

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 18, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	810,329.08
TOTAL TRANSFERS BETWEEN FUNDS	\$	104,485.19
TOTAL NURSING HOME UPL EXPENSES	\$	464,150.48
TOTAL INTER-GOVERNMENT TRANSFERS	\$	-
GRAND TOTAL DISBURSEMENTS APPROVED March 18, 2026	\$	1,378,964.75

APPROVED

MAR 18 2026

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---March 18, 2026

PAYABLES AND PAYROLL

3/13/2026 Weekly Payables	727,447.02
3/13/2026 Patient Refunds	5,041.37
3/12/2026 US Bank Credit Card-see attached (Erin)	1,591.50
3/12/2026 US Bank Credit Card-see attached (Michelle)	201.83
3/16/2026 McKesson-340B Prescription Expense	33,922.43
3/16/2026 Cencora-340B Prescription Expense	476.40
3/16/2026 Cencora-340B Prescription Expense	49.65
3/16/2026 Cencora-340B Prescription Expense	767.17

Prosperity Electronic Bank Payments

3/16/2026 90 Degree Benefits - employee insurance claims	31,307.18
3/16/2026 Pay Plus-Patient Claims Processing Fee	1,333.16
3/16/2026 Credit Card Bank Fee	178.80
3/16/2026 Credit Card Processing Fee	8,012.57

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 810,329.08**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

3/13/2026 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	1,085.00
3/13/2026 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	39,658.86
3/13/2026 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	48,168.82
3/13/2026 MMC Operating to Tuscany Village-QIPP Y8 Adjustment 1	15,572.51

TOTAL TRANSFERS BETWEEN FUNDS **\$ 104,485.19**

NURSING HOME UPL EXPENSES

3/16/2026 Nursing Home UPL-Cantex Transfer	2,642.37
3/16/2026 Nursing Home UPL-Nexion Transfer	98,737.19
3/16/2026 Nursing Home UPL-Tuscany Transfer	195,341.52
3/16/2026 Nursing Home UPL-HSL Transfer	167,429.40

