487,138.31	

APPROVED ON

JAN 14 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables
399,993.33 +
15,941.63 +
NH
KARS 68,270.35 +
2,933.00 +
487,138.31 *

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ERIN CLEVINGER



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

Account Number: XXXX-XXXX-XXXX [REDACTED]

Summary of Account Activity	
Total Activity	\$570.00

Not an invoice. For your records only.	
Credit Limit	\$20,000
Cash Advance Limit	\$5,000
Statement Closing Date	01/03/2026
Days in Billing Period	31

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

Pd 1-15-26

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
12/09	12/08	8249	82117555342500021443616	1 TWC CONF TEXAS WORKFO AUSTIN TX 78778 USA 200.00 ✓ ✓	
12/16	12/15	5055	55460775349878173792440	2 DSI DIST CORP URBAN DALE IA 50322 USA 300.00 ✓ ✓	
12/30	12/29	9399	05134375364600087652443	3 NPDB NPDB.HRSA.GOV ROCKVILLE MD 20852 USA 27.50 ✓ ✓	
12/30	12/29	9399	05134375364600087652518	4 NPDB NPDB.HRSA.GOV ROCKVILLE MD 20852 USA 37.60 ✓ ✓	
12/30	12/29	9399	05134375364600087652690	5 NPDB NPDB.HRSA.GOV ROCKVILLE MD 20852 USA 2.50 ✓ ✓	
01/02	12/31	9399	05134376001600100930807	6 NPDB NPDB.HRSA.GOV ROCKVILLE MD 20852 USA 2.50 ✓ ✓	
***** TOTAL AMOUNT OF MEMO ITEM(S): \$570.00					✓

Confirmation # DWR-03910819

APPROVED ON

JAN 07 2026

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

citi CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number XXXX-XXXX-XXXX [REDACTED]
Statement Closing Date January 03, 2026

Not an invoice.
For your records only.

ERIN CLEVINGER
202 S ANN ST., STE A
PORT LAVACA TX 77979-4204

00010079643

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citicbank

Date: 1/5/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		TWC Corp Texas Workforce-HR		1/9/2026 Victoria	200.00 ✓
2			Registration Adriana Collier			
3	-		DSI Dist Corp - Direct TV pmt			300.00 ✓
4	-		NPDB - 11 Renewals			27.50 ✓
5			Practitioners			
6	-		NPDB - 15 Renewals			37.50 ✓
7			Practitioners			
8	-		NPDB - 1 Enrollment			2.50 ✓
9			Practitioner			
10	-		NPDB - 1 Enrollment (Dr)			2.50 ✓

Est. Freight _____ Est. Total Cost _____ TOTAL COST 570.00

NOTES:

charges made to Erin's credit card

200.00 +	
300.00 +	
27.50 +	Date: _____
57.50 +	
2.50 +	
2.50 +	E.T.A. _____
570.00 +	

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO *[Signature]* _____

Administrator *[Signature]* _____

McKESSON

STATEMENT

As of: 01/09/2026

Page: 003

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: 01/09/2026 Page: 003
Mail to: Comp: 8000

Customer: 632536
Date: 01/10/2026

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 01/10/2026 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: 25,424.37 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 01/13/2026,
Pay This Amount: 24,915.84 USD

If Paid After 01/13/2026,
Pay this Amount: 25,424.37 USD

Due If Paid On Time: 24,915.84 USD

Disc lost if paid late: 508.53

Due If Paid Late: 25,424.37 USD

26,879.08 +
36.76 +
24,915.84 =

APPROVED ON

JAN 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

McKESSON

STATEMENT

As of: 01/09/2026

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: 01/09/2026 Page: 001
Mail to: Comp: 8000

