

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 21, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 465,095.67
TOTAL TRANSFERS BETWEEN FUNDS	\$ 1,272,038.04
TOTAL NURSING HOME UPL EXPENSES	\$ 190,973.10
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
<b>GRAND TOTAL DISBURSEMENTS APPROVED January 21, 2026</b>	<b>\$ 1,928,106.81</b>

**APPROVED**

JAN 21 2026

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**  
**COMMISSIONERS COURT APPROVAL LIST FOR ---January 21, 2026**

**PAYABLES AND PAYROLL**

1/15/2026 Weekly Payables	257,956.57
1/20/2026 McKesson-340B Prescription Expense	28,268.16
1/20/2026 Cencora-340B Prescription Expense	137.14
1/20/2026 Cencora-340B Prescription Expense	136.85

**Prosperity Electronic Bank Payments**

1/20/2026 90 Degree Benefits - employee insurance claims	5,448.66
1/20/2026 90 Degree Benefits - employee insurance claims	48,139.40
1/20/2026 90 Degree Benefits - employee insurance claims	67,559.81
1/20/2026 90 Degree Benefits - employee insurance claims	46,672.78
1/20/2026 Pay Plus-Patient Claims Processing Fee	572.41
1/20/2026 Credit Card Lease Fee	285.82
1/20/2026 Credit Card Processing Fee	9,727.67
1/20/2026 Enhanced Analysis	190.40

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** **\$ 465,095.67**

**TRANSFERS BETWEEN FUNDS-MMC**

1/20/2026 Transfer from Prosperity Money Market to Prosperity Operating Account	550,000.00
1/20/2026 Transfer from Prosperity Lockbox to Prosperity Operating	24,245.88
1/20/2026 Transfer from Nexbank Money Market to Prosperity Operating Account	500,000.00

**TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES**

1/15/2026 MMC Operating to Ashford-Correction of insurance payment deposited into MMC Operating in error	9,243.55
1/15/2026 MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	2,704.97
1/15/2026 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	150,932.06
1/15/2026 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	26,063.12
1/15/2026 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	8,848.46

**TOTAL TRANSFERS BETWEEN FUNDS** **\$ 1,272,038.04**

**NURSING HOME UPL EXPENSES**

1/20/2026 Nursing Home UPL-Cantex Transfer	24,129.52
1/20/2026 Nursing Home UPL-Nexion Transfer	23,651.33
1/20/2026 Nursing Home UPL-Tuscany Transfer	8,110.48
1/20/2026 Nursing Home UPL-HSL Transfer	123,939.56

**TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC**

1/20/2026 Lavaca Bay to MMC - Humana Recoup	11,142.21
---	-----------

**TOTAL NURSING HOME UPL EXPENSES** **\$ 190,973.10**

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

**GRAND TOTAL DISBURSEMENTS APPROVED January 21, 2026** **\$ 1,928,106.81**

JAN 15 2026

01/15/2026  
11:19

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 01/29/2026

0  
ap\_open\_invoice.template

Vendor#	Vendor Name	Class	Pay Code								
A1680	AIRGAS USA, LLC - CENTRAL DIV	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	5521742916		12/31/202	12/31/202	01/25/202			297.56	0.00	0.00	297.56
		120125-123125									
	5521742715		12/31/202	12/31/202	01/25/202			1,147.75	0.00	0.00	1,147.75
		120125-123125									
	9167986766		01/01/202	12/31/202	01/25/202			2,683.63	0.00	0.00	2,683.63
	5521742499		01/14/202	12/31/202	01/25/202			651.71	0.00	0.00	651.71
		OXYGEN									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A1680	AIRGAS USA, LLC - CENTRAL DIV					4,780.65	0.00	0.00	4,780.65
A1705	ALIMED INC.	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	RPSV004534860		01/07/202	01/08/202	01/23/202			109.46	0.00	0.00	109.46
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A1705	ALIMED INC.					109.46	0.00	0.00	109.46
15912	BAYLOR COLLEGE OF MEDICINE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	4752		01/15/202	01/08/202	01/08/202			562.50	0.00	0.00	562.50
		MEDICAL DIRECTORSHIP DEC 25									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15912	BAYLOR COLLEGE OF MEDICINE					562.50	0.00	0.00	562.50
B1220	BECKMAN COULTER INC	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	5510520		01/12/202	12/25/202	01/24/202			1,337.05	0.00	0.00	1,337.05
		LAB LEASE									
	7396352		01/12/202	12/30/202	01/24/202			7,809.36	0.00	0.00	7,809.36
		LAB LEASE									
	112431994		01/12/202	01/02/202	01/27/202			750.00	0.00	0.00	750.00
		SUPPLIES									
	112431510		01/12/202	01/02/202	01/27/202			2,803.50	0.00	0.00	2,803.50
		SUPPLIES									
	112432326		01/12/202	01/04/202	01/26/202			2,908.07	0.00	0.00	2,908.07
		LAB LEASE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC					15,607.98	0.00	0.00	15,607.98
11295	CALHOUN COUNTY INDIGENT ACCOUN										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	010826		01/12/202	01/08/202	01/26/202			30.00	0.00	0.00	30.00
		INDIGENT COPAY									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11295	CALHOUN COUNTY INDIGENT ACCOUN					30.00	0.00	0.00	30.00
C1325	CARDINAL HEALTH 414, INC.	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓	8004057054		01/12/202	12/31/202	01/26/202		116.45	0.00	0.00	116.45 ✓	
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
		C1325	CARDINAL HEALTH 414, INC.				116.45	0.00	0.00	116.45	
Vendor#	Vendor Name		Class	Pay Code							
14260	CAREFUSION SOLUTIONS, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	70001845573		01/14/202	12/31/202	12/31/202			86.38	0.00	0.00	86.38 ✓
	SUPPLIES										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
		14260	CAREFUSION SOLUTIONS, LLC				86.38	0.00	0.00	86.38	
Vendor#	Vendor Name		Class	Pay Code							
10541	CARESFIELD										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	200032187		01/07/202	01/07/202	02/06/202			349.50	0.00	0.00	349.50 ✓
	SUPPLIES										
✓	200032053		01/07/202	12/29/202	01/28/202			175.66	0.00	0.00	175.66 ✓
	SUPPLIES										
✓	200032112		01/07/202	12/30/202	01/29/202			233.00	0.00	0.00	233.00 ✓
	SUPPLIES										
✓	200031705		01/13/202	11/12/202	12/12/202			606.03	0.00	0.00	606.03 ✓
	SUPPLIES										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
		10541	CARESFIELD				1,364.19	0.00	0.00	1,364.19	
Vendor#	Vendor Name		Class	Pay Code							
11030	CHUBB										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	20260101		01/12/202	01/02/202	01/26/202			457.50	0.00	0.00	457.50 ✓
	INSURANCE										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
		11030	CHUBB				457.50	0.00	0.00	457.50	
Vendor#	Vendor Name		Class	Pay Code							
18236	CITY AMBULANCE SERVICE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	55765		01/12/202	01/06/202	01/26/202			1,837.72	0.00	0.00	1,837.72 ✓
	EMS TRANSFER										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
		18236	CITY AMBULANCE SERVICE				1,837.72	0.00	0.00	1,837.72	
Vendor#	Vendor Name		Class	Pay Code							
C1166	COASTAL OFFICE SOLUTONS		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	OEQT346091		01/07/202	01/02/202	01/25/202			2,156.00	0.00	0.00	2,156.00 ✓
	SUPPLIES										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
		C1166	COASTAL OFFICE SOLUTONS				2,156.00	0.00	0.00	2,156.00	
Vendor#	Vendor Name		Class	Pay Code							
13336	COCA COLA SOUTHWEST BEVERAGES										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	50531580004		01/12/202	01/12/202	01/26/202			654.91	0.00	0.00	654.91 ✓
	DIETARY SUPPLIES										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
		13336	COCA COLA SOUTHWEST BEVERAGES				654.91	0.00	0.00	654.91	
Vendor#	Vendor Name		Class	Pay Code							
18224	CROSSROADS TIRE SERVICE LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	4002365		01/14/202	01/05/202	01/05/202			83.94	0.00	0.00	83.94 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
45007		01/14/202	01/15/202	01/25/202			40,062.50	0.00	0.00	40,062.50
JAN BILL 1-15TH PHY SERVICES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11284 EMERGENCY STAFFING SOLUTIONS							40,062.50	0.00	0.00	40,062.50
Vendor#	Vendor Name	Class		Pay Code						
14336	FIRETRON, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
308974		12/31/202	12/30/202	01/29/202			280.00	0.00	0.00	280.00
EXTENGUISHER INSPECTION										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14336 FIRETRON, INC							280.00	0.00	0.00	280.00
Vendor#	Vendor Name	Class		Pay Code						
F1400	FISHER HEALTHCARE	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5816646		01/07/202	12/30/202	01/24/202			649.47	0.00	0.00	649.47
SUPPLIES										
5816648		01/07/202	12/30/202	01/24/202			196.11	0.00	0.00	196.11
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
F1400 FISHER HEALTHCARE							845.58	0.00	0.00	845.58
Vendor#	Vendor Name	Class		Pay Code						
14156	FUJI FILM									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91737509		01/06/202	12/25/202	01/24/202			7,916.67	0.00	0.00	7,916.67
012526-022426										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14156 FUJI FILM							7,916.67	0.00	0.00	7,916.67
Vendor#	Vendor Name	Class		Pay Code						
12404	GE PRECISION HEALTHCARE, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6003117749		01/12/202	01/01/202	01/26/202			13,695.01	0.00	0.00	13,695.01
RAD CONTRACT										
6003117654		01/12/202	01/01/202	01/26/202			1,083.94	0.00	0.00	1,083.94
010126-013126 BILLING PERIOD										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12404 GE PRECISION HEALTHCARE, LLC							14,778.95	0.00	0.00	14,778.95
Vendor#	Vendor Name	Class		Pay Code						
12948	GREAT AMERICA FINANCIAL SVCS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
40919970A		01/13/202	12/30/202	01/24/202			9,754.00	0.00	0.00	9,754.00
PRINTER LEASE										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12948 GREAT AMERICA FINANCIAL SVCS							9,754.00	0.00	0.00	9,754.00
Vendor#	Vendor Name	Class		Pay Code						
H0416	HOLOGIC INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11396953		01/07/202	07/10/202	01/25/202			2,853.74	0.00	0.00	2,853.74
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
H0416 HOLOGIC INC							2,853.74	0.00	0.00	2,853.74
Vendor#	Vendor Name	Class		Pay Code						
15208	HOSPITAL CARE CONSULTANTS INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7032		01/12/202	01/15/202	01/25/202			23,663.00	0.00	0.00	23,663.00
HOSP PHYS SERVICES 1-15TH										