TOTAL NURSING HOME UPL EXPENSES **\$ 464,150.48**

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

GRAND TOTAL DISBURSEMENTS APPROVED March 18, 2026 **\$ 1,378,964.75**

APPROVED

MAR 18 2026

**CALHOUN COUNTY
COMMISSIONERS COURT**

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		11247	AVENO NETWORKS		4,685.00	0.00	0.00	4,685.00		
Vendor#	Vendor Name		Class	Pay Code						
B1220	BECKMAN COULTER INC		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 5512625		02/08/202	02/25/202	02/25/202			1,337.05	0.00	0.00	1,337.05 ✓
✓ 112517654	LAB LEASE	02/24/202	02/20/202	03/17/202			92.98	0.00	0.00	92.98 ✓
✓ 112518468	SUPPLIES <i>Waste bags</i>	02/24/202	02/24/202	03/21/202			7,419.08	0.00	0.00	7,419.08 ✓
✓ 112538091	<i>Access Free / Access BNP</i>	03/10/202	03/03/202	03/03/202			2,889.26	0.00	0.00	2,889.26 ✓
✓ 112537736	LAB LEASE	03/10/202	03/03/202	03/03/202			1,815.75	0.00	0.00	1,815.75 ✓
	LAB LEASE									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		B1220	BECKMAN COULTER INC		13,554.12	0.00	0.00	13,554.12		
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
✓ 909020593		03/11/202	02/26/202	03/11/202			276.49	0.00	0.00	276.49 ✓
	SUPPLIES : <i>pediatric</i>									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		11072	BIO-RAD LABORATORIES, INC		276.49	0.00	0.00	276.49		
Vendor#	Vendor Name		Class	Pay Code						
B1800	BRIGGS HEALTHCARE		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ B503724		03/11/202	02/26/202	03/11/202			182.25	0.00	0.00	182.25 ✓
	EWR REGISTRATION BOOK									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		B1800	BRIGGS HEALTHCARE		182.25	0.00	0.00	182.25		
Vendor#	Vendor Name		Class	Pay Code						
14120	CALHOUN COUNTY EMS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 202602AB		02/01/202	03/03/202	03/03/202			11,440.00	0.00	0.00	11,440.00 ✓
	FEB EMS TRANSFER SERVICES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		14120	CALHOUN COUNTY EMS		11,440.00	0.00	0.00	11,440.00		
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
✓ 031026		03/11/202	03/10/202	03/11/202			20.00	0.00	0.00	20.00 ✓
	INDIGENT COPAY									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		11295	CALHOUN COUNTY INDIGENT ACCOUN		20.00	0.00	0.00	20.00		
Vendor#	Vendor Name		Class	Pay Code						
C1992	CDW GOVERNMENT, INC.		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ AI2DY7L		02/01/202	02/20/202	03/22/202			118.45	0.00	0.00	118.45 ✓
	SUPPLIES									
✓ AI3IA2J		03/10/202	03/02/202	03/02/202			8,371.20	0.00	0.00	8,371.20 ✓
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		C1992	CDW GOVERNMENT, INC.		8,489.65	0.00	0.00	8,489.65		
Vendor#	Vendor Name		Class	Pay Code						
13264	CERVEY, LLC									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓40757		03/01/202	03/02/202	03/02/202			2,150.00	0.00	0.00	2,150.00 ✓	
	340B MONTHLY/LISCENSING FEE										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	13264	CERVEY, LLC					2,150.00	0.00	0.00	2,150.00	
Vendor#	Vendor Name	Class		Pay Code							
10212	CLINICAL PATHOLOGY LABS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	17656013126		03/10/202	01/31/202	01/31/202			22,187.50	0.00	0.00	22,187.50 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	10212	CLINICAL PATHOLOGY LABS					22,187.50	0.00	0.00	22,187.50	
Vendor#	Vendor Name	Class		Pay Code							
18224	CROSSROADS TIRE SERVICE LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	4002583		03/10/202	02/27/202	02/27/202			446.28	0.00	0.00	446.28 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	18224	CROSSROADS TIRE SERVICE LLC					446.28	0.00	0.00	446.28	
Vendor#	Vendor Name	Class		Pay Code							
14400	CULINARY CONCESSIONS LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	INV310645		02/01/202	02/28/202	02/28/202			34,397.40	0.00	0.00	34,397.40 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	14400	CULINARY CONCESSIONS LLC					34,397.40	0.00	0.00	34,397.40	
Vendor#	Vendor Name	Class		Pay Code							
12044	CULLIGAN ULTRAPURE INC.										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	022826		02/28/202	03/01/202	03/01/202			150.40	0.00	0.00	150.40 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	12044	CULLIGAN ULTRAPURE INC.					150.40	0.00	0.00	150.40	
Vendor#	Vendor Name	Class		Pay Code							
10006	CUSTOM ASSEMBLIES, INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	INV25134		02/16/202	01/07/202	02/16/202			427.67	0.00	0.00	427.67 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	10006	CUSTOM ASSEMBLIES, INC					427.67	0.00	0.00	427.67	
Vendor#	Vendor Name	Class		Pay Code							
10368	DEWITT POTTH & SON										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	8278590		03/04/202	02/26/202	02/26/202			167.80	0.00	0.00	167.80 ✓
✓	8286850	SUPPLIES	SPOT PAPER - letter					293.65	0.00	0.00	293.65 ✓
✓	8286580	SUPPLIES	SPOT PAPER - letter					881.22	0.00	0.00	881.22 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	10368	DEWITT POTTH & SON					1,342.67	0.00	0.00	1,342.67	
Vendor#	Vendor Name	Class		Pay Code							
11011	DIAMOND HEALTHCARE CORP										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	IN20056862		02/28/202	03/01/202	03/26/202			19,166.67	0.00	0.00	19,166.67 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	11011	DIAMOND HEALTHCARE CORP					19,166.67	0.00	0.00	19,166.67	

