

APPROVED

FEB 04 2026

CALHOUN COUNTY COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---Febrary 4, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 635,089.12
TOTAL TRANSFERS BETWEEN FUNDS	\$ 293,835.66
TOTAL NURSING HOME UPL EXPENSES	\$ 1,120,969.01
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED February 4, 2026	\$ 2,049,893.79

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---February 4, 2026

PAYABLES AND PAYROLL

1/29/2026 Weekly Payables	184,473.26
1/30/2026 Critical- Voyager	27.35
2/2/2026 McKesson-340B Prescription Expense	2,685.46
2/2/2026 Cencora-340B Prescription Expense	129.95
2/2/2026 Cencora-340B Prescription Expense	2,395.01

Prosperity Electronic Bank Payments

2/2/2026 90 Degree Benefits - employee insurance claims	87,695.72
2/2/2026 HPHG - January health insurance premium payment	81,757.64
2/2/2026 TCDRS January 2026 Retirement	274,025.10
2/2/2026 Pay Plus-Patient Claims Processing Fee	1,899.63

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 635,089.12**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

1/29/2026 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	5,583.16
1/29/2026 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	162,033.71
1/29/2026 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	126,218.79

TOTAL TRANSFERS BETWEEN FUNDS **\$ 293,835.66**

NURSING HOME UPL EXPENSES

2/2/2026 Nursing Home UPL-Cantex Transfer	15,075.42
2/2/2026 Nursing Home UPL-Nexion Transfer	444,768.20
2/2/2026 Nursing Home UPL-Tuscany Transfer	461,157.84
2/2/2026 Nursing Home UPL-HSL Transfer	189,730.23

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

2/2/2026 Gulf Pointe to MMC - Insurance payment deposited into Gulf Pointe in error	3,441.27
2/2/2026 Lavaca Bay to MMC - Humana Recoup on MMC for Lavaca Bay patients	6,796.05

TOTAL NURSING HOME UPL EXPENSES **\$ 1,120,969.01**

INTER-GOVERNMENT TRANSFERS

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

GRAND TOTAL DISBURSEMENTS APPROVED February 4, 2026 **\$ 2,049,893.79**

RECEIVED

JAN 29 2026

MEMORIAL MEDICAL CENTER

01/29/2026

12:41

Calhoun County Auditor

AP Open Invoice List

Due Dates Through: 02/12/2026

0

ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code								
12232	ALCOR SCIENTIFIC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	234572		01/27/202	01/16/202	01/27/202			2,901.10	0.00	0.00	2,901.10
		SUPPLIES	<i>ISEP Service Contract</i>								
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12232	ALCOR SCIENTIFIC					2,901.10	0.00	0.00	2,901.10
Vendor#	Vendor Name	Class	Pay Code								
14028	AMAZON CAPITAL SERVICES										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	11P6N3NDFDPC		01/19/202	01/08/202	02/07/202			1,172.00	0.00	0.00	1,172.00
		SUPPLIES	<i>office supplies</i>								
✓	1JJPJFLVK9FV		01/19/202	01/12/202	02/11/202			444.92	0.00	0.00	444.92
		SUPPLIES	<i>folders</i>								
✓	1V3TD6VGMHTC		01/21/202	01/11/202	02/10/202			35.69	0.00	0.00	35.69
		SUPPLIES	<i>Wall file orgin.</i>								
✓	1179RLDRCJRL		01/27/202	01/12/202	02/11/202			519.65	0.00	0.00	519.65
		SUPPLIES	<i>office supplies</i>								
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14028	AMAZON CAPITAL SERVICES					2,172.26	0.00	0.00	2,172.26
Vendor#	Vendor Name	Class	Pay Code								
A1360	AMERISOURCEBERGEN DRUG CORP	W									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	3239787698		01/28/202	01/22/202	01/28/202			161.94	0.00	0.00	161.94
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A1360	AMERISOURCEBERGEN DRUG CORP					161.94	0.00	0.00	161.94
Vendor#	Vendor Name	Class	Pay Code								
10486	ARJO										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	6892347120		01/27/202	01/15/202	01/27/202			253.97	0.00	0.00	253.97
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10486	ARJO					253.97	0.00	0.00	253.97
Vendor#	Vendor Name	Class	Pay Code								
13448	BILL HAMLYN										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	012826		01/28/202	01/08/202	01/08/202			425.00	0.00	0.00	425.00
		TRAUMA NURSE COURSE	<i>2/28-3/1</i>								
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13448	BILL HAMLYN					425.00	0.00	0.00	425.00
Vendor#	Vendor Name	Class	Pay Code								
18284	BONESUPPORT INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	INV62237		01/27/202	01/14/202	01/27/202			9,250.00	0.00	0.00	9,250.00
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		18284	BONESUPPORT INC					9,250.00	0.00	0.00	9,250.00
Vendor#	Vendor Name	Class	Pay Code								
C1325	CARDINAL HEALTH 414, INC.	W									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	8004073410		01/28/202	01/22/202	01/22/202			183.22	0.00	0.00	183.22

SUPPLIES

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.				183.22	0.00	0.00	183.22
Vendor#	Vendor Name			Class	Pay Code					
C1992	CDW GOVERNMENT, INC.			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AH6E95Y		01/27/202	01/13/202	01/13/202			120.90	0.00	0.00	120.90
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.				120.90	0.00	0.00	120.90
Vendor#	Vendor Name			Class	Pay Code					
12768	CHEMAQUA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9461131		01/28/202	01/10/202	01/20/202			635.24	0.00	0.00	635.24
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		12768	CHEMAQUA				635.24	0.00	0.00	635.24
Vendor#	Vendor Name			Class	Pay Code					
C1166	COASTAL OFFICE SOLUTONS			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OEQT332401		01/28/202	01/14/202	01/24/202			5,862.52	0.00	0.00	5,862.52
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		C1166	COASTAL OFFICE SOLUTONS				5,862.52	0.00	0.00	5,862.52
Vendor#	Vendor Name			Class	Pay Code					
12044	CULLIGAN ULTRAPURE INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12312025		01/28/202	12/31/202	12/31/202			675.25	0.00	0.00	675.25
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		12044	CULLIGAN ULTRAPURE INC.				675.25	0.00	0.00	675.25
Vendor#	Vendor Name			Class	Pay Code					
12884	CUSTOMIZED COMMUNICATION INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
165401		01/27/202	01/08/202	01/27/202			126.25	0.00	0.00	126.25
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		12884	CUSTOMIZED COMMUNICATION INC				126.25	0.00	0.00	126.25
Vendor#	Vendor Name			Class	Pay Code					
10368	DEWITT POTH & SON									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8223790		01/27/202	01/14/202	02/08/202			320.23	0.00	0.00	320.23
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				320.23	0.00	0.00	320.23
Vendor#	Vendor Name			Class	Pay Code					
11284	EMERGENCY STAFFING SOLUTIONS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
45045		01/28/202	01/31/202	02/10/202			40,062.50	0.00	0.00	40,062.50
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					
10042	ERBE USA INC SURGICAL SYSTEMS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37248019A		01/29/202	01/15/202	01/15/202			169.50	0.00	0.00	169.50

office supplies

SUPPLIES

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10042	ERBE USA INC SURGICAL SYSTEMS				169.50	0.00	0.00	169.50	
Vendor#	Vendor Name			Class	Pay Code						
14336	FIRETRON, INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	299347		01/28/202	09/16/202	10/16/202			495.00	0.00	0.00	495.00
		ER PULL STATION REPAIR									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		14336	FIRETRON, INC				495.00	0.00	0.00	495.00	
Vendor#	Vendor Name			Class	Pay Code						
17276	FIRST UNITED METHODIST CHURCH										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	020126		01/27/202	02/01/202	02/01/202			1,450.00	0.00	0.00	1,450.00
		LEASE									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		17276	FIRST UNITED METHODIST CHURCH				1,450.00	0.00	0.00	1,450.00	
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
	6038577		01/27/202	01/13/202	02/07/202			6,824.20	0.00	0.00	6,824.20
		SUPPLIES									
✓	6070562		01/27/202	01/14/202	02/08/202			223.30	0.00	0.00	223.30
		SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		F1400	FISHER HEALTHCARE				7,047.50	0.00	0.00	7,047.50	
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
	91749594		01/28/202	01/25/202	01/25/202			7,916.67	0.00	0.00	7,916.67
		MRI MAIN CONTRACT									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		14156	FUJI FILM				7,916.67	0.00	0.00	7,916.67	
Vendor#	Vendor Name			Class	Pay Code						
W1300	GRAINGER			M							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9771120939		01/27/202	01/14/202	02/08/202			65.00	0.00	0.00	65.00
		SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		W1300	GRAINGER				65.00	0.00	0.00	65.00	
Vendor#	Vendor Name			Class	Pay Code						
G1210	GULF COAST PAPER COMPANY			M							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2720274		01/21/202	01/20/202	01/20/202			41.27	0.00	0.00	41.27
		SUPPLIES									
✓	2715817		01/27/202	01/06/202	02/05/202			312.16	0.00	0.00	312.16
✓	2718204		01/27/202	01/13/202	02/12/202			175.40	0.00	0.00	175.40
		SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		G1210	GULF COAST PAPER COMPANY				528.83	0.00	0.00	528.83	
Vendor#	Vendor Name			Class	Pay Code						
11784	HALF LEAGUE STORAGE										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	012826		01/28/202	01/28/202	01/28/202			360.00	0.00	0.00	360.00
		FEB MARCH APRIL STORAGE RE									