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		15208	HOSPITAL CARE CONSULTANTS INC.		23,663.00	0.00	0.00	23,663.00		
Vendor#	Vendor Name		Class	Pay Code						
10922	HUNTER PHARMACY SERVICES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6788		12/31/202	12/31/202	01/20/202			15,216.01	0.00	0.00	15,216.01
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10922	HUNTER PHARMACY SERVICES		15,216.01	0.00	0.00	15,216.01		
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
33893997		01/13/202	12/30/202	01/13/202			790.50	0.00	0.00	790.50
		SUPPLIES								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		K0530	KCI USA		790.50	0.00	0.00	790.50		
Vendor#	Vendor Name		Class	Pay Code						
18272	KELSEY TAYLOR									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010926		01/12/202	01/09/202	01/26/202			50.00	0.00	0.00	50.00
		CPR RENEWAL								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		18272	KELSEY TAYLOR		50.00	0.00	0.00	50.00		
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
011126		01/12/202	01/11/202	01/26/202			895.00	0.00	0.00	895.00
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10972	M G TRUST		895.00	0.00	0.00	895.00		
Vendor#	Vendor Name		Class	Pay Code						
17972	MALEK INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
W19175		01/14/202	12/31/202	12/31/202			1,749.41	0.00	0.00	1,749.41
		VALVE REPLACEMENT								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		17972	MALEK INC		1,749.41	0.00	0.00	1,749.41		
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
1703606907		12/12/202	01/01/202	01/26/202			147.00	0.00	0.00	147.00
1404877982		01/07/202	12/29/202	01/23/202			<del>-21.59</del>	0.00	0.00	<del>-21.59</del>
		SUPPLIES		<i>Credit removed</i>						
2404920190		01/07/202	12/30/202	01/24/202			12.16	0.00	0.00	12.16
		SUPPLIES								
2405269116		01/07/202	12/31/202	01/25/202			<del>-130.88</del>	0.00	0.00	<del>-130.88</del>
		SUPPLIES		<i>Credit removed</i>						
2403913482		01/14/202	12/21/202	01/15/202			<del>-176.64</del>	0.00	0.00	<del>-176.64</del>
		SUPPLIES		<i>Credit removed</i>						
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		M2470	MEDLINE INDUSTRIES INC		<del>-169.95</del>	0.00	0.00	<del>-169.95</del>		
Vendor#	Vendor Name		Class	Pay Code						
14704	METTLER-TOLEDO RAININ, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
679301672		01/12/202	12/23/202	01/25/202			195.20	0.00	0.00	195.20

159.14

✓ 679301671 SUPPLIES 01/12/202 12/23/202 01/26/202 179.20 0.00 0.00 179.20 ✓

SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net  
 14704 METTLER-TOLEDO RAININ, LLC 374.40 0.00 0.00 374.40

Vendor# Vendor Name Class Pay Code

10536 MORRIS & DICKSON CO, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 4284465	SUPPLIES	01/14/202	01/07/202	01/17/202			69.63	0.00	0.00	69.63 ✓
✓ 4285895	SUPPLIES	01/14/202	01/07/202	01/17/202			31.39	0.00	0.00	31.39 ✓
✓ 4284466	SUPPLIES	01/14/202	01/07/202	01/17/202			1,740.26	0.00	0.00	1,740.26 ✓
✓ 4285897	SUPPLIES	01/14/202	01/07/202	01/17/202			62.38	0.00	0.00	62.38 ✓
✓ 4285896	SUPPLIES	01/14/202	01/07/202	01/17/202			21.86	0.00	0.00	21.86 ✓
✓ 4284467	SUPPLIES	01/14/202	01/07/202	01/17/202			17.32	0.00	0.00	17.32 ✓
✓ 4291908	SUPPLIES	01/14/202	01/08/202	01/18/202			525.44	0.00	0.00	525.44 ✓
✓ 4291909	SUPPLIES	01/14/202	01/08/202	01/18/202			7,407.95	0.00	0.00	7,407.95 ✓
✓ 4293142	SUPPLIES	01/14/202	01/08/202	01/18/202			5.71	0.00	0.00	5.71 ✓
✓ 4300457	SUPPLIES	01/14/202	01/11/202	01/21/202			60.59	0.00	0.00	60.59 ✓
✓ 4297790	SUPPLIES	01/14/202	01/11/202	01/21/202			38.84	0.00	0.00	38.84 ✓
✓ 4300458	SUPPLIES	01/14/202	01/11/202	01/21/202			1,407.96	0.00	0.00	1,407.96 ✓
✓ 4294785	SUPPLIES	01/14/202	01/11/202	01/21/202			827.73	0.00	0.00	827.73 ✓
✓ 4297789	SUPPLIES	01/14/202	01/11/202	01/21/202			116.38	0.00	0.00	116.38 ✓
✓ 4302150	SUPPLIES	01/14/202	01/12/202	01/22/202			69.81	0.00	0.00	69.81 ✓
✓ 4303841	SUPPLIES	01/14/202	01/12/202	01/22/202			70.05	0.00	0.00	70.05 ✓
✓ 4303842	SUPPLIES	01/14/202	01/12/202	01/22/202			208.68	0.00	0.00	208.68 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net  
 10536 MORRIS & DICKSON CO, LLC 12,681.98 0.00 0.00 12,681.98