	14136	EPI-EDWARD PLUMBING					2,574.00	0.00	0.00	2,574.00	
Vendor#	Vendor Name		Class	Pay Code							
11944	EQUIFAX WORKFORCE SOLUTIONS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	2070861908A		02/01/202	02/28/202	02/28/202			10.99	0.00	0.00	10.99 ✓
	CREDIT REPORTING SERVICES										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11944	EQUIFAX WORKFORCE SOLUTIONS					10.99	0.00	0.00	10.99
Vendor#	Vendor Name		Class	Pay Code							
10042	ERBE USA INC SURGICAL SYSTEMS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	37256671		03/11/202	02/13/202	03/11/202			169.50	0.00	0.00	169.50 ✓
	SUPPLIES										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10042	ERBE USA INC SURGICAL SYSTEMS					169.50	0.00	0.00	169.50
Vendor#	Vendor Name		Class	Pay Code							
S0501	EVOQUA WATER TECHNOLOGIES LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	907451447		03/10/202	02/27/202	02/27/202			9.86	0.00	0.00	9.86 ✓
	WATER										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S0501	EVOQUA WATER TECHNOLOGIES LLC					9.86	0.00	0.00	9.86
Vendor#	Vendor Name		Class	Pay Code							
10689	FASTHEALTH CORPORATION										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	03A26MMCA		03/11/202	03/01/202	03/16/202			545.00	0.00	0.00	545.00 ✓
	WEBSITE MNTHLY INVOICE										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10689	FASTHEALTH CORPORATION					545.00	0.00	0.00	545.00
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
✓	919247109		03/10/202	02/26/202	02/26/202			36.23	0.00	0.00	36.23 ✓
	FREIGHT										
✓	920132650		03/10/202	03/05/202	03/05/202			120.47	0.00	0.00	120.47 ✓
	FREIGHT										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.					156.70	0.00	0.00	156.70
Vendor#	Vendor Name		Class	Pay Code							
F1400	FISHER HEALTHCARE		M								
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	6895274		02/24/202	02/20/202	03/17/202			104.35	0.00	0.00	104.35 ✓
	SUPPLIES										
✓	6956898		03/11/202	02/24/202	03/21/202			1,261.29	0.00	0.00	1,261.29 ✓
	SUPPLIES										
✓	7119518		03/11/202	03/03/202	03/03/202			2,229.14	0.00	0.00	2,229.14 ✓
	SUPPLIES										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE					3,594.78	0.00	0.00	3,594.78
Vendor#	Vendor Name		Class	Pay Code							
13528	FLEX FINANCIAL										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	906047968		03/09/202	02/25/202	02/25/202			2,369.80	0.00	0.00	2,369.80 ✓
	SURGERY LEASE										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13528	FLEX FINANCIAL					2,369.80	0.00	0.00	2,369.80