Customer: 256342
Date: 01/10/2026

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 01/10/2026 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											
01/03/2026	01/13/2026	7610559291	255850621	115Invoice	4.34	216.98		212.64	✓	7610559291	
01/03/2026	01/13/2026	7610559292	253900242	115Invoice	6.60	330.24		323.64	✓	7610559292	
01/03/2026	01/13/2026	7610559293	253556380	115Invoice	6.79	339.32		332.53	✓	7610559293	
01/03/2026	01/13/2026	7610559294	253632826	115Invoice	6.79	339.32		332.53	✓	7610559294	
01/05/2026	01/13/2026	7610843221	255776160	115Invoice	6.72	335.83		329.11	✓	7610843221	
01/05/2026	01/13/2026	7610843222	255917263	115Invoice	6.72	335.83		329.11	✓	7610843222	
01/05/2026	01/13/2026	7610843223	253556380	115Invoice	5.99	299.36		293.37	✓	7610843223	
01/05/2026	01/13/2026	7610843224	264644877	115Invoice	5.46	273.23		267.77	✓	7610843224	
01/05/2026	01/13/2026	7610843225	264610055	115Invoice	5.22	260.77		255.55	✓	7610843225	
01/05/2026	01/13/2026	7610843226	253632826	115Invoice	6.79	339.32		332.53	✓	7610843226	
01/05/2026	01/13/2026	7610843227	253747142	115Invoice	6.79	339.32		332.53	✓	7610843227	
01/05/2026	01/13/2026	7610843228	264623158	115Invoice	5.51	275.32		269.81	✓	7610843228	
01/06/2026	01/13/2026	7611088566	256870032	115Invoice	11.59	579.30		567.71	✓	7611088566	
01/06/2026	01/13/2026	7611088567	255688870	115Invoice	0.94	46.94		46.00	✓	7611088567	
01/06/2026	01/13/2026	7611088568	264567317	115Invoice	0.01	0.32		0.31	✓	7611088568	
01/06/2026	01/13/2026	7611088569	261765167	115Invoice	0.01	0.63		0.62	✓	7611088569	
01/06/2026	01/13/2026	7611088570	262536534	115Invoice	0.01	0.63		0.62	✓	7611088570	
01/06/2026	01/13/2026	7611088571	256870032	115Invoice	0.01	0.63		0.62	✓	7611088571	
01/06/2026	01/13/2026	7611088572	264303846	115Invoice	0.64	31.93		31.29	✓	7611088572	
01/06/2026	01/13/2026	7611088573	254670802	115Invoice	0.02	0.95		0.93	✓	7611088573	
01/06/2026	01/13/2026	7611088574	263292205	115Invoice	59.32	2,966.07		2,906.75	✓	7611088574	
01/06/2026	01/13/2026	7611088575	253900242	115Invoice	5.99	299.36		293.37	✓	7611088575	
01/06/2026	01/13/2026	7611088576	256638770	115Invoice	1.47	73.64		72.17	✓	7611088576	
01/07/2026	01/13/2026	7611346951	264995959	115Invoice	12.68	634.02		621.34	✓	7611346951	
01/07/2026	01/13/2026	7611346952	264995959	115Invoice	0.02	0.95		0.93	✓	7611346952	
01/08/2026	01/13/2026	7611569626	254040478	115Invoice	5.99	299.36		293.37	✓	7611569626	
01/09/2026	01/13/2026	7611798565	265290014	115Invoice	0.04	1.90		1.86	✓	7611798565	
01/09/2026	01/13/2026	7611798566	262536534	115Invoice	0.01	0.32		0.31	✓	7611798566	
01/09/2026	01/13/2026	7611798567	262725835	115Invoice	0.01	0.32		0.31	✓	7611798567	
01/09/2026	01/13/2026	7611798568	263456164	115Invoice	0.01	0.32		0.31	✓	7611798568	
01/09/2026	01/13/2026	7611798569	263114946	115Invoice	2.15	107.54		105.39	✓	7611798569	

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 01/09/2026

Page: 002

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

Company: 6000

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: 01/09/2026 Page: 002
Mail to: Comp: 8000

Customer: 256342
Date: 01/10/2026

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 01/10/2026 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	
01/09/2026	01/13/2026	7611798570	265158854	115Invoice	0.01	0.63		0.62	✓	7611798570	
01/09/2026	01/13/2026	7611798571	265222665	115Invoice	0.02	0.95		0.93	✓	7611798571	
01/09/2026	01/13/2026	7611798572	254287597	115Invoice	1.78	88.95		87.17	✓	7611798572	
01/09/2026	01/13/2026	7611798573	265222665	115Invoice	0.01	0.63		0.62	✓	7611798573	
01/09/2026	01/13/2026	7611798574	265342592	115Invoice	0.01	0.32		0.31	✓	7611798574	
01/09/2026	01/13/2026	7611853271	263456164	115Invoice	136.07	6,803.51		6,667.44	✓	7611853271	
01/09/2026	01/13/2026	7611858775	259337258	115Invoice	8.65	432.47		423.82	✓	7611858775	
01/09/2026	01/13/2026	7611858776	264896224	115Invoice	34.74	1,736.76		1,702.02	✓	7611858776	
01/09/2026	01/13/2026	7611861139	264681287	115Invoice	7.13	356.61		349.48	✓	7611861139	
01/09/2026	01/13/2026	7611865231	261466304	115Invoice	8.65	432.47		423.82	✓	7611865231	
01/09/2026	01/13/2026	7611865232	261306200	115Invoice	136.07	6,803.59		6,667.52	✓	7611865232	

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: 25,386.86 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 01/05/2026 4,153.65

If Paid By 01/13/2026,
Pay This Amount: 24,879.08 USD

If Paid After 01/13/2026,
Pay this Amount: 25,386.86 USD

Due If Paid On Time:
USD 24,879.08

Disc lost if paid late:
507.78

Due If Paid Late:
USD 25,386.86

APPROVED ON

JAN 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 01/09/2026

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: 01/09/2026 Page: 001
Mail to: Comp: 8000

Customer: 190813
Date: 01/10/2026

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 01/10/2026 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											
01/09/2026	01/13/2026	7611726151	4856859	115Invoice	0.75	37.51		36.76	✓	7611726151	

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: 37.51 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12/29/2025 7,770.13

If Paid By 01/13/2026,
Pay This Amount: 36.76 USD

If Paid After 01/13/2026,
Pay this Amount: 37.51 USD

Due If Paid On Time:
USD 36.76

Disc lost if paid late:
0.75

Due If Paid Late:
USD 37.51

APPROVED ON

JAN 13 2026

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 ✓

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:	39.67
Past Due:	0.00
Total Due:	39.67
Account Balance:	39.67