Vendor# Vendor Name Class Pay Code

12096 NEOGENOMICS LABORATORIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9399328	LAB DRAWS	01/15/202	09/30/202	09/30/202			125.00	0.00	0.00	125.00 ✓
✓ 9523590	LAB DRAWS	01/15/202	10/31/202	10/31/202			1,193.00	0.00	0.00	1,193.00 ✓
✓ 9626620	LAB DRAW	01/15/202	11/30/202	11/30/202			1,250.00	0.00	0.00	1,250.00 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net  
 12096 NEOGENOMICS LABORATORIES 2,568.00 0.00 0.00 2,568.00

Vendor# Vendor Name Class Pay Code



	S3940	STERIS CORPORATION					26.17	0.00	0.00	26.17
Vendor#	Vendor Name		Class	Pay Code						
15856	TEXAS A&M HEALTH SCIENCE CENTE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
H186586		01/12/202	01/07/202	01/26/202			2,625.00	0.00	0.00	2,625.00
	PHYSICIAN PEER REVIEW SRVC:									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15856	TEXAS A&M HEALTH SCIENCE CENTE					2,625.00	0.00	0.00	2,625.00
Vendor#	Vendor Name		Class	Pay Code						
T2204	TEXAS MUTUAL INSURANCE CO		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1007714462		12/31/202	01/08/202	01/28/202			10,441.55	0.00	0.00	10,441.55
	DECEMBER BILL									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO					10,441.55	0.00	0.00	10,441.55
Vendor#	Vendor Name		Class	Pay Code						
T3130	TRI-ANIM HEALTH SERVICES INC		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
601084770		01/07/202	12/30/202	01/24/202			421.93	0.00	0.00	421.93
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC					421.93	0.00	0.00	421.93
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
2921077165		12/12/202	12/29/202	01/23/202			222.06	0.00	0.00	222.06
	LAUNDRY									
2921077492		12/31/202	01/01/202	01/26/202			301.55	0.00	0.00	301.55
	LINENS									
2921077484		12/31/202	01/01/202	01/26/202			289.83	0.00	0.00	289.83
	LAUNDRY									
2921077521		01/06/202	01/01/202	01/26/202			131.42	0.00	0.00	131.42
	LINENS									
2921077513		01/06/202	01/01/202	01/26/202			397.84	0.00	0.00	397.84
	LINENS									
2921076931		01/14/202	12/25/202	01/19/202			536.47	0.00	0.00	536.47
	LAUNDRY									
2921077500		01/14/202	01/01/202	01/26/202			146.68	0.00	0.00	146.68
	LINENS									
2921077506		01/14/202	01/01/202	01/26/202			597.07	0.00	0.00	597.07
	LAUNDRY									
2921076929		01/14/202	12/25/202	01/19/202			146.68	0.00	0.00	146.68
	LINENS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					2,769.60	0.00	0.00	2,769.60
Vendor#	Vendor Name		Class	Pay Code						
11199	UNIVERSAL MEDICAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SO225478		12/10/202	12/03/202	01/26/202			1,720.98	0.00	0.00	1,720.98
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11199	UNIVERSAL MEDICAL					1,720.98	0.00	0.00	1,720.98
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
9112079570		01/07/202	01/05/202	01/26/202			1,799.07	0.00	0.00	1,799.07

✓ 9112083790	SUPPLIES	01/07/202 01/07/202 01/07/202	374.86	0.00	0.00	374.86 ✓
✓ 9112083791	SUPPLIES	01/07/202 01/07/202 01/07/202	255.80	0.00	0.00	255.80 ✓
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net
11110	WERFEN USA LLC		2,429.73	0.00	0.00	2,429.73

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	<u>257,627.46</u>	0.00	0.00	<del>257,627.46</del> 57

257,956.57

APPROVED ON  
JAN 15 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 211724-211775

257,627.46 +  
21,59--  
130,88--  
176,64--  
257,956.57 ◊

} pg 4. Credits removed per mmc

RUN DATE:01/20/26  
TIME:15:03

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
01/21/26 THRU 01/21/26

PAGE 1  
GLCKREG

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

A/P	211724	01/21/26	4,780.65	AIRGAS USA, LLC - CENTRAL DIV
A/P	211725	01/21/26	109.46	ALIMSD INC.
A/P	211726	01/21/26	562.50	BAYLOR COLLEGE OF MEDICINE
A/P	211727	01/21/26	15,607.98	BECKMAN COULTER INC
A/P	211728	01/21/26	30.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	211729	01/21/26	116.45	CARDINAL HEALTH 414, INC.
A/P	211730	01/21/26	86.38	CAREFUSION SOLUTIONS, LLC
A/P	211731	01/21/26	1,364.19	CARESPFIELD
A/P	211732	01/21/26	457.50	CHUBB
A/P	211733	01/21/26	1,837.72	CITY AMBULANCE SERVICE
A/P	211734	01/21/26	2,156.00	COASTAL OFFICE SOLUTONS
A/P	211735	01/21/26	654.91	COCA COLA SOUTHWEST BEVERAGES
A/P	211736	01/21/26	83.94	CROSSROADS TIRE SERVICE LLC
A/P	211737	01/21/26	376.04	CYRACOM LLC
A/P	211738	01/21/26	1,408.41	DEPAR HOSPITAL
A/P	211739	01/21/26	445.37	DEWITT POTH & SON
A/P	211740	01/21/26	50,751.76	DIAMOND HEALTHCARE CORP
A/P	211741	01/21/26	511.20	DIRECTV ENTERTAINMENT HOLDINGS
A/P	211742	01/21/26	836.50	DUTCH OPHTHALMIC USA
A/P	211743	01/21/26	255.21	ECOLAB
A/P	211744	01/21/26	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	211745	01/21/26	280.00	FIRETRON, INC
A/P	211746	01/21/26	845.58	FISHER HEALTHCARE
A/P	211747	01/21/26	7,916.67	FUJI FILM
A/P	211748	01/21/26	14,778.95	GE PRECISION HEALTHCARE, LLC
A/P	211749	01/21/26	9,754.00	GREAT AMERICA FINANCIAL SVCS
A/P	211750	01/21/26	2,853.74	HOLOGIC INC
A/P	211751	01/21/26	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	211752	01/21/26	15,216.01	HUNTER PHARMACY SERVICES
A/P	211753	01/21/26	790.50	KCI USA
A/P	211754	01/21/26	50.00	KELSEY TAYLOR
A/P	211755	01/21/26	895.00	M G TRUST
A/P	211756	01/21/26	1,749.41	MALEX INC
A/P	211757	01/21/26	159.16	MEDLINE INDUSTRIES INC
A/P	211758	01/21/26	374.40	METTLER-TOLEDO RAININ, LLC
A/P	211759	01/21/26	.00	VOIDED
A/P	211760	01/21/26	12,681.98	MORRIS & DICKSON CO, LLC
A/P	211761	01/21/26	2,568.00	NEOGENOMICS LABORATORIES
A/P	211762	01/21/26	388.84	PERFORMANCE HEALTH SUPPLY LLC
A/P	211763	01/21/26	2,952.47	PRESS GANEY ASSOCIATES, INC.
A/P	211764	01/21/26	832.56	QUIDELORTHO SALES COMPANY LLC
A/P	211765	01/21/26	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	211766	01/21/26	3,507.72	SIEMENS MEDICAL SOLUTIONS INC
A/P	211767	01/21/26	9,406.62	SINGLETON ASSOCIATES PA
A/P	211768	01/21/26	2,029.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	211769	01/21/26	26.17	STERIS CORPORATION
A/P	211770	01/21/26	2,625.00	TEXAS A&M HEALTH SCIENCE CENTE
A/P	211771	01/21/26	10,441.55	TEXAS MUTUAL INSURANCE CO
A/P	211772	01/21/26	421.93	TRI-ANIM HEALTH SERVICES INC
A/P	211773	01/21/26	2,769.60	UNIFIRST HOLDINGS INC

