

MEMORIAL MEDICAL CENTER

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

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

| | |
|---|------------------------|
| TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS | \$ 933,170.51 |
| TOTAL TRANSFERS BETWEEN FUNDS | \$ 221,847.66 |
| TOTAL NURSING HOME UPL EXPENSES | \$ 776,744.71 |
| TOTAL INTER-GOVERNMENT TRANSFERS | \$ 3,061.88 |
| GRAND TOTAL DISBURSEMENTS APPROVED March 4, 2026 | \$ 1,934,824.76 |

APPROVED

MAR 04 2026

**CALHOUN COUNTY
COMMISSIONERS COURT**

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

PAYABLES AND PAYROLL

| | |
|---|------------|
| 2/27/2026 Weekly Payables | 627,302.79 |
| 2/25/2026 Citibank Credit Card-see attached (Erin) | 197.44 |
| 2/25/2026 US Bank Credit Card-see attached (Erin) | 4,939.43 |
| 2/25/2026 US Bank Credit Card-see attached (Michelle) | 254.14 |
| 3/2/2026 McKesson-340B Prescription Expense | 1,519.74 |
| 3/2/2026 Cencora-340B Prescription Expense | 316.61 |
| 3/2/2026 Cencora-340B Prescription Expense | 1,538.46 |

Prosperity Electronic Bank Payments

| | |
|---|------------|
| 3/2/2026 90 Degree Benefits - employee insurance claims | 31,868.05 |
| 3/2/2026 HPHG - March health insurance premium payment | 82,594.70 |
| 3/2/2026 TCDRS March 2026 Retirement | 180,830.45 |
| 3/2/2026 Pay Plus-Patient Claims Processing Fee | 1,808.70 |

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 933,170.51**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

| | |
|---|------------|
| 2/26/2026 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error | 64.09 |
| 2/26/2026 MMC Operating to Golden Creek-QIPP Y8 ADJ 1 | 28,332.36 |
| 2/26/2026 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error | 3,695.69 |
| 2/26/2026 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error | 116,635.56 |
| 2/26/2026 MMC Operating to Tuscany Village-QIPP Money owed for Y8 Q3 | 73,119.96 |

TOTAL TRANSFERS BETWEEN FUNDS **\$ 221,847.66**

NURSING HOME UPL EXPENSES

| | |
|---|------------|
| 2/2/2026 Nursing Home UPL-Cantex Transfer | 6,197.91 |
| Nursing Home UPL-Nexion Transfer | 174,281.33 |
| Nursing Home UPL-Tuscany Transfer | 373,512.07 |
| Nursing Home UPL-HSL Transfer | 170,652.37 |

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

| | |
|---|-----------|
| 1/5/2026 Gulfpointe to MMC - Claims owed to MMC | 40,154.32 |
| 1/5/2026 Golden Creek to MMC -Check Request was processed twice and deposited to NH Account | 172.50 |
| 2/2/2026 Lavaca Bay to MMC - QIPP Y8 Adj 1 portion owed to MMC | 11,774.21 |

TOTAL NURSING HOME UPL EXPENSES **\$ 776,744.71**

INTER-GOVERNMENT TRANSFERS

| | |
|--|----------|
| 3/2/2026 DSH IGT- State Comptroller Texnet | 3,061.88 |
|--|----------|

TOTAL INTER-GOVERNMENT TRANSFERS **\$ 3,061.88**

GRAND TOTAL DISBURSEMENTS APPROVED March 4, 2026 **\$ 1,934,824.76**

RECEIVED

FEB 26 2026

MEMORIAL MEDICAL CENTER

02/26/2026

11:53

Calhoun County Auditor

AP Open Invoice List

Due Dates Through: 03/12/2026

0

ap_open_invoice.template

| 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 |
| | ✓ 1QQH7JNL7YDX | | 02/04/202 | 01/30/202 | 03/01/202 | | | 72.98 | 0.00 | 0.00 | 72.98 ✓ |
| | | SUPPLIES | | | | | | | | | |
| | ✓ 1YYKD6DN3R7K | | 02/13/202 | 02/04/202 | 03/06/202 | | | 9.79 | 0.00 | 0.00 | 9.79 ✓ |
| | | SUPPLIES | | | | | | | | | |
| | ✓ 1K3TTYDKCVLK | | 02/13/202 | 02/09/202 | 03/11/202 | | | 15.99 | 0.00 | 0.00 | 15.99 ✓ |
| | | SUPPLIES | | | | | | | | | |
| | ✓ 1L1Y6DK9DPFT | | 02/13/202 | 02/09/202 | 03/11/202 | | | 252.84 | 0.00 | 0.00 | 252.84 ✓ |
| | | SUPPLIES | | | | | | | | | |
| | ✓ 1MY96XX4TGPR | | 02/13/202 | 02/09/202 | 03/11/202 | | | 327.81 | 0.00 | 0.00 | 327.81 ✓ |
| | | SUPPLIES | | | | | | | | | |
| | ✓ 11QY14H3RR1F | | 02/24/202 | 02/17/202 | 02/17/202 | | | -139.98 | 0.00 | 0.00 | -139.98 ✓ |
| | | SUPPLIES | | | | | | | | | |
| | ✓ 1T7FN1R1VXMW | | 02/24/202 | 02/18/202 | 02/18/202 | | | 260.17 | 0.00 | 0.00 | 260.17 ✓ |
| | | SUPPLIES | | | | | | | | | |
| | Vendor Totals: Number | Name | | | | | | Gross | Discount | No-Pay | Net |
| | 14028 | AMAZON CAPITAL SERVICES | | | | | | 799.60 | 0.00 | 0.00 | 799.60 |
| A2271 | ARTHREX, INC | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 926626478 | | 02/24/202 | 02/17/202 | 02/24/202 | | | 330.00 | 0.00 | 0.00 | 330.00 ✓ |
| | | SUPPLIES | | | | | | | | | |
| | Vendor Totals: Number | Name | | | | | | Gross | Discount | No-Pay | Net |
| | A2271 | ARTHREX, INC | | | | | | 330.00 | 0.00 | 0.00 | 330.00 |
| 11247 | AVENO NETWORKS | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 16599 | | 02/25/202 | 02/21/202 | 02/27/202 | | | 77,035.65 | 0.00 | 0.00 | 77,035.65 ✓ |
| | | COMPUTER/ EQUIPMENT | | | | | | | | | |
| | Vendor Totals: Number | Name | | | | | | Gross | Discount | No-Pay | Net |
| | 11247 | AVENO NETWORKS | | | | | | 77,035.65 | 0.00 | 0.00 | 77,035.65 |
| B1150 | BAXTER HEALTHCARE | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 84761524 | | 02/03/202 | 11/11/202 | 12/06/202 | | | -23.68 | 0.00 | 0.00 | -23.68 ✓ |
| | ✓ 85091923 | | 02/18/202 | 02/09/202 | 03/06/202 | | | 47.36 | 0.00 | 0.00 | 47.36 ✓ |
| | | SUPPLIES | | | | | | | | | |
| | ✓ 85077133 | | 02/23/202 | 02/05/202 | 03/02/202 | | | 154.35 | 0.00 | 0.00 | 154.35 ✓ |
| | | PROPERTY TAX | | | | | | | | | |
| | Vendor Totals: Number | Name | | | | | | Gross | Discount | No-Pay | Net |
| | B1150 | BAXTER HEALTHCARE | | | | | | 178.03 | 0.00 | 0.00 | 178.03 |
| M2485 | BAYER HEALTHCARE | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 6012418134 | | 02/24/202 | 02/11/202 | 02/24/202 | | | 1,170.32 | 0.00 | 0.00 | 1,170.32 ✓ |
| | Vendor Totals: Number | Name | | | | | | Gross | Discount | No-Pay | Net |
| | M2485 | BAYER HEALTHCARE | | | | | | 1,170.32 | 0.00 | 0.00 | 1,170.32 |

batteries
landline phone cord
power strip x4
office equipment
surgical scrub

| | | | | | | | | | | | | |
|---------|--------------------------------|--------------------------------|-----------|-----------|-----------|----------|----------|-----------|----------|--------|-----------|---|
| B1220 | BECKMAN COULTER INC | | | | M | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| | ✓ 112497679 | | 01/31/202 | 02/09/202 | 03/06/202 | | | 5,759.11 | 0.00 | 0.00 | 5,759.11 | ✓ |
| | | LAB CONTRACT | | | | | | | | | | |
| | ✓ 112506198 | | 02/17/202 | 02/13/202 | 03/10/202 | | | 5,016.58 | 0.00 | 0.00 | 5,016.58 | ✓ |
| | ✓ 7399340 | | 02/25/202 | 02/13/202 | 02/13/202 | | | 8,760.31 | 0.00 | 0.00 | 8,760.31 | ✓ |
| | | METER BILLING | | | | | | | | | | |
| | Vendor Totals: Number | Name | | | | | | Gross | Discount | No-Pay | Net | |
| | B1220 | BECKMAN COULTER INC | | | | | | 19,536.00 | 0.00 | 0.00 | 19,536.00 | |
| Vendor# | Vendor Name | | | | | Class | Pay Code | | | | | |
| 11072 | BIO-RAD LABORATORIES, INC | | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| | ✓ 908984220 | | 02/24/202 | 02/12/202 | 02/24/202 | | | 624.76 | 0.00 | 0.00 | 624.76 | ✓ |
| | | SUPPLIES | | | | | | | | | | |
| | Vendor Totals: Number | Name | | | | | | Gross | Discount | No-Pay | Net | |
| | 11072 | BIO-RAD LABORATORIES, INC | | | | | | 624.76 | 0.00 | 0.00 | 624.76 | |
| 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 | |
| | ✓ 022426 | | 02/25/202 | 02/24/202 | 02/24/202 | | | 82.60 | 0.00 | 0.00 | 82.60 | ✓ |
| | | | | | | | | | | | | |
| | Vendor Totals: Number | Name | | | | | | Gross | Discount | No-Pay | Net | |
| | C1048 | CALHOUN COUNTY | | | | | | 82.60 | 0.00 | 0.00 | 82.60 | |
| Vendor# | Vendor Name | | | | | Class | Pay Code | | | | | |
| 11295 | CALHOUN COUNTY INDIGENT ACCOUN | | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| | ✓ 021926 | | 02/25/202 | 02/19/202 | 02/20/202 | | | 10.00 | 0.00 | 0.00 | 10.00 | ✓ |
| | ✓ 022526 | | 02/25/202 | 02/25/202 | 02/26/202 | | | 30.00 | 0.00 | 0.00 | 30.00 | ✓ |
| | ✓ 022526A | | 02/25/202 | 02/25/202 | 02/26/202 | | | 20.00 | 0.00 | 0.00 | 20.00 | ✓ |
| | Vendor Totals: Number | Name | | | | | | Gross | Discount | No-Pay | Net | |
| | 11295 | CALHOUN COUNTY INDIGENT ACCOUN | | | | | | 60.00 | 0.00 | 0.00 | 60.00 | |
| 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 | |
| | ✓ 8004094595 | | 02/23/202 | 02/12/202 | 03/09/202 | | | 212.00 | 0.00 | 0.00 | 212.00 | ✓ |
| | | SUPPLIES | | | | | | | | | | |
| | ✓ 8004085106 | | 02/24/202 | 01/31/202 | 02/25/202 | | | 256.46 | 0.00 | 0.00 | 256.46 | ✓ |
| | | RAD SUPPLIES | | | | | | | | | | |
| | Vendor Totals: Number | Name | | | | | | Gross | Discount | No-Pay | Net | |
| | C1325 | CARDINAL HEALTH 414, INC. | | | | | | 468.46 | 0.00 | 0.00 | 468.46 | |
| Vendor# | Vendor Name | | | | | Class | Pay Code | | | | | |
| 10541 | CARESFIELD | | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| | ✓ 200032533 | | 02/24/202 | 02/17/202 | 02/17/202 | | | 294.04 | 0.00 | 0.00 | 294.04 | ✓ |
| | | SUPPLIES | | | | | | | | | | |
| | Vendor Totals: Number | Name | | | | | | Gross | Discount | No-Pay | Net | |
| | 10541 | CARESFIELD | | | | | | 294.04 | 0.00 | 0.00 | 294.04 | |
| 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 | |
| | ✓ AH9GS5J | | 02/24/202 | 02/05/202 | 03/07/202 | | | 77.08 | 0.00 | 0.00 | 77.08 | ✓ |
| | | SUPPLIES | | | | | | | | | | |

nema tolvqu billing

voyager

License Fee

| | | | | | | | | | | | | |
|---------|-------------------------------|---------------------------|-------------------------------|-----------|-----------|----------|-----|------------|----------|--------|------------|---|
| ✓ | AH9NZ8G | | 02/24/202 | 02/06/202 | 03/08/202 | | | 493.87 | 0.00 | 0.00 | 493.87 | ✓ |
| | | SUPPLIES | | | | | | | | | | |
| ✓ | AH9WQ1U | | 02/24/202 | 02/10/202 | 03/12/202 | | | 231.60 | 0.00 | 0.00 | 231.60 | ✓ |
| | | SUPPLIES | | | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net | |
| | | C1992 | CDW GOVERNMENT, INC. | | | | | 802.55 | 0.00 | 0.00 | 802.55 | |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | | | |
| C1730 | CITY OF PORT LAVACA | | W | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ | 012926 | | 02/25/202 | 01/29/202 | 01/29/202 | | | 20.00 | 0.00 | 0.00 | 20.00 | ✓ |
| | | DIETARY HEALTH PERMIT FEE | | | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net | |
| | | C1730 | CITY OF PORT LAVACA | | | | | 20.00 | 0.00 | 0.00 | 20.00 | |
| 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 | |
| ✓ | 51035119013 | | 02/25/202 | 02/13/202 | 02/13/202 | | | 737.14 | 0.00 | 0.00 | 737.14 | ✓ |
| | | DIETARY SUPPLIES | | | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net | |
| | | 13336 | COCA COLA SOUTHWEST BEVERAGES | | | | | 737.14 | 0.00 | 0.00 | 737.14 | |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | | | |
| C2157 | COOPER SURGICAL INC | | M | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ | 55001262206 | | 02/24/202 | 02/11/202 | 02/24/202 | | | 683.62 | 0.00 | 0.00 | 683.62 | ✓ |
| | | SUPPLIES | | | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net | |
| | | C2157 | COOPER SURGICAL INC | | | | | 683.62 | 0.00 | 0.00 | 683.62 | |
| 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 | |
| ✓ | 8251850 | | 02/13/202 | 02/05/202 | 03/02/202 | | | 142.56 | 0.00 | 0.00 | 142.56 | ✓ |
| | | SUPPLIES | | | | | | | | | | |
| ✓ | 8255930 | | 02/13/202 | 02/10/202 | 03/07/202 | | | 56.02 | 0.00 | 0.00 | 56.02 | ✓ |
| | | SUPPLIES | | | | | | | | | | |
| ✓ | 8257330 | | 02/13/202 | 02/10/202 | 03/07/202 | | | 49.36 | 0.00 | 0.00 | 49.36 | ✓ |
| | | SUPPLIES | | | | | | | | | | |
| ✓ | 8257180 | | 02/13/202 | 02/10/202 | 03/07/202 | | | 504.00 | 0.00 | 0.00 | 504.00 | ✓ |
| | | SUPPLIES | | | | | | | | | | |
| ✓ | 8243810 | | 02/23/202 | 01/30/202 | 02/24/202 | | | 187.63 | 0.00 | 0.00 | 187.63 | ✓ |
| | | SUPPLIES | | | | | | | | | | |
| ✓ | 8257181 | | 02/24/202 | 02/12/202 | 03/09/202 | | | 7.71 | 0.00 | 0.00 | 7.71 | ✓ |
| | | SUPPLIES | | | | | | | | | | |
| ✓ | 8264890 | | 02/24/202 | 02/16/202 | 03/01/202 | | | 464.79 | 0.00 | 0.00 | 464.79 | ✓ |
| | | SUPPLIES | | | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net | |
| | | 10368 | DEWITT POTH & SON | | | | | 1,412.07 | 0.00 | 0.00 | 1,412.07 | |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | | | |
| 10789 | DISCOVERY MEDICAL NETWORK INC | | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ | MMC013126 | | 02/25/202 | 01/31/202 | 02/01/202 | | | 142,011.32 | 0.00 | 0.00 | 142,011.32 | ✓ |
| | | JAN 16-31 2026 | | | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net | |
| | | 10789 | DISCOVERY MEDICAL NETWORK INC | | | | | 142,011.32 | 0.00 | 0.00 | 142,011.32 | |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | | | |
| 11291 | DOWELL PEST CONTROL | | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |