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-05-2026	01-16-2026	3238007822	7011265924	Invoice	4.80		0.00	✓ 4.80
01-05-2026	01-16-2026	3238007823	7011270982	Invoice	6.91		0.00	✓ 6.91
01-05-2026	01-16-2026	3238040139	7011278670	Invoice	17.09		0.00	✓ 17.09
01-07-2026	01-16-2026	3238295339	7011286450	Invoice	4.84		0.00	✓ 4.84
01-09-2026	01-16-2026	3238566263	7011293495	Invoice	6.03		0.00	✓ 6.03

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
39.67	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
01-09-2026	(165.03)

APPROVED ON
JAN 13 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders	
Due Date	Amount
01-16-2026	39.67
Total Due:	39.67

✓ M82

Serviced By: AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336 DEA: RA0316958 866-451-9655	Customer: WALGREENS CENTRAL FILL #21373 340B MEMORIAL MEDICAL CENTER 4100 DALE EARNHARDT WAY 200 NORTHLAKE TX 76262-2389	Customer Number 100566356 / 100566356 Terms Sat - Fri Due in 7 days Summary Not Yet Due: 0.00 Current: 150.47 Past Due: 0.00 Total Due: 150.47 Account Balance: 150.47
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
01-07-2026	01-16-2026	3238339028	7011288692	Invoice	147.18		0.00	✓ 147.18
01-09-2026	01-16-2026	3238612147	7011300472	Invoice	3.29		0.00	✓ 3.29

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
150.47	0.00	0.00	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
01-16-2026	150.47
Total Due:	150.47

APPROVED ON
JAN 13 2026
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

✓ *MCC*

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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:
<input type="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"	★	<input type="text" value="03"/>
	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="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	<input type="text" value="\$ 112,812.39"/> #
	"1 TO CONFIRM"		<input type="text" value="1"/>
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	<input type="text" value="\$ 60,602.54"/> #
	"ENTER W/CENTS AMOUNT OF MEDICARE"		<input type="text" value="\$ 14,173.38"/> #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		<input type="text" value="\$ 38,036.47"/> #
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★	<input type="text"/>
	"1 TO CONFIRM"		<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

PAY PERIOD: BEGIN 12/26/2025
 PAY PERIOD: END 1/8/2026
 PAY DATE: 1/16/2026

ENTER VOID CKS AS NEGATIVE NUMBERS

	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL GK (1)	ADDITIONAL GK (1)	TOTALS
GROSS PAY:	\$ 525,196.55		\$ -		\$ 525,196.55
DEDUCTIONS:					
A/R	\$ 515.00				\$ 515.00
ADVANC					\$ -
BOOTS					\$ -
MUTUAL CRITICAL ILLNESS					\$ -
MUTUAL ACCIDENT					\$ -
IRS TAX					\$ -
MUTUAL SHORT TERM DIS					\$ -
MUTUAL VISION	\$ 779.52				\$ 779.52
CAFÉ-D	\$ 1,309.94				\$ 1,309.94
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	\$ 644.00				\$ 644.00
FED TAX	\$ 38,036.47				\$ 38,036.47
FICA-M	\$ 7,086.69				\$ 7,086.69
FICA-O	\$ 30,301.27				\$ 30,301.27
FICA-M ADDITIONAL					\$ -
FIRST C					\$ -
FLEX S	\$ 4,244.48				\$ 4,244.48
FLX-FE	\$ -				\$ -
GIFT S	\$ 440.25				\$ 440.25
MUTUAL CRITICAL ILLNESS	\$ 993.85				\$ 993.85
MUTUAL ACCIDENT	\$ 634.88				\$ 634.88
MUTUAL SHORT TERM DIS	\$ 1,764.90				\$ 1,764.90
LEGAL	\$ 988.05				\$ 988.05
OTHER	\$ 3,684.84				\$ 3,684.84
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	\$ 35,881.13				\$ 35,881.13
UW/HOS					\$ -
TOTAL DEDUCTIONS:	\$ 160,633.74	\$ -	\$ -	\$ -	\$ 160,633.74
NET PAY:	\$ 364,562.81	\$ -	\$ -	\$ -	\$ 364,562.81
TOTAL CAFÉ 125 PLAN:	\$ 36,466.26				
TAXABLE PAY:	\$ 488,730.29	\$ 488,730.29			

	"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 7,086.59		
FICA - MED (EE)	1.45% \$ 7,086.59	\$ 7,086.69	\$ (0.10)
FICA - SOC SEC (ER)	6.20% \$ 30,301.28		
FICA - SOC SEC (EE)	6.20% \$ 30,301.28	\$ 30,301.27	\$ 0.01
FED WITHHOLDING	\$ 38,036.47	\$ 38,036.47	

Employees over FICA-SS Cap:
 Paycode S - Employee Reimb.:

TAX DEPOSIT:	\$ 112,812.21	\$ 112,812.39
FICA - MEDICARE	2.90% \$ 14,173.18	\$ 14,173.38
FICA - SOCIAL SECURITY	12.40% \$ 60,602.56	\$ 60,602.54
FED WITHHOLDING	\$ 38,036.47	\$ 38,036.47
TOTAL TAX:	\$ 112,812.21	\$ 112,812.39

PREPARED BY:
 PREPARED DATE:

TOTAL:
 Andrie Flores
 1/11/2026

7109	76351	1	1	0	2026	2000044	0	1/5/2026	\$29,080.87	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	PCS	F	12/15/2025	12/28/2025	46434244
7110	76351	2	38	0	2025	343000633	0	1/5/2026	\$3,016.40	1	MHHS HERMANN HOSPITAL	P	434	DHS	F	11/21/2025	11/21/2025	741252597
7111	76351	3	79	0	2025	276001929	0	1/5/2026	\$32,773.62	1	VICTORIA ED LLC	P	406	R	F	4/17/2025	4/17/2025	473152225
7114	76351	3	62	0	2025	345000613	0	1/5/2026	\$90.34	1	CITIZENS MEDICAL PROFESSIONAL	P	177	DV	F	9/9/2025	9/9/2025	471158090
7118	76351	3	9	1	2025	343001556	0	1/5/2026	\$125.34	1	CITIZENS MEDICAL PROFESSIONALS	P	457	DVS	F	11/21/2025	11/21/2025	471158090
7119	76351	3	55	0	2025	343001635	0	1/5/2026	\$149.26	1	ESS OF PORT LAVACA LLC	P	189	RD	F	11/1/2025	11/1/2025	815248556
7120	76351	3	79	0	2025	343001564	0	1/5/2026	\$162.94	1	CITIZENS MEDICAL PROFESSIONALS	P	177	DV	F	10/31/2025	10/31/2025	471158090
7121	76351	3	72	0	2025	346000365	0	1/5/2026	\$310.00	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	604	CASE	F	11/3/2025	11/18/2025	271837628
7122	76351	3	79	0	2025	365000010	0	1/5/2026	\$640.00	1	HPHG, LLC	P	933	DISP	F	8/25/2025	8/25/2025	261569907
7123	76360	1	5	0	2025	343001525	0	1/5/2026	\$150.16	1	SINGLETON ASSOCIATES PA	P	324	CAT	F	11/25/2025	11/25/2025	741680498
7125	76360	3	21	1	2025	346000367	0	1/5/2026	\$38.75	1	VIP CARE SERVICES LLC ATTN: HPCMS	P	604	CASE	F	11/7/2025	11/7/2025	271837628
7126	76360	3	82	0	2025	343001913	0	1/5/2026	\$45.54	1	SINGLETON ASSOCIATES PA	P	181	BRAY	F	11/19/2025	11/19/2025	741680498
7127	76360	3	94	0	2025	343001590	0	1/5/2026	\$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	DVS	F	12/3/2025	12/3/2025	273335255
7129	76360	3	107	0	2025	343001771	0	1/5/2026	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	DV	F	12/3/2025	12/3/2025	742605870
7130	76360	3	49	2	2025	343001821	0	1/5/2026	\$65.89	1	GUELVALDIVA VERONICA	P	177	DV	F	12/2/2025	12/2/2025	742640162
7131	76360	3	134	0	2025	346001064	0	1/5/2026	\$70.18	1	VICTORIA WOMENS CLINIC	P	603	IS	F	11/20/2025	11/20/2025	741831291
7138	76360	3	111	1	2025	345000659	0	1/5/2026	\$124.25	1	CHILDRENS PHYSICIAN SERVICES SOUTH TEXAS	P	177	DV	F	11/18/2025	11/18/2025	742620408
7143	76360	3	129	0	2025	343001454	0	1/5/2026	\$354.85	1	SINGLETON ASSOCIATES PA	P	314	CAT	F	11/20/2025	11/20/2025	741680498
7146	76360	999	25	0	2025	352000217	0	1/5/2026	\$73.53	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	188	DV	F	8/29/2025	8/29/2025	300570570
\$67,388.25																		

MSL
✓

APPROVED ON

JAN 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- Jan 5, 2026 - Jan 11, 2026**

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten" Check #
1/9/2026	PAY PLUS ACHTrans 110726453 101000692590946	- 3rd Party Payor Fee	972.59	902116
1/9/2026	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	165.03 *	902117
1/8/2026	STATE COMPTLR TEXNET 09014707/60107 2100002	- QPP IGT	1,266,051.00 * * *	902118
1/8/2026	PAY PLUS ACHTrans 110444021 101000691006898	- 3rd Party Payor Fee	210.45	902119
1/8/2026	ALERA GROUP, INC 12761 OOFF CZ10000MKFJRC 11	- Healthsure Payment	27,973.00 * * *	902120
1/7/2026	PAY PLUS ACHTrans 110052031 101000693389224	- 3rd Party Payor Fee	144.74	902121
1/6/2026	STATE COMPTLR TEXNET 09014700/60105 2100002	- HARP IGT	1,634.20 * * *	902122
1/6/2026	PAY PLUS ACHTrans 109680189 101000697270980	- 3rd Party Payor Fee	27.13	902123
1/6/2026	MCKESSON DRUG AUTO ACH ACH06854466 910000142	- 340B Drug Program Expense	4,153.65 *	902124
1/6/2026	FDMS FDMS PYMT 052-1601830-000 4100012704955	- Credit Card Machine Lease Fee	32.45	902125
1/5/2026	PAY PLUS ACHTrans 109366650 101000692545761	- 3rd Party Payor Fee	673.27	902126
1/5/2026	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	165.69	902127
1/5/2026	MERCHANT BANKCD FEE 971160910883 91000010352	- Credit Card Processing Fee	9.95	902128
1/5/2026	MERCHANT BANKCD FEE 971160913887 91000010352	- Credit Card Processing Fee	142.13	902129
1/5/2026	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	333.58	902130
1/5/2026	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	29.95	902131
1/5/2026	HPHG LLC PORT LAVA MemMedCtr P/Law 113122650	- Health Insurance Claim Payments	304,755.19 * * *	902132
1/5/2026	IRS USATAXPYMT 270640553426765 6103601003389	- Payroll Taxes	122,980.71 * * *	902133
1/5/2026	FDMS FDMS PYMT 052-2182557-000 4100012059334	- Credit Card Machine Lease Fee	181.77	902134
1/5/2026	FDMS FDMS PYMT 052-2000500-000 4100012058544	- Credit Card Machine Lease Fee	75.67	902135
1/5/2026	FDMS FDMS PYMT 052-2182545-000 4100012059333	- Credit Card Machine Lease Fee	45.64	902136
			1,730,757.79	