✓	2407556258	SUPPLIES	01/27/202 01/15/202 02/09/202	38.66	0.00	0.00	38.66	✓
✓	2407556256	SUPPLIES	bandage 01/27/202 01/15/202 02/09/202	4.05	0.00	0.00	4.05	✓
✓	2407556260	SUPPLIES	splint 01/27/202 01/15/202 02/09/202	102.60	0.00	0.00	102.60	✓
✓	2407556264	SUPPLIES	01/27/202 01/15/202 02/09/202	231.46	0.00	0.00	231.46	✓
✓	2408370524	SUPPLIES	drape 01/27/202 01/21/202 01/21/202	3,702.20	0.00	0.00	3,702.20	✓
✓	2408986870	SUPPLIES	01/27/202 01/24/202 01/24/202	-167.54	0.00	0.00	-167.54	✓

Vendor Totals: Number Name Gross Discount No-Pay Net
M2470 MEDLINE INDUSTRIES INC 4,866.03 0.00 0.00 4,866.03

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
✓	7035		01/28/202	01/13/202	01/23/202			-3.20	0.00	0.00	-3.20
✓	CM76481		01/28/202	01/15/202	01/25/202			-9.87	0.00	0.00	-9.87
✓	4327771		01/28/202	01/18/202	01/28/202			26.09	0.00	0.00	26.09
✓	4327772		01/28/202	01/18/202	01/28/202			362.95	0.00	0.00	362.95
✓	4332621		01/28/202	01/19/202	01/29/202			33.49	0.00	0.00	33.49
✓	4332622		01/28/202	01/19/202	01/29/202			133.86	0.00	0.00	133.86
		SUPPLIES									
✓	4330375		01/28/202	01/19/202	01/29/202			674.88	0.00	0.00	674.88
		SUPPLIES									
✓	4332623		01/28/202	01/19/202	01/29/202			399.82	0.00	0.00	399.82
✓	4330376		01/28/202	01/19/202	01/29/202			95.11	0.00	0.00	95.11
		SUPPLIES									
✓	4338004		01/28/202	01/20/202	01/30/202			415.98	0.00	0.00	415.98
		SUPPLIES									
✓	4338005		01/28/202	01/20/202	01/30/202			67.12	0.00	0.00	67.12
		SUPPLIES									
✓	4341900		01/28/202	01/21/202	01/31/202			175.37	0.00	0.00	175.37
✓	4342874		01/28/202	01/21/202	01/31/202			1,236.83	0.00	0.00	1,236.83
✓	4349736		01/28/202	01/22/202	02/01/202			1,488.47	0.00	0.00	1,488.47
		SUPPLIES									
✓	4349735		01/28/202	01/22/202	02/01/202			117.52	0.00	0.00	117.52
		SUPPLIES									
✓	4349738		01/28/202	01/22/202	02/01/202			746.74	0.00	0.00	746.74
		SUPPLIES									
✓	4349737		01/28/202	01/22/202	02/01/202			387.71	0.00	0.00	387.71
		SUPPLIES									
✓	4356819		01/28/202	01/25/202	02/04/202			25.17	0.00	0.00	25.17
✓	4356820		01/28/202	01/25/202	02/04/202			281.76	0.00	0.00	281.76

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10536	MORRIS & DICKSON CO, LLC				6,655.80	0.00	0.00	6,655.80	
Vendor#	Vendor Name			Class	Pay Code						
10868	NOVA BIOMEDICAL										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	91609466		01/27/202	01/16/202	01/16/202			81.61	0.00	0.00	81.61
	SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10868	NOVA BIOMEDICAL				81.61	0.00	0.00	81.61	
Vendor#	Vendor Name			Class	Pay Code						
O1500	OLYMPUS AMERICA INC			M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	39248433		01/27/202	01/15/202	02/09/202			201.88	0.00	0.00	201.88
	SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		O1500	OLYMPUS AMERICA INC				201.88	0.00	0.00	201.88	
Vendor#	Vendor Name			Class	Pay Code						
10152	PARTSSOURCE, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	06125823		01/21/202	01/09/202	02/08/202			564.93	0.00	0.00	564.93
	SUPPLIES <i>filters</i>										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10152	PARTSSOURCE, LLC				564.93	0.00	0.00	564.93	
Vendor#	Vendor Name			Class	Pay Code						
10032	PHILIPS HEALTHCARE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9060317733		01/27/202	01/14/202	02/08/202			96.93	0.00	0.00	96.93
	SUPPLIES <i>thermal paper</i>										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10032	PHILIPS HEALTHCARE				96.93	0.00	0.00	96.93	
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
	9360821380		01/20/202	01/09/202	02/08/202			340.60	0.00	0.00	340.60
	SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10372	PRECISION DYNAMICS CORP (PDC)				340.60	0.00	0.00	340.60	
Vendor#	Vendor Name			Class	Pay Code						
10896	QIAGEN INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	999945437		01/27/202	01/12/202	02/11/202			355.60	0.00	0.00	355.60
	SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10896	QIAGEN INC				355.60	0.00	0.00	355.60	
Vendor#	Vendor Name			Class	Pay Code						
O1416	QUIDELORTHO SALES COMPANY LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9100267749		01/27/202	01/16/202	01/16/202			221.50	0.00	0.00	221.50
	SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		O1416	QUIDELORTHO SALES COMPANY LLC				221.50	0.00	0.00	221.50	
Vendor#	Vendor Name			Class	Pay Code						
14536	QUVA PHARMA INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	WA0000027136		01/28/202	12/15/202	12/15/202			218.04	0.00	0.00	218.04
	SUPPLIES										

✓	PH0000017869		01/28/202	12/23/202	12/23/202		291.15	0.00	0.00	291.15	✓
		SUPPLIES									
✓	WA0000039262		01/28/202	01/21/202	01/21/202		312.00	0.00	0.00	312.00	✓
		SUPPLIES									
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		14536 QUVA PHARMA INC					821.19	0.00	0.00	821.19	
Vendor#	Vendor Name		Class	Pay Code							
11080	RADSOURCE										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	PSI008659		01/28/202	01/12/202	02/06/202		2,050.00	0.00	0.00	2,050.00	✓
		SERVICE AGREEMENT									
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		11080 RADSOURCE					2,050.00	0.00	0.00	2,050.00	
Vendor#	Vendor Name		Class	Pay Code							
11251	RAPID PRINTING LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	3011017		01/22/202	01/21/202	02/11/202		33.00	0.00	0.00	33.00	✓
		SIGN									
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		11251 RAPID PRINTING LLC					33.00	0.00	0.00	33.00	
Vendor#	Vendor Name		Class	Pay Code							
14920	REPUBLIC SERVICES, INC.										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	0847001430054		01/28/202	12/26/202	12/26/202		2,251.15	0.00	0.00	2,251.15	✓
		TRASH SERVICE									
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		14920 REPUBLIC SERVICES, INC.					2,251.15	0.00	0.00	2,251.15	
Vendor#	Vendor Name		Class	Pay Code							
S2001	SIEMENS MEDICAL SOLUTIONS INC		M								
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	116846666		01/28/202	01/16/202	02/10/202		2,617.41	0.00	0.00	2,617.41	✓
		MAINT CONTRACT RAD									
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		S2001 SIEMENS MEDICAL SOLUTIONS INC					2,617.41	0.00	0.00	2,617.41	
Vendor#	Vendor Name		Class	Pay Code							
S2220	SKIP'S RESTAURANT EQUIPMENT		W								
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	RINV1961		01/28/202	01/22/202	01/22/202		346.95	0.00	0.00	346.95	✓
		CONV OVEN TEMP PROBE REPA									
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		S2220 SKIP'S RESTAURANT EQUIPMENT					346.95	0.00	0.00	346.95	
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	
✓	984926326		01/27/202	01/19/202	01/27/202		6,650.00	0.00	0.00	6,650.00	✓
✓	984926325		01/27/202	01/19/202	01/27/202		6,650.00	0.00	0.00	6,650.00	✓
✓	984926327		01/27/202	01/19/202	01/27/202		1,600.00	0.00	0.00	1,600.00	✓
✓	984927178		01/27/202	01/19/202	01/27/202		150.00	0.00	0.00	150.00	✓
✓	984926324		01/27/202	01/27/202	01/27/202		6,650.00	0.00	0.00	6,650.00	✓
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		S2362 SMITH & NEPHEW, INC.					21,700.00	0.00	0.00	21,700.00	