	12380	HEALTH SOLUTIONS DIETETICS					3,400.00	0.00	0.00	3,400.00
Vendor#	Vendor Name		Class		Pay Code					
H0031	HEB CREDIT RECEIVABLES DEPT308									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓022626		03/10/202	02/26/202	02/26/202		235.60	0.00	0.00	235.60 ✓
	DIETARY SUPPLIES									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308					235.60	0.00	0.00	235.60
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
	✓11657557		03/11/202	02/26/202	03/11/202		253.00	0.00	0.00	253.00 ✓
	SUPPLIES									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC					253.00	0.00	0.00	253.00
Vendor#	Vendor Name		Class		Pay Code					
15208	HOSPITAL CARE CONSULTANTS INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓7087		03/11/202	03/15/202	03/25/202		23,663.00	0.00	0.00	23,663.00 ✓
	MAR HOSP PHYS SERVICES 1-15									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	15208	HOSPITAL CARE CONSULTANTS INC.					23,663.00	0.00	0.00	23,663.00
Vendor#	Vendor Name		Class		Pay Code					
10922	HUNTER PHARMACY SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓6860A		02/01/202	02/28/202	03/20/202		14,598.59	0.00	0.00	14,598.59 ✓
	PHARMACIST SERVICES									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES					14,598.59	0.00	0.00	14,598.59
Vendor#	Vendor Name		Class		Pay Code					
14976	INOVALON PROVIDER INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓26M0026426		03/09/202	03/05/202	03/05/202		808.48	0.00	0.00	808.48 ✓
	SCHEDULING MODULE									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	14976	INOVALON PROVIDER INC.					808.48	0.00	0.00	808.48
Vendor#	Vendor Name		Class		Pay Code					
11285	ITA RESOURCES INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓MMC032026		03/09/202	03/01/202	03/21/202		43,552.20	0.00	0.00	43,552.20 ✓
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC					43,552.20	0.00	0.00	43,552.20
Vendor#	Vendor Name		Class		Pay Code					
W1372	JOHN B WRIGHT LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓021826		02/08/202	02/18/202	02/18/202		3,700.00	0.00	0.00	3,700.00 ✓
	JAN OB CALL									
	✓030526		02/08/202	03/05/202	03/05/202		5,900.00	0.00	0.00	5,900.00 ✓
	FEB OB CALL									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	W1372	JOHN B WRIGHT LLC					9,600.00	0.00	0.00	9,600.00
Vendor#	Vendor Name		Class		Pay Code					
11122	K & M SPORTS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓128732		03/09/202	03/05/202	03/05/202		300.00	0.00	0.00	300.00 ✓

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11122	K & M SPORTS				300.00	0.00	0.00	300.00	
Vendor#	Vendor Name			Class	Pay Code						
14412	LAB UNIVERSITY, LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2763		03/10/202	03/10/202	03/10/202			249.00	0.00	0.00	249.00 ✓
		IQCP SOFTWARE PRGRM									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		14412	LAB UNIVERSITY, LLC				249.00	0.00	0.00	249.00	
Vendor#	Vendor Name			Class	Pay Code						
L0700	LABCORP OF AMERICA HOLDINGS			M							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	86446891		03/10/202	02/28/202	03/25/202			82.00	0.00	0.00	82.00 ✓
		testing services									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		L0700	LABCORP OF AMERICA HOLDINGS				82.00	0.00	0.00	82.00	
Vendor#	Vendor Name			Class	Pay Code						
L1001	LANDAUER INC			W							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	101390277		02/28/202	02/24/202	03/26/202			1,088.00	0.00	0.00	1,088.00 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		L1001	LANDAUER INC				1,088.00	0.00	0.00	1,088.00	
Vendor#	Vendor Name			Class	Pay Code						
L1640	LOWE'S BUSINESS ACCT/SYNCB			W							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	030226		03/10/202	03/02/202	03/02/202			99.47	0.00	0.00	99.47 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		L1640	LOWE'S BUSINESS ACCT/SYNCB				99.47	0.00	0.00	99.47	
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
	030926		03/09/202	03/09/202	03/09/202			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						
11141	MEDICAL DATA SYSTEMS, INC.										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	211778		03/09/202	02/28/202	02/28/202			2,676.67	0.00	0.00	2,676.67 ✓
✓	211777	COLLECTION FEES	03/09/202	02/28/202	02/28/202			651.35	0.00	0.00	651.35 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11141	MEDICAL DATA SYSTEMS, INC.				3,328.02	0.00	0.00	3,328.02	
Vendor#	Vendor Name			Class	Pay Code						
18092	MEDICAL SOLUTIONS LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	201242531		02/01/202	03/01/202	03/01/202			2,760.00	0.00	0.00	2,760.00 ✓
✓	201256435	LAB TRAVEL TECH	03/10/202	03/10/202	03/10/202			2,785.88	0.00	0.00	2,785.88 ✓
		TRAVEL LAB TECH									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		18092	MEDICAL SOLUTIONS LLC				5,545.88	0.00	0.00	5,545.88	