Pay plus
 972-59 +
 210-45 +
 164-74 +
 27-13 +
 673-27 +
 2-028-10 +
 0-0

Lease Fee
 32-45 +
 181-77 +
 75-67 +
 45-64 +
 333-58 +
 0-0

Michelle Cumberland
 Michelle Cumberland, CFO
 Memorial Medical Center

January 12, 2026 * Approved on 01.07.26 cc
 * * Approved on 12.30.25 cc

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

Date	Description	MMC Notes	Amount
1/20/2026	WEBFILE TAX PYMT DD	- Sales Tax	2,287.86
1/15/2026	TEXAS COUNTY ORS RECEIVABLE 0419 21000024329	- Retirement Funding	176,245.40
			178,533.26

Michelle Cumberland
 Michelle Cumberland, CFO
 Memorial Medical Center

Proc Fee
 165-00 +
 9-99 +
 142-13 +
 333-58 +
 29-95 +
 681-30 +
 0-0

**APPROVED ON
JAN 13 2026**

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

1-730,757.79 +
 165-03 -
 1-287.86 -
 81-973-00 -
 1-654-20 -
 0-153-05 -
 304-755-19 -
 122-980-71 -
 3-045-01 +
 2-075-07 -
 0-00 +

2-028-10 +
 333-53 +
 681-30 +
 3-045-01 +

Date/Time 01-08-2026 / 03:32 PM
Submitted By cclevenger256

Pay Date 12-31-2025

Employee Deposits	\$72,147.33
Employer Contributions	\$104,098.07
Group Term Life Premiums	\$0.00
Total	\$176,245.40

Comments

Payroll File December 2025.xlsx

CLOSE

PRINT

 Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 12/31/2025 (2512)

Taxpayer ID: [REDACTED]	Taxpayer Name:	Entered By: Caitlin Clevenger
User ID: [REDACTED]	MEMORIAL MEDICAL CENTER	Email Address:
Reference Number: [REDACTED]	Taxpayer Address:	cclevenger@mmcporthlavaca.com
Date and Time of Filing:	815 N VIRGINIA ST PORT LAVACA , TX	Telephone Number: (361) 552-0272
01/12/2026, 08:23:41 AM	77979-3025	
	IP Address: [REDACTED]	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number: [REDACTED]	Type of Bank Account: Checking
State Amount: \$1,733.23	Trace Number: [REDACTED]	Accountholder Name:
Local Amount: \$554.63		Memorial Medical Center Operating
Amount to Pay: \$2,287.86		Bank Routing Number: [REDACTED]
Electronic Check: \$2,287.86		Bank Account Number: [REDACTED]
		Payment Effective Date: 01/20/2026

CREDIT SUMMARY

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	27,871	27,871	0.00	27,871	1,741.94	27,871	0.02	557.42
SubTotal	27,871	27,871	0	27,871	1,741.94	27,871		557.42

Total Tax for Locations	2,299.36
Total Tax Due:	\$2,299.36
Timely Filing Discount:	- \$11.50
Balance Due:	\$2,287.86

Pending Payments:

- \$0.00

Total Amount Due and Payable:

\$2,287.86

(State amount due is \$1,733.23) (Local amount due is \$554.63)

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	\$ -	\$ 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	\$ -	\$ 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	\$ -	\$ 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	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 158.33	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ -	\$ 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

JAN 08 2026

01/08/2026
12:07

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 01/23/2026

0

ap_open_invoice.template

Vendor# 11836 Vendor Name GOLDEN CREEK HEALTHCARE

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 122925B		01/07/202	12/29/202	01/23/202			285.59	0.00	0.00	285.59 ✓
✓ 010226	Recoup processed by mmc twice	01/08/202	01/02/202	01/23/202			910.00	0.00	0.00	910.00 ✓
✓ 010226A	ins. amt. dep. into mmc opt in error	01/08/202	01/02/202	01/23/202			6,494.50	0.00	0.00	6,494.50 ✓
✓ 010226B	"	01/08/202	01/02/202	01/23/202			1,257.00	0.00	0.00	1,257.00 ✓
✓ 010526	"	01/08/202	01/05/202	01/23/202			1,148.79	0.00	0.00	1,148.79 ✓
✓ 010526A	"	01/08/202	01/05/202	01/23/202			4,515.75	0.00	0.00	4,515.75 ✓
✓ 010526B	"	01/08/202	01/05/202	01/23/202			1,330.00	0.00	0.00	1,330.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDEN CREEK HEALTHCARE	15,941.63	0.00	0.00	15,941.63