envelope, folder, file

office supplies

envelope

writing materials

pens

| | | | | | | | | | | | | |
|---------|-------------------------------|---------|---|-----------|-----------|----------|-----------|-----------|----------|-----------|-----------|---|
| ✓ 68645 | | | 02/23/202 | 02/23/202 | 02/23/202 | | 505.00 | 0.00 | 0.00 | 505.00 | ✓ | |
| | | | PEST CONTROL | | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net | | |
| | | 11291 | DOWELL PEST CONTROL | | | | 505.00 | 0.00 | 0.00 | 505.00 | | |
| Vendor# | Vendor Name | | | Class | | Pay Code | | | | | | |
| 11091 | ECOLAB | | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ | 6357288484 | | 02/25/202 | 02/01/202 | 02/01/202 | | | 255.21 | 0.00 | 0.00 | 255.21 | ✓ |
| | | | <i>rental</i> | | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net | | |
| | | 11091 | ECOLAB | | | | 255.21 | 0.00 | 0.00 | 255.21 | | |
| 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 | |
| ✓ | 45118 | | 02/23/202 | 02/28/202 | 03/10/202 | | | 40,062.50 | 0.00 | 0.00 | 40,062.50 | ✓ |
| | | | ER PHYS SERVICES 16-EOM | | | | | | | | | |
| | 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 | | | | | | |
| E1295 | EPIMED INTERNATIONAL INC | | | M | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ | 93276 | | 02/25/202 | 08/12/202 | 02/25/202 | | | 154.75 | 0.00 | 0.00 | 154.75 | ✓ |
| | | | SUPPLIES | | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net | | |
| | | E1295 | EPIMED INTERNATIONAL INC | | | | 154.75 | 0.00 | 0.00 | 154.75 | | |
| Vendor# | Vendor Name | | | Class | | Pay Code | | | | | | |
| 15832 | EVERON | | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ | 60455970 | | 02/25/202 | 02/02/202 | 03/04/202 | | | 63.69 | 0.00 | 0.00 | 63.69 | ✓ |
| | | | FIRE MONITORING | | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net | | |
| | | 15832 | EVERON | | | | 63.69 | 0.00 | 0.00 | 63.69 | | |
| Vendor# | Vendor Name | | | Class | | Pay Code | | | | | | |
| F1100 | FEDERAL EXPRESS CORP. | | | W | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ | 917483203 | | 02/13/202 | 02/12/202 | 03/09/202 | | | 95.10 | 0.00 | 0.00 | 95.10 | ✓ |
| | | | FREIGHT | | | | | | | | | |
| ✓ | 918414613 | | 02/25/202 | 02/19/202 | 02/19/202 | | | 194.64 | 0.00 | 0.00 | 194.64 | ✓ |
| | Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net | | |
| | | F1100 | FEDERAL EXPRESS CORP. | | | | 289.74 | 0.00 | 0.00 | 289.74 | | |
| 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 | |
| ✓ | 030126 | | 02/24/202 | 03/01/202 | 03/01/202 | | | 1,450.00 | 0.00 | 0.00 | 1,450.00 | ✓ |
| | | | LEASE RENTAL <i>Started April 1st, 2025</i> | | | | | | | | | |
| | 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 | | | | | | |
| F1403 | FISHER & PAYKEL HEALTHCARE | | | M | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | |
| ✓ | 94038634 | | 02/24/202 | 02/19/202 | 02/24/202 | | | 669.00 | 0.00 | 0.00 | 669.00 | ✓ |
| | | | SUPPLIES | | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net | | |
| | | F1403 | FISHER & PAYKEL HEALTHCARE | | | | 669.00 | 0.00 | 0.00 | 669.00 | | |
| Vendor# | Vendor Name | | | Class | | Pay Code | | | | | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|------------------------------------|------------------------------|-----------|-----------|-----------|----------|-----|-----------|----------|--------|-------------|
| F1400 | FISHER HEALTHCARE | | | M | | | | | | |
| ✓ 6643093 | | 02/13/202 | 02/10/202 | 03/07/202 | | | 142.94 | 0.00 | 0.00 | 142.94 ✓ |
| | SUPPLIES | | | | | | | | | |
| ✓ 6709719 | | 02/24/202 | 02/12/202 | 03/09/202 | | | 10,713.92 | 0.00 | 0.00 | 10,713.92 ✓ |
| | SUPPLIES | | | | | | | | | |
| ✓ 6709721 | | 02/24/202 | 02/12/202 | 03/09/202 | | | 61.43 | 0.00 | 0.00 | 61.43 ✓ |
| | SUPPLIES | | | | | | | | | |
| ✓ 6709720 | | 02/24/202 | 02/12/202 | 03/09/202 | | | 57.27 | 0.00 | 0.00 | 57.27 ✓ |
| | SUPPLIES | | | | | | | | | |
| ✓ 6739344 | | 02/24/202 | 02/13/202 | 03/10/202 | | | 240.46 | 0.00 | 0.00 | 240.46 ✓ |
| | SUPPLIES | | | | | | | | | |
| ✓ 6799978 | | 02/24/202 | 02/17/202 | 02/17/202 | | | 256.50 | 0.00 | 0.00 | 256.50 ✓ |
| | SUPPLIES | | | | | | | | | |
| ✓ 6799977 | | 02/24/202 | 02/17/202 | 02/17/202 | | | 400.96 | 0.00 | 0.00 | 400.96 ✓ |
| | SUPPLIES | | | | | | | | | |
| ✓ 6831488 | | 02/24/202 | 02/18/202 | 02/18/202 | | | 7,842.07 | 0.00 | 0.00 | 7,842.07 ✓ |
| | SUPPLIES | | | | | | | | | |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| F1400 FISHER HEALTHCARE | | | | | | | 19,715.55 | 0.00 | 0.00 | 19,715.55 |
| 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 |
| ✓ 6003140118 | | 02/25/202 | 02/01/202 | 03/03/202 | | | 1,083.94 | 0.00 | 0.00 | 1,083.94 ✓ |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| 12404 GE PRECISION HEALTHCARE, LLC | | | | | | | 1,083.94 | 0.00 | 0.00 | 1,083.94 |
| 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 |
| ✓ 9796552074 | | 02/24/202 | 02/04/202 | 03/01/202 | | | 141.14 | 0.00 | 0.00 | 141.14 ✓ |
| | SUPPLIES | | | | | | | | | |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| W1300 GRAINGER | | | | | | | 141.14 | 0.00 | 0.00 | 141.14 |
| 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 |
| ✓ 2726711 | | 02/13/202 | 02/10/202 | 03/12/202 | | | 289.90 | 0.00 | 0.00 | 289.90 ✓ |
| | SUPPLIES | | | | | | | | | |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| G1210 GULF COAST PAPER COMPANY | | | | | | | 289.90 | 0.00 | 0.00 | 289.90 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| H1399 | HILL-ROM COMPANY, INC | | | M | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| ✓ 3766528 | | 02/24/202 | 12/31/202 | 01/21/202 | | | 625.44 | 0.00 | 0.00 | 625.44 ✓ |
| | SUPPLIES | | | | | | | | | |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| H1399 HILL-ROM COMPANY, INC | | | | | | | 625.44 | 0.00 | 0.00 | 625.44 |
| 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 |
| ✓ 11596224 | | 02/25/202 | 01/08/202 | 02/25/202 | | | 253.00 | 0.00 | 0.00 | 253.00 ✓ |
| | SUPPLIES | | | | | | | | | |
| ✓ 11608468 | | 02/25/202 | 01/21/202 | 02/25/202 | | | 506.00 | 0.00 | 0.00 | 506.00 ✓ |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |

grab bar

air rental

| | | | | | | | | | | | |
|---------|-------------------------------|----------------------------|-------------------------------|-----------|-----------|----------|-------|-----------|----------|------------------|-------------|
| | L1640 | LOWE'S BUSINESS ACCT/SYNCB | | | | | 55.05 | 0.00 | 0.00 | 55.05 | |
| 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 |
| | ✓ 022326 | | 02/24/202 | 02/23/202 | 02/23/202 | | | 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 | | | | | | | |
| 15200 | MANAGED CARE PARTNERS INC. | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 6969 | | 02/16/202 | 03/01/202 | 03/10/202 | | | 530.00 | 0.00 | 0.00 | 530.00 ✓ |
| | | PROFESIONAL FEES MARCH 202 | | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | | 15200 | MANAGED CARE PARTNERS INC. | | | | | 530.00 | 0.00 | 0.00 | 530.00 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | | |
| M2178 | MCKESSON MEDICAL SURGICAL INC | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 25064318 | | 02/03/202 | 02/16/202 | 03/03/202 | | | 2,216.22 | 0.00 | 0.00 | 2,216.22 ✓ |
| | | SUPPLIES | | | | | | | | | |
| | ✓ 25064294 | | 02/03/202 | 02/16/202 | 03/03/202 | | | 61.37 | 0.00 | 0.00 | 61.37 ✓ |
| | | SUPPLIES | | | | | | | | | |
| | ✓ 25010253 | | 02/13/202 | 02/05/202 | 02/20/202 | | | 490.96 | 0.00 | 0.00 | 490.96 ✓ |
| | | SUPPLIES | | | | | | | | | |
| | ✓ 25084338 | | 02/24/202 | 02/19/202 | 03/06/202 | | | 41.88 | 0.00 | 0.00 | 41.88 ✓ |
| | | SUPPLIES | | | | | | | | | |
| | ✓ 25082477 | | 02/24/202 | 02/19/202 | 03/06/202 | | | 150.22 | 0.00 | 0.00 | 150.22 ✓ |
| | | SUPPLIES | | | | | | | | | |
| | ✓ 25077606 | | 02/25/202 | 02/18/202 | 03/05/202 | | | 801.17 | 0.00 | 0.00 | 801.17 ✓ |
| | Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | | M2178 | MCKESSON MEDICAL SURGICAL INC | | | | | 3,761.82 | 0.00 | 0.00 | 3,761.82 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | | |
| 11203 | MEDI-DOSE, INC | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 0991186 | | 02/24/202 | 02/12/202 | 02/24/202 | | | 148.20 | 0.00 | 0.00 | 148.20 ✓ |
| | | SUPPLIES | | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | | 11203 | MEDI-DOSE, INC | | | | | 148.20 | 0.00 | 0.00 | 148.20 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | | |
| 11612 | MEDICAL AIR SERVICES ASSOC. | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 2308544 | | 02/24/202 | 02/01/202 | 02/01/202 | | | 1,540.00 | 0.00 | 0.00 | 1,540.00 ✓ |
| | | FEBRUARY 2026 COVERAGE MO | | | | | | | | | |
| | ✓ 2302026 | | 02/24/202 | 03/01/202 | 03/01/202 | | | 1,565.00 | 0.00 | 0.00 | 1,565.00 ✓ |
| | | MARCH 2026 COVERAGE MONTH | | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | | 11612 | MEDICAL AIR SERVICES ASSOC. | | | | | 3,105.00 | 0.00 | 0.00 | 3,105.00 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | | |
| M2470 | MEDLINE INDUSTRIES INC | | M | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 2409470720 | | 02/03/202 | 01/28/202 | 02/22/202 | | | 178.42 | 0.00 | 0.00 | 178.42 ✓ |
| | ✓ 2409470716 | | 02/03/202 | 01/28/202 | 02/22/202 | | | 606.43 | 0.00 | 0.00 | 606.43 ✓ |
| | | SUPPLIES | | | | | | | | | |
| | ✓ 2410623419 | | 02/13/202 | 02/04/202 | 03/01/202 | | | 11,636.37 | 0.00 | 0.00 | 11,636.37 ✓ |

| | | | | | | | | |
|---|------------|--------------|--|----------|------|------|----------|---|
| ✓ | 2410623409 | SUPPLIES | 02/13/202 02/04/202 03/01/202 | 981.71 | 0.00 | 0.00 | 981.71 | ✓ |
| ✓ | 2411441168 | SUPPLIES | 02/13/202 02/10/202 03/07/202 | 178.30 | 0.00 | 0.00 | 178.30 | ✓ |
| ✓ | 2411441169 | SUPPLIES | Forcep 02/13/202 02/10/202 03/07/202 | 185.58 | 0.00 | 0.00 | 185.58 | ✓ |
| ✓ | 2411637357 | SUPPLIES | protein boost drinks, 8oz 02/13/202 02/11/202 03/08/202 | 136.90 | 0.00 | 0.00 | 136.90 | ✓ |
| ✓ | 2411637371 | SUPPLIES | catheter 02/13/202 02/11/202 03/08/202 | 17.73 | 0.00 | 0.00 | 17.73 | ✓ |
| ✓ | 2411637355 | SUPPLIES | feeding tube 02/13/202 02/11/202 03/08/202 | 45.40 | 0.00 | 0.00 | 45.40 | ✓ |
| ✓ | 2411637365 | SUPPLIES | 02/13/202 02/11/202 03/08/202 | 8,532.83 | 0.00 | 0.00 | 8,532.83 | ✓ |
| ✓ | 2411637354 | SUPPLIES | 02/13/202 02/11/202 03/08/202 | 1,110.90 | 0.00 | 0.00 | 1,110.90 | ✓ |
| ✓ | 2411637349 | SUPPLIES | 02/13/202 02/11/202 03/08/202 | 2,553.90 | 0.00 | 0.00 | 2,553.90 | ✓ |
| ✓ | 2411637370 | SUPPLIES | 02/13/202 02/11/202 03/08/202 | 57.47 | 0.00 | 0.00 | 57.47 | ✓ |
| ✓ | 2411637359 | SUPPLIES | 02/13/202 02/11/202 03/08/202 | 3,086.95 | 0.00 | 0.00 | 3,086.95 | ✓ |
| ✓ | 2411637369 | SUPPLIES | 02/13/202 02/11/202 03/08/202 | 154.12 | 0.00 | 0.00 | 154.12 | ✓ |
| ✓ | 1703648142 | SUPPLIES | stapler & sheet 02/23/202 02/21/202 02/21/202 | 110.24 | 0.00 | 0.00 | 110.24 | ✓ |
| ✓ | 2372583930 | SUPPLIES | interest 02/24/202 05/28/202 06/22/202 | 285.37 | 0.00 | 0.00 | 285.37 | ✓ |
| ✓ | 2412654231 | SUPPLIES | test 02/24/202 02/18/202 02/18/202 | 102.60 | 0.00 | 0.00 | 102.60 | ✓ |
| ✓ | 2413428809 | 1JFJXMR341MH | 02/24/202 02/21/202 02/21/202 | -17.73 | 0.00 | 0.00 | -17.73 | ✓ |
| ✓ | 2409343818 | SUPPLIES | 02/25/202 01/27/202 02/21/202 monitor strips | 214.76 | 0.00 | 0.00 | 214.76 | ✓ |

| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
|-----------------------|------------------------|-----------|----------|--------|-----------|
| M2470 | MEDLINE INDUSTRIES INC | 30,158.25 | 0.00 | 0.00 | 30,158.25 |

| Vendor# | Vendor Name | Class | Pay Code |
|---------|-----------------|-------|----------|
| 15224 | MUTUAL OF OMAHA | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|----------------|---------|-----------|-----------|-----------|----------|-----|-----------|----------|--------|-----------|
| ✓ 002047819230 | | 02/24/202 | 02/13/202 | 03/01/202 | | | 24,133.44 | 0.00 | 0.00 | 24,133.44 |

FEB INVOICE

| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
|-----------------------|-----------------|-----------|----------|--------|-----------|
| 15224 | MUTUAL OF OMAHA | 24,133.44 | 0.00 | 0.00 | 24,133.44 |

| Vendor# | Vendor Name | Class | Pay Code |
|---------|------------------|-------|----------|
| M2659 | MXR IMAGING, INC | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|--------------|---------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|
| ✓ 8801316428 | | 02/24/202 | 12/17/202 | 01/16/202 | | | 379.48 | 0.00 | 0.00 | 379.48 |

SUPPLIES

| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
|-----------------------|------------------|--------|----------|--------|--------|
| M2659 | MXR IMAGING, INC | 379.48 | 0.00 | 0.00 | 379.48 |

| Vendor# | Vendor Name | Class | Pay Code |
|---------|------------------------------|-------|----------|
| 12388 | NATIONAL FARM LIFE INSURANCE | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|------------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| ✓ 4686687A | | 02/24/202 | 02/09/202 | 02/09/202 | | | 3,223.35 | 0.00 | 0.00 | 3,223.35 |

insuarance

| | | | | | | | | | | | |
|----------------|-------------------------|----------------------|------------------------------|-----------|-----------|----------|----------|----------|----------|----------|------------|
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net | |
| | | 12388 | NATIONAL FARM LIFE INSURANCE | | | | 3,223.35 | 0.00 | 0.00 | 3,223.35 | |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | | |
| 10188 | NATUS SENSORY | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 610047150 | | 02/24/202 | 02/12/202 | 03/09/202 | | | 65.65 | 0.00 | 0.00 | 65.65 ✓ |
| | | SUPPLIES | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net | |
| | | 10188 | NATUS SENSORY | | | | 65.65 | 0.00 | 0.00 | 65.65 | |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | | |
| 11198 | NORTH COAST MEDICAL INC | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 5444459 | | 02/24/202 | 02/11/202 | 02/24/202 | | | 88.23 | 0.00 | 0.00 | 88.23 ✓ |
| | | SUPPLIES | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net | |
| | | 11198 | NORTH COAST MEDICAL INC | | | | 88.23 | 0.00 | 0.00 | 88.23 | |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | | |
| 01500 | OLYMPUS AMERICA INC | | | M | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 39363445 | | 02/24/202 | 02/07/202 | 03/04/202 | | | 1,125.00 | 0.00 | 0.00 | 1,125.00 ✓ |
| | | SUPPLIES | | | | | | | | | |
| | ✓ 39403444 | | 02/24/202 | 02/17/202 | 02/17/202 | | | 329.30 | 0.00 | 0.00 | 329.30 ✓ |
| | | SUPPLIES | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net | |
| | | 01500 | OLYMPUS AMERICA INC | | | | 1,454.30 | 0.00 | 0.00 | 1,454.30 | |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | | |
| 17956 | ONE PHYSICS LLC | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 00036506 | | 01/30/202 | 02/06/202 | 03/08/202 | | | 900.00 | 0.00 | 0.00 | 900.00 ✓ |
| | | RAM AUDIT- QUARTERLY | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net | |
| | | 17956 | ONE PHYSICS LLC | | | | 900.00 | 0.00 | 0.00 | 900.00 | |
| 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 |
| | ✓ 06171523 | | 02/24/202 | 02/06/202 | 03/08/202 | | | 3,381.81 | 0.00 | 0.00 | 3,381.81 ✓ |
| | | SUPPLIES | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net | |
| | | 10152 | PARTSSOURCE, LLC | | | | 3,381.81 | 0.00 | 0.00 | 3,381.81 | |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | | |
| 14764 | PL-CPR, LLC | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 445 | | 02/23/202 | 02/19/202 | 02/19/202 | | | 900.00 | 0.00 | 0.00 | 900.00 ✓ |
| | | PALS RECERTIFICATION | | | | | | | | | |
| | ✓ 446 | | 02/23/202 | 02/20/202 | 02/20/202 | | | 450.00 | 0.00 | 0.00 | 450.00 ✓ |
| | | BLS | | | | | | | | | |
| | ✓ 447 | | 02/23/202 | 02/23/202 | 02/23/202 | | | 525.00 | 0.00 | 0.00 | 525.00 ✓ |
| | | BLS | | | | | | | | | |
| | ✓ 448 | | 02/26/202 | 02/25/202 | 02/25/202 | | | 900.00 | 0.00 | 0.00 | 900.00 ✓ |
| | | ACLS recertification | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net | |
| | | 14764 | PL-CPR, LLC | | | | 2,775.00 | 0.00 | 0.00 | 2,775.00 | |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | | |
| 15956 | PLENUM MEDICAL TESTING | | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | ✓ 541392SC | | 02/17/202 | 02/09/202 | 03/11/202 | | | 3,195.00 | 0.00 | 0.00 | 3,195.00 ✓ |