RUN DATE:01/20/26  
TIME:16:03

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
01/21/26 THRU 01/21/26

PAGE 2  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	211774	01/21/26	1,720.98	UNIVERSAL MEDICAL
A/P *	211775	01/21/26	2,429.73	WERFEN USA LLC
A/P	211781	01/21/26	9,243.55	ASHFORD GARDENS
A/P	211782	01/21/26	150,932.06	GOLDENCREEK HEALTHCARE
A/P	211783	01/21/26	8,848.46	LAVACA BAY NURSING AND REHAB
A/P	211784	01/21/26	2,704.97	THE CRESCENT
A/P	211785	01/21/26	26,063.12	TUSCANY VILLAGE
TOTALS:			455,748.73	

APPROVED ON

JAN 21 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

257,956.57 +  
9,243.55 +  
2,704.97 +  
150,932.06 +  
26,063.12 +  
8,848.46 +  
455,748.73 ◊

# MCKESSON

# STATEMENT

As of: 01/16/2026

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: 01/16/2026 Page: 002  
Mail to: Comp: 8000

Customer: 632536  
Date: 01/16/2026

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536 PLEASE CHECK ANY  
Date: 01/16/2026 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: 28,845.07 USD

Future Due: 0.00

If Paid By 01/20/2026,  
Pay This Amount:

28,268.16 USD

Due If Paid On Time:  
USD 28,268.16

Past Due: 0.00

Disc lost if paid late:  
576.91

Last Payment 2,451.97  
08/07/2017

If Paid After 01/20/2026,  
Pay this Amount:

28,845.07 USD

Due If Paid Late:  
USD 28,845.07

28,023.45 +  
244.71 +  
28,268.16 =

APPROVED ON

JAN 20 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 01/16/2026

Page: 001

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

Company: 8000

DC: 8115  
Customer INV SupplD:  
Territory: 7001

As of: 01/16/2026 Page: 001  
Mail to: Comp: 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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Customer: 256342  
Date: 01/16/2026

Cust: 256342 PLEASE CHECK ANY  
Date: 01/16/2026 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											
01/12/2026	01/20/2026	7612127947	264303846	115Invoice	2.20	109.96		107.76	✓	7612127947	
01/12/2026	01/20/2026	7612127948	256174349	115Invoice	0.35	17.39		17.04	✓	7612127948	
01/12/2026	01/20/2026	7612127949	265422142	115Invoice	1.00	50.02		49.02	✓	7612127949	
01/12/2026	01/20/2026	7612127950	254478254	115Invoice	4.27	213.49		209.22	✓	7612127950	
01/12/2026	01/20/2026	7612127952	255776160	115Invoice	19.00	950.08		931.08	✓	7612127952	
01/12/2026	01/20/2026	7612127953	255776160	115Invoice	11.59	579.30		567.71	✓	7612127953	
01/12/2026	01/20/2026	7612127954	254670802	115Invoice	13.21	660.49		647.28	✓	7612127954	
01/12/2026	01/20/2026	7612127957	255917263	115Invoice	6.72	335.83		329.11	✓	7612127957	
01/12/2026	01/20/2026	7612127958	255993094	115Invoice	13.43	671.65		658.22	✓	7612127958	
01/12/2026	01/20/2026	7612127960	256082311	115Invoice	13.43	671.65		658.22	✓	7612127960	
01/12/2026	01/20/2026	7612127962	256174349	115Invoice	6.72	335.83		329.11	✓	7612127962	
01/12/2026	01/20/2026	7612142562	264644877	115Invoice	5.46	273.23		267.77	✓	7612142562	
01/12/2026	01/20/2026	7612142563	265290014	115Invoice	0.01	0.32		0.31	✓	7612142563	
01/12/2026	01/20/2026	7612142564	265461545	115Invoice	0.01	0.32		0.31	✓	7612142564	
01/12/2026	01/20/2026	7612142565	265500088	115Invoice	0.02	0.95		0.93	✓	7612142565	
01/12/2026	01/20/2026	7612142566	265461545	115Invoice	0.01	0.32		0.31	✓	7612142566	
01/12/2026	01/20/2026	7612142567	258183591	115Invoice	2.84	142.18		139.34	✓	7612142567	
01/12/2026	01/20/2026	7612142568	254826610	115Invoice	17.96	898.07		880.11	✓	7612142568	
01/12/2026	01/20/2026	7612142569	254965940	115Invoice	13.57	678.63		665.06	✓	7612142569	
01/12/2026	01/20/2026	7612202584	264127913	115Invoice	27.80	1,389.95		1,362.15	✓	7612202584	
01/13/2026	01/20/2026	7612400535	261131293	115Invoice	2.63	131.42		128.79	✓	7612400535	
01/13/2026	01/20/2026	7612400536	256658272	115Invoice	0.78	39.23		38.45	✓	7612400536	
01/13/2026	01/20/2026	7612400537	257314569	115Invoice	0.78	39.23		38.45	✓	7612400537	
01/13/2026	01/20/2026	7612400538	256174349	115Invoice	6.72	335.83		329.11	✓	7612400538	
01/13/2026	01/20/2026	7612400539	265290014	115Invoice	0.01	0.63		0.62	✓	7612400539	
01/13/2026	01/20/2026	7612400540	265342592	115Invoice	0.01	0.32		0.31	✓	7612400540	
01/13/2026	01/20/2026	7612400541	254826610	115Invoice	5.99	299.36		293.37	✓	7612400541	
01/13/2026	01/20/2026	7612400542	254965940	115Invoice	11.97	598.71		586.74	✓	7612400542	
01/13/2026	01/20/2026	7612418012	254965940	115Invoice	13.57	678.63		665.06	✓	7612418012	
01/14/2026	01/20/2026	7612677624	265848570	115Invoice	0.50	25.01		24.51	✓	7612677624	
01/14/2026	01/20/2026	7612677625	265342592	115Invoice	0.01	0.32		0.31	✓	7612677625	

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

# MCKESSON

# STATEMENT

As of: 01/16/2026

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: 01/16/2026 Page: 002  
Mail to: Comp: 8000

Customer: 256342  
Date: 01/16/2026

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 01/16/2026 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
01/15/2026	01/20/2026	7612929082	266008206	115Invoice	0.01	0.32		0.31	✓	7612929082
01/15/2026	01/20/2026	7612953427	260016003	115Invoice	17.73	886.40		868.67	✓	7612953427
01/15/2026	01/20/2026	7612953428	262463097	115Invoice	136.07	6,803.51		6,667.44	✓	7612953428
01/15/2026	01/20/2026	7612955716	265422142	115Invoice	28.16	1,408.16		1,380.00	✓	7612955716
01/15/2026	01/20/2026	7612955717	265290014	115Invoice	137.61	6,880.65		6,743.04	✓	7612955717
01/15/2026	01/20/2026	7612955718	265500088	115Invoice	17.73	886.26		868.53	✓	7612955718
01/16/2026	01/20/2026	7613142461	266153956	115Invoice	0.50	25.01		24.51	✓	7613142461
01/16/2026	01/20/2026	7613142462	255124341	115Invoice	17.96	898.07		880.11	✓	7613142462
01/16/2026	01/20/2026	7613142463	255251930	115Invoice	6.79	339.32		332.53	✓	7613142463
01/16/2026	01/20/2026	7613142464	255502361	115Invoice	6.79	339.32		332.53	✓	7613142464