Vendor#	Vendor Name	Class	Pay Code								
11296	SOUTH TEXAS BLOOD & TISSUE CEN										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	107057247		01/28/202	01/15/202	02/09/202			6,956.00	0.00	0.00	6,956.00
		BLOOD BANK									
	CM16693		01/28/202	01/15/202	02/09/202			-3,242.00	0.00	0.00	-3,242.00
		CREDIT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN					3,714.00	0.00	0.00	3,714.00
15236	SPECIALTY PROFESSIONAL										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1250001379		01/28/202	12/26/202	12/26/202			3,675.00	0.00	0.00	3,675.00
		AGENCY STAFFING									
	1250001419		01/28/202	01/02/202	01/02/202			3,600.00	0.00	0.00	3,600.00
		AGENCY STAFFING									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15236	SPECIALTY PROFESSIONAL					7,275.00	0.00	0.00	7,275.00
S3940	STERIS CORPORATION		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	505583545		01/28/202	01/08/202	02/02/202			3,226.97	0.00	0.00	3,226.97
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S3940	STERIS CORPORATION					3,226.97	0.00	0.00	3,226.97
10698	TEXAS DEPT OF STATE HEALTH SRV										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	012826		01/28/202	01/28/202	01/28/202			2,035.00	0.00	0.00	2,035.00
		RADIATION CONTROL LICENSE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10698	TEXAS DEPT OF STATE HEALTH SRV					2,035.00	0.00	0.00	2,035.00
10758	TEXAS SELECT STAFFING, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0026365		01/28/202	01/22/202	01/23/202			6,890.00	0.00	0.00	6,890.00
		AGENCY STAFFING									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10758	TEXAS SELECT STAFFING, LLC					6,890.00	0.00	0.00	6,890.00
18264	TSEP										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1530754		01/27/202	01/12/202	01/27/202			1,527.00	0.00	0.00	1,527.00
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		18264	TSEP					1,527.00	0.00	0.00	1,527.00
U1064	UNIFIRST HOLDINGS INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2921078560		01/21/202	01/15/202	02/09/202			544.87	0.00	0.00	544.87
		LAUNDRY									
	2921078213		01/28/202	01/12/202	02/06/202			218.05	0.00	0.00	218.05
		LAUNDRY									
	2921078548		01/28/202	01/15/202	02/09/202			301.55	0.00	0.00	301.55
		LINENS									
	2921078536		01/28/202	01/15/202	02/09/202			63.14	0.00	0.00	63.14

LAUNDRY

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	1,127.61	0.00	0.00	1,127.61

Vendor# Vendor Name Class Pay Code

U2000 US POSTAL SERVICE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012226		01/28/202	01/22/202	01/22/202			2,200.00	0.00	0.00	2,200.00

POSTAGE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE	2,200.00	0.00	0.00	2,200.00

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
911208882		01/27/202	01/13/202	02/07/202			522.60	0.00	0.00	522.60

SUPPLIES

9112092702		01/27/202	01/15/202	02/09/202			1,571.67	0.00	0.00	1,571.67
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Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	2,094.27	0.00	0.00	2,094.27

Vendor# Vendor Name Class Pay Code

Z1005 ZIMMER US, INC. W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9004893993		01/27/202	01/15/202	01/27/202			672.00	0.00	0.00	672.00

SUPPLIES

all thread

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	Z1005	ZIMMER US, INC.	672.00	0.00	0.00	672.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	184,473.26	0.00	0.00	184,473.26

APPROVED ON
JAN 29 2026
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS
CHK # 211877-211928

APPROVED
 JAN 29 2026
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

RECEIVED

JAN 30 2026

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

01/30/2026
15:37

0
ap_open_invoice.template

AP Open Invoice List

Due Dates Through: 02/12/2026

Vendor#	Vendor Name	Class	Pay Code							
C1048	CALHOUN COUNTY		W							
Invoice#	Comment	Tran Dt	inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012426		01/30/202	01/24/202	01/24/202			27.35	0.00	0.00	27.35
VOYAGER FUEL CARD										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY					27.35	0.00	0.00	27.35

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	27.35	0.00	0.00	27.35

APPROVED ON

JAN 30 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 211879

RUN DATE:02/02/26
TIME:13:26

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/04/26 THRU 02/04/26

PAGE 1
GLCKREG

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

A/P	211873	02/04/26	2,901.10	ALCOR SCIENTIFIC
A/P	211874	02/04/26	2,172.26	AMAZON CAPITAL SERVICES
A/P	211875	02/04/26	161.94	AMERISOURCEBERGEN DRUG CORP
A/P	211876	02/04/26	253.97	ARJO
A/P	211877	02/04/26	425.00	BILL HAMLIN
A/P	211878	02/04/26	9,250.00	BONESUPPORT INC
A/P	211879	02/04/26	27.35	CALHOUN COUNTY
A/P	211880	02/04/26	183.22	CARDINAL HEALTH 414, INC.
A/P	211881	02/04/26	120.90	CDW GOVERNMENT, INC.
A/P	211882	02/04/26	635.24	CHEMAQUA
A/P	211883	02/04/26	5,862.52	COASTAL OFFICE SOLUTIONS
A/P	211884	02/04/26	675.25	CULLIGAN ULTRAPURE INC.
A/P	211885	02/04/26	126.25	CUSTOMIZED COMMUNICATION INC
A/P	211886	02/04/26	320.23	DEWITT POTH & SON
A/P	211887	02/04/26	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	211888	02/04/26	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	211889	02/04/26	495.00	FIRETRON, INC
A/P	211890	02/04/26	1,450.00	FIRST UNITED METHODIST CHURCH
A/P	211891	02/04/26	7,047.50	FISHER HEALTHCARE
A/P	211892	02/04/26	7,916.67	FUJI FILM
A/P	211893	02/04/26	65.00	GRAINGER
A/P	211894	02/04/26	528.83	GULF COAST PAPER COMPANY
A/P	211895	02/04/26	360.00	HALF LEAGUE STORAGE
A/P	211896	02/04/26	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	211897	02/04/26	231.65	MARKETLAB, INC
A/P	211898	02/04/26	116.30	MCKESSON MEDICAL SURGICAL INC
A/P	211899	02/04/26	5,313.00	MEDICAL SOLUTIONS LLC
A/P	211900	02/04/26	.00	VOIDED
A/P	211901	02/04/26	.00	VOIDED
A/P	211902	02/04/26	4,866.03	MEDLINE INDUSTRIES INC
A/P	211903	02/04/26	.00	VOIDED
A/P	211904	02/04/26	6,655.80	MORRIS & DICKSON CO, LLC
A/P	211905	02/04/26	81.61	NOVA BIOMEDICAL
A/P	211906	02/04/26	201.88	OLYMPUS AMERICA INC
A/P	211907	02/04/26	564.93	PARTSSOURCE, LLC
A/P	211908	02/04/26	96.93	PHILIPS HEALTHCARE
A/P	211909	02/04/26	340.60	PRECISION DYNAMICS CORP (PDC)
A/P	211910	02/04/26	355.60	QIAGEN INC
A/P	211911	02/04/26	221.50	QUIDELORTHO SALES COMPANY LLC
A/P	211912	02/04/26	821.19	QUVA PHARMA INC
A/P	211913	02/04/26	2,050.00	RADSOURCE
A/P	211914	02/04/26	33.00	RAPID PRINTING LLC
A/P	211915	02/04/26	2,251.15	REPUBLIC SERVICES, INC.
A/P	211916	02/04/26	2,617.41	SIEMENS MEDICAL SOLUTIONS INC
A/P	211917	02/04/26	346.95	SKIP'S RESTAURANT EQUIPMENT
A/P	211918	02/04/26	21,700.00	SMITH & NEPHEW, INC.
A/P	211919	02/04/26	3,714.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	211920	02/04/26	7,275.00	SPECIALTY PROFESSIONAL
A/P	211921	02/04/26	3,226.97	STERIS CORPORATION
A/P	211922	02/04/26	2,035.00	TEXAS DEPT OF STATE HEALTH SRV

RUN DATE:02/02/26
TIME:13:26

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/04/26 THRU 02/04/26

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	211923	02/04/26	6,890.00	TEXAS SELECT STAFFING, LLC
A/P	211924	02/04/26	1,527.00	TSEP
A/P	211925	02/04/26	1,127.61	UNIFIRST HOLDINGS INC
A/P	211926	02/04/26	2,200.00	US POSTAL SERVICE
A/P	211927	02/04/26	2,094.27	WERFEN USA LLC
A/P	211928	02/04/26	672.00	ZIMMER US, INC.
A/P	211929	02/04/26	162,033.71	GOLDENCREEK HEALTHCARE
A/P	211930	02/04/26	5,583.16	LAVACA BAY NURSING AND REHAB
A/P	211931	02/04/26	126,218.79	TUSCANY VILLAGE
TOTALS:			478,336.27	

APPROVED ON

FEB 04 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

184,473.26 +
5,583.16 +
162,033.71 +
126,218.79 +
27.35 +
478,336.27 +

0.00 +

Weekly payables
NHFFRS

MCKESSON

STATEMENT

As of: 01/30/2026

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:

Customer: 632536
Date: 01/31/2026

As of: 01/30/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 01/31/2026 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: 2,685.46 USD

Future Due: 0.00

If Paid By 02/03/2026,

Due If Paid On Time:

Past Due: 0.00

Pay This Amount:

2,631.77 USD

USD

2,631.77

Disc lost if paid late:

53.69

Last Payment 08/07/2017 2,451.97

If Paid After 02/03/2026,

Pay this Amount:

2,685.46 USD

Due If Paid Late:

USD

2,685.46

U = 0.