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
✓	2413865847		02/01/202	02/25/202	03/22/202			21.51	0.00	0.00	21.51 ✓
		SUPPLIES		brace							
✓	2413865862		02/01/202	02/25/202	03/22/202			1,155.54	0.00	0.00	1,155.54 ✓
		SUPPLIES									
✓	2413865863		02/01/202	02/25/202	03/22/202			3,934.25	0.00	0.00	3,934.25 ✓
		LAB SUPPLIES									
✓	2413865859		02/01/202	02/25/202	03/22/202			66.74	0.00	0.00	66.74 ✓
		SUPPLIES		connector							
✓	2413865861		02/01/202	02/25/202	03/22/202			34.10	0.00	0.00	34.10 ✓
		SUPPLIES		bottle							
✓	2413865853		02/01/202	02/25/202	03/22/202			103.88	0.00	0.00	103.88 ✓
		SUPPLIES		tape strip							
✓	2413865849		02/01/202	02/25/202	03/22/202			1,002.72	0.00	0.00	1,002.72 ✓
		SUPPLIES		stapler							
✓	2413865858		02/01/202	02/25/202	03/22/202			61.10	0.00	0.00	61.10 ✓
		SUPPLIES		lip balm							
✓	2413865841		02/01/202	02/25/202	03/22/202			136.90	0.00	0.00	136.90 ✓
		SUPPLIES									
✓	2413865840		02/01/202	02/25/202	03/22/202			38.11	0.00	0.00	38.11 ✓
		SUPPLIES		arm board							
✓	2413865860		02/01/202	02/25/202	03/22/202			59.14	0.00	0.00	59.14 ✓
		SUPPLIES		warming blanket							
✓	2413865869		02/01/202	02/25/202	03/22/202			21.51	0.00	0.00	21.51 ✓
		SUPPLIES		foot brace							
✓	2413865857		02/01/202	02/25/202	03/22/202			364.69	0.00	0.00	364.69 ✓
		SUPPLIES		thermal paper							
✓	2413865855		02/01/202	02/25/202	03/22/202			102.60	0.00	0.00	102.60 ✓
		SUPPLIES		test							
✓	2413865842		02/01/202	02/25/202	03/22/202			130.13	0.00	0.00	130.13 ✓
		SUPPLIES									
✓	2413865851		02/01/202	02/25/202	03/22/202			73.91	0.00	0.00	73.91 ✓
		SUPPLIES		wrap							
✓	2413917991		02/01/202	02/26/202	03/23/202			1,954.32	0.00	0.00	1,954.32 ✓
		SUPPLIES		snor							
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC						9,261.15	0.00	0.00	9,261.15

Vendor#	Vendor Name	Class	Pay Code								
M2550	MELSTAN, INC.	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	114212		03/10/202	02/27/202	03/09/202			77.60	0.00	0.00	77.60 ✓
		WEED FEED									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	M2550	MELSTAN, INC.						77.60	0.00	0.00	77.60

Vendor#	Vendor Name	Class	Pay Code								
10536	MORRIS & DICKSON CO, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	4498437		03/10/202	03/02/202	03/12/202			423.15	0.00	0.00	423.15 ✓
		SUPPLIES									
✓	4500259		03/10/202	03/02/202	03/12/202			296.07	0.00	0.00	296.07 ✓
		SUPPLIES									
✓	1934		03/10/202	03/02/202	03/12/202			-81.41	0.00	0.00	-81.41 ✓
		SUPPLIES									
✓	4500258		03/10/202	03/02/202	03/12/202			499.50	0.00	0.00	499.50 ✓