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: 28,595.37 USD

Future Due: 0.00

If Paid By 01/20/2026,

Due If Paid On Time:

USD 28,023.45

Past Due: 0.00

Pay This Amount:

28,023.45 USD

Disc lost if paid late:

571.92

Last Payment 24,915.84

If Paid After 01/20/2026,

Due If Paid Late:

USD 28,595.37

01/12/2026

Pay this Amount:

28,595.37 USD

APPROVED ON

JAN 20 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 01/16/2026

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 SupplID:  
Territory: 7001

As of: 01/16/2026 Page: 001  
Mail to: Comp: 8000

Customer: 820405  
Date: 01/16/2026

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 820405 PLEASE CHECK ANY  
Date: 01/16/2026 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 820405 HEB PHCY WHSE/MEM MED PHS											
01/12/2026	01/20/2026	7611908273	B2601-055-272580	115Invoice	4.79	239.70		234.91	✓	7611908273	
01/14/2026	01/20/2026	7612730280	B2601-055-274058	115Invoice	0.20	10.00		9.80	✓	7612730280	

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: 249.70 USD

Future Due: 0.00

Due If Paid On Time:

USD 244.71

Past Due: 0.00

If Paid By 01/20/2026,

Pay This Amount: 244.71 USD

Disc lost if paid late:

4.99

Last Payment 4,153.65  
01/05/2026

If Paid After 01/20/2026,

Pay this Amount: 249.70 USD

Due If Paid Late:

USD 249.70

APPROVED ON

JAN 20 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

<b>Serviced By:</b>	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	<b>Customer:</b>	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	<b>Customer Number</b>	100135284 / 037028186
	DEA: RA0289276 866-451-9655			<b>Terms</b>	Sat - Fri Due in 7 days

<b>Remit To:</b>	AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	<b>Summary</b>									
		<table border="0"> <tr><td>Not Yet Due:</td><td>0.00</td></tr> <tr><td>Current:</td><td>137.14</td></tr> <tr><td>Past Due:</td><td>0.00</td></tr> <tr><td>Total Due:</td><td>137.14</td></tr> <tr><td>Account Balance:</td><td>137.14</td></tr> </table>	Not Yet Due:	0.00	Current:	137.14	Past Due:	0.00	Total Due:	137.14	Account Balance:
Not Yet Due:	0.00										
Current:	137.14										
Past Due:	0.00										
Total Due:	137.14										
Account Balance:	137.14										

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-12-2026	01-23-2026	3238733155	7011299175	Invoice	22.32		0.00	22.32
01-12-2026	01-23-2026	3238733156	7011306182	Invoice	4.32		0.00	4.32
01-12-2026	01-23-2026	3238733157	7011312255	Invoice	10.37		0.00	10.37
01-13-2026	01-23-2026	3238818698	7011316405	Invoice	11.02		0.00	11.02
01-15-2026	01-23-2026	3239183936	7011327922	Invoice	72.91		0.00	72.91
01-16-2026	01-23-2026	3239313138	7011334461	Invoice	16.20		0.00	16.20

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
137.14	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON

JAN 20 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Thank You for Your Payment	
Date	Amount
01-16-2026	(190.14)

Reminders	
Due Date	Amount
01-23-2026	137.14
<b>Total Due:</b>	<b>137.14</b>

✓ MSU

**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:	136.85
Past Due:	0.00
Total Due:	136.85
Account Balance:	136.85

### Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-12-2026	01-23-2026	3238783889	7011316772	Invoice	0.65		0.00	0.65
01-14-2026	01-23-2026	3239077115	7011327857	Invoice	157.32		0.00	157.32
01-15-2026	01-23-2026	3239212869	7011335050	Invoice	2.07		0.00	2.07
01-16-2026	01-23-2026	368122956	7011259498	Invoice	(25.95)		0.00	(25.95)
01-16-2026	01-23-2026	368122957	7011259498	Invoice	2.76		0.00	2.76

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
136.85	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON

JAN 20 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Reminders	
Due Date	Amount
01-23-2026	136.85
<b>Total Due:</b>	<b>136.85</b>

*MSL*



ORIG	CGNO	CCNO	AMOUNT	DEBIT	DATE	CLASS	CD	AMT	CD	PAYER	DATE	QTY	QTY	FIRSTNAME	LASTNAME	CODE	VOID	FROM	THRU	PAID
7148	76351	2	38	0	2025	352000240	0	1/12/2026	\$169.08	1	UT PHYSICIANS	P	450	0				11/5/2025	11/5/2025	760459500
7149	76351	2	33	0	2026	6001084	0	1/12/2026	\$823.88	1	BLUEGRASS HEALTH SOLUTIONS LLC	P	738	0				12/17/2025	12/17/2025	384251369
7150	76351	3	72	0	2026	6000587	0	1/12/2026	\$45,619.30	1	HOUSTON METHODIST WEST HOSPITAL	P	434	0				12/22/2025	12/22/2025	760545192
7159	76351	3	79	0	2026	7001227	0	1/12/2026	\$439.71	1	THE PHIA GROUP, LLC	P	846	0				12/19/2025	12/19/2025	43504115
7188	76360	999	35	0	2025	343001820	0	1/12/2026	\$165.70	1	TMH PHYSICIAN ASSOCIATES PLLC	P	188	0				8/30/2025	8/30/2025	300520570
7189	76360	999	35	0	2025	343001806	0	1/12/2026	\$355.00	1	TMH PHYSICIAN ASSOCIATES PLLC	P	188	0				8/25/2025	8/28/2025	300520570
7190	76360	999	35	0	2025	352000232	0	1/12/2026	\$566.73	1	TMH PHYSICIAN ASSOCIATES PLLC	P	188	0				8/25/2025	8/28/2025	300520570
										\$48,139.40										

*MSL* ✓

**APPROVED ON**  
**JAN 20 2026**  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS





**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Jan 12, 2026 - Jan 18, 2026**

Date	Bank Description	MMC Notes	CPSI "Handwritten"	
			Amount	Check #
1/16/2026	PAY PLUS ACHTrans 112127845 101000691185004	- 3rd Party Payor Fee	83.88	902137
1/16/2026	HEALTH/EQUITY INC HealthEqui 1356888 91000018	- EmpDeduct/Employer Contribut	1,050.82	902138
1/16/2026	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	190.14	902139
1/16/2026	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	361,811.48	902140
1/16/2026	IRS USATAXPYMT 270641655914918 6103601006691	- Payroll Taxes	112,812.39	902141
1/15/2026	Enhanced Analysis Ch	-Bank Fees	190.40	902142
1/15/2026	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	- CitiBank Corporate Card Payment	570.00	902143
1/15/2026	PAY PLUS ACHTrans 111867240 101000699518169	- 3rd Party Payor Fee	58.70	902144
1/15/2026	TEXAS COUNTY DRS RECEIVABLE 0419 21000022437	- Retirement Funding	176,245.40	902145
1/15/2026	FDMS FDMS PYMT 052-2100911-000 4100012971793	- Credit Card Machine Lease Fee	45.64	902146
1/15/2026	FDMS FDMS PYMT 052-1743547-000 4100012970538	- Credit Card Machine Lease Fee	40.03	902147
1/15/2026	FDMS FDMS PYMT 052-1737276-000 4100012970256	- Credit Card Machine Lease Fee	120.09	902148
1/15/2026	FDMS FDMS PYMT 052-1743548-000 4100012971258	- Credit Card Machine Lease Fee	80.06	902149
1/14/2026	PAY PLUS ACHTrans 111647055 101000697561456	- 3rd Party Payor Fee	56.53	902150
1/14/2026	HPHG LLC PT LAVA MemMedCtr Ptlav 11312265000	- Health Insurance Claim Payments	1,677.14	902151
1/13/2026	PAY PLUS ACHTrans 111313986 101000695776735	- 3rd Party Payor Fee	310.45	902152
1/13/2026	MCKESSON DRUG AUTO ACH ACH06869271 910000123	- 340B Drug Program Expense	24,915.84	902153
1/13/2026	HPHG LLC PORT LAVA MemMedCtr Ptlav 113122650	- Health Insurance Claim Payments	540.00	902154
1/12/2026	PAY PLUS ACHTrans 110994511 101000694080087	- 3rd Party Payor Fee	62.85	902155
1/12/2026	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	6,377.35	902156
1/12/2026	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	20.07	902157
1/12/2026	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	114.47	902158
1/12/2026	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	156.01	902159
1/12/2026	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	200.60	902160
1/12/2026	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	2,204.47	902161
			<b>690,589.51</b>	