981.60 +
24.73 +
1,679.13 +
2,685.46 *

APPROVED ON

FEB 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 01/30/2026

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: 01/30/2026 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

Customer: 256342
Date: 01/31/2026

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 01/31/2026 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											
01/24/2026	02/03/2026	7614511779	✓	257116761	115Invoice	1.78	88.95		87.17	✓	7614511779
01/24/2026	02/03/2026	7614511780	✓	257307496	115Invoice	1.47	73.64		72.17	✓	7614511780
01/24/2026	02/03/2026	7614511781	✓	259789190	115Invoice	1.47	73.64		72.17	✓	7614511781
01/24/2026	02/03/2026	7614511782	✓	260271662	115Invoice	1.47	73.64		72.17	✓	7614511782
01/26/2026	02/03/2026	7614672849	✓	256725352	115Invoice	5.14	257.08		251.94	✓	7614672849
01/26/2026	02/03/2026	7614672850	✓	257116761	115Invoice	1.78	88.95		87.17	✓	7614672850
01/30/2026	02/03/2026	7615636187	✓	267933105	115Invoice	6.51	325.70		319.19	✓	7615636187

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:		981.60 USD	
Future Due:	0.00	If Paid By 02/03/2026,		Due If Paid On Time:	
Past Due:	0.00	Pay This Amount:	961.98 USD	USD	961.98
Last Payment	269.54	If Paid After 02/03/2026,		Disc lost if paid late:	19.62
01/26/2026		Pay this Amount:	981.60 USD	Due If Paid Late:	981.60
				USD	

APPROVED ON
FEB 02 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 01/30/2026

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: 01/30/2026 Page: 001
Mail to: Comp: 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

Customer: 820405
Date: 01/31/2026

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 01/31/2026 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											
01/26/2026	02/03/2026	7614531196 ✓	B2601-055-277560	115Invoice	0.10	5.01		4.91 ✓		7614531196	
01/30/2026	02/03/2026	7615446400 ✓	B2601-055-279918	115Invoice	0.39	19.72		19.33 ✓		7615446400	

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: 24.73 USD

Future Due: 0.00

If Paid By 02/03/2026,
Pay This Amount:

24.24 USD

Due If Paid On Time:
USD 24.24

Past Due: 0.00

Disc lost if paid late: 0.49

Last Payment 28,268.16
01/19/2026

If Paid After 02/03/2026,
Pay this Amount:

24.73 USD

Due If Paid Late:
USD 24.73

APPROVED ON
FEB 02 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 01/30/2026

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: 01/30/2026 Page: 001
Mail to: Comp: 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

Customer: 190813
Date: 01/31/2026

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 01/31/2026 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											
01/29/2026	02/03/2026	7615384853 ✓	HEBJ28Bulk477	115Invoice	33.58	1,679.13		1,645.55 ✓		7615384853	

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: 1,679.13 USD

Future Due: 0.00

If Paid By 02/03/2026,

Due If Paid On Time:

Past Due: 0.00

Pay This Amount:

1,645.55 USD

USD

1,645.55

Disc lost if paid late:

Last Payment 269.54

If Paid After 02/03/2026,

Pay this Amount:

1,679.13 USD

Due If Paid Late:

USD

33.58

1,679.13

APPROVED ON

FEB 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 71377082
Date: 01-30-2026

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

DEA: RA0289276
866-451-9655

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

Customer Number
100135284 / 037028186
Terms
Sat - Fri Due in 7 days
Summary
Not Yet Due: 0.00
Current: 129.95
Past Due: 0.00
Total Due: 129.95
Account Balance: 129.95

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

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-26-2026	02-06-2026	3240126996	7011373293 ✓	Invoice	1.28		0.00	1.28 ✓
01-26-2026	02-06-2026	3240126997	7011379863 ✓	Invoice	36.22		0.00	36.22 ✓
01-26-2026	02-06-2026	3240126998	7011384549 ✓	Invoice	10.16		0.00	10.16 ✓
01-27-2026	02-06-2026	3240258304	7011389685 ✓	Invoice	5.43		0.00	5.43 ✓
01-29-2026	02-06-2026	3240503961	7011400403 ✓	Invoice	60.77		0.00	60.77 ✓
01-30-2026	02-06-2026	3240700742	7011403801 ✓	Invoice	16.09		0.00	16.09 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
129.95	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
01-30-2026	(771.75)

Reminders	
Due Date	Amount
02-06-2026	129.95
Total Due:	129.95

APPROVED ON
FEB 02 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

[Handwritten signature] ✓

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



STATEMENT

Statement Number: 71393161
Date: 01-30-2026

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
Remit To: AMERISOURCEBERGEN PO Box 978740 DALLAS TX 75397-8740	Summary	
	Not Yet Due: 0.00	Current: 2,395.01
		Past Due: 0.00
		Total Due: 2,395.01
		Account Balance: 2,395.01

Account Activity									
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance	
01-27-2026	02-06-2026	3240114847	7011384845	Invoice	3.99		0.00	3.99	
01-29-2026	02-06-2026	3240597096	7011404769	Invoice	2,391.02		0.00	2,391.02	

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,395.01	0.00	0.00	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
02-06-2026	2,395.01
Total Due:	2,395.01