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	15,941.63	0.00	0.00	15,941.63

APPROVED ON

JAN 08 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chck# 211721

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 08 2026

MEMORIAL MEDICAL CENTER

0

01/08/2026

12:07

AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 01/23/2026

CALHOUN COUNTY, TEXAS

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
✓ 010226B		01/08/202	01/02/202	01/23/202			5,740.00	0.00	0.00	5,740.00 ✓
✓ 010226A	ins. pmt. dup. intemmc opt in error	01/08/202	01/02/202	01/23/202			36,010.35	0.00	0.00	36,010.35 ✓
✓ 010226		01/08/202	01/02/202	01/23/202			26,520.00	0.00	0.00	26,520.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	68,270.35	0.00	0.00	68,270.35

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	68,270.35	0.00	0.00	68,270.35

APPROVED ON

JAN 08 2026

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 211723

JAN 08 2026

MEMORIAL MEDICAL CENTER

01/08/2026

AP Open Invoice List

0

12:07

CALHOUN COUNTY, TEXAS

Due Dates Through: 01/23/2026

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
✓ 010226		01/08/202	01/02/202	01/23/202			2,933.00	0.00	0.00	2,933.00

ins. amt. dep. into mmc opt in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	LAVACA BAY NURSING AND REHAB	2,933.00	0.00	0.00	2,933.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,933.00	0.00	0.00	2,933.00

APPROVED ON

JAN 08 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chck# 211722

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 1/12/2026

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		147.22	-	190.00		332.22	232.22
						Bank Balance	332.22
						Variance	-
						Leave in Balance	100.00

Routine Information for Ashford Gardens:

Broadmoor		108.94	-	-		Adjust Balance/Transfer Amt	232.22
						Bank Balance	108.94
						Variance	-
						Leave in Balance	100.00

Crescent		114.01	-	-		Adjust Balance/Transfer Amt	8.94
						Bank Balance	114.01
						Variance	-
						Leave in Balance	100.00

Fort Bend		819.55	719.55	5,235.69		Adjust Balance/Transfer Amt	14.01
						Bank Balance	5,335.69
						Variance	-
						Leave in Balance	100.00

Solera at W Houston		108.30	-	20,843.80		Adjust Balance/Transfer Amt	5,235.69
						Bank Balance	20,952.10
						Variance	-
						Leave in Balance	100.00

232.22 +
 5,235.69 +
 20,310.96 +
 25,778.87 =

APPROVED ON
 JAN 13 2026
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Recoup owed to Golden Creek 105.77
 Recoup owed to Golden Creek 397.84
 Recoup owed to Golden Creek 37.53

TOTAL TRANSFERS 25,778.87
 Approved: *MCL*
 Michelle Cumberland, CFO
 1/12/2026

Ashford Gardens

1/5/2026 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	190.00		190.00
✓ -	✓ -		-
-	-		-
-	190.00	-	190.00

Broadmoor

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

Crescent

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

Fort Bend

1/7/2026 WIRE OUT CANTEX HEALTH CARE CENTERS III
 1/6/2026 NOVITAS SOLUTION HCCLAIMPMT 675663 420000145

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
719.55	-		9,213.66
-	5,235.69		-
✓ -	✓ -		-
-	-		-
719.55	5,235.69	-	9,213.66

Solera at West Houston

1/7/2026 Deposit

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	20,843.80		20,843.80
✓ -	✓ -		-
-	-		-
-	20,843.80	-	20,843.80
TOTALS		26,269.49	30,247.46

Balances Overview

Account Name					
*4357 MEMORIAL MEDICAL - OPERATING	\$1,107,486.33		\$1,286,605.56	\$1,107,486.33	\$1,347,822.02
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$332.22	✓	\$332.22	\$332.22	\$332.22
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$108.94	✓	\$108.94	\$108.94	\$108.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$114.01	✓	\$114.01	\$114.01	\$114.01
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$20,952.10	✓	\$20,952.10	\$20,952.10	\$20,952.10
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$5,335.69	✓	\$5,335.69	\$5,335.69	\$5,335.69
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$216,887.86		\$223,376.80	\$216,887.86	\$38,379.05
*4551 CAL CO INDIGENT HEALTHCARE	\$29,625.65		\$29,625.65	\$29,625.65	\$29,585.65
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$153,932.00		\$187,087.97	\$153,932.00	\$146,518.32
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.71		\$101.71	\$101.71	\$101.71
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$133,400.81		\$133,400.81	\$133,400.81	\$54,186.90
*3407 MMC -NH TUSCANY VILLAGE	\$112,733.28		\$113,233.22	\$112,733.28	\$1,792.05
*2998 MMC -MONEY MARKET FUND	\$573,413.39		\$573,413.39	\$573,413.39	\$573,413.39
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$22,101.71		\$22,101.71	\$22,101.71	\$21,408.44
Total Balance	\$2,376,525.70		\$2,595,789.78	\$2,376,525.70	\$2,240,050.49

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 1/12/2026

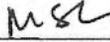
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		487,881.27	489,315.01	218,321.60	-	216,887.86	216,146.75
					Bank Balance	216,887.86	
					Variance	-	
					Leave in Balance	100.00	