✓0194347	SUPPLIES	03/10/202 03/03/202 03/13/202	8,703.64	0.00	0.00	8,703.64	✓
✓0194348	SUPPLIES	03/10/202 03/03/202 03/13/202	2,119.11	0.00	0.00	2,119.11	✓
✓0194203	SUPPLIES	03/10/202 03/03/202 03/13/202	4,863.40	0.00	0.00	4,863.40	✓
✓4505676	SUPPLIES	03/10/202 03/03/202 03/13/202	85.27	0.00	0.00	85.27	✓
✓4505677	SUPPLIES	03/10/202 03/03/202 03/13/202	565.82	0.00	0.00	565.82	✓
✓CM89151	SUPPLIES	03/10/202 03/04/202 03/14/202	-11.00	0.00	0.00	-11.00	✓
✓4510111	SUPPLIES	03/10/202 03/04/202 03/14/202	554.98	0.00	0.00	554.98	✓
✓4508909	SUPPLIES	03/10/202 03/04/202 03/14/202	10.28	0.00	0.00	10.28	✓
✓CM89152	SUPPLIES	03/10/202 03/04/202 03/14/202	-226.80	0.00	0.00	-226.80	✓
✓4510345	SUPPLIES CREDIT	03/10/202 03/04/202 03/14/202	1,391.24	0.00	0.00	1,391.24	✓
✓4510344	SUPPLIES	03/10/202 03/04/202 03/14/202	308.60	0.00	0.00	308.60	✓
✓4516613	SUPPLIES	03/10/202 03/05/202 03/15/202	60.46	0.00	0.00	60.46	✓
✓4513813	SUPPLIES	03/10/202 03/05/202 03/15/202	2,199.14	0.00	0.00	2,199.14	✓
✓4513826	SUPPLIES	03/10/202 03/05/202 03/15/202	2,139.18	0.00	0.00	2,139.18	✓
✓4516874	SUPPLIES	03/10/202 03/05/202 03/15/202	70.17	0.00	0.00	70.17	✓
✓4516875	SUPPLIES	03/10/202 03/05/202 03/15/202	733.57	0.00	0.00	733.57	✓
✓4516614	SUPPLIES	03/10/202 03/05/202 03/15/202	13.47	0.00	0.00	13.47	✓
✓4523686	SUPPLIES	03/10/202 03/08/202 03/18/202	60.85	0.00	0.00	60.85	✓
✓4523689	SUPPLIES	03/10/202 03/08/202 03/18/202	574.10	0.00	0.00	574.10	✓
✓4523688	SUPPLIES	03/10/202 03/08/202 03/18/202	1,119.76	0.00	0.00	1,119.76	✓
✓4523687	SUPPLIES	03/10/202 03/08/202 03/18/202	55.49	0.00	0.00	55.49	✓
✓4528977	SUPPLIES	03/10/202 03/09/202 03/19/202	9.12	0.00	0.00	9.12	✓
✓4528979	SUPPLIES	03/10/202 03/09/202 03/19/202	106.15	0.00	0.00	106.15	✓
✓4528978	SUPPLIES	03/10/202 03/09/202 03/19/202	821.89	0.00	0.00	821.89	✓
✓4533999	SUPPLIES	03/11/202 03/10/202 03/20/202	941.38	0.00	0.00	941.38	✓
✓4534000	SUPPLIES	03/11/202 03/10/202 03/20/202	262.52	0.00	0.00	262.52	✓
✓4534885	SUPPLIES	03/11/202 03/10/202 03/20/202	7.60	0.00	0.00	7.60	✓