APPROVED ON
FEB 02 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ms

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

7249	76351	2	71	0	2025	363001744	0	1/26/2026	\$40.33	1	SINGLETON ASSOCIATES PA	P	181	0	XRAY	F	12/11/2025	12/11/2025	741680498
7250	76351	2	5	0	2025	363001580	0	1/26/2026	\$50.76	1	KHIEM VU DO PA	P	177	0	OV	F	12/4/2025	12/4/2025	451261253
7251	76351	2	38	0	2025	363001640	0	1/26/2026	\$78.86	1	TD EYECARE, PLLC	P	457	0	OVS	F	11/24/2025	11/24/2025	260467806
7252	76351	2	33	0	2025	363001350	0	1/26/2026	\$84.25	1	AMERICAN SPECIALTY HEALTH CLEARINGHOUSE	P	313	0	CH	F	12/8/2025	12/8/2025	562403146
7253	76351	2	5	0	2025	363001961	0	1/26/2026	\$99.85	1	SINGLETON ASSOCIATES PA	P	603	0	US	F	12/9/2025	12/9/2025	741680498
7255	76351	2	38	0	2025	363001851	0	1/26/2026	\$118.45	1	TD EYECARE, PLLC	P	457	0	OVS	F	9/16/2025	9/16/2025	260467806
7256	76351	2	5	0	2025	363001404	0	1/26/2026	\$122.76	1	SINGLETON ASSOCIATES PA	P	603	0	US	F	12/5/2025	12/5/2025	741680498
7257	76351	2	71	0	2026	6000258	0	1/26/2026	\$124.18	1	VICTORIA ORTHOPEDIC CENTER LLP	P	457	0	OVS	F	12/12/2025	12/12/2025	260151734
7258	76351	2	13	0	2025	363002243	0	1/26/2026	\$241.29	1	SINGLETON ASSOCIATES PA	P	172	0	AB	F	12/16/2025	12/16/2025	741680498
7259	76351	3	43	0	2026	20000343	0	1/26/2026	\$39,414.85	1	HOUSTON METHODIST HOSPITAL	P	434	0	OHS	F	11/11/2025	11/11/2025	741180155
7260	76351	3	72	0	2026	6000269	0	1/26/2026	\$14.09	1	TMH PHYSICIAN ASSOCIATES PLLC	P	481	0	OPDX	F	12/17/2025	12/17/2025	300520570
7261	76351	3	43	3	2026	2000166	0	1/26/2026	\$14.34	1	PATHGROUP LABS, LLC - COMMERCIAL	P	532	0	WLAB	F	11/25/2025	11/25/2025	810576059
7262	76351	3	43	3	2025	363001898	0	1/26/2026	\$16.43	1	PATHGROUP LABS LLC	P	532	0	WLAB	F	11/25/2025	11/25/2025	810576059
7263	76351	3	8	0	2025	363001865	0	1/26/2026	\$19.10	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0	OVS	F	12/3/2025	12/3/2025	260151734
7264	76351	3	43	3	2025	363001804	0	1/26/2026	\$21.71	1	HOME TOWN FAMILY HEALTHCARE	P	177	0	OV	F	12/11/2025	12/11/2025	990632079
7265	76351	3	82	1	2025	363002188	0	1/26/2026	\$25.68	1	CHILDRENS PHYSICIAN SERVICES SOUTH TEXAS	P	457	0	OVS	F	11/4/2025	11/4/2025	742620408
7266	76351	3	73	0	2025	364000650	0	1/26/2026	\$35.00	1	JACKSON MEDICAL CLINIC EDMA	P	177	0	OV	F	12/11/2025	12/11/2025	741738475
7267	76351	3	76	0	2025	363001254	0	1/26/2026	\$48.94	1	ACCREDITO HEALTH GROUP	P	696	0	BOT	F	12/16/2025	12/16/2025	113358335
7268	76351	3	25	0	2025	363001346	0	1/26/2026	\$51.15	1	SINGLETON ASSOCIATES PA	P	181	0	XRAY	F	12/8/2025	12/8/2025	741680498
7270	76351	3	50	0	2025	363001849	0	1/26/2026	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	OV	F	12/18/2025	12/18/2025	742605670
7271	76351	3	69	1	2025	363001325	0	1/26/2026	\$69.04	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	OV	F	12/10/2025	12/10/2025	742605670
7273	76351	3	16	2	2026	2000245	0	1/26/2026	\$76.18	1	VICTORIA EYE CENTER	P	457	0	OVS	F	12/18/2025	12/18/2025	742208337
7274	76351	3	16	1	2026	2001747	0	1/26/2026	\$76.18	1	VICTORIA EYE CENTER	P	457	0	OVS	F	12/18/2025	12/18/2025	742208337
7278	76351	3	72	0	2025	363001873	0	1/26/2026	\$116.56	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0	OVS	F	12/8/2025	12/8/2025	300520570
7281	76351	3	83	0	2026	21000044	0	1/26/2026	\$121.34	1	ALMA	P	177	0	OV	F	12/19/2025	12/19/2025	841856765
7283	76351	3	51	0	2025	363001428	0	1/26/2026	\$150.39	1	SINGLETON ASSOCIATES PA	P	181	0	XRAY	F	12/2/2025	12/2/2025	741680498
7284	76351	3	43	0	2025	363001432	0	1/26/2026	\$153.11	1	HOUSTON CARDIOVASCULAR ASSOCIATES LLC	P	484	0	ODXS	F	11/19/2025	11/19/2025	741941710
7285	76351	3	51	0	2015	363001519	0	1/12/2025	\$165.00	1	MSIWA LLC	P	172	0	AB	F	11/12/2025	11/12/2025	202536458
7288	76351	3	72	0	2025	363001994	0	1/26/2026	\$229.35	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	728	0	TELM	F	12/4/2025	12/4/2025	300520570
7289	76351	3	43	3	2015	363001878	0	1/26/2026	\$278.08	1	PATHGROUP LABS LLC	P	532	0	WLAB	F	11/25/2025	11/25/2025	810576059
7290	76351	3	43	0	2026	8000069	0	1/26/2026	\$353.61	1	SINGLETON ASSOCIATES PA	P	189	0	ERD	F	12/9/2025	12/9/2025	741680498
7291	76351	3	42	0	2025	363001995	0	1/26/2026	\$370.28	1	SINGLETON ASSOCIATES PA	P	189	0	ERD	F	12/5/2025	12/5/2025	741680498
7292	76351	3	23	0	2025	363001688	0	1/26/2026	\$546.00	1	CITIZENS MEDICAL PROFESSIONALS	P	176	0	AO	F	11/6/2025	11/6/2025	471158090
7293	76351	3	72	0	2026	21000323	0	1/26/2026	\$2,080.97	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0	INVC	F	12/22/2025	12/22/2025	591031071
7294	76351	3	23	0	2025	363000851	0	1/26/2026	\$4,162.00	1	CITIZENS MEDICAL CENTER	P	434	0	OHS	F	11/6/2025	11/6/2025	741898143
7297	76360	2	62	0	2025	363001735	0	1/26/2026	\$359.98	1	CITIZENS MEDICAL PROFESSIONALS	P	176	0	AO	F	10/21/2025	10/21/2025	471158090
7298	76360	2	62	0	2025	363000855	0	1/26/2026	\$1,708.78	1	DETAR HEALTHCARE SYSTEM	P	186	0	HLAB	F	10/21/2025	10/21/2025	621754940
7299	76360	3	2	0	2025	363000909	0	1/26/2026	\$10,918.07	1	DETAR HEALTHCARE SYSTEM	P	406	0	ER	F	12/6/2025	12/6/2025	621754940
7300	76360	3	134	1	2025	363000965	0	1/26/2026	\$14,581.68	1	TEXAS CHILDRENS HOSPITAL	P	485	0	INLM	F	12/2/2025	12/2/2025	741100555
7301	76360	3	92	0	2025	363001330	0	1/26/2026	\$30.36	1	SINGLETON ASSOCIATES PA	P	181	0	XRAY	F	12/2/2025	12/2/2025	741680498
7302	76360	3	71	2	2026	2001742	0	1/26/2026	\$33.72	1	VICTORIA WOMENS CLINIC	P	184	0	LBDR	F	12/18/2025	12/18/2025	741831291
7303	76360	3	26	0	2025	363002244	0	1/26/2026	\$39.09	1	SINGLETON ASSOCIATES PA	P	181	0	XRAY	F	12/18/2025	12/18/2025	741680498
7304	76360	3	74	0	2025	363001592	0	1/26/2026	\$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0	OVS	F	12/9/2025	12/9/2025	273335355
7305	76360	3	138	0	2025	365000414	0	1/26/2026	\$56.80	1	PALACIOS MEDICAL CLINIC	P	177	0	OV	F	9/30/2025	9/30/2025	760698013
7308	76360	3	124	0	2025	363001225	0	1/26/2026	\$63.23	1	SINGLETON ASSOCIATES PA	P	181	0	XRAY	F	12/11/2025	12/11/2025	741680498
7309	76360	3	134	0	2026	2001738	0	1/26/2026	\$63.55	1	VICTORIA WOMENS CLINIC	P	603	0	US	F	12/10/2025	12/10/2025	741831291
7310	76360	3	68	0	2025	363001862	0	1/26/2026	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	178	0	TELM	F	12/18/2025	12/18/2025	742605670
7311	76360	3	139	0	2025	363002246	0	1/26/2026	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	727	0	OV	F	12/23/2025	12/23/2025	742605670
7313	76360	3	121	0	2025	363002145	0	1/26/2026	\$76.18	1	AARON M MCGUIRE OD	P	457	0	OVS	F	12/10/2025	12/10/2025	742208337
7314	76360	3	120	3	2025	363001654	0	1/26/2026	\$76.32	1	HEADWAY COLORADO BEHAVIORAL HEALTH SERVI	P	752	0	TELS	F	12/10/2025	12/10/2025	861747274
7316	76360	3	138	2	2025	363002025	0	1/26/2026	\$87.00	1	COUNSELINGALIFE LLC	P	360	0	POV	F	12/11/2025	12/11/2025	455131564
7317	76360	3	129	0	2025	363001769	0	1/26/2026	\$90.34	1	CITIZENS MEDICAL PROFESSIONAL	P	177	0	OV	F	12/4/2025	12/4/2025	471158090
7318	76360	3	107	0	2025	363001779	0	1/26/2026	\$99.85	1	SINGLETON ASSOCIATES PA	P	603	0	US	F	12/11/2025	12/11/2025	741680498
7320	76360	3	2	0	2025	363002057	0	1/26/2026	\$134.27	1	DIAGNOSTIC IMAGING ASSOCIATES PA	P	189	0	ERD	F	12/6/2025	12/6/2025	760686474
7322	76360	3	32	1	2025	363002101	0	1/26/2026	\$144.82	1	BAYLOR ST LUKES MEDICAL GROUP	P	177	0	OV	F	10/1/2025	10/1/2025	760458535
7323	76360	3	134	1	2026	5000446	0	1/26/2026	\$171.41	1	TCPSO	P	457	0	OVS	F	12/11/2025	12/11/2025	260834681
7324	76360	3	120	3	2025	363001566	0	1/26/2026	\$184.81	1	LOURDES PHYSICIAN GROUP	P	177	0	OV	F	12/16/2025	12/16/2025	455492119
7325	76360	3	32	1	2025	363002136	0	1/26/2026	\$199.48	1	BAYLOR ST LUKES MEDICAL GROUP	P	177	0	OV	F	4/15/2025	4/15/2025	760458535
7326	76360	3	134	0	2025	363001935	0	1/26/2026	\$224.40	1	MSIWA LLC	P	172	0	AB	F	12/16/2025	12/16/2025	202536458
7327	76360	3	71	0	2025	363001343	0	1/26/2026	\$241.29	1	SINGLETON ASSOCIATES PA	P	172	0	AB	F	12/12/2025	12/12/2025	741680498
7328	76360	3	21	0	2025	363001867	0	1/26/2026	\$241.29	1	SINGLETON ASSOCIATES PA	P	172	0	AB	F	11/28/2025	11/28/2025	741680498
7329	76360	3	54	1	2025	363001298	0	1/26/2026	\$264.19	1	SINGLETON ASSOCIATES PA	P	321	0	MRIO	F	12/2/2025	12/2/2025	741680498
7331	76360	3	134	1	2026	5000442	0	1/26/2026	\$1,050.00	1	TCPSO	P	176	0	AO	F	12/2/2025	12/2/2025	260834681
7332	76360	3	51	1	2025	363001859	0	1/26/2026	\$1,108.81	1	LAM PETER	P	178	0	SO	F	11/25/2025	11/25/2025	742208337
7333	76360	3	51	1	2025	363002124	0	1/26/2026	\$2,661.60	1	VICTORIA EYE CENTER								

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 2/1/2026

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

Master Group Totals

						Total Due
SPEC AGG	171	\$69,428.56	Adjustments	1	285.68	\$69,714.24
ADMIN FEES	171	\$7,609.50	Adjustments	1	44.5	\$7,654.00
PPO UR	171	\$3,667.95	Adjustments	1	21.45	\$3,689.40
CHIC FEE		\$700.00				\$700.00

Balance Forward:		\$79,443.67
Payments:	-	\$0.00
Adjustments:	+	\$0.00
Beginning Balance:		\$79,443.67
Current Amount Due:	+	\$81,406.01
Current Adjustments:	+	\$351.63
Total Amount Due:		\$161,201.31

January Due
February Due

\$79,443.67 Pd.
\$81,757.64 CC ✓

Description	Medical
EE	102
ES	17
EF	14
EC	38
Mst Total	171

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

APPROVED ON
FEB 02 2026
BY COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

Please pay premium as billed. Changes received after billing has processed will be reflected on the next months bill.
Premium payment is due by the 10th of the month.