Routing Information for Golden Creek:

Oct Interest	416.83
Nov Interest	121.62
Dec Interest	102.66

Adjust Balance/Transfer Amt 216,146.75

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

Approved: 
 Michelle Cumberland, CFO

1/12/2026

APPROVED ON
JAN 13 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,107,486.33	\$1,286,605.56	\$1,107,486.33	\$1,347,822.02
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$332.22	\$332.22	\$332.22	\$332.22
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$108.94	\$108.94	\$108.94	\$108.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$114.01	\$114.01	\$114.01	\$114.01
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$20,952.10	\$20,952.10	\$20,952.10	\$20,952.10
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$5,335.69	\$5,335.69	\$5,335.69	\$5,335.69
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$216,887.86 ✓	\$223,376.80	\$216,887.86	\$38,379.05
*4551 CAL CO INDIGENT HEALTHCARE	\$29,625.65	\$29,625.65	\$29,625.65	\$29,585.65
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$153,932.00	\$187,087.97	\$153,932.00	\$146,518.32
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.71	\$101.71	\$101.71	\$101.71
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$133,400.81	\$133,400.81	\$133,400.81	\$54,186.90
*3407 MMC -NH TUSCANY VILLAGE	\$112,733.28	\$113,233.22	\$112,733.28	\$1,792.05
*2998 MMC -MONEY MARKET FUND	\$573,413.39	\$573,413.39	\$573,413.39	\$573,413.39
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$22,101.71	\$22,101.71	\$22,101.71	\$21,408.44
Total Balance	\$2,376,525.70	\$2,595,789.78	\$2,376,525.70	\$2,240,050.49

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 1/12/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-in	Cts Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza - Private Pay		83,008.26		70,923.74			153,932.00 153,932.00 100.00 13,076.95 29,305.60	No Transfer (Holding due to pending claims requests)
						Adjust Balance/Transfer Amt	111,489.45	
Gulf Pointe Plaza - Medicare/Medicaid		101.71					101.71 101.71 100.00 1.71	NO TRANSFER
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: *MSC*
 Michelle Cumberland, CFO

1/12/2026

APPROVED ON
JAN 13 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,107,486.33	\$1,286,605.56	\$1,107,486.33	\$1,347,822.02
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$332.22	\$332.22	\$332.22	\$332.22
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$108.94	\$108.94	\$108.94	\$108.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$114.01	\$114.01	\$114.01	\$114.01
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$20,952.10	\$20,952.10	\$20,952.10	\$20,952.10
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$5,335.69	\$5,335.69	\$5,335.69	\$5,335.69
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$216,887.86	\$223,376.80	\$216,887.86	\$38,379.05
*4551 CAL CO INDIGENT HEALTHCARE	\$29,625.65	\$29,625.65	\$29,625.65	\$29,585.65
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$153,932.00 ✓	\$187,087.97	\$153,932.00	\$146,518.32
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.71 ✓	\$101.71	\$101.71	\$101.71
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$133,400.81	\$133,400.81	\$133,400.81	\$54,186.90
*3407 MMC -NH TUSCANY VILLAGE	\$112,733.28	\$113,233.22	\$112,733.28	\$1,792.05
*2998 MMC -MONEY MARKET FUND	\$573,413.39	\$573,413.39	\$573,413.39	\$573,413.39
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$22,101.71	\$22,101.71	\$22,101.71	\$21,408.44
Total Balance	\$2,376,525.70	\$2,595,789.78	\$2,376,525.70	\$2,240,050.49

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 1/12/2026

Nursing Home
Tuscany Village

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chg Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
	204,980.04	203,585.49	111,438.73			112,733.28	105,979.16
					Bank Balance Variance	112,733.28	
					Leave in Balance	100.00	
					QPP YBQ4 Owed to MMC	1,194.55	
					Recoup Owed to MMC	5,459.57	
					Adjust Balance/Transfer Amt	<u>105,979.16</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 ON

JAN 13 2026

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

✓ *MSC*
 Approved:
 Michelle Cumberland, CFO

1/12/2026

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,107,486.33	\$1,286,605.56	\$1,107,486.33	\$1,347,822.02
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$332.22	\$332.22	\$332.22	\$332.22
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$108.94	\$108.94	\$108.94	\$108.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$114.01	\$114.01	\$114.01	\$114.01
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$20,952.10	\$20,952.10	\$20,952.10	\$20,952.10
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$5,335.69	\$5,335.69	\$5,335.69	\$5,335.69
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$216,887.86	\$223,376.80	\$216,887.86	\$38,379.05
*4551 CAL CO INDIGENT HEALTHCARE	\$29,625.65	\$29,625.65	\$29,625.65	\$29,585.65
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$153,932.00	\$187,087.97	\$153,932.00	\$146,518.32
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.71	\$101.71	\$101.71	\$101.71
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$133,400.81	\$133,400.81	\$133,400.81	\$54,186.90
*3407 MMC -NH TUSCANY VILLAGE	\$112,733.28	\$113,233.22	\$112,733.28	\$1,792.05
*2998 MMC -MONEY MARKET FUND	\$573,413.39	\$573,413.39	\$573,413.39	\$573,413.39
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$22,101.71	\$22,101.71	\$22,101.71	\$21,408.44
Total Balance	\$2,376,525.70	\$2,595,789.78	\$2,376,525.70	\$2,240,050.49