FEB MEDICAL GAS INSPECTION

| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net |
|----------------|-------------------------------|-----------|-------------------------------|-----------|----------|-----|----------|----------|--------|------------|
| | | 15956 | PLENUM MEDICAL TESTING | | | | 3,195.00 | 0.00 | 0.00 | 3,195.00 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 12708 | POC ELECTRIC, LLC | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| ✓ 4506 | | 02/24/202 | 01/06/202 | 02/20/202 | | | 1,186.99 | 0.00 | 0.00 | 1,186.99 ✓ |
| ✓ 4521 | PARKING LOT LIGHT BULB REPL. | 02/24/202 | 01/31/202 | 02/01/202 | | | 1,214.11 | 0.00 | 0.00 | 1,214.11 ✓ |
| ✓ 4530 | OUTLET WORK | 02/24/202 | 02/12/202 | 03/01/202 | | | 2,009.38 | 0.00 | 0.00 | 2,009.38 ✓ |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | | 12708 | POC ELECTRIC, LLC | | | | 4,410.48 | 0.00 | 0.00 | 4,410.48 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 01416 | QUIDELORTHO SALES COMPANY LLC | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| ✓ 9100278865 | | 02/02/202 | 02/01/202 | 02/01/202 | | | 273.71 | 0.00 | 0.00 | 273.71 ✓ |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | | 01416 | QUIDELORTHO SALES COMPANY LLC | | | | 273.71 | 0.00 | 0.00 | 273.71 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 11080 | RADSOURCE | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| ✓ PSI009019 | | 02/23/202 | 02/12/202 | 03/09/202 | | | 2,050.00 | 0.00 | 0.00 | 2,050.00 ✓ |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 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 |
| ✓ 86386545 | | 02/26/202 | 02/26/202 | 02/26/202 | | | 33.12 | 0.00 | 0.00 | 33.12 ✓ |
| ✓ 86386551 | | 02/26/202 | 02/26/202 | 03/10/202 | | | 3.38 | 0.00 | 0.00 | 3.38 ✓ |
| ✓ 86386538 | SIGNS FOR MMC | 02/26/202 | 02/26/202 | 03/10/202 | | | 46.50 | 0.00 | 0.00 | 46.50 ✓ |
| ✓ 86386540 | SIGNS FOR MMC | 02/26/202 | 02/26/202 | 03/10/202 | | | 49.20 | 0.00 | 0.00 | 49.20 ✓ |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | | 11251 | RAPID PRINTING LLC | | | | 132.20 | 0.00 | 0.00 | 132.20 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 14996 | REMED18 LLC | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| ✓ 38927 | | 02/13/202 | 12/31/202 | 01/30/202 | | | 2,660.00 | 0.00 | 0.00 | 2,660.00 ✓ |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | | 14996 | REMED18 LLC | | | | 2,660.00 | 0.00 | 0.00 | 2,660.00 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 18340 | [REDACTED] | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| ✓ 022426 | | 02/25/202 | 02/24/202 | 02/24/202 | | | 108.00 | 0.00 | 0.00 | 108.00 ✓ |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | | 18340 | [REDACTED] | | | | 108.00 | 0.00 | 0.00 | 108.00 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |

machinary

foam board

enhanced door inspection

Refund

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|--------------------------------------|--------------------------------|-----------|-----------|-----------|----------|-----|------------|----------|--------|--------------|
| S1405 | SERVICE SUPPLY OF VICTORIA INC | | | | W | | | | | |
| ✓ 701294077 | | 02/03/202 | 02/16/202 | 03/09/202 | | | 34.65 | 0.00 | 0.00 | 34.65 ✓ |
| | SUPPLIES | | | | | | | | | |
| ✓ 701292955 | | 02/13/202 | 02/04/202 | 03/06/202 | | | 105.25 | 0.00 | 0.00 | 105.25 ✓ |
| | SUPPLIES | | | | | | | | | |
| ✓ 701293315 | | 02/13/202 | 02/09/202 | 03/11/202 | | | 95.35 | 0.00 | 0.00 | 95.35 ✓ |
| | SUPPLIES | | | | | | | | | |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| S1405 SERVICE SUPPLY OF VICTORIA INC | | | | | | | 235.25 | 0.00 | 0.00 | 235.25 |
| Vendor# | Vendor Name | Class | | Pay Code | | | | | | |
| 14240 | SMILE MAKERS | | | | | | | | | |
| ✓ Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| ✓ 9874343 | | 02/25/202 | 02/19/202 | 02/25/202 | | | 52.95 | 0.00 | 0.00 | 52.95 ✓ |
| | STICKERS | | | | | | | | | |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| 14240 SMILE MAKERS | | | | | | | 52.95 | 0.00 | 0.00 | 52.95 |
| 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 |
| ✓ I07058075 | | 02/23/202 | 02/15/202 | 03/12/202 | | | 7,352.00 | 0.00 | 0.00 | 7,352.00 ✓ |
| | BLOOD BANK | | | | | | | | | |
| ✓ CM16905 | | 02/23/202 | 02/15/202 | 03/12/202 | | | 3,145.00 | 0.00 | 0.00 | 3,145.00 ✓ |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| 11296 SOUTH TEXAS BLOOD & TISSUE CEN | | | | | | | 10,497.00 | 0.00 | 0.00 | 10,497.00 |
| Vendor# | Vendor Name | Class | | Pay Code | | | | | | |
| 14064 | TREVIPAY- WALMART | | | | | | | | | |
| ✓ Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| ✓ 42F40A02 | | 02/23/202 | 02/20/202 | 03/01/202 | | | 119.00 | 0.00 | 0.00 | 119.00 ✓ |
| | SUPPLIES | | | | | | | | | |
| ✓ BDA9270C | | 02/24/202 | 02/19/202 | 02/19/202 | | | 50.02 | 0.00 | 0.00 | 50.02 ✓ |
| | SUPPLIES | | | | | | | | | |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| 14064 TREVIPAY- WALMART | | | | | | | 169.02 | 0.00 | 0.00 | 169.02 |
| Vendor# | Vendor Name | Class | | Pay Code | | | | | | |
| 13616 | TRIOSE, INC | | | | | | | | | |
| ✓ Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| ✓ TRI287718 | | 02/24/202 | 02/18/202 | 03/05/202 | | | 204.29 | 0.00 | 0.00 | 204.29 ✓ |
| | FREIGHT | | | | | | | | | |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| 13616 TRIOSE, INC | | | | | | | 204.29 | 0.00 | 0.00 | 204.29 |
| Vendor# | Vendor Name | Class | | Pay Code | | | | | | |
| C2510 | TRUBRIDGE | M | | | | | | | | |
| ✓ Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| ✓ T2602171378 | | 02/24/202 | 02/17/202 | 02/17/202 | | | 104,259.42 | 0.00 | 0.00 | 104,259.42 ✓ |
| | business services | | | | | | | | | |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| C2510 TRUBRIDGE | | | | | | | 104,259.42 | 0.00 | 0.00 | 104,259.42 |
| 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 |
| ✓ 2921080322 | | 02/12/202 | 02/09/202 | 03/06/202 | | | 4,141.39 | 0.00 | 0.00 | 4,141.39 ✓ |
| | LAUNDRY | | | | | | | | | |
| ✓ 2921080337 | | 02/12/202 | 02/09/202 | 03/06/202 | | | 216.32 | 0.00 | 0.00 | 216.32 ✓ |
| | LAUNDRY | | | | | | | | | |

Corrected
Corrected

| | | | | | | | | | | |
|---|------------|----------|-----------|-----------|-----------|----------|------|------|----------|---|
| ✓ | 2921080686 | UNIFORMS | 02/16/202 | 02/12/202 | 03/09/202 | 172.72 | 0.00 | 0.00 | 172.72 | ✓ |
| ✓ | 2921080685 | LINENS | 02/17/202 | 02/12/202 | 03/09/202 | 433.01 | 0.00 | 0.00 | 433.01 | ✓ |
| ✓ | 2921080679 | LINENS | 02/17/202 | 02/12/202 | 03/09/202 | 318.73 | 0.00 | 0.00 | 318.73 | ✓ |
| ✓ | 2921079621 | LAUNDRY | 02/23/202 | 01/29/202 | 02/23/202 | 612.67 | 0.00 | 0.00 | 612.67 | ✓ |
| ✓ | 2921080674 | LAUNDRY | 02/23/202 | 02/12/202 | 03/09/202 | 332.40 | 0.00 | 0.00 | 332.40 | ✓ |
| ✓ | 2921080665 | LINENS | 02/23/202 | 02/12/202 | 03/09/202 | 3,465.21 | 0.00 | 0.00 | 3,465.21 | ✓ |
| ✓ | 2921080669 | LINENS | 02/23/202 | 02/12/202 | 03/09/202 | 54.89 | 0.00 | 0.00 | 54.89 | ✓ |
| ✓ | 2921076553 | LAUNDRY | 02/26/202 | 12/22/202 | 01/16/202 | 222.06 | 0.00 | 0.00 | 222.06 | ✓ |
| ✓ | 2921077153 | LINENS | 02/26/202 | 12/29/202 | 01/23/202 | 3,878.52 | 0.00 | 0.00 | 3,878.52 | ✓ |
| ✓ | 2921077470 | UNIFORMS | 02/26/202 | 01/01/202 | 01/26/202 | 51.59 | 0.00 | 0.00 | 51.59 | ✓ |
| ✓ | 2921077457 | LINENS | 02/26/202 | 01/01/202 | 01/26/202 | 3,209.67 | 0.00 | 0.00 | 3,209.67 | ✓ |

Corrected ✓
Corrected ✓

| | | | | | | |
|----------------|--------|-----------------------|-----------|----------|--------|-----------|
| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
| | U1064 | UNIFIRST HOLDINGS INC | 17,109.18 | 0.00 | 0.00 | 17,109.18 |

| 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 |
|--------------|------------------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| ✓ 9112120060 | CONTRACT BILLING | 02/16/202 | 02/12/202 | 03/09/202 | | | 1,571.67 | 0.00 | 0.00 | 1,571.67 |

| | | | | | | |
|----------------|--------|----------------|----------|----------|--------|----------|
| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
| | I1110 | WERFEN USA LLC | 1,571.67 | 0.00 | 0.00 | 1,571.67 |

| Vendor# | Vendor Name | Class | Pay Code |
|---------|---------------------|-------|----------|
| 17880 | YOUR PHONE GUYS LLC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|----------|----------------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| ✓ 22575 | AUGUST 2025 | 02/24/202 | 09/18/202 | 10/18/202 | | | 1,000.00 | 0.00 | 0.00 | 1,000.00 |
| ✓ 22576 | SEPTEMBER 2025 | 02/24/202 | 09/18/202 | 10/18/202 | | | 1,000.00 | 0.00 | 0.00 | 1,000.00 |

| | | | | | | |
|----------------|--------|---------------------|----------|----------|--------|----------|
| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
| | 17880 | YOUR PHONE GUYS LLC | 2,000.00 | 0.00 | 0.00 | 2,000.00 |

Report Summary

| | | | | |
|---------------|------------|----------|--------|---------------------------------------|
| Grand Totals: | Gross | Discount | No-Pay | Net |
| | 609,947.64 | 0.00 | 0.00 | 609,947.64 \$627,302.79 |

CHK# 212185-212254

APPROVED ON
FEB 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

609,947.64 +--- previous amount
17,109.18 ---- wrong invoice
55.05 ---- wrong invoice
31,854.50 +--- corrected invoice
2,664.88 +--- corrected invoice
627,302.79 *--- New total!

RECEIVED

FEB 27 2026

02/27/2026
12:36

Calhoun County Auditor

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 03/12/2026

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

L1640 LOWE'S BUSINESS ACCT/SYNCB

W

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|----------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| 022726B | | 02/27/202 | 02/27/202 | 02/27/202 | | | 2,664.88 | 0.00 | 0.00 | 2,664.88 |

SUPPLIES

Vendor Totals: Number Name

| Number | Name | Gross | Discount | No-Pay | Net |
|--------|----------------------------|----------|----------|--------|----------|
| L1640 | LOWE'S BUSINESS ACCT/SYNCB | 2,664.88 | 0.00 | 0.00 | 2,664.88 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|----------|----------|--------|----------|
| | 2,664.88 | 0.00 | 0.00 | 2,664.88 |

2,664.88
Corrected amount

APPROVED ON

FEB 27 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

FEB 27 2026

02/27/2026
12:36

Calhoun County Auditor

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 03/12/2026
Class Pay Code

0
ap_open_invoice.template

Vendor# Vendor Name

U1064 UNIFIRST HOLDINGS INC

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|--------------|------------------|-----------|-----------|-----------|----------|-----|-----------|----------|--------|-------------|
| ✓ 2921080322 | LAUNDRY | 02/12/202 | 02/09/202 | 03/06/202 | | | 4,141.39 | 0.00 | 0.00 | 4,141.39 ✓ |
| ✓ 2921080337 | LAUNDRY | 02/12/202 | 02/09/202 | 03/06/202 | | | 216.32 | 0.00 | 0.00 | 216.32 ✓ |
| ✓ 2921080686 | UNIFORMS | 02/16/202 | 02/12/202 | 03/09/202 | | | 172.72 | 0.00 | 0.00 | 172.72 ✓ |
| ✓ 2921080685 | LINENS | 02/17/202 | 02/12/202 | 03/09/202 | | | 433.01 | 0.00 | 0.00 | 433.01 ✓ |
| ✓ 2921080679 | LINENS | 02/17/202 | 02/12/202 | 03/09/202 | | | 318.73 | 0.00 | 0.00 | 318.73 ✓ |
| ✓ 2921079621 | LAUNDRY | 02/23/202 | 01/29/202 | 02/23/202 | | | 612.67 | 0.00 | 0.00 | 612.67 ✓ |
| ✓ 2921080674 | LAUNDRY | 02/23/202 | 02/12/202 | 03/09/202 | | | 332.40 | 0.00 | 0.00 | 332.40 ✓ |
| ✓ 2921080665 | LINENS | 02/23/202 | 02/12/202 | 03/09/202 | | | 3,465.21 | 0.00 | 0.00 | 3,465.21 ✓ |
| ✓ 2921080669 | LINENS | 02/23/202 | 02/12/202 | 03/09/202 | | | 54.89 | 0.00 | 0.00 | 54.89 ✓ |
| ✓ 2921076553 | LAUNDRY | 02/26/202 | 12/22/202 | 01/16/202 | | | 222.06 | 0.00 | 0.00 | 222.06 ✓ |
| ✓ 2921077153 | LINENS | 02/26/202 | 12/29/202 | 01/23/202 | | | 3,878.52 | 0.00 | 0.00 | 3,878.52 ✓ |
| ✓ 2921077470 | UNIFORMS | 02/26/202 | 01/01/202 | 01/26/202 | | | 51.59 | 0.00 | 0.00 | 51.59 ✓ |
| ✓ 2921077457 | LINENS | 02/26/202 | 01/01/202 | 01/26/202 | | | 3,209.67 | 0.00 | 0.00 | 3,209.67 ✓ |
| ✓ 2921075886 | SUPPLIES/ LINENS | 02/27/202 | 12/11/202 | 01/05/202 | | | 14,745.32 | 0.00 | 0.00 | 14,745.32 ✓ |

| | | | | | |
|-----------------------|-----------------------|-----------|----------|--------|-----------|
| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
| U1064 | UNIFIRST HOLDINGS INC | 31,854.50 | 0.00 | 0.00 | 31,854.50 |

| | | | | |
|---------------|-----------|----------|--------|-----------|
| Grand Totals: | Gross | Discount | No-Pay | Net |
| | 31,854.50 | 0.00 | 0.00 | 31,854.50 |