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Jan 26, 2026 - Feb 1, 2026**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten" Check" #</u>	<u>GL number</u>
1/30/2026	HPHG LLC MEMOR PREM MemMedCtr PTLav 11312265	- Health Insurance Premium Payment	79,443.67	902174	60320000
1/30/2026	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	418,838.34		
1/30/2026	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	771.75	902175	60310000
1/30/2026	PAY PLUS ACHTrans 114651211 101000696244817	- 3rd Party Payor Fee	452.69	902176	40440076
1/29/2026	PAY PLUS ACHTrans 114414910 101000694586717	- 3rd Party Payor Fee	437.74	902177	40440076
1/28/2026	PAY PLUS ACHTrans 114145299 101000692750610	- 3rd Party Payor Fee	278.40	902178	40440076
1/27/2026	MCKESSON DRUG AUTO ACH ACH06889420 910000109	- 340B Drug Program Expense	269.54	902179	60310000
1/27/2026	PAY PLUS ACHTrans 113859471 101000691277117	- 3rd Party Payor Fee	27.35	902180	40440076
1/26/2026	PAY PLUS ACHTrans 113556058 101000699936186	- 3rd Party Payor Fee	703.45	902181	40440076

501,222.93

Michelle Cumberland

Michelle Cumberland, CFO
Memorial Medical Center

February 2, 2026

** approved on 01.28.2026 cc*

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
1/31/2026	TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	274,025.10

274,025.10 ✓

Michelle Cumberland

Michelle Cumberland, CFO
Memorial Medical Center

February 2, 2026

501,222.93	+	
79,443.67	-	
418,838.34	-	
771.75	-	
452.69	-	452.69 +
437.74	-	437.74 +
278.40	-	278.40 +
27.35	-	27.35 +
703.45	-	703.45 +
		1,899.63
0.00	*	

pay plus

**APPROVED ON
FEB 02 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

Date/Time 01-28-2026 / 02:19 PM
Submitted By cclevenger256

Pay Date 01-31-2026

Employee Deposits	\$111,977.71
Employer Contributions	\$162,047.39
Group Term Life Premiums	\$0.00
Total	\$274,025.10

Comments

Payroll File Jan 2025.xlsx

CLOSE

PRINT

RECEIVED

JAN 29 2026

01/29/2026

11:46

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 02/13/2026

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
✓ 012226		01/29/202	01/22/202	02/13/202			2,723.50	0.00	0.00	2,723.50 ✓
✓ 012626	ins. pay. dep. into mmc opt. error	01/29/202	01/26/202	02/13/202			2,859.66	0.00	0.00	2,859.66 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	LAVACA BAY NURSING AND REHAB	5,583.16	0.00	0.00	5,583.16

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,583.16	0.00	0.00	5,583.16

APPROVED ON

JAN 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 211930

RECEIVED

JAN 29 2026

MEMORIAL MEDICAL CENTER

01/29/2026

AP Open Invoice List

0

11:47

Calhoun County

Due Dates Through: 02/13/2026

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 011226C		01/29/202	01/12/202	02/13/202			238.96	0.00	0.00	238.96 ✓
✓ 012126	INS PAY. dep. into mmc opt. error	01/29/202	01/12/202	02/13/202			1,017.65	0.00	0.00	1,017.65 ✓
✓ 012226		01/29/202	01/22/202	02/13/202			7,698.80	0.00	0.00	7,698.80 ✓
✓ 012226A		01/29/202	01/22/202	02/13/202			42,948.22	0.00	0.00	42,948.22 ✓
✓ 012226B		01/29/202	01/22/202	02/13/202			5,194.32	0.00	0.00	5,194.32 ✓
✓ 012626		01/29/202	01/26/202	02/13/202			37,611.37	0.00	0.00	37,611.37 ✓
✓ 012726		01/29/202	01/27/202	02/13/202			67,324.39	0.00	0.00	67,324.39 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	162,033.71	0.00	0.00	162,033.71

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	162,033.71	0.00	0.00	162,033.71

APPROVED ON

JAN 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 211929

RECEIVED

JAN 29 2026

RECEIVED

JAN 29 2026

01/29/2026

11:46

Calhoun County

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 02/13/2026

Calhoun County

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
✓ 012126A		01/29/202	01/21/202	02/13/202			14,400.00	0.00	0.00	14,400.00 ✓
✓ 012126	ins. pay. dep. into mmc opt. error	01/29/202	01/21/202	02/13/202			309.19	0.00	0.00	309.19 ✓
✓ 012126B		01/29/202	01/21/202	02/13/202			5,941.48	0.00	0.00	5,941.48 ✓
✓ 012226		01/29/202	01/22/202	02/13/202			4,729.58	0.00	0.00	4,729.58 ✓
✓ 012226C		01/29/202	01/22/202	02/13/202			90.00	0.00	0.00	90.00 ✓
✓ 012226D		01/29/202	01/22/202	02/13/202			178.47	0.00	0.00	178.47 ✓
✓ 012226B		01/29/202	01/22/202	02/13/202			5,520.17	0.00	0.00	5,520.17 ✓
✓ 012226A		01/29/202	01/22/202	02/13/202			50,750.75	0.00	0.00	50,750.75 ✓
✓ 012326A		01/29/202	01/23/202	02/13/202			249.00	0.00	0.00	249.00 ✓
✓ 012326		01/29/202	01/23/202	02/13/202			31,927.72	0.00	0.00	31,927.72 ✓
✓ 012626		01/29/202	01/26/202	02/13/202			11,440.00	0.00	0.00	11,440.00 ✓
✓ 012626A		01/29/202	01/26/202	02/13/202			180.00	0.00	0.00	180.00 ✓
✓ 012726		01/29/202	01/27/202	02/13/202			502.43	0.00	0.00	502.43 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	126,218.79	0.00	0.00	126,218.79

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	126,218.79	0.00	0.00	126,218.79

APPROVED ON

JAN 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 211931

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 2/2/2026

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		100.00	-	9,247.05		9,347.05	9,247.05
						Bank Balance	9,347.05
						Variance	-
						Leave in Balance	100.00

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
 JP Morgan Chase Bank
 ABA 111000614
 Account # 448234257

Broadmoor		100.00	-	1.46		Adjust Balance/Transfer Amt	9,247.05
						Bank Balance	101.46
						Variance	-
						Leave in Balance	100.00

Crescent		114.01	-	5,814.36		Adjust Balance/Transfer Amt	1.46
						Bank Balance	5,928.37
						Variance	-
						Leave in Balance	100.00

Fort Bend		10,008.51	9,908.51	4.47		Adjust Balance/Transfer Amt	5,828.37
						Bank Balance	104.47
						Variance	-
						Leave in Balance	100.00

Solera at W Houston		2,871.24	2,771.24	9.64		Adjust Balance/Transfer Amt	4.47
						Bank Balance	109.64
						Variance	-
						Leave in Balance	100.00

9,247.05 +
 5,828.37 + on / Fort Bend / Broadmoor:
 15,075.42 * **APPROVED ON**
 0.00 **FEB 02 2026**

APPROVED ON
FEB 02 2026

Adjust Balance/Transfer Amt	9.64
TOTAL TRANSFERS	15,075.42

Approved: *[Signature]*
 Michelle Cumberland, CFO 2/2/2026

Ashford Gardens

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	3.50	-	3.50
-	9,243.55	-	9,243.55
-	9,247.05	-	9,247.05

Broadmoor

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	1.46	-	1.46
-	1.46	-	1.46

Crescent

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	1.32	-	1.32
-	3,108.07	-	3,108.07
-	2,704.97	-	2,704.97
-	5,814.36	-	5,814.36

Fort Bend

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	4.47	-	9,213.66
9,908.51	-	-	-
9,908.51	4.47	-	9,213.66

Solera at West Houston

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	9.64	-	9.64
2,230.10	-	-	-
541.14	-	-	-
2,771.24	9.64	-	9.64

TOTALS

	15,076.98	-	24,286.17
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Balances Overview

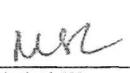
Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$515,615.28	\$996,315.36	\$515,615.28	\$515,615.28
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$9,347.05	\$9,347.05	\$9,347.05	\$9,347.05
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$101.46	\$101.46	\$101.46	\$101.46
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$5,928.37	\$5,928.37	\$5,928.37	\$5,928.37
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$109.64	\$109.64	\$109.64	\$109.64
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$104.47	\$104.47	\$104.47	\$104.47
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$445,123.27	\$448,775.17	\$445,123.27	\$445,123.27
*4551 CAL CO INDIGENT HEALTHCARE	\$10,772.03	\$10,772.03	\$10,772.03	\$10,772.03
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$171,509.92	\$171,509.92	\$171,509.92	\$171,509.92
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.84	\$101.84	\$101.84	\$101.84
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$196,778.22	\$198,772.64	\$196,778.22	\$196,778.22
*3407 MMC -NH TUSCANY VILLAGE	\$461,257.84	\$461,257.84	\$461,257.84	\$461,257.84
*2998 MMC -MONEY MARKET FUND	\$574,752.66	\$74,752.66	\$574,752.66	\$574,752.66
*7168 MEMORIAL MEDICAL LOCK BOX	\$1,678.05	\$1,678.05	\$1,678.05	\$1,678.05
Total Balance	\$2,393,180.10	\$2,379,526.50	\$2,393,180.10	\$2,393,180.10