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 1/12/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-in	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Lovett Bay Nursing and Rehab		48,672.24	47,514.57	132,243.14			133,400.81	132,243.14
						Bank Balance	133,400.81	
						Variance	-	
						Leave in Balance	100.00	

Oct Interest 485.40
 Nov Interest 224.57
 Dec Interest 346.70

Adjust Balance/Transfer Amt 132,243.14

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: *MSL*
 Michelle Cumberland, CFO 1/12/2026

APPROVED ON
JAN 13 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,107,486.33	\$1,286,605.56	\$1,107,486.33	\$1,347,822.02
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$332.22 ✓	\$332.22	\$332.22	\$332.22
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$108.94 ✓	\$108.94	\$108.94	\$108.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$114.01 ✓	\$114.01	\$114.01	\$114.01
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$20,952.10 ✓	\$20,952.10	\$20,952.10	\$20,952.10
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$5,335.69 ✓	\$5,335.69	\$5,335.69	\$5,335.69
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$216,887.86 ✓	\$223,376.80	\$216,887.86	\$38,379.05
*4551 CAL CO INDIGENT HEALTHCARE	\$29,625.65	\$29,625.65	\$29,625.65	\$29,585.65
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$153,932.00 ✓	\$187,087.97	\$153,932.00	\$146,518.32
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.71 ✓	\$101.71	\$101.71	\$101.71
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$133,400.81 ✓ ✓	\$133,400.81	\$133,400.81	\$54,186.90
*3407 MMC -NH TUSCANY VILLAGE	\$112,733.28 ✓	\$113,233.22	\$112,733.28	\$1,792.05
*2998 MMC -MONEY MARKET FUND	\$573,413.39	\$573,413.39	\$573,413.39	\$573,413.39
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$22,101.71	\$22,101.71	\$22,101.71	\$21,408.44
Total Balance	\$2,376,525.70	\$2,595,789.78	\$2,376,525.70	\$2,240,050.49

✓ Tuscany to MMC

MEMORIAL MEDICAL CENTER CHECK REQUEST

MMC _____

Date Requested: 1-6-26

P
A
Y
E

APPROVED ON

JAN 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check # 001191

FOR ACCT. USE ONLY

- Imprest Cash
- A/P Check
- Voucher Check

AMOUNT \$5459.57 ✓ G/L NUMBER: 20655000

EXPLANATION: Aetna recoup - Tuscany 12-29-25
Remit / trace # 82536000222373

REQUESTED BY: R. Pokluda AUTHORIZED BY: ✓ CCJ

✓ Gulf Pointe

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 01/05/2026

A 815 N. Virginia St.

Y Port Lavaca, TX 77979

E _____

E _____

APPROVED ON
JAN 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check 001159

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 \$29,305.60 ✓ G/L NUMBER: 20654000

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

✓ AUTHORIZED BY: [Signature]

Solera ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Golden Creek ✓

Date Requested: 1/12/2026

A _____

Y _____

E _____

E _____

APPROVED ON

JAN 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 001332

FOR ACCT USE ONLY

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

AMOUNT: \$ 105.77 ✓

G/L NUMBER: 20652000

EXPLANATION: Recoups on Golden Creek for Solera Patients

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSC ✓

✓ Solera

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Golden Creek ✓

Date Requested: 1/12/2026

A _____

Y _____

APPROVED ON
JAN 13 2026

E _____

E _____

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check 001332

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT: \$ 397.84 ✓

G/L NUMBER: 20652000

EXPLANATION: Recoups on Golden Creek for Solera Patients

REQUESTED BY: Caitlin Clevenger

✓
AUTHORIZED BY: [Signature]

✓ Solera

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Golden Creek ✓ • Date Requested: 1/12/2026

A _____
Y _____
E _____
E _____

APPROVED ON
JAN 13 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Check # 001332

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: \$ 37.53 ✓ G/L NUMBER: 20652000

EXPLANATION: Recoups on Golden Creek for Solera Patients

REQUESTED BY: Caitlin Clevenger AUTHORIZED BY: *MCL* ✓

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER

TUSCANY VILLAGE
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001196

Date 2-16-26 88-2265/1131

PAY
TO THE
ORDER OF

MMC Operating

\$ 5459.57
100

Five thousand, four hundred fifty-nine dollars & 57/100 DOLLARS



FOR Aetna Recoup



MEMORIAL MEDICAL CENTER

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

001159

Date 1-16-26 88-2265/1131

PAY
TO THE
ORDER OF

MMC Operating

\$ 29,305.00
100

Twenty-nine thousand, three hundred five dollars & 00/100 DOLLARS



FOR claims



WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001332

Date 1-16-26 88-2265/1131

PAY
TO THE
ORDER OF

Golden Creek

\$ 541.14
100

Five hundred forty-one dollars & 14/100 DOLLARS



FOR claims



RUN DATE:01/16/26
TIME:11:27

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/16/26 THRU 01/16/26

PAGE 1
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

GPP * 001159 01/16/26 29,305.60 MMC OPERATING
TUS * 001196 01/16/26 5,459.57 MMC OPERATING
NHS * 001332 01/16/26 541.14 GOLDEN CREEK