31,854.50
corrected amount

APPROVED ON

FEB 27 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:03/04/26
TIME:15:42

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/04/26 THRU 03/04/26

PAGE 1
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BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

| | | | | |
|-------|--------|----------|------------|--------------------------------|
| NHG | 000254 | 03/04/26 | .00 | MMC OPERTING |
| NHG * | 000255 | 03/04/26 | 172.50 | MMC OPERATING |
| GPP * | 001164 | 03/04/26 | 40,154.32 | MMC OPERATING |
| BSL * | 001176 | 03/04/26 | 11,774.21 | MMC OPERATING |
| A/P | 212185 | 03/04/26 | 799.60 | AMAZON CAPITAL SERVICES |
| A/P | 212186 | 03/04/26 | 330.00 | ARTHREX, INC |
| A/P | 212187 | 03/04/26 | 77,035.65 | AVENO NETWORKS |
| A/P | 212188 | 03/04/26 | 178.03 | BAXTER HEALTHCARE |
| A/P | 212189 | 03/04/26 | 1,170.32 | BAYER HEALTHCARE |
| A/P | 212190 | 03/04/26 | 19,536.00 | BECKMAN COULTER INC |
| A/P | 212191 | 03/04/26 | 624.76 | BIO-RAD LABORATORIES, INC |
| A/P | 212192 | 03/04/26 | 82.60 | CALHOUN COUNTY |
| A/P | 212193 | 03/04/26 | 60.00 | CALHOUN COUNTY INDIGENT ACCOUN |
| A/P | 212194 | 03/04/26 | 468.46 | CARDINAL HEALTH 414, INC. |
| A/P | 212195 | 03/04/26 | 294.04 | CARESFIELD |
| A/P | 212196 | 03/04/26 | 802.55 | CDW GOVERNMENT, INC. |
| A/P | 212197 | 03/04/26 | 20.00 | CITY OF PORT LAVACA |
| A/P | 212198 | 03/04/26 | 737.14 | COCA COLA SOUTHWEST BEVERAGES |
| A/P | 212199 | 03/04/26 | 683.62 | COOPER SURGICAL INC |
| A/P | 212200 | 03/04/26 | 1,412.07 | DEWITT POTH & SON |
| A/P | 212201 | 03/04/26 | 142,011.32 | DISCOVERY MEDICAL NETWORK INC |
| A/P | 212202 | 03/04/26 | 505.00 | DOWELL PEST CONTROL |
| A/P | 212203 | 03/04/26 | 255.21 | ECOLAB |
| A/P | 212204 | 03/04/26 | 40,062.50 | EMERGENCY STAFFING SOLUTIONS |
| A/P | 212205 | 03/04/26 | 154.75 | EPIMED INTERNATIONAL INC |
| A/P | 212206 | 03/04/26 | 63.69 | EVERON |
| A/P | 212207 | 03/04/26 | 289.74 | FEDERAL EXPRESS CORP. |
| A/P | 212208 | 03/04/26 | 1,450.00 | FIRST UNITED METHODIST CHURCH |
| A/P | 212209 | 03/04/26 | 669.00 | FISHER & PAYKEL HEALTHCARE |
| A/P | 212210 | 03/04/26 | 19,715.55 | FISHER HEALTHCARE |
| A/P | 212211 | 03/04/26 | 1,083.94 | GE PRECISION HEALTHCARE, LLC |
| A/P | 212212 | 03/04/26 | 141.14 | GRAINGER |
| A/P | 212213 | 03/04/26 | 289.90 | GULF COAST PAPER COMPANY |
| A/P | 212214 | 03/04/26 | 625.44 | HILL-ROM COMPANY, INC |
| A/P | 212215 | 03/04/26 | 759.00 | HOLOGIC INC |
| A/P | 212216 | 03/04/26 | 23,663.00 | HOSPITAL CARE CONSULTANTS INC. |
| A/P | 212217 | 03/04/26 | 6,380.00 | ICAD, INC |
| A/P | 212218 | 03/04/26 | 808.48 | INOVALON PROVIDER INC. |
| A/P | 212219 | 03/04/26 | 42,506.49 | ITA RESOURCES INC |
| A/P | 212220 | 03/04/26 | 81.24 | |
| A/P | 212221 | 03/04/26 | 140.00 | |
| A/P | 212222 | 03/04/26 | 74.66 | |
| A/P | 212223 | 03/04/26 | 2,664.88 | LOWE'S BUSINESS ACCT/SYNCB |
| A/P | 212224 | 03/04/26 | 895.00 | M G TRUST |
| A/P | 212225 | 03/04/26 | 530.00 | MANAGED CARE PARTNERS INC. |
| A/P | 212226 | 03/04/26 | 3,761.82 | MCKESSON MEDICAL SURGICAL INC |
| A/P | 212227 | 03/04/26 | 148.20 | MEDI-DOSE, INC |
| A/P | 212228 | 03/04/26 | 3,105.00 | MEDICAL AIR SERVICES ASSOC. |
| A/P | 212229 | 03/04/26 | .00 | VOIDED |
| A/P | 212230 | 03/04/26 | .00 | VOIDED |

RUN DATE:03/04/26
TIME:15:42

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/04/26 THRU 03/04/26

PAGE 2
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BANK--CHECK-----

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---------|--------|----------|------------|--------------------------------|
| A/P | 212231 | 03/04/26 | 30,158.25 | MEDLINE INDUSTRIES INC |
| A/P | 212232 | 03/04/26 | 24,133.44 | MUTUAL OF OMAHA |
| A/P | 212233 | 03/04/26 | 379.48 | MXR IMAGING, INC |
| A/P | 212234 | 03/04/26 | 3,223.35 | NATIONAL FARM LIFE INSURANCE |
| A/P | 212235 | 03/04/26 | 65.65 | NATUS SENSORY |
| A/P | 212236 | 03/04/26 | 88.23 | NORTH COAST MEDICAL INC |
| A/P | 212237 | 03/04/26 | 1,454.30 | OLYMPUS AMERICA INC |
| A/P | 212238 | 03/04/26 | 900.00 | ONE PHYSICS LLC |
| A/P | 212239 | 03/04/26 | 3,381.81 | PARTSSOURCE, LLC |
| A/P | 212240 | 03/04/26 | 2,775.00 | PL-CPR, LLC |
| A/P | 212241 | 03/04/26 | 3,195.00 | PLENUM MEDICAL TESTING |
| A/P | 212242 | 03/04/26 | 4,410.48 | POC ELECTRIC, LLC |
| A/P | 212243 | 03/04/26 | 273.71 | QUIDELORTHO SALES COMPANY LLC |
| A/P | 212244 | 03/04/26 | 2,050.00 | RADSOURCE |
| A/P | 212245 | 03/04/26 | 132.20 | RAPID PRINTING LLC |
| A/P | 212246 | 03/04/26 | 2,660.00 | REMEDIA LLC |
| A/P | 212247 | 03/04/26 | 108.00 | ██████████ |
| A/P | 212248 | 03/04/26 | 235.25 | SERVICE SUPPLY OF VICTORIA INC |
| A/P | 212249 | 03/04/26 | 52.95 | SMILE MAKERS |
| A/P | 212250 | 03/04/26 | 10,497.00 | SOUTH TEXAS BLOOD & TISSUE CEN |
| A/P | 212251 | 03/04/26 | 169.02 | TREVIPAY- WALMART |
| A/P | 212252 | 03/04/26 | 204.29 | TRIOSE, INC |
| A/P | 212253 | 03/04/26 | 104,259.42 | TRUBRIDGE |
| A/P | 212254 | 03/04/26 | 31,854.50 | UNIFIRST HOLDINGS INC |
| A/P | 212255 | 03/04/26 | 1,571.67 | WERFEN USA LLC |
| A/P | 212256 | 03/04/26 | 2,000.00 | YOUR PHONE GUYS LLC |
| A/P | 212257 | 03/04/26 | 32,028.05 | GOLDENCREEK HEALTHCARE |
| A/P | 212258 | 03/04/26 | 64.09 | LAVACA BAY NURSING AND REHAB |
| A/P | 212259 | 03/04/26 | 189,755.52 | TUSCANY VILLAGE |
| TOTALS: | | | 901,251.48 | ✓ |

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ERIN CLEVENGER



Account inquiries:

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



| Summary of Account Activity | |
|-----------------------------|----------|
| Total Activity | \$197.44 |

| Not an invoice. For your records only. | |
|--|------------|
| Credit Limit | CLOSED |
| Cash Advance Limit | 0 |
| Statement Closing Date | 02/03/2026 |
| Days in Billing Period | 31 |

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

Transactions

| Post Date | Trans Date | MCC | Reference Number | Description/Location | Amount |
|--|------------|-----|------------------|----------------------------|----------|
| ----- NOTICE MEMO ITEM(S) LISTED BELOW ----- | | | | | |
| 01/05 | 01/03 | | | FAXAGE DENVER CO 80222 USA | 197.44 ✓ |
| ----- TOTAL AMOUNT OF MEMO ITEM(S): \$197.44 | | | | | |

APPROVED ON

FEB 25 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Account Number
Statement Closing Date February 03, 2026

Not an invoice
For your records only.

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



MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 2/12/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

| Date Required | | Expense # | Department | Deliver To | | |
|---------------|------|----------------|---------------------------|------------|------------|---------------|
| Line No. | Qty. | Catalog Number | Description | Unit Cost | Unit Meas. | Extended Cost |
| 1 | — | | Faxage - Fax services for | | | 197.44 |
| 2 | | | Dec 2025 | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

Est. Freight _____

Est. Total Cost _____

TOTAL COST \$197.44

NOTES:

Change made to Erin's credit card

| | |
|------------|--------|
| Contact: | Date: |
| Quoted By: | |
| Buyer: | E.T.A. |

| |
|----------------------------------|
| Dept. Director _____ |
| Dir. Nursing _____ |
| Dir. Clinical Services _____ |
| CFO _____ |
| Administrator <u>[Signature]</u> |

Account Number [REDACTED]
Unique ID [REDACTED]
Erin Clevenger
Statement Date : 02-06-2026



| Account Summary | | General Information | |
|-----------------------------|------------|---------------------|------------|
| Previous Balance | \$0.00 | Total Activity | \$4,939.43 |
| Purchases and Other Charges | \$4,939.43 | | |
| Cash Advances | \$0.00 | | |
| Cash Advance Fees | \$0.00 | | |
| Late Payment Charges | \$0.00 | | |
| Credits | \$0.00 CR | | |
| Payments | \$0.00 PY | | |
| Total Activity | | | |
| | \$4,939.43 | | |
| Disputed Amount | \$0.00 | | |

QUESTIONS OR TO REPORT A LOST OR STOLEN CARD,
CALL CUSTOMER SERVICE 1-800-344-5696

New Activity

| Post Date | Tran Date | Reference Number | Transaction Description | Amount |
|-----------|-----------|------------------|-----------------------------------|--------------|
| 01-13 | 01-12 | [REDACTED] | AMERICAN HEART SHOP CPR DALLAS TX | ✓ 1,436.13 ✓ |
| 01-15 | 01-14 | [REDACTED] | MDS ASSOCIATES INC CINNAMINSON NJ | ✓ 1,078.80 ✓ |
| 01-16 | 01-15 | [REDACTED] | DEA REGISTRATION ARLINGTON VA | ✓ 688.00 ✓ |
| 01-19 | 01-16 | [REDACTED] | NATIONAL ASSOCIATION O FREMONT MI | ✓ 500.00 ✓ |
| 01-29 | 01-28 | [REDACTED] | IMPRIMISRX 503B LEDGEWOOD NJ | 990.00 ✓ |
| 02-02 | 01-30 | [REDACTED] | NPDB NPDB.HRSA.GOV ROCKVILLE MD | ✓ 2.50 ✓ |
| 02-05 | 02-05 | [REDACTED] | AMA* CREDENTIALING CHICAGO IL | 44.00 ✓ |

APPROVED ON

FEB 25 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CORPORATE PAYMENT SYSTEMS
P.O. BOX 6343
FARGO, ND 58125-6343

Account Number: [REDACTED]
Unique ID: [REDACTED]
Amount Due: \$0.00

****MEMO STATEMENT ONLY**
DO NOT REMIT PAYMENT**

106481726713690 S
[Barcode]

ERIN CLEVINGER
MEMORIAL MEDICAL
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

2

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: US Bank

Date: 2/10/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

| Date Required | Expense # | Department | Deliver To | | | |
|---------------|-----------|----------------|---------------------------------|-----------|------------|---------------|
| Line No. | Qty. | Catalog Number | Description | Unit Cost | Unit Meas. | Extended Cost |
| 1 | — | | AMA Credentialing - 1 Physician | | | 44.00 ✓ |
| 2 | | | Unit + Cont. Monitoring | | | |
| 3 | | | exp. 2/4/26 | | | |
| 4 | -1bx | | Dex-Maxi PF-ImprizimsRX | | | \$ 0.20 |
| 5 | | | 20 ct/bx | | | |
| 6 | 1bx | | Pheny/ Lido PF | | | \$ 370 |
| 7 | | | 20 ct/bx | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

Est. Freight _____

Est. Total Cost _____

TOTAL COST 44.00

NOTES:

charges made to Erin's credit card ✓

44.00 + _____

620.00 + _____

370.00 + _____

1,034.00 > _____

| | |
|------------|--------|
| Contact: | Date: |
| Quoted By: | |
| Buyer: | E.T.A. |

| | |
|----------------------------------|------|
| Dept. Director _____ | |
| Dir. Nursing _____ | 0.00 |
| Dir. Clinical Services _____ | |
| CFO _____ | |
| Administrator <u>Erin Cleary</u> | |

1

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: US Bank

Date: 2/10/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

| Date Required | Expense # | Department | Deliver To | | | |
|---------------|-----------|----------------|--|-----------|------------|---------------|
| Line No. | Qty. | Catalog Number | Description | Unit Cost | Unit Meas. | Extended Cost |
| 1 | - | | American Heart Shop - CPR | | | 1,436.13 |
| 2 | | | Manuals for BLS, ACLS + PALS | | | |
| 3 | - | 1,436.13 + | MDS Associates - Surg | | | 1,078.80 |
| 4 | | 1,078.80 + | sterile gowns x12 | | | |
| | | 888.00 + | | | | |
| 5 | - | 500.00 + | DEA Registration - Renewal | | | 888.00 |
| | | 2.50 + | | | | |
| 6 | | 44.00 + | for Pharmacy | | | |
| | | 620.00 + | | | | |
| 7 | - | 370.00 + | National Assoc - Registration | | | 500.00 |
| | | 4,939.43 * | | | | |
| 8 | | | for Sharon Simms to attend | | | |
| 9 | | | CRHCP course 11/14/2024 } 1/12 - 4/10/2026 | | | |
| 10 | - | | NPOB - 1 new Enrollment | | | 2.50 |

Est. Freight Destiny Brown Est. Total Cost _____ TOTAL COST 3905.4

NOTES:

Charges made to Erin's credit card

| | |
|------------|--------|
| Contact: | Date: |
| Quoted By: | |
| Buyer: | E.T.A. |

Dept. Director _____
 Dir. Nursing _____
 Dir. Clinical Services _____
 CFO _____
 Administrator: Erin Cleveron

Account Number [REDACTED]
Unique ID: [REDACTED]
Michelle Cumberland
Statement Date : 02-06-2026 ✓



| Account Summary | | General Information | |
|-----------------------------|-----------------|---------------------|----------|
| Previous Balance | \$0.00 | Total Activity | \$254.14 |
| Purchases and Other Charges | \$254.14 | | |
| Cash Advances | \$0.00 | | |
| Cash Advance Fees | \$0.00 | | |
| Late Payment Charges | \$0.00 | | |
| Credits | \$0.00 CR | | |
| Payments | \$0.00 PY | | |
| Total Activity | | | |
| | \$254.14 | | |
| Disputed Amount | \$0.00 | | |

QUESTIONS OR TO REPORT A LOST OR STOLEN CARD,
CALL CUSTOMER SERVICE 1-800-344-5696

New Activity

| Post Date | Tran Date | Reference Number | Transaction Description | Amount |
|-----------|-----------|------------------|-------------------------|------------|
| 02-03 | 02-03 | [REDACTED] | FAXAGE DENVER CO | ✓ 254.14 ✓ |

APPROVED ON
FEB 25 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CORPORATE PAYMENT SYSTEMS
P.O. BOX 6343
FARGO, ND 58125-6343

Account Number: [REDACTED]
Unique ID: [REDACTED]
Amount Due: \$0.00

****MEMO STATEMENT ONLY**
DO NOT REMIT PAYMENT**

106481726713796 S
MICHELLE CUMBERLAND
MEMORIAL MEDICAL
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: US Bank

Date: 2/10/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

| Date Required | | Expense # | Department | Deliver To | | | Form # 9401 |
|---------------|------|----------------|-------------|------------|------------|---------------|-------------|
| Line No. | Qty. | Catalog Number | Description | Unit Cost | Unit Meas. | Extended Cost | |
| 1 | — | | Faxage ✓ | | | 254.14 | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

Est. Freight _____ Est. Total Cost _____ TOTAL COST 254.14

NOTES:

Changes made to Michelle's credit card ✓

| | |
|------------------|--------------|
| Contact: _____ | Date: _____ |
| Quoted By: _____ | |
| Buyer: _____ | E.T.A. _____ |

| |
|----------------------------------|
| Dept. Director _____ |
| Dir. Nursing _____ |
| Dir. Clinical Services _____ |
| CFO _____ |
| Administrator <u>[Signature]</u> |

MCKESSON

STATEMENT

As of: 02/27/2026

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: 02/27/2026

As of: 02/27/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 02/27/2026 ITEMS NOT PAID (✓)

| Billing Date | Due Date | Receivable Number | National Account Order Reference | 632536 | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number |
|--------------|----------|-------------------|----------------------------------|--------|-------------|---------------|----------------|-----|--------------|-----|-------------------|
|--------------|----------|-------------------|----------------------------------|--------|-------------|---------------|----------------|-----|--------------|-----|-------------------|

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 8,307.01- USD

Future Due: 0.00

Past Due: 9,827.74-

Last Payment 2,451.97
08/07/2017

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

8,337.42- USD

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

8,307.01- USD

Due If Paid On Time:

USD 8,337.42-

Disc lost if paid late:

30.41

Due If Paid Late:

USD 8,307.01-

1,637.96-+
3,275.90-+
1,637.96-+
3,275.92-+

} credits that won't be included

1,426.58 +
4.90 +
39.60 +
48.66 +
1,519.74 * —Total

APPROVED ON

MAR 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 02/27/2026

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 02/27/2026

As of: 02/27/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 02/27/2026 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 | | | | | | | | | | | |
| 02/20/2026 | 02/20/2026 | 7619689135 | ✓ | 247624586 | 115Credit | | 1,637.96- | P ✓ | 1,637.96- | P | 7619689135 |
| 02/20/2026 | 02/20/2026 | 7619689136 | ✓ | 247862519 | 115Credit | | 3,275.90- | P ✓ | 3,275.90- | P | 7619689136 |
| 02/20/2026 | 02/20/2026 | 7619689137 | ✓ | 247520310 | 115Credit | | 1,637.96- | P ✓ | 1,637.96- | P | 7619689137 |
| 02/20/2026 | 02/20/2026 | 7619689138 | ✓ | 246782096 | 115Credit | | 3,275.92- | P ✓ | 3,275.92- | P | 7619689138 |
| 02/24/2026 | 03/03/2026 | 7620217889 | ✓ | 271116092 | 115Invoice | 28.53 | 1,426.58 | ✓ | 1,398.05 | | 7620217889 |
| 02/27/2026 | 03/03/2026 | 7620917323 | ✓ | 270513841 | 115Invoice | 0.10 | 4.90 | ✓ | 4.80 | | 7620917323 |
| 02/27/2026 | 03/03/2026 | 7620917324 | ✓ | 271610641 | 115Invoice | 0.79 | 39.60 | ✓ | 38.81 | | 7620917324 |

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 8,356.66- USD

Future Due: 0.00

Past Due: 9,827.74-

Last Payment 91,795.27
02/16/2026

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

8,386.08- USD

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

8,356.66- USD

Due If Paid On Time:

USD 8,386.08-

Disc lost if paid late:

29.42

Due If Paid Late:

USD 8,356.66-

1,637.96-+
3,275.90-+
1,637.96-+
3,275.92-+ } credits won't be included

1,426.58 +
4.90 +
39.60 +
1,471.08 *

} whats included and totaled

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

MCKESSON

STATEMENT

As of: 02/27/2026

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 SupplD:
 Territory: 7001

Customer: 820405
 Date: 02/27/2026

As of: 02/27/2026 Page: 001
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 820405 PLEASE CHECK ANY
 Date: 02/27/2026 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 | |
|--------------|------------|-------------------|----------------------------------|-------------|---------------|----------------|-----|--------------|-----|-------------------|--|
| 02/23/2026 | 03/03/2026 | 7619733130 | B2602-055-289230 | 115 Invoice | 0.99 | 49.65 | | 48.66 | | 7619733130 | |

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: 49.65 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 15,020.30
 02/09/2026

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

48.66 USD

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

49.65 USD

Due If Paid On Time:
 USD

48.66 ✓

Disc lost if paid late:

0.99

Due If Paid Late:
 USD

49.65

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

| | | | | | |
|-------------------|---|------------------|---|------------------------|-------------------------|
| Served By: | AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101 | Customer: | WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509 ✓ | Customer Number | 100135284 / 037028186 |
| | DEA: RA0289276 866-451-9655 | | | Terms | Sat - Fri Due in 7 days |
| | | Remit To: | AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223 | Summary | |
| | | | | Not Yet Due: | 0.00 |
| | | | | Current: | 316.61 |
| | | | | Past Due: | 0.00 |
| | | | | Total Due: | 316.61 |
| | | | | Account Balance: | 316.61 |

Account Activity

| Document Date | Due Date | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance |
|---------------|------------|------------------|-----------------------|---------------|-----------------|--------------|-----------------|---------|
| 02-23-2026 | 03-06-2026 | 3243007164 ✓ | 7011531593 | Invoice | 128.31 ✓ | | 0.00 | 128.31 |
| 02-23-2026 | 03-06-2026 | 3243007165 ✓ | 7011535609 | Invoice | 15.83 ✓ | | 0.00 | 15.83 |
| 02-24-2026 | 03-06-2026 | 3243150296 ✓ | 7011542810 | Invoice | 23.78 ✓ | | 0.00 | 23.78 |
| 02-26-2026 | 03-06-2026 | 3243418082 ✓ | 7011553423 | Invoice | 4.47 ✓ | | 0.00 | 4.47 |
| 02-27-2026 | 03-06-2026 | 3243549918 ✓ | 7011559539 | Invoice | 144.22 ✓ | | 0.00 | 144.22 |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|---------|-----------|------------|------------|------------|-------------|---------------|
| 316.61 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Thank You for Your Payment

| Date | Amount |
|------------|----------|
| 02-27-2026 | (262.30) |

Reminders

| Due Date | Amount |
|-------------------|----------|
| 03-06-2026 | 316.61 ✓ |
| Total Due: | |
| | 316.61 ✓ |

APPROVED ON

MAR 02 2026

 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

128.31 +
 15.83 +
 23.78 +
 4.47 +
 144.22 +
 316.61 *



| | | | | | |
|---------------------|---|------------------|---|------------------------|-------------------------|
| Serviced By: | AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336 | Customer: | WALGREENS CENTRAL FILL #21373 340B MEMORIAL MEDICAL CENTER 4100 DALE EARNHARDT WAY 200 ✓ NORTHLAKE TX 76262-2389 | Customer Number | 100566356 / 100566356 |
| | DEA: RA0316958 866-451-9655 | | | Terms | Sat - Fri Due in 7 days |
| | | Remit To: | AMERISOURCEBERGEN PO Box 978740 DALLAS TX 75397-8740 | Summary | |
| | | | | Not Yet Due: | 0.00 |
| | | | | Current: | 1,538.46 |
| | | | | Past Due: | 0.00 |
| | | | | Total Due: | 1,538.46 |
| | | | | Account Balance: | 1,538.46 |

Account Activity

| Document Date | Due Date | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance |
|---------------|------------|------------------|-----------------------|---------------|-----------------|--------------|-----------------|----------|
| 02-23-2026 | 03-06-2026 | 3242984757 ✓ | 7011535921 | Invoice | 4.34 ✓ | | 0.00 | 4.34 |
| 02-23-2026 | 03-06-2026 | 3243048508 ✓ | 7011542438 | Invoice | 1,530.76 ✓ | | 0.00 | 1,530.76 |
| 02-26-2026 | 03-06-2026 | 3243447612 ✓ | 7011558702 | Invoice | 3.36 ✓ | | 0.00 | 3.36 |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|----------|-----------|------------|------------|------------|-------------|---------------|
| 1,538.46 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| Reminders | |
|-------------------|-------------------|
| Due Date | Amount |
| 03-06-2026 | 1,538.46 ✓ |
| Total Due: | 1,538.46 ✓ |

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

4.34 +
1,530.76 +
3.36 +
1,538.46 *

MP ✓

| | | | | | | | | | | | | | | | | | | | |
|------|-------|---|-----|---|------|----------|---|-----------|------------|---|---|---|-----|---|------|---|------------|------------|------------|
| 7749 | 76351 | 2 | 5 | 0 | 2026 | 47000237 | 0 | 2/23/2026 | \$6,417.64 | 1 | MD ANDERSON CANCER CENTER | P | 186 | 0 | HLAB | F | 2/5/2026 | 2/5/2026 | 746001118 |
| 7750 | 76351 | 2 | 33 | 0 | 2026 | 47000262 | 0 | 2/23/2026 | \$28.29 | 1 | BAYLOR COLLEGE OF MEDICINE | P | 181 | 0 | XRAY | F | 12/22/2025 | 12/22/2025 | 300791563 |
| 7751 | 76351 | 2 | 38 | 0 | 2026 | 48001116 | 0 | 2/23/2026 | \$29.10 | 1 | PORT LAVACA CLINIC ASSOCIATES | P | 177 | 0 | OV | F | 2/12/2026 | 2/12/2026 | 742605670 |
| 7752 | 76351 | 2 | 30 | 0 | 2026 | 48000224 | 0 | 2/23/2026 | \$29.74 | 1 | BAYLOR COLLEGE OF MEDICINE | P | 181 | 0 | XRAY | F | 12/22/2025 | 12/22/2025 | 300791563 |
| 7753 | 76351 | 2 | 58 | 3 | 2026 | 40001000 | 0 | 2/23/2026 | \$36.90 | 1 | DISCOVERY MEDICAL NETWORK MATAGORDA LLC | P | 457 | 0 | OV5 | F | 1/28/2026 | 1/28/2026 | 800820774 |
| 7754 | 76351 | 2 | 33 | 0 | 2026 | 48000220 | 0 | 2/23/2026 | \$37.01 | 1 | BAYLOR COLLEGE OF MEDICINE | P | 181 | 0 | XRAY | F | 12/22/2025 | 12/22/2025 | 300791563 |
| 7755 | 76351 | 2 | 58 | 1 | 2026 | 48000149 | 0 | 2/23/2026 | \$97.20 | 1 | ST LUKES CLINIC TREASURE VALLEY LLC | P | 177 | 0 | OV | F | 1/30/2026 | 1/30/2026 | 452716222 |
| 7756 | 76351 | 2 | 5 | 0 | 2026 | 49000269 | 0 | 2/23/2026 | \$102.85 | 1 | PHYSICIANS REFERRAL SERVICE | P | 181 | 0 | XRAY | F | 2/12/2026 | 2/12/2026 | 760273984 |
| 7757 | 76351 | 2 | 5 | 0 | 2026 | 41001185 | 0 | 2/23/2026 | \$157.08 | 1 | PHYSICIANS REFERRAL SERVICE | P | 185 | 0 | LAB | F | 2/6/2026 | 2/6/2026 | 760273984 |
| 7758 | 76351 | 2 | 5 | 0 | 2026 | 47000862 | 0 | 2/23/2026 | \$157.08 | 1 | PHYSICIANS REFERRAL SERVICE | P | 177 | 0 | OV | F | 2/10/2026 | 2/10/2026 | 760273984 |
| 7759 | 76351 | 2 | 5 | 0 | 2026 | 37000801 | 0 | 2/23/2026 | \$494.55 | 1 | PHYSICIANS REFERRAL SERVICE | P | 177 | 0 | OV | F | 2/3/2026 | 2/3/2026 | 760273984 |
| 7760 | 76351 | 2 | 5 | 0 | 2026 | 41001182 | 0 | 2/23/2026 | \$511.47 | 1 | PHYSICIANS REFERRAL SERVICE | P | 481 | 0 | OPOX | F | 2/4/2026 | 2/4/2026 | 760273984 |
| 7761 | 76351 | 2 | 5 | 0 | 2026 | 48001121 | 0 | 2/23/2026 | \$527.85 | 1 | PHYSICIANS REFERRAL SERVICE | P | 177 | 0 | OV | F | 2/12/2026 | 2/12/2026 | 760273984 |
| 7762 | 76351 | 2 | 5 | 0 | 2026 | 48001128 | 0 | 2/23/2026 | \$861.05 | 1 | PHYSICIANS REFERRAL SERVICE | P | 185 | 0 | LAB | F | 2/12/2026 | 2/12/2026 | 760273984 |
| 7763 | 76351 | 2 | 5 | 0 | 2026 | 43000788 | 0 | 2/23/2026 | \$1,380.00 | 1 | PHYSICIANS REFERRAL SERVICE | P | 178 | 0 | SO | F | 2/9/2026 | 2/9/2026 | 760273984 |
| 7764 | 76351 | 2 | 5 | 0 | 2026 | 48001122 | 0 | 2/23/2026 | \$2,007.70 | 1 | PHYSICIANS REFERRAL SERVICE | P | 185 | 0 | LAB | F | 2/12/2026 | 2/12/2026 | 760273984 |
| 7765 | 76351 | 2 | 5 | 0 | 2026 | 47000127 | 0 | 2/23/2026 | \$2,119.21 | 1 | MD ANDERSON CANCER CENT | P | 186 | 0 | HLAB | F | 2/4/2026 | 2/4/2026 | 746001118 |
| 7766 | 76351 | 2 | 5 | 0 | 2026 | 47000870 | 0 | 2/23/2026 | \$2,175.15 | 1 | PHYSICIANS REFERRAL SERVICE | P | 185 | 0 | LAB | F | 2/11/2026 | 2/11/2026 | 760273984 |
| 7767 | 76351 | 2 | 5 | 0 | 2026 | 47000126 | 0 | 2/23/2026 | \$4,402.71 | 1 | MD ANDERSON CANCER CENT | P | 172 | 0 | AB | F | 2/3/2026 | 2/3/2026 | 746001118 |
| 7769 | 76351 | 3 | 43 | 3 | 2026 | 42000644 | 0 | 2/23/2026 | \$20.51 | 1 | HOME TOWN FAMILY HEALTHCARE | P | 177 | 0 | OV | F | 2/5/2026 | 2/5/2026 | 990632079 |
| 7771 | 76351 | 3 | 79 | 0 | 2026 | 42000717 | 0 | 2/23/2026 | \$43.21 | 1 | MHK FAMILY PRACTICE PLLC | P | 177 | 0 | OV | F | 1/23/2026 | 1/23/2026 | 994807850 |
| 7772 | 76351 | 3 | 51 | 0 | 2026 | 37000802 | 0 | 2/23/2026 | \$50.92 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 457 | 0 | OV5 | F | 1/29/2026 | 1/29/2026 | 471158090 |
| 7778 | 76351 | 3 | 69 | 1 | 2026 | 44000508 | 0 | 2/23/2026 | \$65.89 | 1 | PORT LAVACA CLINIC ASSOCIATES | P | 177 | 0 | OV | F | 2/10/2026 | 2/10/2026 | 742605670 |
| 7779 | 76351 | 3 | 82 | 1 | 2026 | 42000646 | 0 | 2/23/2026 | \$84.22 | 1 | ANNE VO | P | 177 | 0 | OV | F | 9/16/2025 | 9/16/2025 | 462389484 |
| 7780 | 76351 | 3 | 43 | 0 | 2026 | 47000260 | 0 | 2/23/2026 | \$87.04 | 1 | CARDIOVASCULAR CARE PROVIDERS INC | P | 457 | 0 | OV5 | F | 2/4/2026 | 2/4/2026 | 760212050 |
| 7782 | 76351 | 3 | 4 | 0 | 2026 | 47000822 | 0 | 2/23/2026 | \$90.34 | 1 | CITIZENS MEDICAL PROFESSIONAL | P | 177 | 0 | OV | F | 1/28/2026 | 1/28/2026 | 471158090 |
| 7783 | 76351 | 3 | 82 | 1 | 2026 | 42000676 | 0 | 2/23/2026 | \$95.96 | 1 | ANNE VO | P | 172 | 0 | AB | F | 9/30/2025 | 9/30/2025 | 462389484 |
| 7784 | 76351 | 3 | 82 | 0 | 2026 | 36000714 | 0 | 2/23/2026 | \$99.22 | 1 | PORT LAVACA CLINIC | P | 177 | 0 | OV | F | 12/9/2025 | 12/9/2025 | 742605670 |
| 7785 | 76351 | 3 | 81 | 1 | 2026 | 47000836 | 0 | 2/23/2026 | \$103.60 | 1 | SINGLETON ASSOCIATES PA | P | 603 | 0 | US | F | 2/5/2026 | 2/5/2026 | 741680498 |
| 7786 | 76351 | 3 | 62 | 0 | 2026 | 42000614 | 0 | 2/23/2026 | \$111.33 | 1 | UT PHYSICIANS | P | 177 | 0 | OV | F | 2/3/2026 | 2/3/2026 | 760459500 |
| 7787 | 76351 | 3 | 29 | 0 | 2026 | 49000263 | 0 | 2/23/2026 | \$132.01 | 1 | PORT LAVACA CLINIC ASSOCIATES | P | 172 | 0 | AB | F | 2/13/2026 | 2/13/2026 | 742605670 |
| 7788 | 76351 | 3 | 51 | 0 | 2026 | 42000683 | 0 | 2/23/2026 | \$135.46 | 1 | SINGLETON ASSOCIATES PA | P | 181 | 0 | XRAY | F | 1/28/2026 | 1/28/2026 | 741680498 |
| 7790 | 76351 | 3 | 51 | 0 | 2026 | 48001123 | 0 | 2/23/2026 | \$165.00 | 1 | MSIWA LLC | P | 172 | 0 | AB | F | 11/19/2025 | 11/19/2025 | 202536458 |
| 7791 | 76351 | 3 | 72 | 0 | 2026 | 37000797 | 0 | 2/23/2026 | \$194.35 | 1 | TMH PHYSICIAN ASSOCIATES, PLLC | P | 728 | 0 | TELM | F | 1/22/2026 | 1/22/2026 | 300520570 |
| 7792 | 76351 | 3 | 81 | 1 | 2026 | 41001171 | 0 | 2/23/2026 | \$202.09 | 1 | SINGLETON ASSOCIATES PA | P | 181 | 0 | XRAY | F | 1/27/2026 | 1/27/2026 | 741680498 |
| 7796 | 76351 | 3 | 16 | 2 | 2026 | 36000733 | 0 | 2/23/2026 | \$325.20 | 1 | SINUS AND ALLERGY SPECIALISTS OF TEXAS | P | 442 | 0 | ALSS | F | 1/23/2026 | 1/23/2026 | 460862530 |
| 7800 | 76351 | 3 | 23 | 0 | 2026 | 44000134 | 0 | 2/23/2026 | \$606.58 | 1 | VICTORIA HEART AND VASCULAR CENTER | P | 457 | 0 | OV5 | F | 1/28/2026 | 1/28/2026 | 562284144 |
| 7801 | 76351 | 3 | 82 | 1 | 2026 | 37000798 | 0 | 2/23/2026 | \$785.61 | 1 | ANNE VO | P | 172 | 0 | AB | F | 1/20/2026 | 1/20/2026 | 462389484 |
| 7802 | 76351 | 3 | 82 | 0 | 2026 | 42000351 | 0 | 2/23/2026 | \$954.45 | 1 | COMMUNITY PATHOLOGY ASSOCIATES | P | 185 | 0 | LAB | F | 1/20/2026 | 1/20/2026 | 760421006 |
| 7804 | 76351 | 3 | 72 | 0 | 2026 | 48001086 | 0 | 2/23/2026 | \$1,308.20 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 457 | 0 | OV5 | F | 5/8/2025 | 5/29/2025 | 471158090 |
| 7812 | 76360 | 3 | 59 | 1 | 2026 | 41000258 | 0 | 2/23/2026 | \$34.05 | 1 | LABORATORY CORPORATION OF AMERICA | P | 172 | 0 | AB | F | 1/29/2026 | 1/29/2026 | 840611484 |
| 7814 | 76360 | 3 | 26 | 1 | 2026 | 44000544 | 0 | 2/23/2026 | \$39.09 | 1 | SINGLETON ASSOCIATES PA | P | 181 | 0 | XRAY | F | 2/1/2026 | 2/1/2026 | 741680498 |
| 7818 | 76360 | 3 | 32 | 1 | 2026 | 41001138 | 0 | 2/23/2026 | \$49.33 | 1 | BAYLOR ST LUKES MEDICAL GROUP | P | 180 | 0 | XDR | F | 1/16/2026 | 1/16/2026 | 760458535 |
| 7819 | 76360 | 3 | 74 | 0 | 2026 | 36000713 | 0 | 2/23/2026 | \$49.94 | 1 | ADU SPORTS MEDICINE CLINIC | P | 457 | 0 | OV5 | F | 2/3/2026 | 2/3/2026 | 273353555 |
| 7821 | 76360 | 3 | 134 | 0 | 2026 | 36000664 | 0 | 2/23/2026 | \$55.52 | 1 | DIAGNOSTIC IMAGING ASSOCIATES, PA | P | 183 | 0 | RAD | F | 1/2/2026 | 1/2/2026 | 760686474 |
| 7822 | 76360 | 3 | 119 | 0 | 2026 | 47000880 | 0 | 2/23/2026 | \$55.89 | 1 | NOE R. OLVERA, MD, PA | P | 457 | 0 | OV5 | F | 2/12/2026 | 2/12/2026 | 2627212038 |
| 7823 | 76360 | 3 | 134 | 2 | 2026 | 40000974 | 0 | 2/23/2026 | \$56.50 | 1 | TCPSO | P | 183 | 0 | RAD | F | 1/4/2026 | 1/4/2026 | 260834681 |
| 7827 | 76360 | 3 | 138 | 1 | 2026 | 47000854 | 0 | 2/23/2026 | \$80.34 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 457 | 0 | OV5 | F | 2/9/2026 | 2/9/2026 | 471158090 |
| 7830 | 76360 | 3 | 136 | 1 | 2026 | 36000698 | 0 | 2/23/2026 | \$84.22 | 1 | PORT LAVACA CLINIC | P | 177 | 0 | OV | F | 12/9/2025 | 12/9/2025 | 742605670 |
| 7832 | 76360 | 3 | 138 | 2 | 2026 | 42000685 | 0 | 2/23/2026 | \$87.00 | 1 | COUNSELING4LIFE LLC | P | 360 | 0 | POV | F | 2/6/2026 | 2/6/2026 | 455131564 |
| 7833 | 76360 | 3 | 138 | 2 | 2026 | 48001141 | 0 | 2/23/2026 | \$87.00 | 1 | COUNSELING4LIFE LLC | P | 360 | 0 | POV | F | 2/12/2026 | 2/12/2026 | 455131564 |
| 7842 | 76360 | 3 | 66 | 0 | 2026 | 44000579 | 0 | 2/23/2026 | \$124.18 | 1 | HEALTH AND WELLNESS SOLUTIONS PA | P | 457 | 0 | OV5 | F | 2/10/2026 | 2/10/2026 | 260406833 |
| 7843 | 76360 | 3 | 59 | 1 | 2026 | 49000250 | 0 | 2/23/2026 | \$127.79 | 1 | FAMILY CARE CENTER | P | 728 | 0 | TELM | F | 2/11/2026 | 2/11/2026 | 810970561 |
| 7845 | 76360 | 3 | 130 | 0 | 2026 | 47000841 | 0 | 2/23/2026 | \$133.46 | 1 | SINGLETON ASSOCIATES PA | P | 181 | 0 | XRAY | F | 1/29/2026 | 1/29/2026 | 741680498 |
| 7846 | 76360 | 3 | 7 | 0 | 2026 | 40000992 | 0 | 2/23/2026 | \$149.26 | 1 | ESS OF PORT LAVACA LLC | P | 189 | 0 | ERD | F | 1/3/2026 | 1/3/2026 | 815248556 |
| 7847 | 76360 | 3 | 60 | 0 | 2026 | 48001102 | 0 | 2/23/2026 | \$149.26 | 1 | ESS OF PORT LAVACA LLC | P | 189 | 0 | ERD | F | 12/26/2025 | 12/26/2025 | 815248556 |
| 7848 | 76360 | 3 | 32 | 1 | 2026 | 41001134 | 0 | 2/23/2026 | \$179.82 | 1 | BAYLOR ST LUKES MEDICAL GROUP | P | 172 | 0 | AB | F | 1/16/2026 | 1/16/2026 | 760458535 |
| 7849 | 76360 | 3 | 136 | 1 | 2026 | 36000717 | 0 | 2/23/2026 | \$189.97 | 1 | PORT LAVACA CLINIC | P | 172 | 0 | AB | F | 12/29/2025 | 12/29/2025 | 742605670 |
| 7852 | 76360 | 3 | 138 | 0 | 2026 | 36000687 | 0 | 2/23/2026 | \$216.48 | 1 | ESS OF PORT LAVACA LLC | P | 189 | 0 | ERD | F | 10/14/2025 | 10/14/2025 | 815248556 |
| 7854 | 76360 | 3 | 59 | 1 | 2026 | 37000830 | 0 | 2/23/2026 | \$233.33 | 1 | ADVENTHEALTH MEDICAL GROUP | P | 172 | 0 | AB | F | 1/29/2026 | 1/29/2026 | 840438224 |
| 7856 | 76360 | 3 | 126 | 0 | 2026 | 44000133 | 0 | 2/23/2026 | \$252.81 | 1 | VICTORIA WOMENS CLINIC | P | 172 | 0 | AB | F | 1/23/2026 | 1/23/2026 | 741831291 |
| 7858 | 76360 | 3 | 32 | 2 | 2026 | 36000636 | 0 | 2/23/2026 | \$263.19 | 1 | ESS OF PORT LAVACA LLC | P | 189 | 0 | ERD | F | 10/29/2025 | 10/29/2025 | 815248556 |
| 7864 | 76360 | 3 | 140 | 3 | 2026 | 47000848 | 0 | 2/23/2026 | \$690.27 | 1 | ANNE VO | P | 172 | 0 | AB | F | 1/27/2026 | 1/27/2026 | 462389484 |
| 7870 | 76360 | 3 | 134 | 1 | 2026 | 40000868 | 0 | 2/23/2026 | \$1,090.56 | 1 | TEXAS CHILDRENS HOSPITAL | P | 186 | 0 | HLAB | F | 1/30/2026 | 1/30/2026 | 741100555 |