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 2/2/2026

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		74,801.41	74,701.41	445,023.27	-	445,123.27	444,768.20
						Bank Balance Variance	
						Leave In Balance	100.00
						Jan Interest	255.07
						Adjust Balance/Transfer Amt	444,768.20

Routing Information for Golden Creek:
 Nexion Health at Golden Creek
 Wells Fargo Bank, N.A.
 ABA 121000248
 Account # 4439840323

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 2/2/2026

APPROVED ON
FEB 02 2026
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Balances Overview

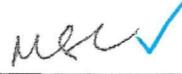
Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$515,615.28	\$996,315.36	\$515,615.28	\$515,615.28
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$9,347.05	\$9,347.05	\$9,347.05	\$9,347.05
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$101.46	\$101.46	\$101.46	\$101.46
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$5,928.37	\$5,928.37	\$5,928.37	\$5,928.37
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$109.64	\$109.64	\$109.64	\$109.64
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$104.47	\$104.47	\$104.47	\$104.47
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	✓ \$445,123.27	\$448,775.17	\$445,123.27	\$445,123.27
*4551 CAL CO INDIGENT HEALTHCARE	\$10,772.03	\$10,772.03	\$10,772.03	\$10,772.03
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$171,509.92	\$171,509.92	\$171,509.92	\$171,509.92
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.84	\$101.84	\$101.84	\$101.84
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$196,778.22	\$198,772.64	\$196,778.22	\$196,778.22
*3407 MMC -NH TUSCANY VILLAGE	\$461,257.84	\$461,257.84	\$461,257.84	\$461,257.84
*2998 MMC -MONEY MARKET FUND	\$574,752.66	\$74,752.66	\$574,752.66	\$574,752.66
*7168 MEMORIAL MEDICAL LOCK BOX	\$1,678.05	\$1,678.05	\$1,678.05	\$1,678.05
Total Balance	\$2,393,180.10	\$2,379,526.50	\$2,393,180.10	\$2,393,180.10

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 2/2/2026

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home							
Gulf Pointe Plaza- Private Pay	170,546.92	-	963.00	-	-	171,509.92	No Transfer (Holding due to pending claims requests)
					Bank Balance	171,509.92	
					Variance	-	
					Leave in Balance	100.00	
					Claims owed to MMC	129,565.82	
					Claims owed to MMC	3,441.27	
					Adjust Balance/Transfer Amt	38,462.53	
Nursing Home							
Gulf Pointe Plaza-Medicare/Medicaid	101.71	-	0.13	-	-	101.84	NO TRANSFER
					Bank Balance	101.84	
					Variance	-	
					Leave in Balance	100.00	
					Adjust Balance/Transfer Amt	1.84	
					TOTAL TRANSFERS		

Routing information for Gulf Pointe Plaza:

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

Approved: 
 Michelle Cumberland, CFO

2/2/2026

APPROVED ON

FEB 02 2026

BY COUNTY AUDITOR
 DALLAS COUNTY, TEXAS

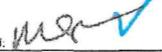
Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$515,615.28	\$996,315.36	\$515,615.28	\$515,615.28
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$9,347.05	\$9,347.05	\$9,347.05	\$9,347.05
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$101.46	\$101.46	\$101.46	\$101.46
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$5,928.37	\$5,928.37	\$5,928.37	\$5,928.37
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$109.64	\$109.64	\$109.64	\$109.64
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$104.47	\$104.47	\$104.47	\$104.47
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$445,123.27	\$448,775.17	\$445,123.27	\$445,123.27
*4551 CAL CO INDIGENT HEALTHCARE	\$10,772.03	\$10,772.03	\$10,772.03	\$10,772.03
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$171,509.92	\$171,509.92	\$171,509.92	\$171,509.92
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.84	\$101.84	\$101.84	\$101.84
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$196,778.22	\$198,772.64	\$196,778.22	\$196,778.22
*3407 MMC -NH TUSCANY VILLAGE	\$461,257.84	\$461,257.84	\$461,257.84	\$461,257.84
*2998 MMC -MONEY MARKET FUND	\$574,752.66	\$74,752.66	\$574,752.66	\$574,752.66
*7168 MEMORIAL MEDICAL LOCK BOX	\$1,678.05	\$1,678.05	\$1,678.05	\$1,678.05
Total Balance	\$2,393,180.10	\$2,379,526.50	\$2,393,180.10	\$2,393,180.10

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscan Transfer
 Prosperity Accounts
 2/2/2026

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscan Village	593,319.82	593,219.82	461,157.84			461,257.84	461,157.84
					Bank Balance Variance	461,257.84	
					Leave in Balance	100.00	
					Adjust Balance/Transfer Amt	<u>461,157.84</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: 
 Michelle Cumberland, CFO 2/2/2026

APPROVED ON
 FEB 02 2026
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

APPROVED ON
 FEB 02 2026
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village

	 <u>Transfer-Out</u>	 <u>Transfer-In</u>	MMC <u>PORTION</u>	<u>NH PORTION</u>
1/31/2026 Added to Account	-	309.62		309.62
1/30/2026 Merchant Capture Dep	-	23,464.00		23,464.00
1/30/2026 Deposit	-	49,931.72		49,931.72
1/30/2026 HNB - ECHO HCCLAIMPMT 746003411 440000215161	-	1,376.62		1,376.62
1/30/2026 NOVITAS SOLUTION HCCLAIMPMT 676201 420000137	-	20,504.61		20,504.61
1/29/2026 HNB - ECHO HCCLAIMPMT 746003411 440000257152	-	3,079.96		3,079.96
1/28/2026 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	593,219.82	-		-
1/28/2026 Deposit	-	58,596.74		58,596.74
1/28/2026 Merchant Capture Dep	-	9,671.19		9,671.19
1/28/2026 HNB - ECHO HCCLAIMPMT 746003411 440000212433	-	9,495.03		9,495.03
1/28/2026 HNB - ECHO HCCLAIMPMT 746003411 440000212433	-	3,723.38		3,723.38
1/28/2026 HNB - ECHO HCCLAIMPMT 746003411 440000212430	-	1,125.43		1,125.43
1/28/2026 HNB - ECHO HCCLAIMPMT 746003411 440000212879	-	56.16		56.16
1/27/2026 Deposit	-	13,723.12		13,723.12
1/27/2026 HNB - ECHO HCCLAIMPMT 746003411 440000278336	-	3,096.24		3,096.24
1/26/2026 Deposit	-	194,444.91		194,444.91
1/26/2026 HNB - ECHO HCCLAIMPMT 746003411 440000220684	-	35,714.58		35,714.58
1/26/2026 HNB - ECHO HCCLAIMPMT 746003411 440000220437	-	8,245.25		8,245.25
1/26/2026 NOVITAS SOLUTION HCCLAIMPMT 676201 420000179	-	24,599.28		24,599.28
	593,219.82	461,157.84	-	461,157.84

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$515,615.28	\$996,315.36	\$515,615.28	\$515,615.28
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$9,347.05	\$9,347.05	\$9,347.05	\$9,347.05
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$101.46	\$101.46	\$101.46	\$101.46
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$5,928.37	\$5,928.37	\$5,928.37	\$5,928.37
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$109.64	\$109.64	\$109.64	\$109.64
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$104.47	\$104.47	\$104.47	\$104.47
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$445,123.27	\$448,775.17	\$445,123.27	\$445,123.27
*4551 CAL CO INDIGENT HEALTHCARE	\$10,772.03	\$10,772.03	\$10,772.03	\$10,772.03
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$171,509.92	\$171,509.92	\$171,509.92	\$171,509.92
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.84	\$101.84	\$101.84	\$101.84
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$196,778.22	\$198,772.64	\$196,778.22	\$196,778.22
*3407 MMC -NH TUSCANY VILLAGE	\$461,257.84	\$461,257.84	\$461,257.84	\$461,257.84
*2998 MMC -MONEY MARKET FUND	\$574,752.66	\$74,752.66	\$574,752.66	\$574,752.66
*7168 MEMORIAL MEDICAL LOCK BOX	\$1,678.05	\$1,678.05	\$1,678.05	\$1,678.05
Total Balance	\$2,393,180.10	\$2,379,526.50	\$2,393,180.10	\$2,393,180.10

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 2/2/2026

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		162,917.65	170,195.65	204,056.22			196,778.22	189,730.23
						Bank Balance	196,778.22	
						Variance	-	
						Leave in Balance	100.00	
						Claims owed to MMC	6,796.05	
						Jan Interest	151.94	
						Adjust Balance/Transfer Amt	<u>189,730.23</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: *mea*
 Michelle Cumberland, CFO 2/2/2026