83+88 +  
58+70 +  
56+63 +  
310+45 +  
62+85 +  
572+41 +  
190+40 +  
190+40 +  
45+64 +  
40+03 +  
120+09 +  
80+06 +  
56+53 +  
1,677.14 +  
310.45 +  
24,915.84 +  
540.00 +  
62.85 +  
6,377.35 +  
20.07 +  
114.47 +  
156.01 +  
200.60 +  
2,204.47 +  
1,377+35 +  
204+79 +  
64+47 +  
156+01 +  
890+60 +  
2,1034+47 +  
9+727+67 +  
572+41 +  
190+40 +  
285+82 +  
9+729+67 +  
10+776+30 +

*pay plus*  
*Enhanced Analysis*  
*lease fee*  
*proc. fee*

*Michelle Cumberland*

Michelle Cumberland, CFO  
Memorial Medical Center

January 19, 2026

\* Approved on 01.14.26 CC  
\*\* Approved on 01.07.26 CC  
x ← Approved on 12.30.25 CC

**PROSPERITY BANK**

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

Date	Description	Amount
		690,589.51 *
		1,050.82 =
		190.14 =
		361,811.48 =
		112,812.39 =
		190.40 =
		570.00 =
		58.70 =
		176,245.40 =
		45.64 =
		40.03 =
		120.09 =
		80.06 =
		56.53 =
		1,677.14 =
		310.45 =
		24,915.84 =
		540.00 =
		62.85 =
		6,377.35 =
		20.07 =
		114.47 =
		156.01 =
		200.60 =
		2,204.47 =
		10,776.30 *
		10,776.30 -
		0.00 *

January 19, 2026

Michelle Cumberland, CFO  
Memorial Medical Center

**APPROVED ON**

**JAN 20 2026**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

Memorial Medical Center  
Transfer Request

Amount: \$ 550,000.00 ✓

Date: 1/21/2026

From Account: Prosperity Money Market [REDACTED]

APPROVED ON

To Account: Prosperity Operating Account [REDACTED]

JAN 20 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY TEXAS

Explanation:

Transfer from Prosperity Money Market Account to Prosperity Operating Account

Requested by: Michelle Cumberland *MSC*

Date: 1/19/2026

Authorized by: *[Signature]* ✓

Date: 1/19/2026

Memorial Medical Center  
Transfer Request

Amount: \$24,245.88 ✓

Date: 1/21/2026

From Account: Prosperity Lockbox [REDACTED]

APPROVED ON

JAN 20 2026

To Account: Prosperity Operating Account [REDACTED]

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Explanation:

Transfer money from Prosperity Lockbox Account to Memorial Medical Hospital Operating Account

Requested by: Michelle Cumberland ✓

Date: 1/19/2026

Authorized by: [Signature] ✓

Date: 1/19/2026

Memorial Medical Center  
Transfer Request

Amount:           \$500,000.00          

Date:           1/21/2026          

From Account:           NexBank Money Market [REDACTED]          

To Account:           Prosperity Operating Account [REDACTED]          

APPROVED ON

JAN 20 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Explanation:

Transfer money from NexBank Money Market to Memorial Medical Hospital Operating Account

Requested by:           Michelle Cumberland *MLC*          

Date:           1/19/2026          

Authorized by:           *[Signature]*          

Date:           1/19/2026

RECEIVED BY THE  
COUNTY AUDITOR ON

JAN 15 2026

CALHOUN COUNTY, TEXAS

01/15/2026

11:12

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 01/30/2026

0

ap\_open\_invoice.template

Vendor# Vendor Name

11816 ASHFORD GARDENS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011226		01/14/202	01/12/202	01/30/202			9,243.55	0.00	0.00	9,243.55

*ins. pay. dep. into mmac opt+error*

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11816	ASHFORD GARDENS	9,243.55	0.00	0.00	9,243.55

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,243.55	0.00	0.00	9,243.55

APPROVED ON

JAN 15 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*Unit# 211781*

RECEIVED BY THE  
COUNTY AUDITOR ON

JAN 15 2026

MEMORIAL MEDICAL CENTER

01/15/2026

11:12

CALHOUN COUNTY, TEXAS

AP Open Invoice List

Due Dates Through: 01/30/2026

0  
ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011226		01/14/202	01/12/202	01/30/202			2,704.97	0.00	0.00	2,704.97
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11824 THE CRESCENT							2,704.97	0.00	0.00	2,704.97

*ins. pay. dep into mmc opt. error*

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,704.97	0.00	0.00	2,704.97

APPROVED ON

JAN 15 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*CHK# 21784*

RECEIVED BY THE  
COUNTY AUDITOR ON

JAN 15 2026

01/15/2026

11:10

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 01/30/2026

0

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDEN CREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 010826		01/14/202	01/08/202	01/30/202			53,847.57	0.00	0.00	53,847.57 ✓
✓ 010926		01/14/202	01/09/202	01/30/202			18,928.40	0.00	0.00	18,928.40 ✓
✓ 011226A		01/14/202	01/12/202	01/30/202			8,228.24	0.00	0.00	8,228.24 ✓
✓ 011226B		01/14/202	01/12/202	01/30/202			701.12	0.00	0.00	701.12 ✓
✓ 011226		01/14/202	01/12/202	01/30/202			69,226.73	0.00	0.00	69,226.73 ✓

*ins. pay. dep. into mmc opt. error*

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDEN CREEK HEALTHCARE	150,932.06	0.00	0.00	150,932.06

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	150,932.06	0.00	0.00	150,932.06

APPROVED ON  
 JAN 15 2026  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS  
*CHK# 211782*

RECEIVED BY THE  
COUNTY AUDITOR ON

JAN 15 2026

MEMORIAL MEDICAL CENTER

01/15/2026

11:11

CALHOUN COUNTY, TEXAS

AP Open Invoice List

Due Dates Through: 01/30/2026

0

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 010726		01/14/202	01/07/202	01/30/202			8,320.00	0.00	0.00	8,320.00 ✓
✓ 010826	ins. pay. dept. into mmc opt error	01/14/202	01/08/202	01/30/202			9,734.91	0.00	0.00	9,734.91 ✓
✓ 010926		01/14/202	01/09/202	01/30/202			2,600.00	0.00	0.00	2,600.00 ✓
✓ 011226		01/14/202	01/12/202	01/30/202			5,408.21	0.00	0.00	5,408.21 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	26,063.12	0.00	0.00	26,063.12

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	26,063.12	0.00	0.00	26,063.12