\$81,880.05

CO J. M. C.
2/25/26

APPROVED ON

MAR 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

HPHG, LLC dba 90 Degree Benefits

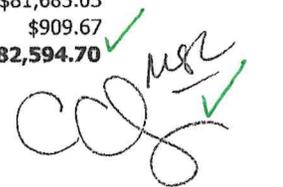
Monthly Billing for 3/1/2026

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

Master Group Totals

| | | | | | | |
|------------|-----|-------------|-------------|---|----------|-------------|
| | | | | | | Total Due |
| SPEC AGG | 171 | \$69,707.58 | Adjustments | 6 | \$843.72 | \$70,551.30 |
| ADMIN FEES | 171 | \$7,609.50 | Adjustments | 5 | \$44.50 | \$7,654.00 |
| PPO UR | 171 | \$3,667.95 | Adjustments | 5 | \$21.45 | \$3,689.40 |
| CHIC FEE | | \$700.00 | | | | \$700.00 |

| | | |
|--------------------------|---|--------------------|
| Balance Forward: | | \$161,201.31 |
| Payments: | - | \$161,201.31 |
| Adjustments: | + | \$0.00 |
| Beginning Balance: | | \$0.00 |
| Current Amount Due: | + | \$81,685.03 |
| Current Adjustments: | + | \$909.67 |
| Total Amount Due: | | \$82,594.70 |

MSL

 2/25/26

APPROVED ON

MAR 02 2026

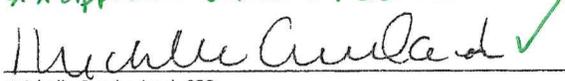
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

| | |
|-------------|---------|
| Description | Medical |
| EE | 102 |
| ES | 16 |
| EF | 15 |
| EC | 38 |
| Mst Total | 171 |

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

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

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Feb 23, 2026 - Mar 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> |
|---|---|-----------------------------------|-------------------|------------------------------------|------------------|
| 2/27/2026 | HEALTHEQUITY INC - HealthEqui | - EmpDeduct/Employer Contribut | 1,075.82* | 902230 | |
| 2/27/2026 | PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#119988565 119798385 | - 3rd Party Payor Fee | 515.26 | 902231 | |
| 2/27/2026 | AMERISOURCE BERG - PAYMENTS 100007768 | - 340B Drug Program Expense | 262.30* | 902232 | |
| 2/27/2026 | MEMORIAL MEDICAL - PAYROLL | - Payroll | 381,647.09* | 902233 | 515.26 + |
| 2/26/2026 | PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#119610800 119533079 | - 3rd Party Payor Fee | 822.56 | 902234 | |
| 2/25/2026 | Domestic Wire Withdrawal WIRE OUT CBNA INCOMI NG SETTLEMENT ACCOUNT | - CitiBank Corporate Card Payment | 197.44** | 902235 | 822.56 + |
| 2/25/2026 | Domestic Wire Withdrawal WIRE OUT U.S. BANK C ORPORATE PAYMENT SYSTEM | -US Bank Credit Card Payment | 5,193.57** | 902236 | 54.80 + |
| 2/25/2026 | PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#119317710 119250826 | - 3rd Party Payor Fee | 54.80 | 902237 | |
| 2/24/2026 | PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#119083705 118970175 | - 3rd Party Payor Fee | 30.67 | 902238 | 30.67 + |
| 2/23/2026 | PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#118786710 118698059 | - 3rd Party Payor Fee | 385.41 | 902239 | 385.41 + |
| | | | <u>390,184.92</u> | | 1,808.70 + |
| *approved on 02.25.26 CC **approval on 03.04.26 CC | | | | | |
|  | | March 2, 2026 | | | 0.00 |
| Michelle Cumberland, CFO Memorial Medical Center | | | | | |

pay plus

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

| <u>Date</u> | <u>Description</u> | <u>MMC Notes</u> | <u>Amount</u> | | |
|--|--|----------------------|-------------------|--|--------------|
| 3/11/2026 | - STATE COMTRLR TEXNET | -DSH IGT | 3,061.88 ✓ | | 390,184.92 + |
| 3/15/2026 | - TEXAS COUNTY DRS RECEIVABLE 0419 21000024329 | - Retirement Funding | 180,830.45 ✓ | | 1,075.82 - |
| | | | <u>183,892.33</u> | | 262.30 - |
|  | | March 2, 2026 | | | 381,647.09 - |
| Michelle Cumberland, CFO Memorial Medical Center | | | | | 197.44 - |

3,061.88 +
180,830.45 +
183,892.33 *

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

Date/Time 02-24-2026 / 03:56 PM
Submitted By autumnrwilson

Pay Date 02-28-2026

| | |
|--------------------------|---------------------|
| Employee Deposits | \$73,894.62 |
| Employer Contributions | \$106,935.83 |
| Group Term Life Premiums | \$0.00 |
| Total | \$180,830.45 |

Comments

Payroll File Feb 2026.xlsx

[CLOSE](#)

[PRINT](#)



Transaction Summary

Transaction Complete

Trace #: [REDACTED]

**Texas Health and Human Services Commission
Memorial Medical Center Operating County
746003411**

| | |
|---------------------------------|-------------------|
| Payment Total | \$3,061.88 |
| Bank Routing and Account Number | [REDACTED] |
| Settlement Date | 3/11/2026 |
| DSH Amount | \$3,061.88 |
| [REDACTED] | |
| Entered By | Caitlin Clevenger |

RECEIVED

FEB 27 2026

02/26/2026
11:58

Calhoun County Auditor

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 03/13/2026

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code | | | | | | | |
|----------------------------------|------------------------------|------------------------------|-----------|-----------|----------|-----|-------|----------|--------|---------|
| 12792 | LAVACA BAY NURSING AND REHAB | | | | | | | | | |
| ✓ Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| ✓ 022326 | | 02/24/202 | 02/23/202 | 03/13/202 | | | 64.09 | 0.00 | 0.00 | 64.09 ✓ |
| ins. pay dep into mmc opt. error | | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 12792 | LAVACA BAY NURSING AND REHAB | | | | | 64.09 | 0.00 | 0.00 | 64.09 |

Report Summary

| | | | | |
|---------------|-------|----------|--------|-------|
| Grand Totals: | Gross | Discount | No-Pay | Net |
| | 64.09 | 0.00 | 0.00 | 64.09 |

APPROVED ON

FEB 27 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 212258

RECEIVED

FEB 27 2026

02/26/2026

11:58

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 03/13/2026

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|-----------|----------------------------------|-----------|-----------|-----------|----------|-----|-----------|----------|--------|-------------|
| ✓ 021326A | | 02/24/202 | 02/13/202 | 03/13/202 | | | 806.88 | 0.00 | 0.00 | 806.88 ✓ |
| ✓ 021326 | ins. pay dep into mmc Opt. error | 02/24/202 | 02/13/202 | 03/13/202 | | | 2,188.68 | 0.00 | 0.00 | 2,188.68 ✓ |
| ✓ 021326B | .. | 02/24/202 | 02/13/202 | 03/13/202 | | | 597.45 | 0.00 | 0.00 | 597.45 ✓ |
| ✓ 021926 | .. | 02/24/202 | 02/19/202 | 03/13/202 | | | 102.68 | 0.00 | 0.00 | 102.68 ✓ |
| ✓ 022526 | .. | 02/25/202 | 02/25/202 | 03/13/202 | | | 28,332.36 | 0.00 | 0.00 | 28,332.36 ✓ |

QIPP Y8 ADJ 1

| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
|-----------------------|------------------------|-----------|----------|--------|-----------|
| 11836 | GOLDENCREEK HEALTHCARE | 32,028.05 | 0.00 | 0.00 | 32,028.05 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|-----------|----------|--------|-----------|
| | 32,028.05 | 0.00 | 0.00 | 32,028.05 |

APPROVED ON

FEB 27 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 212257

| | | |
|-----------|---|---------|
| 32,028.05 | + | Total |
| 28,332.36 | - | QIPP |
| 3,695.69 | * | lefover |
| 0.00 | | |
| 806.88 | + | |
| 2,188.68 | + | |
| 597.45 | + | |
| 102.68 | + | |
| 3,695.69 | * | |

RECEIVED

FEB 27 2026

MEMORIAL MEDICAL CENTER

02/26/2026
11:58

AP Open Invoice List

0

ap_open_invoice.template

Calhoun County Auditor

Due Dates Through: 03/13/2026

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 |
|----------------------------|-----------------------------------|-----------|-----------|-----------|----------|-----|------------|----------|--------|-------------|
| ✓ 021326A | | 02/24/202 | 02/13/202 | 03/13/202 | | | 29,022.47 | 0.00 | 0.00 | 29,022.47 ✓ |
| ✓ 021326C | ins pay. dep into mmmc opt. error | 02/24/202 | 02/13/202 | 03/13/202 | | | 4,971.58 | 0.00 | 0.00 | 4,971.58 ✓ |
| ✓ 021326B | " | 02/24/202 | 02/13/202 | 03/13/202 | | | 17,156.02 | 0.00 | 0.00 | 17,156.02 ✓ |
| ✓ 021326 | .. | 02/24/202 | 02/13/202 | 03/13/202 | | | 14,510.00 | 0.00 | 0.00 | 14,510.00 ✓ |
| ✓ 021826 | .. | 02/24/202 | 02/18/202 | 03/13/202 | | | 12,433.98 | 0.00 | 0.00 | 12,433.98 ✓ |
| ✓ 021926 | .. | 02/24/202 | 02/19/202 | 03/13/202 | | | 848.13 | 0.00 | 0.00 | 848.13 ✓ |
| ✓ 022026A | .. | 02/24/202 | 02/19/202 | 03/13/202 | | | 3,717.98 | 0.00 | 0.00 | 3,717.98 ✓ |
| ✓ 021926B | .. | 02/24/202 | 02/19/202 | 03/13/202 | | | 100.00 | 0.00 | 0.00 | 100.00 ✓ |
| ✓ 022026 | .. | 02/24/202 | 02/19/202 | 03/13/202 | | | 13,506.84 | 0.00 | 0.00 | 13,506.84 ✓ |
| ✓ 021926A | .. | 02/24/202 | 02/19/202 | 03/13/202 | | | 20,368.56 | 0.00 | 0.00 | 20,368.56 ✓ |
| ✓ 022426 | .. | 02/24/202 | 02/24/202 | 03/13/202 | | | 73,119.96 | 0.00 | 0.00 | 73,119.96 ✓ |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| 13004 TUSCANY VILLAGE | | | | | | | 189,755.52 | 0.00 | 0.00 | 189,755.52 |

QIPP Money owed for Y8 Q3

Report Summary

| | | | | |
|---------------|------------|----------|--------|------------|
| Grand Totals: | Gross | Discount | No-Pay | Net |
| | 189,755.52 | 0.00 | 0.00 | 189,755.52 |

| | | |
|------------|---|----------|
| 189,755.52 | + | Total |
| 73,119.96 | - | QIPP |
| 116,635.56 | * | leftover |
| 29,022.47 | + | |
| 4,971.58 | + | |
| 17,156.02 | + | |
| 14,510.00 | + | |
| 12,433.98 | + | |
| 848.13 | + | |
| 3,717.98 | + | |
| 100.00 | + | |
| 13,506.84 | + | |
| 20,368.56 | + | |
| 116,635.56 | * | |