APPROVED ON
FEB 02 2026
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$515,615.28	\$996,315.36	\$515,615.28	\$515,615.28
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$9,347.05	\$9,347.05	\$9,347.05	\$9,347.05
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$101.46	\$101.46	\$101.46	\$101.46
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$5,928.37	\$5,928.37	\$5,928.37	\$5,928.37
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$109.64	\$109.64	\$109.64	\$109.64
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$104.47	\$104.47	\$104.47	\$104.47
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$445,123.27	\$448,775.17	\$445,123.27	\$445,123.27
*4551 CAL CO INDIGENT HEALTHCARE	\$10,772.03	\$10,772.03	\$10,772.03	\$10,772.03
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$171,509.92	\$171,509.92	\$171,509.92	\$171,509.92
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.84	\$101.84	\$101.84	\$101.84
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$196,778.22	\$198,772.64	\$196,778.22	\$196,778.22
*3407 MMC -NH TUSCANY VILLAGE	\$461,257.84	\$461,257.84	\$461,257.84	\$461,257.84
*2998 MMC -MONEY MARKET FUND	\$574,752.66	\$74,752.66	\$574,752.66	\$574,752.66
*7168 MEMORIAL MEDICAL LOCK BOX	\$1,678.05	\$1,678.05	\$1,678.05	\$1,678.05
Total Balance	\$2,393,180.10	\$2,379,526.50	\$2,393,180.10	\$2,393,180.10

Gulf Pointe ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 01/23/2026

A 815 N. Virginia St. ✓

Y Port Lavaca, TX 77979

E _____

E _____

CHK# 001121

APPROVED ON

FEB 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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 \$375.39 ✓ G/L NUMBER: 20654000

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado AUTHORIZED BY: [Signature] ✓

Gulf Point ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center
A 815 N. Virginia St. ✓
Y Port Lavaca, TX 77979
E _____
E _____

Date Requested: 01/26/2026

CHK#001141

APPROVED ON
FEB 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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 \$144.38 ✓

G/L NUMBER: 20654000

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: [Signature] ✓

Gulf Pointe ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center
A 815 N. Virginia St.
Y Port Lavaca, TX 77979
E _____
E _____

Date Requested: 01/30/2026

CHK# 001161 ✓

APPROVED ON
FEB 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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 \$2,413.91 ✓

G/L NUMBER: 20654000

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: [Signature] ✓

NURSING HOME: **GULF POINTE** ✓

DATE: 1/30/2026

PAYER	NET PAYMENT	ECHO SERVICE FEE (GL#40510078)	CHECK REQUEST AMOUNT (GL#20654000)
WELLMED	\$ 2,345.08	\$ 46.67	\$ 2,298.41
WELLMED	\$ 117.85	\$ 2.35	\$ 115.50
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL AMOUNT			\$ 2,413.91 ✓

Gulf Pointe ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Date Requested: 01/29/2026

A 815 N. Virginia St. ✓

Y Port Lavaca, TX 77979 ✓

E _____

E _____

AMOUNT \$507.59 ✓

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

APPROVED ON

FEB 02 2026

G/L NUMBER: 20654000

FOR ACCT. USE ONLY

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

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: [Signature] ✓

NURSING HOME: GULF POINTE ✓

DATE: 1/29/2026

PAYER	NET PAYMENT	ECHO SERVICE FEE (GL#40510078)	CHECK REQUEST AMOUNT (GL#20654000)
LINECO	\$ 110.89	\$ 2.21	\$ 108.68
AFLAC	\$ 24.00	\$ 0.48	\$ 23.52
WELLMED	\$ 383.01	\$ 7.62	\$ 375.39
		\$	-
		\$	-
		\$	-
TOTAL AMOUNT			\$ 507.59 ✓

Lavaca Bay ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

MMMC ✓

Date Requested: 1-30-26

CHK # 00174

P
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E

APPROVED ON
FEB 02 2026

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

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT \$16724.45 ✓

G/L NUMBER: 20656000

EXPLANATION: Humana Recorp - Lavaca Bay # 8-19-25
Remit # 202508205003873

REQUESTED BY: R. Pokinda

AUTHORIZED BY: [Signature] ✓

Lavaca Bay

MEMORIAL MEDICAL CENTER

CHECK REQUEST

mmc ✓

Date Requested: 1-30-26

P
A
Y
E

CHK#001174

APPROVED ON

FEB 02 2026

FOR ACCT. USE ONLY

- Imprest Cash
- A/P Check
- Voucher Check

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

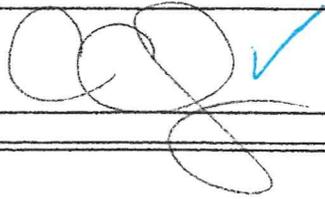
AMOUNT #71.40 ✓

G/L NUMBER: 20656000

EXPLANATION: Humana Recomp Lavaca Bay (8-26-25)

EFT # No-Pay-20250826011356

REQUESTED BY: K. Pokluda

AUTHORIZED BY:  ✓

MEMORIAL MEDICAL CENTER

NH GULF POINTE - PRIVATE PAY

815 N. VIRGINIA ST.

PORT LAVACA, TX 77979

001161

Date

2-4-24

88-2265/1131

PAY

TO THE
ORDER OF

mmc Operating

\$

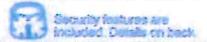
3,441.27

Three thousand, four hundred forty one dollars ²⁷/₁₀₀

DOLLARS



FOR



MEMORIAL MEDICAL CENTER

LAVACA BAY NURSING & REHAB

815 N VIRGINIA ST

PORT LAVACA, TX 77979

001174

Date

2-4-24

88-2265/1131

PAY

TO THE
ORDER OF

mmc Operating

\$

6,796.05

Six Thousand, Seven hundred ninety six dollars ⁰⁵/₁₀₀

DOLLARS



FOR



RUN DATE:02/04/26
TIME:12:56

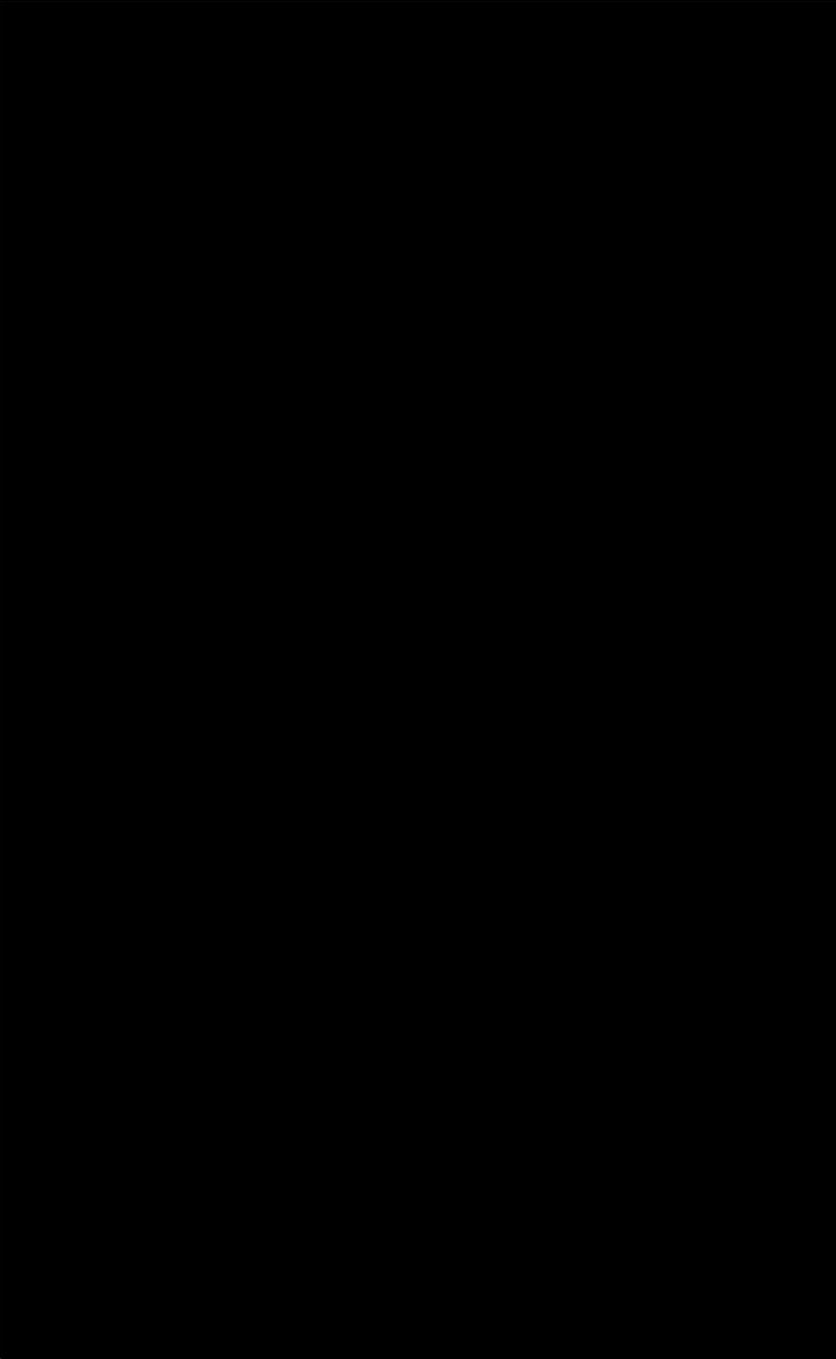
MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/04/26 THRU 02/04/26

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPP * 001161 02/04/26 3,441.27 Memorial Operating Acco
BSL * 001174 02/04/26 6,796.05 Memorial Operating Acco



RUN DATE:02/04/26
TIME:12:56

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/04/26 THRU 02/04/26

PAGE 2
GLCKREG

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