APPROVED ON

JAN 15 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 21785

RECEIVED BY THE  
COUNTY AUDITOR ON

JAN 15 2026

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

01/15/2026

11:11

Due Dates Through: 01/30/2026

ap\_open\_invoice.template

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

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
✓ 011226		01/14/202	01/12/202	01/30/202			3,503.53	0.00	0.00	3,503.53 ✓
✓ 010926		01/14/202	01/12/202	01/30/202			2,243.73	0.00	0.00	2,243.73 ✓
✓ 011226A		01/14/202	01/12/202	01/30/202			3,101.20	0.00	0.00	3,101.20 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12792 LAVACA BAY NURSING AND REHAB							8,848.46	0.00	0.00	8,848.46

*pay was addressed to Lavaca Bay  
ins. pay. dep. into mmc opt error  
ins. pay. dep. into mmc opt. error*

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,848.46	0.00	0.00	8,848.46

APPROVED ON

JAN 15 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*CHK# 211783*

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 1/19/2026

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		332.22	296.91	4,131.31		4,166.62	4,066.62
						Bank Balance	4,166.62
						Variance	-
						Leave in Balance	100.00

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co  
 JP Morgan Chase Bank

Broadmoor		108.94	-	5,372.18		Adjust Balance/Transfer Amt	4,066.62
						Bank Balance	5,481.12
						Variance	-
						Leave in Balance	100.00

Crescent		114.01	-	-		Adjust Balance/Transfer Amt	5,381.12
						Bank Balance	114.01
						Variance	-
						Leave in Balance	100.00

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

Solera at W Houston		20,552.10	20,362.64	14,733.46		Adjust Balance/Transfer Amt	-
						Bank Balance	15,322.92
						Variance	-
						Leave in Balance	100.00

4,066.62 +  
 5,381.12 + Bend / Broadmoor:  
 14,681.78 +  
 24,129.52 0

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

Adjust Balance/Transfer Amt: 14,681.78

TOTAL TRANSFERS 24,129.52

Approved: *MFC*  
 Michelle Cumberland, CFO

1/19/2026

APPROVED ON

JAN 20 2026

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Ashford Gardens**

1/15/2026 Enhanced Analysis Ch  
 1/15/2026 HNB - ECHO HCCLAIMPMT 746003411 440000205584  
 1/14/2026 WIRE OUT ASHFORD HEALTH CARE CENTER LTD

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
64.69	-	-	-
-	4,131.31	-	4,131.31
232.22	-	-	-
-	-	-	-
✓ 296.91	✓ 4,131.31	-	4,131.31

**Broadmoor**

1/15/2026 HNB - ECHO HCCLAIMPMT 746003411 440000205584

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	5,372.18	-	5,372.18
-	-	-	-
✓ -	✓ -	-	-
-	-	-	-
-	5,372.18	-	5,372.18

**Crescent**

No Activity

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

**Fort Bend**

1/14/2026 WIRE OUT CANTEX HEALTH CARE CENTERS III

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

**Solera at West Houston**

1/15/2026 Enhanced Analysis Ch  
 1/15/2026 HNB - ECHO HCCLAIMPMT 746003411 440000205584  
 1/14/2026 WIRE OUT CANTEX HEALTH CARE CENTERS III

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
51.68	-	-	-
-	14,733.46	-	14,733.46
20,310.96	-	-	-
-	-	-	-
✓ -	✓ -	-	-
20,362.64	14,733.46	-	14,733.46

TOTALS

	24,236.95	-	33,450.61
--	-----------	---	-----------

## Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$682,562.36	\$757,568.32	\$682,562.36	\$1,053,129.77
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$4,166.62 ✓ ✓	\$4,166.62	\$4,166.62	\$4,166.62
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$5,481.12 ✓ ✓	\$5,481.12	\$5,481.12	\$5,481.12
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$114.01 ✓ ✓	\$114.01	\$114.01	\$114.01
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$15,322.92 ✓ ✓	\$15,322.92	\$15,322.92	\$15,322.92
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.00 ✓ ✓	\$100.00	\$100.00	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$23,751.33 ✓	\$23,751.33	\$23,751.33	\$23,726.33
*4551 CAL CO INDIGENT HEALTHCARE	\$29,625.65	\$29,625.65	\$29,625.65	\$29,625.65
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$180,978.67 ✓	\$180,978.67	\$180,978.67	\$180,855.18
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.71 ✓	\$101.71	\$101.71	\$101.71
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$135,181.77 ✓	\$135,406.77	\$135,181.77	\$128,757.12
*3407 MMC -NH TUSCANY VILLAGE	\$13,670.05 ✓	\$168,604.74	\$13,670.05	\$13,457.57
*2998 MMC -MONEY MARKET FUND	\$573,413.39	\$573,413.39	\$573,413.39	\$573,413.39
*7168 MEMORIAL MEDICAL LOCK BOX	\$24,345.88	\$24,345.88	\$24,345.88	\$23,339.93
<b>Total Balance</b>	<b>\$1,688,815.48</b>	<b>\$1,918,981.13</b>	<b>\$1,688,815.48</b>	<b>\$2,051,591.32</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 1/19/2026

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		216,887.86	222,014.28	28,877.75		23,751.33	23,651.33
						Bank Balance	23,751.33
						Variance	-
						Leave in Balance	100.00

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

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

Adjust Balance/Transfer Amt 23,651.33

Approved:   
 Michelle Cumberland, CFO

1/19/2026

APPROVED ON  
 JAN 20 2026  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS



## Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$682,562.36	\$757,568.32	\$682,562.36	\$1,053,129.77
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$4,166.62	\$4,166.62	\$4,166.62	\$4,166.62
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$5,481.12	\$5,481.12	\$5,481.12	\$5,481.12
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$114.01	\$114.01	\$114.01	\$114.01
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$15,322.92	\$15,322.92	\$15,322.92	\$15,322.92
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.00	\$100.00	\$100.00	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$23,751.33 ✓	\$23,751.33	\$23,751.33	\$23,726.33
*4551 CAL CO INDIGENT HEALTHCARE	\$29,625.65	\$29,625.65	\$29,625.65	\$29,625.65
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$180,978.67	\$180,978.67	\$180,978.67	\$180,855.18
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.71	\$101.71	\$101.71	\$101.71
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$135,181.77	\$135,406.77	\$135,181.77	\$128,757.12
*3407 MMC -NH TUSCANY VILLAGE	\$13,670.05	\$168,604.74	\$13,670.05	\$13,457.57
*2998 MMC -MONEY MARKET FUND	\$573,413.39	\$573,413.39	\$573,413.39	\$573,413.39
*7168 MEMORIAL MEDICAL LOCK BOX	\$24,345.88	\$24,345.88	\$24,345.88	\$23,339.93
<b>Total Balance</b>	<b>\$1,688,815.48</b>	<b>\$1,918,981.13</b>	<b>\$1,688,815.48</b>	<b>\$2,051,591.32</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 1/19/2026

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		153,932.00	13,036.95	40,083.62			180,978.67	No Transfer (Holding due to pending claims requests)
						Bank Balance	180,978.67	
						Variance		
						Leave in Balance	100.00	
						<b>Claims Owed to MMC</b>	<b>29,305.60</b>	
						Adjust Balance/Transfer Amt	<u>151,573.07</u>	
Gulf Pointe Plaza-Medicare/Medicaid		101.71					101.71	NO TRANSFER
						Bank Balance	101.71	
						Variance		
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	<u>1.71</u>	
						<b>TOTAL TRANSFERS</b>		

Routing Information for Gulf Pointe Plaza:

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

Approved:   
 Michelle Cumbelland, CFO

1/19/2026

**APPROVED ON**  
**JAN 20 2026**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**

**Gulf Pointe Plaza-Private Pay**

1/16/2026 HNB - ECHO HCCLAIMPMT 746003411 440000249884  
 1/15/2026 1158  
 1/15/2026 HNB - ECHO HCCLAIMPMT 746003411 440000205760  
 1/14/2026 HNB - ECHO HCCLAIMPMT 746003411 440000261384  
 1/13/2026 HNB - ECHO HCCLAIMPMT 746003411 440000217234  
 1/13/2026 HNB - ECHO HCCLAIMPMT 746003411 440000217234  
 1/12/2026 HNB - ECHO HCCLAIMPMT 746003411 440000265454  
 1/12/2026 HNB - ECHO HCCLAIMPMT 746003411 440000265522  
 1/12/2026 HNB - ECHO HCCLAIMPMT 746003411 440000265558

	<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
	-	123.49		123.49
	13,036.95	-		-
	-	2,989.60		2,989.60
	-	369.10		369.10
	-	115.50		115.50
	-	3,329.96		3,329.96
	-	19.60		19.60
	-	433.14		433.14
	-	32,703.23		32,703.23
	-	-		-
	-	-		-
	<b>13,036.95</b>	<b>40,083.62</b>	-	<b>40,083.62</b>

**Gulf Pointe Plaza-Medicare/Medicaid**

No Activity

	<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
	-	-		-
	-	-		-
	<b>13,036.95</b>	<b>40,083.62</b>	-	<b>40,083.62</b>

## Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$682,562.36	\$757,568.32	\$682,562.36	\$1,053,129.77
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$4,166.62	\$4,166.62	\$4,166.62	\$4,166.62
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$5,481.12	\$5,481.12	\$5,481.12	\$5,481.12
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$114.01	\$114.01	\$114.01	\$114.01
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$15,322.92	\$15,322.92	\$15,322.92	\$15,322.92
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.00	\$100.00	\$100.00	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$23,751.33	\$23,751.33	\$23,751.33	\$23,726.33
*4551 CAL CO INDIGENT HEALTHCARE	\$29,625.65	\$29,625.65	\$29,625.65	\$29,625.65
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$180,978.67	\$180,978.67	\$180,978.67	\$180,855.18
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.71	\$101.71	\$101.71	\$101.71
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$135,181.77	\$135,406.77	\$135,181.77	\$128,757.12
*3407 MMC -NH TUSCANY VILLAGE	\$13,670.05	\$168,604.74	\$13,670.05	\$13,457.57
*2998 MMC -MONEY MARKET FUND	\$573,413.39	\$573,413.39	\$573,413.39	\$573,413.39
*7168 MEMORIAL MEDICAL LOCK BOX	\$24,345.88	\$24,345.88	\$24,345.88	\$23,339.93
<b>Total Balance</b>	<b>\$1,688,815.48</b>	<b>\$1,918,981.13</b>	<b>\$1,688,815.48</b>	<b>\$2,051,591.32</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 1/19/2026

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		112,733.28	107,173.71	8,110.48	-	-	13,670.05	8,110.48
						Bank Balance Variance	13,670.05	
						Leave in Balance	100.00	

Recoup Owed to MMC 5,459.57

Adjust Balance/Transfer Amt 8,110.48

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 1/19/2026

APPROVED ON  
 JAN 20 2026  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS



## Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$682,562.36	\$757,568.32	\$682,562.36	\$1,053,129.77
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$4,166.62	\$4,166.62	\$4,166.62	\$4,166.62
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$5,481.12	\$5,481.12	\$5,481.12	\$5,481.12
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$114.01	\$114.01	\$114.01	\$114.01
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$15,322.92	\$15,322.92	\$15,322.92	\$15,322.92
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.00	\$100.00	\$100.00	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$23,751.33	\$23,751.33	\$23,751.33	\$23,726.33
*4551 CAL CO INDIGENT HEALTHCARE	\$29,625.65	\$29,625.65	\$29,625.65	\$29,625.65
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$180,978.67	\$180,978.67	\$180,978.67	\$180,855.18
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.71	\$101.71	\$101.71	\$101.71
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$135,181.77	\$135,406.77	\$135,181.77	\$128,757.12
*3407 MMC -NH TUSCANY VILLAGE	\$13,670.05	\$168,604.74	\$13,670.05	\$13,457.57
*2998 MMC -MONEY MARKET FUND	\$573,413.39	\$573,413.39	\$573,413.39	\$573,413.39
*7168 MEMORIAL MEDICAL LOCK BOX	\$24,345.88	\$24,345.88	\$24,345.88	\$23,339.93
<b>Total Balance</b>	<b>\$1,688,815.48</b>	<b>\$1,918,981.13</b>	<b>\$1,688,815.48</b>	<b>\$2,051,591.32</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSL Transfer  
 Prosperity Accounts  
 1/19/2026

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
Lavaca Bay Nursing and Rehab		133,400.81	133,300.81	135,081.77			135,181.77	123,939.56
						Bank Balance	135,181.77	
						Variance	-	
						Leave in Balance	100.00	
						Recoup owed to MMC	11,142.21	

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 123,939.56  
 Approved: *[Signature]*  
 Michelle Cumberland, CFO 1/19/2026

**APPROVED ON**  
**JAN 20 2026**  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS



## Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$682,562.36	\$757,568.32	\$682,562.36	\$1,053,129.77
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$4,166.62	\$4,166.62	\$4,166.62	\$4,166.62
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$5,481.12	\$5,481.12	\$5,481.12	\$5,481.12
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$114.01	\$114.01	\$114.01	\$114.01
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$15,322.92	\$15,322.92	\$15,322.92	\$15,322.92
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.00	\$100.00	\$100.00	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$23,751.33	\$23,751.33	\$23,751.33	\$23,726.33
*4551 CAL CO INDIGENT HEALTHCARE	\$29,625.65	\$29,625.65	\$29,625.65	\$29,625.65
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$180,978.67	\$180,978.67	\$180,978.67	\$180,855.18
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.71	\$101.71	\$101.71	\$101.71
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$135,181.77	\$135,406.77	\$135,181.77	\$128,757.12
*3407 MMC -NH TUSCANY VILLAGE	\$13,670.05	\$168,604.74	\$13,670.05	\$13,457.57
*2998 MMC -MONEY MARKET FUND	\$573,413.39	\$573,413.39	\$573,413.39	\$573,413.39
*7168 MEMORIAL MEDICAL LOCK BOX	\$24,345.88	\$24,345.88	\$24,345.88	\$23,339.93
<b>Total Balance</b>	<b>\$1,688,815.48</b>	<b>\$1,918,981.13</b>	<b>\$1,688,815.48</b>	<b>\$2,051,591.32</b>

✓ Lavaca Bay

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

MMC ✓

Date Requested: 1-9-26

P  
A  
Y  
E

APPROVED ON

JAN 20 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Check 00173

FOR ACCT. USE ONLY	
<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Voucher Check

AMOUNT \$11,142.21 ✓ G/L NUMBER: 20656000

EXPLANATION: Humana recoup - Lavaca Bay 8-29-25  
No pay EFT # 202508290009016

REQUESTED BY: K. Pokluda AUTHORIZED BY: [Signature]

**MEMORIAL MEDICAL CENTER**

LAVACA BAY NURSING & REHAB

815 N VIRGINIA ST

PORT LAVACA, TX 77979

001173

Date 1-21-26 88-2265/1131

PAY

TO THE  
ORDER OF

MMC Operating

\$ 11,142.  $\frac{21}{100}$

Eleven thousand, one hundred forty-two dollars &  $\frac{21}{100}$

DOLLARS



**PROSPERITY  
BANK**

FOR

Humanity Relief.



RUN DATE:01/21/26  
TIME:11:36

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
01/21/26 THRU 01/21/26

PAGE 1  
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

BSL 001173 01/21/26 11,142.21 MMC OPERATING  
TOTALS: 11,142.21