APPROVED ON

FEB 27 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 212259

APPROVED ON

MAR 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
3/2/2026

| 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 | | 60.16 | - | 0.03 | | 60.19 | 0 |
| | | | | | | Bank Balance | 60.19 |
| | | | | | | Variance | - |
| | | | | | | Leave in Balance | 100.00 |
| <i>Routing Information for Ashford Gardens:</i> | | | | | | | |
| Ashford Health Care Center Ltd Co JP Morgan Chase Bank | | | | | | | |
| Broadmoor | | 101.53 | - | 0.05 | | Adjust Balance/Transfer Amt | (39.81) |
| | | | | | | | - |
| | | | | | | Bank Balance | 101.58 |
| | | | | | | Variance | - |
| | | | | | | Leave in Balance | 100.00 |
| Crescent | | 100.78 | - | 0.05 | | Adjust Balance/Transfer Amt | 1.58 |
| | | | | | | | 100.83 |
| | | | | | | Bank Balance | 100.83 |
| | | | | | | Variance | - |
| | | | | | | Leave in Balance | 100.00 |
| Fort Bend | | 104.54 | - | 0.05 | | Adjust Balance/Transfer Amt | 0.83 |
| | | | | | | | 104.59 |
| | | | | | | Bank Balance | 104.59 |
| | | | | | | Variance | - |
| | | | | | | Leave in Balance | 100.00 |
| Salera at W Houston | | 100.00 | - | 6,197.91 | | Adjust Balance/Transfer Amt | 4.59 |
| | | | | | | | 6,297.91 |
| | | | | | | Bank Balance | 6,297.91 |
| | | | | | | Variance | - |
| | | | | | | Leave in Balance | 100.00 |
| <i>Routing Information for Crescent / Salera at West Houston / Fort Bend / Broadmoor:</i> | | | | | | | |
| Cantex Health Care Centers III LLC JP Morgan Chase Bank | | | | | | | |
| | | | | | | Adjust Balance/Transfer Amt | 6,197.91 |
| TOTAL TRANSFERS | | | | | | | 6,197.91 |

Approved: *Michelle Cumberland*
Michelle Cumberland, CFO
3/2/2026

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

Ashford Gardens

2/27/2026 Credit Interest

|  <u>Transfer-Out</u> |  <u>Transfer-In</u> | <u>MMC PORTION</u> | <u>NH PORTION</u> |
|---|--|--------------------|-------------------|
| - | 0.03 | | 0.03 |
| - | - | | - |
| - | - | | - |
| - | 0.03 | - | 0.03 |

Broadmoor

2/27/2026 Credit Interest

|  <u>Transfer-Out</u> |  <u>Transfer-In</u> | <u>MMC PORTION</u> | <u>NH PORTION</u> |
|---|--|--------------------|-------------------|
| - | 0.05 | | 0.05 |
| - | - | | - |
| - | - | | - |
| - | 0.05 | - | 0.05 |

Crescent

2/27/2026 Credit Interest

|  <u>Transfer-Out</u> |  <u>Transfer-In</u> | <u>MMC PORTION</u> | <u>NH PORTION</u> |
|---|--|--------------------|-------------------|
| - | 0.05 | | 0.05 |
| - | - | | - |
| - | - | | - |
| - | 0.05 | - | 0.05 |

Fort Bend

2/27/2026 Credit Interest

|  <u>Transfer-Out</u> |  <u>Transfer-In</u> | <u>MMC PORTION</u> | <u>NH PORTION</u> |
|---|--|--------------------|-------------------|
| - | 0.05 | | - |
| - | - | | - |
| - | - | | - |
| - | 0.05 | - | - |

Solera at West Houston

2/27/2026 Credit Interest

2/27/2026 Deposit

|  <u>Transfer-Out</u> |  <u>Transfer-In</u> | <u>MMC PORTION</u> | <u>NH PORTION</u> |
|---|--|--------------------|-------------------|
| - | 1.32 | | 1.32 |
| - | 6,196.59 | | 6,196.59 |
| - | - | | - |
| - | 6,197.91 | - | 6,197.91 |

TOTALS

| | | | |
|---|----------|---|----------|
| - | 6,198.09 | - | 6,198.04 |
|---|----------|---|----------|

Balances Overview



COUNTY OF CALHOUN TEXAS
 CCLEVENGER
 as of Mar 2, 2026 9:29:49 AM CST

Account Activity

DDA(14)

| | Current Balance | Available Balance |
|---|-----------------------|-----------------------|
| | \$1,982,052.26 | \$1,982,052.26 |
| Account Name | | |
| *4357 MEMORIAL MEDICAL - OPERATING | \$1,103,427.31 | \$1,103,427.31 |
| *4381 MEMORIAL MEDICAL / NH ASHFORD | ✓ \$60.19 ✓ | \$60.19 |
| *4403 MEMORIAL MEDICAL / NH BROADMOOR | ✓ \$101.58 ✓ | \$101.58 |
| *4411 MEMORIAL MEDICAL / NH CRESCENT | ✓ \$100.83 ✓ | \$100.83 |
| *4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON | ✓ \$6,297.91 ✓ | \$6,297.91 |
| *4446 MEMORIAL MEDICAL / NH FORT BEND | ✓ \$104.59 ✓ | \$104.59 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$174,808.90 | \$174,808.90 |
| *4551 CAL CO INDIGENT HEALTHCARE | \$15,434.44 | \$15,434.44 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$38,619.19 | \$38,619.19 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$101.96 | \$101.96 |
| *5506 MMC -NH LAVACA BAY NURSING & REHAB | \$185,313.46 | \$185,313.46 |
| *3407 MMC -NH TUSCANY VILLAGE | \$373,612.07 | \$373,612.07 |
| *2998 MMC -MONEY MARKET FUND | \$74,878.95 | \$74,878.95 |
| *7168 MEMORIAL MEDICAL LOCK BOX | \$9,190.88 | \$9,190.88 |
| Total Balance | \$1,982,052.26 | \$1,982,052.26 |

APPROVED ON

MAR 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
3/2/2026

| 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 | | 162,167.76 | 123,088.28 | 135,729.42 | | 174,808.90 | 174,281.33 |
| | | | | | Bank Balance Variance | 174,808.90 | |
| | | | | | Leave in Balance | 100.00 | |
| | | | | | Claim owed to MMC | 172.50 | |
| | | | | | Jan interest | 255.07 | |
| | | | | | Adjust Balance/Transfer Amt | 174,281.33 | |

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

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

Approved: 
Michelle Cumberland, CFO 3/2/2026

Golden Creek

2/27/2026 Credit Interest
2/27/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 022726 543684555876917
2/26/2026 Deposit
2/26/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1232108229*13 41858379\ 746003411
2/25/2026 Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC
2/25/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 022526 543684555876917
2/23/2026 TSYS, TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 022326 543684555876917

| | ✓ <u>Transfer-Out</u> | ✓ <u>Transfer-In</u> | MMC <u>PORTION</u> | <u>NH PORTION</u> |
|--|--------------------------|-------------------------|-----------------------|-------------------|
| | - | 65.76 | | |
| | - | 4,304.75 | | |
| | - | 112,560.18 | | |
| | - | 14,527.83 | | |
| | 123,088.28 | - | | |
| | - | 2,383.90 | | |
| | - | 1,887.00 | | |
| | <u>123,088.28</u> | <u>135,729.42</u> | - | - |

Balances Overview



COUNTY OF CALHOUN TEXAS
 CCLEVENGER
 as of Mar 2, 2026 9:29:49 AM CST

Account Activity

DDA(14)

| | Current Balance | Available Balance |
|---|-----------------------|-----------------------|
| | \$1,982,052.26 | \$1,982,052.26 |
| Account Name | | |
| *4357 MEMORIAL MEDICAL - OPERATING | \$1,103,427.31 | \$1,103,427.31 |
| *4381 MEMORIAL MEDICAL / NH ASHFORD | \$60.19 | \$60.19 |
| *4403 MEMORIAL MEDICAL / NH BROADMOOR | \$101.58 | \$101.58 |
| *4411 MEMORIAL MEDICAL / NH CRESCENT | \$100.83 | \$100.83 |
| *4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON | \$6,297.91 | \$6,297.91 |
| *4446 MEMORIAL MEDICAL / NH FORT BEND | \$104.59 | \$104.59 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | ✓ \$174,808.90 ✓ | \$174,808.90 |
| *4551 CAL CO INDIGENT HEALTHCARE | \$15,434.44 | \$15,434.44 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$38,619.19 | \$38,619.19 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$101.96 | \$101.96 |
| *5506 MMC -NH LAVACA BAY NURSING & REHAB | \$185,313.46 | \$185,313.46 |
| *3407 MMC -NH TUSCANY VILLAGE | \$373,612.07 | \$373,612.07 |
| *2998 MMC -MONEY MARKET FUND | \$74,878.95 | \$74,878.95 |
| *7168 MEMORIAL MEDICAL LOCK BOX | \$9,190.88 | \$9,190.88 |
| Total Balance | \$1,982,052.26 | \$1,982,052.26 |

APPROVED ON

MAR 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
3/2/2026

| 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 | | 38,600.15 | - | 19.04 | - | - | 38,619.19 | No Transfer (Holding due to pending claims requests) |
| | | | | | | Bank Balance | 38,619.19 | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Claims owed to MMC | 40,154.32 | |
| | | | | | | Adjust Balance/Transfer Amt | (1,635.13) | |
| | | | | | | | | |
| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | Transfer-In | Cks Cleared | Pending Deposits | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
| Gulf Pointe Plaza-Medicare/Medicaid | | 101.91 | - | 0.05 | - | - | 101.96 | NO TRANSFER |
| | | | | | | Bank Balance | 101.96 | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Adjust Balance/Transfer Amt | 1.96 | |
| | | | | | | 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: *MCC* ✓
Michelle Cumberland, CFO 3/2/2026

Gulf Pointe Plaza-Private Pay

2/27/2026 Credit Interest

|  <u>Transfer-Out</u> |  <u>Transfer-In</u> | MMC PORTION | NH PORTION |
|---|--|----------------|------------|
| - | 19.04 | | 19.04 |
| - | - | | - |
| - | - | | - |
| - | - | | - |
| - | 19.04 | - | 19.04 |

Gulf Pointe Plaza-Medicare/Medicaid

2/27/2026 Credit Interest

|  <u>Transfer-Out</u> |  <u>Transfer-In</u> | MMC PORTION | NH PORTION |
|---|--|----------------|------------|
| - | 0.05 | | 0.05 |
| - | - | | - |
| - | - | | - |
| - | - | | - |
| - | 0.05 | - | 0.05 |

| | | | |
|---|-------|---|-------|
| - | 19.09 | - | 19.09 |
|---|-------|---|-------|

Balances Overview



COUNTY OF CALHOUN TEXAS
 CCLEVENGER
 as of Mar 2, 2026 9:29:49 AM CST

Account Activity

DDA(14)

| | Current Balance | Available Balance |
|---|-----------------------|-----------------------|
| | \$1,982,052.26 | \$1,982,052.26 |
| Account Name | | |
| *4357 MEMORIAL MEDICAL - OPERATING | \$1,103,427.31 | \$1,103,427.31 |
| *4381 MEMORIAL MEDICAL / NH ASHFORD | \$60.19 | \$60.19 |
| *4403 MEMORIAL MEDICAL / NH BROADMOOR | \$101.58 | \$101.58 |
| *4411 MEMORIAL MEDICAL / NH CRESCENT | \$100.83 | \$100.83 |
| *4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON | \$6,297.91 | \$6,297.91 |
| *4446 MEMORIAL MEDICAL / NH FORT BEND | \$104.59 | \$104.59 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$174,808.90 | \$174,808.90 |
| *4551 CAL CO INDIGENT HEALTHCARE | \$15,434.44 | \$15,434.44 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | ✓\$38,619.19 ✓ | \$38,619.19 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | ✓\$101.96 ✓ | \$101.96 |
| *5506 MMC -NH LAVACA BAY NURSING & REHAB | \$185,313.46 | \$185,313.46 |
| *3407 MMC -NH TUSCANY VILLAGE | \$373,612.07 | \$373,612.07 |
| *2998 MMC -MONEY MARKET FUND | \$74,878.95 | \$74,878.95 |
| *7168 MEMORIAL MEDICAL LOCK BOX | \$9,190.88 | \$9,190.88 |
| Total Balance | \$1,982,052.26 | \$1,982,052.26 |

APPROVED ON

MAR 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscan Transfer
Prosperity Accounts
3/2/2026

| Account Number | Previous Beginning Balance | Transfer-Out | Transfer-In | Cks Cleared | Pending Deposits | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|---|----------------------------|--------------|-------------|-------------|------------------------------|---------------------------|--|
| <u>Nursing Home</u> <u>Tuscany Village</u> | 444,939.27 | 444,839.27 | 373,512.07 | - | - | 373,612.07 | 373,512.07 |
| | | | | | Bank Balance Variance | 373,612.07 | |
| | | | | | Leave in Balance | 100.00 | |
| | | | | | Wellpoint/Elevance QPPP Pymt | | |

Adjust Balance/Transfer Amt 373,512.07

Approved: Michelle Cumberland
Michelle Cumberland, CFO 3/2/2026

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.

Tuscany Village

2/27/2026 Credit Interest
2/27/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7724535*1205296137*000004011\ 676201
2/26/2026 Deposit
2/26/2026 Deposit
2/26/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1232108228*13 41858379\ 746003411
2/26/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7722687*1205296137*000004011\ 676201
2/25/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE
2/25/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1232388165*13 41858379\ 746003411
2/24/2026 Deposit
2/24/2026 Deposit
2/23/2026 Merchant Capture Deposit
2/23/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1231942854*13 41858379\ 746003411

| | ✓ | ✓ | MMC | |
|--|-------------------|-------------------|---------|-------------------|
| | Transfer-Out | Transfer-In | PORTION | NH PORTION |
| | - | 173.92 | | 173.92 |
| | - | 14,592.09 | | 14,592.09 |
| | - | 102,452.79 | | 102,452.79 |
| | - | 33,403.88 | | 33,403.88 |
| | - | 14,821.92 | | 14,821.92 |
| | - | 105,057.71 | | 105,057.71 |
| | 444,839.27 | - | | - |
| | - | 32,227.65 | | 32,227.65 |
| | - | 389.66 | | 389.66 |
| | - | 24,489.00 | | 24,489.00 |
| | - | 29,278.99 | | 29,278.99 |
| | - | 16,624.46 | | 16,624.46 |
| | <u>444,839.27</u> | <u>373,512.07</u> | - | <u>373,512.07</u> |

Balances Overview



COUNTY OF CALHOUN TEXAS
 CCLEVENGER
 as of Mar 2, 2026 9:29:49 AM CST

Account Activity

DDA(14)

| | Current Balance | Available Balance |
|---|-----------------------|-----------------------|
| | \$1,982,052.26 | \$1,982,052.26 |
| Account Name | | |
| *4357 MEMORIAL MEDICAL - OPERATING | \$1,103,427.31 | \$1,103,427.31 |
| *4381 MEMORIAL MEDICAL / NH ASHFORD | \$60.19 | \$60.19 |
| *4403 MEMORIAL MEDICAL / NH BROADMOOR | \$101.58 | \$101.58 |
| *4411 MEMORIAL MEDICAL / NH CRESCENT | \$100.83 | \$100.83 |
| *4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON | \$6,297.91 | \$6,297.91 |
| *4446 MEMORIAL MEDICAL / NH FORT BEND | \$104.59 | \$104.59 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$174,808.90 | \$174,808.90 |
| *4551 CAL CO INDIGENT HEALTHCARE | \$15,434.44 | \$15,434.44 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$38,619.19 | \$38,619.19 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$101.96 | \$101.96 |
| *5506 MMC -NH LAVACA BAY NURSING & REHAB | \$185,313.46 | \$185,313.46 |
| *3407 MMC -NH TUSCANY VILLAGE | ✓ \$373,612.07 ✓ | \$373,612.07 |
| *2998 MMC -MONEY MARKET FUND | \$74,878.95 | \$74,878.95 |
| *7168 MEMORIAL MEDICAL LOCK BOX | \$9,190.88 | \$9,190.88 |
| Total Balance | \$1,982,052.26 | \$1,982,052.26 |

APPROVED ON

MAR 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSL Transfer
Prosperity Accounts
3/2/2026

| 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 | | 112,486.79 | 91,009.63 | 161,201.36 | | | 182,678.52 | 170,652.37 |
| | | | | | | Bank Balance | 182,678.52 | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | QIPP Y8 ADJ OWED TO MMC | 11,774.21 | |
| | | | | | | Jan Interest | 151.94 | |
| | | | | | | Adjust Balance/Transfer Amt | 170,652.37 | |

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*
Michelle Cumberland, CFO 3/2/2026

Lavaca Bay Nursing and Rehab

| | ✓ Transfer-Out | ✓ Transfer-In | MMC PORTION | NH PORTION |
|--|-------------------|-------------------|----------------|-------------------|
| 2/27/2026 Credit Interest | - | 78.43 | | 78.43 |
| 2/27/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1232388169*13 41858379\ 746003411 | - | 2,762.32 | | 2,762.32 |
| 2/27/2026 BCBS TEXAS PAYABLE - HCCLAIMPMT TRN*1*C26056 E30819620*1361236610*CP20260225E308196200-1538719836\ C26056E308196 | - | 359.31 | | 359.31 |
| 2/27/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*OSY588891538719836*1746000156~ 17460034113016 | - | 4,951.16 | | 4,951.16 |
| 2/27/2026 TMHP - HCCLAIMPMT TRN*1*058692895*199974660 8*999999999~ 415592101 | - | 402.69 | | 402.69 |
| 2/26/2026 Deposit | - | 2,266.99 | | 2,266.99 |
| 2/26/2026 EIC 458585 - HCCLAIMPMT TRN*1*17991172726022 4*1310935772\ 96843253 | - | 261.21 | | 261.21 |
| 2/26/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7722746*1205296137*000004011\ 676481 | - | 294.74 | | 294.74 |
| 2/26/2026 HUMANA INS CO 458579 - HCCLAIMPMT TRN*1*1799 11728260224*1391263473\ 96781578 | - | 327.12 | | 327.12 |
| 2/25/2026 Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC | 91,009.63 | - | | - |
| 2/25/2026 Deposit | - | 54,730.58 | | 54,730.58 |
| 2/25/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7721008*1205296137*000004011\ 676481 | - | 4,957.70 | | 4,957.70 |
| 2/25/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0912855953* 1742770542\ | - | 605.96 | | 605.96 |
| 2/25/2026 HIC KY 458576 - HCCLAIMPMT TRN*1*17978409726 0223*1611311685\ 96725436 | - | 547.18 | | 547.18 |
| 2/24/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0912845046* 1742770542\ | - | 75,590.96 | | 75,590.96 |
| 2/24/2026 BCBS TEXAS PAYABLE - HCCLAIMPMT TRN*1*C26051 E29710050*1361236610*CP20260220E297100500-1538719836\ C26051E297100 | - | 4,557.00 | | 4,557.00 |
| 2/23/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*OSY524601538719836*1746000156~ 17460034113016 | - | 8,331.97 | | 8,331.97 |
| 2/23/2026 36 TREAS 310 - MISC PAY ISA*00*00000000 00*00*0000000000*ZZ*US TREASURY 310*ZZ*VENDOR PAYMENTS*260220*072 2*U*00 | - | 176.04 | | 176.04 |
| | 91,009.63 | 161,201.36 | - | 161,201.36 |

Balances Overview



COUNTY OF CALHOUN TEXAS
 CCLEVENGER
 as of Mar 2, 2026 9:29:49 AM CST

Account Activity

DDA(14)

| | Current Balance | Available Balance |
|---|-----------------------|-----------------------|
| | \$1,982,052.26 | \$1,982,052.26 |
| Account Name | | |
| *4357 MEMORIAL MEDICAL - OPERATING | \$1,103,427.31 | \$1,103,427.31 |
| *4381 MEMORIAL MEDICAL / NH ASHFORD | \$60.19 | \$60.19 |
| *4403 MEMORIAL MEDICAL / NH BROADMOOR | \$101.58 | \$101.58 |
| *4411 MEMORIAL MEDICAL / NH CRESCENT | \$100.83 | \$100.83 |
| *4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON | \$6,297.91 | \$6,297.91 |
| *4446 MEMORIAL MEDICAL / NH FORT BEND | \$104.59 | \$104.59 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$174,808.90 | \$174,808.90 |
| *4551 CAL CO INDIGENT HEALTHCARE | \$15,434.44 | \$15,434.44 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$38,619.19 | \$38,619.19 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$101.96 | \$101.96 |
| *5506 MMC -NH LAVACA BAY NURSING & REHAB | \$185,313.46 | \$185,313.46 |
| *3407 MMC -NH TUSCANY VILLAGE | \$373,612.07 | \$373,612.07 |
| *2998 MMC -MONEY MARKET FUND | \$74,878.95 | \$74,878.95 |
| *7168 MEMORIAL MEDICAL LOCK BOX | \$9,190.88 | \$9,190.88 |
| Total Balance | \$1,982,052.26 | \$1,982,052.26 |

- balance as of 2/26 is 182,678.52. see attached.

Transaction Report



Transaction Report for account *5506

Reported on Mon Mar 02 15:35:00 GMT 2026

Current Balance \$185,313.46
 Interest Accrued \$7.51
 Available Balance \$185,313.46

| Date | Description | Credit | Debit | Running Balance |
|------------|--|------------|-------|-----------------|
| 03/02/2026 | [REDACTED] | [REDACTED] | | [REDACTED] |
| 03/02/2026 | [REDACTED] | [REDACTED] | | [REDACTED] |
| 02/27/2026 | Credit Interest Credit Interest | 78.43 | | 182678.52 |
| 02/27/2026 | External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1232388169*13 41858379\ 746003411 | 2762.32 | | 182600.09 |
| 02/27/2026 | External Deposit BCBS TEXAS PAYABLE - HCCLAIMPMT TRN*1*C26056 E30819620*1361236610*CP20260225E308196200-1538719836\ C26056E30819620 | 359.31 | | 179837.77 |
| 02/27/2026 | External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0SY588891538719836*1746000156- 17460034113016 | 4951.16 | | 179478.46 |
| 02/27/2026 | External Deposit TMHP - HCCLAIMPMT TRN*1*058692895*199974660 8*999999999- 415592101 | 402.69 | | 174527.30 |
| 02/26/2026 | 27310572656832 Deposit Deposit | 2266.99 | | 174124.61 |
| 02/26/2026 | External Deposit EIC 458585 - HCCLAIMPMT TRN*1*17991172726022 4*1310935772\ 96843253 | 261.21 | | 171857.62 |
| 02/26/2026 | External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7722746*1205296137*000004011\ 676481 | 294.74 | | 171596.41 |
| 02/26/2026 | External Deposit HUMANA INS CO 458579 - HCCLAIMPMT TRN*1*1799 11728260224*1391263473\ 96781578 | 327.12 | | 171301.67 |

Gulf Pointe ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center ✓

Date Requested: 3/2/2026

A

Y

E

E

APPROVED ON

MAR 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#001164

FOR ACCT USE ONLY

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

AMOUNT: \$ 40,154.32 ✓

G/L NUMBER: 20654000

EXPLANATION: Claims for MMC sent to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: CCJ ✓

NURSING HOME: **GULF POINTE**
DATE: 12/23/2025

| PAYER | NET PAYMENT | ECHO SERVICE FEE (GL#40510078) | CHECK REQUEST AMOUNT (GL#20654000) |
|---------------------|--------------------|---|---|
| WELLMED | \$ 132.61 | \$ 2.64 | \$ 129.97 |
| WELLMED | \$ 40,837.01 | \$ 812.66 | \$ 40,024.35 |
| | | | \$ - |
| | | | \$ - |
| TOTAL AMOUNT | | | \$ 40,154.32 |

Golden Creek ✓ ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
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E

Memorial Medical Center ✓

Date Requested: 2/26/2026

APPROVED ON

MAR 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 000255

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT: \$ 172.50 ✓

G/L NUMBER: 20653000

EXPLANATION: Check request for golden creek was processed twice and deposited to NH Account.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSC ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

INV#

✓ 021026B

P
A
Y
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E

Golden Creek Healthcare
2100 Dove Crossing Lane
Navasota, Tx 77868

Date Requested: 2-10-26

APPROVED ON

FEB 20 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- Imprest Cash
- A/P Check
- Voucher Check

AMOUNT \$172.50

G/L NUMBER: 20653000

EXPLANATION: Payment was addressed to Golden Creek

REQUESTED BY: Katrina Pedluca

AUTHORIZED BY: CO

Payer: HUMANA INC. Check/EFT Trace Number: 178469478260208 Check/EFT Date: 02/07/2026 Total Paid: \$10,501.77

| Line Ctrl Nbr | Dates of Service | Rend Prov ID | Rev | Sub Proc / Modifier / Units | Adjud Proc / Modifier / Units | Remark / Payer Code | Supp Info (AMT) | Charge | Adj (Qty) | Adj Amount | Payment |
|---------------|-------------------------|--------------|------|-----------------------------|-------------------------------|---------------------|-----------------|----------|-----------------|--------------------|---------|
| RCM1873400 | 01/28/2026 - 01/28/2026 | | 0301 | | HC:80053 / / 1 | | \$96.04 (B6) | \$268.00 | CO-253 CO-45 | \$1.92 \$171.96 | \$94.12 |
| RCM1873401 | 01/28/2026 - 01/28/2026 | | 0301 | | HC:80307 / / 1 | | | \$54.00 | CO-45 | \$54.00 | \$0.00 |
| RCM1873402 | 01/28/2026 - 01/28/2026 | | 0309 | | HC:36415 / / 1 | | | \$21.00 | CO-45 | \$21.00 | \$0.00 |

Patient Name: ██████████ Claim Number: ██████████ Claim Date: 01/21/2026 - 01/21/2026 Claim Status Code: 1

Patient ID: ██████████ Group / Policy: ██████████ Facility Type: 85 Claim Charge: \$362.00
 Patient Ctrl Nbr: ██████████ Contract Hdr: MEDICARE ADVANTAGE Claim Frequency: 1 Claim Payment: \$0.00
 Rendering Prvd: MEMORIAL MEDICAL CENTER Rendering Prv ID: 1689630865 Claim Received Date: 02/03/2026 Patient Resp: \$101.36
 Original Ref Nbr: ██████████

Line Details Results: 1

| Line Ctrl Nbr | Dates of Service | Rend Prov ID | Rev | Sub Proc / Modifier / Units | Adjud Proc / Modifier / Units | Remark / Payer Code | Supp Info (AMT) | Charge | Adj (Qty) | Adj Amount | Payment |
|---------------|-------------------------|--------------|------|-----------------------------|-------------------------------|---------------------|-----------------|----------|---------------|----------------------|---------|
| RCM1866918 | 01/21/2026 - 01/21/2026 | | 0324 | | HC:71046 / / 1 | | \$101.36 (B6) | \$362.00 | PR-3 CO-45 | \$101.36 \$260.64 | \$0.00 |

Patient Name: ██████████ Claim Number: ██████████ Claim Date: 12/08/2025 - 12/08/2025 Claim Status Code: 1

Patient ID: ██████████ Group / Policy: 00A10101 Facility Type: 85 Claim Charge: \$6,099.00
 Patient Ctrl Nbr: ██████████ Contract Hdr: MEDICARE ADVANTAGE Claim Frequency: 1 Claim Payment: \$1,673.57
 Rendering Prvd: MEMORIAL MEDICAL CENTER Rendering Prv ID: 1689630865 Claim Received Date: 01/28/2026 Patient Resp: \$0.00
 Original Ref Nbr: ██████████

Line Details Results: 2

| Line Ctrl Nbr | Dates of Service | Rend Prov ID | Rev | Sub Proc / Modifier / Units | Adjud Proc / Modifier / Units | Remark / Payer Code | Supp Info (AMT) | Charge | Adj (Qty) | Adj Amount | Payment |
|---------------|-------------------------|--------------|------|-----------------------------|-------------------------------|---------------------|-----------------|------------|-----------------|-----------------------|------------|
| RCM1829881 | 12/08/2025 - 12/08/2025 | | 0260 | | HC:96372 / / 1 | | \$49.00 (B6) | \$175.00 | CO-253 CO-45 | \$0.98 \$126.00 | \$48.02 |
| RCM1829882 | 12/08/2025 - 12/08/2025 | | 0636 | HC:J1306 / JZ / | N4:00078100 060 / / 1 | | \$1,658.72 (B6) | \$5,924.00 | CO-253 CO-45 | \$33.17 \$4,265.28 | \$1,625.55 |

Patient Name: SPURLOCK, ROY Claim Number: 820260360620759 Claim Date: 01/02/2026 - 01/07/2026 Claim Status Code: 1

Patient ID: H46185579 Group / Policy: 06A91001 Facility Type: 22 Claim Charge: \$450.00
 Patient Ctrl Nbr: 246000026MQW Contract Hdr: MEDICARE ADVANTAGE Claim Frequency: 3 Claim Payment: \$172.50
 Rendering Prvd: ██████████ Rendering Prv ID: PPO

Garden Creek

| | | | |
|--------------------|---|----------------------------|-------------------------|
| Payer: HUMANA INC. | Check/EFT Trace Number: 178469478260208 | Check/EFT Date: 02/07/2026 | Total Paid: \$10,501.77 |
|--------------------|---|----------------------------|-------------------------|

Rendering Prvd: GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER.
 Rendering Prv ID: 1588075964
 Claim Received Date: 02/05/2026
 Patient Resp: \$0.00
 Original Ref Nbr:

| Line Details | | | | | | | | | | | Results: 3 |
|---------------|-------------------------|--------------|------|-----------------------------|-------------------------------|---------------------|-----------------|----------|-----------|------------|------------|
| Line Ctrl Nbr | Dates of Service | Rend Prov ID | Rev | Sub Proc / Modifier / Units | Adjud Proc / Modifier / Units | Remark / Payer Code | Supp Info (AMT) | Charge | Adj (Qty) | Adj Amount | Payment |
| RCM6502393 | 01/02/2026 - 01/02/2026 | | 0440 | | HC:92526 / GN / 1 | | \$150.00 (B6) | \$150.00 | CO-45 | \$127.50 | \$150.00 |
| RCM6502394 | 01/06/2026 - 01/06/2026 | | 0440 | | HC:92526 / GN / 1 | | \$22.50 (B6) | \$150.00 | CO-45 | \$150.00 | \$22.50 |
| RCM6502395 | 01/07/2026 - 01/07/2026 | | 0440 | | HC:92526 / GN / 1 | | | \$150.00 | | | \$0.00 |

Patient Name: ██████████
 Claim Number: B2026024062041
 Claim Date: 10/11/2025 - 10/11/2025
 Claim Status Code: 1
 Patient ID: ██████████
 Group / Policy: ██████████
 Facility Type: 85
 Claim Charge: \$334.00
 Patient Ctrl Nbr: ██████████
 Contract Hdr: MEDICARE ADVANTAGE PPO
 Claim Frequency: 1
 Claim Payment: \$91.65
 Rendering Prvd: MEMORIAL MEDICAL CENTER.
 Rendering Prv ID: 1689630865
 Claim Received Date: 02/03/2026
 Patient Resp: \$0.00
 Original Ref Nbr:

| Line Details | | | | | | | | | | | Results: 3 |
|---------------|-------------------------|--------------|------|-----------------------------|-------------------------------|---------------------|-----------------|----------|-----------------|-------------------|------------|
| Line Ctrl Nbr | Dates of Service | Rend Prov ID | Rev | Sub Proc / Modifier / Units | Adjud Proc / Modifier / Units | Remark / Payer Code | Supp Info (AMT) | Charge | Adj (Qty) | Adj Amount | Payment |
| RCM1774443 | 10/11/2025 - 10/11/2025 | | 0301 | | HC:80048 // 1 | | \$93.52 (B6) | \$183.00 | CO-253 CO-45 | \$1.87 \$89.48 | \$91.65 |
| RCM1774445 | 10/11/2025 - 10/11/2025 | | 0305 | | HC:85025 // 1 | | | \$130.00 | CO-45 | \$130.00 | \$0.00 |
| RCM1774446 | 10/11/2025 - 10/11/2025 | | 0309 | | HC:36415 // 1 | | | \$21.00 | CO-45 | \$21.00 | \$0.00 |

Code Descriptions

REMARK CODE(S):
 M76 = Missing/incomplete/invalid diagnosis or condition.
 N115 = This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd, or if you do not have web access, you may contact the contractor to request a copy of the LCD.
 N16 = Family/member Out-of-Pocket maximum has been met. Payment based on a higher percentage.
 N386 = This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.
 N448 = This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.

AMT CODE(S):
 B6 = Allowed - Actual

| | | | |
|--------------------|---|----------------------------|-------------------------|
| Payer: HUMANA INC. | Check/EFT Trace Number: 178469478260208 | Check/EFT Date: 02/07/2026 | Total Paid: \$10,501.77 |
|--------------------|---|----------------------------|-------------------------|

GROUP CODE(S):

CO = Contractual Obligations
OA = Other Adjustments
PR = Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

253 = Sequestration - reduction in federal payment
45 = Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
23 = The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)
3 = Co-payment Amount
186 = Level of care change adjustment.
16 = Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
96 = Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
204 = This service/equipment/drug is not covered under the patient's current benefit plan

CLAIM STATUS CODE(S):

1 = Processed as Primary
2 = Processed as Secondary

Lavada Bay ✓ ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E
MMC Operating ✓

Date Requested: 2/26/2026

APPROVED ON
MAR 02 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 001174

| 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: \$ 11,774.21 ✓ G/L NUMBER: 20656000

EXPLANATION: QIPP Y8 Adj 1 portion owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSZ ✓

QIPP Y8 Adjustment 1

| | | | |
|------------|--------------------------------------|--------------------|---|
| LAVACA BAY | Wellpoint/Elevance | <u>Y8</u> | |
| | Centene | 12,415.38 | Deposited 2/18/26 to NH account |
| | | 21,225.22 | Deposited 2/18/26 to NH account |
| | Total all payments received | <u>33,640.60</u> | |
| | Less IGT paid | <u>-</u> | |
| | Net federal share received | 33,640.60 | |
| | times manager % | <u>0.65</u> | You will need to update this based on the manager split per your management agreement for each facility |
| | amount due NH | 21,866.39 | this will be swept automatically from joint account |
| | Less amount paid for Y7 to NH so far | <u>33,640.60</u> | amount deposited to NH bank account |
| | Final due to/from NH | <u>(11,774.21)</u> | Check Request Written on 2/26/26 |
| | MMC Portion(includes IGT) | 11,774.21 | |
| | NH Portion | 21,866.39 | |

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

000255

Date 3-4-26

88-2265/1131

PAY
TO THE
ORDER OF

MMC Operating

\$ 172.50

One hundred Seventy two & ⁵⁰/₁₀₀

DOLLARS



FOR

Security features are included. Details on back.



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

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

001164

Date 3-4-26

88-2265/1131

PAY
TO THE
ORDER OF

MMC Operating

\$ 40,154.32

forty thousand one hundred fifty four ³²/₁₀₀

DOLLARS



FOR

Security features are included. Details on back.



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

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

001176

Date 3-4-26

88-2265/1131

PAY
TO THE
ORDER OF

MMC Operating

\$ 11,774.81

Eleven thousand Seven hundred & seventy four ⁸¹/₁₀₀

DOLLARS



FOR

Security features are included. Details on back.