Vendor Totals: Number Name

Gross

Discount

No-Pay

Net

	10536	MORRIS & DICKSON CO, LLC					28,676.70	0.00	0.00	28,676.70	
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
	8801327643		02/01/202	02/23/202	03/25/202			338.10	0.00	0.00	338.10 ✓
	SUPPLIES										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC						338.10	0.00	0.00	338.10
Vendor#	Vendor Name		Class	Pay Code							
13548	NACOGDOCHES TRANSCRIPTION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8991		02/28/202	03/06/202	03/16/202			67.62	0.00	0.00	67.62 ✓
	TRANSCRIPTION SERVICE										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION						67.62	0.00	0.00	67.62
Vendor#	Vendor Name		Class	Pay Code							
13624	NEXION HEALTH AT NAVASOTA INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	030526		02/01/202	03/05/202	03/05/202			1,000.00	0.00	0.00	1,000.00 ✓
	TELEMEDICINE REIMB										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	13624	NEXION HEALTH AT NAVASOTA INC						1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name		Class	Pay Code							
16004	NITOR E LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	100549A		03/12/202	03/10/202	03/10/202			431.28	0.00	0.00	431.28 ✓
	ACCESS CONTROL CARDS										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	16004	NITOR E LLC						431.28	0.00	0.00	431.28
Vendor#	Vendor Name		Class	Pay Code							
10868	NOVA BIOMEDICAL										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	91632942		03/11/202	03/03/202	03/11/202			400.00	0.00	0.00	400.00 ✓
	SUPPLIES										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL						400.00	0.00	0.00	400.00
Vendor#	Vendor Name		Class	Pay Code							
O1500	OLYMPUS AMERICA INC		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	39466045		03/11/202	02/26/202	03/23/202			406.48	0.00	0.00	406.48 ✓
	SUPPLIES										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC						406.48	0.00	0.00	406.48
Vendor#	Vendor Name		Class	Pay Code							
11155	PARAREV										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2031875		03/01/202	03/01/202	03/01/202			3,084.00	0.00	0.00	3,084.00 ✓
	REVENUE/PRICING SERVICES										
	2031876		03/01/202	03/01/202	03/01/202			950.00	0.00	0.00	950.00 ✓
	HOSPITAL PRICE TRANSPARENC										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11155	PARAREV						4,034.00	0.00	0.00	4,034.00
Vendor#	Vendor Name		Class	Pay Code							
S0905	PERFORMANCE HEALTH SUPPLY LLC		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	IN99732749		03/11/202	03/11/202	03/11/202			35.33	0.00	0.00	35.33 ✓

snaremaster Plus hot/cold

SUPPLIES

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		S0905	PERFORMANCE HEALTH SUPPLY LLC				35.33	0.00	0.00	35.33
Vendor#	Vendor Name		Class	Pay Code						
11932	PRESS GANEY ASSOCIATES, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓IN000748665		02/28/202	02/28/202	02/28/202			2,952.47	0.00	0.00	2,952.47 ✓
Vendor Totals:		11932	PRESS GANEY ASSOCIATES, INC.				2,952.47	0.00	0.00	2,952.47
Vendor#	Vendor Name		Class	Pay Code						
S2001	SIEMENS MEDICAL SOLUTIONS INC		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓116867771		03/09/202	02/24/202	03/21/202			3,612.95	0.00	0.00	3,612.95 ✓
		RAD CONTRACT 022426-022326								
Vendor Totals:		S2001	SIEMENS MEDICAL SOLUTIONS INC				3,612.95	0.00	0.00	3,612.95
Vendor#	Vendor Name		Class	Pay Code						
17852	SINGLETON ASSOCIATES PA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓246022826001		02/01/202	03/03/202	03/03/202			9,688.78	0.00	0.00	9,688.78 ✓
Vendor Totals:		17852	SINGLETON ASSOCIATES PA				9,688.78	0.00	0.00	9,688.78
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
✓107058519		02/28/202	02/28/202	03/25/202			5,614.00	0.00	0.00	5,614.00 ✓
		BLOOD BANK								
✓CM17016		02/28/202	02/28/202	03/25/202			-1,985.00	0.00	0.00	-1,985.00 ✓
		BLOOD BANK CREDIT								
Vendor Totals:		11296	SOUTH TEXAS BLOOD & TISSUE CEN				3,629.00	0.00	0.00	3,629.00
Vendor#	Vendor Name		Class	Pay Code						
C1010	SPARKLIGHT		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓030126		03/11/202	03/04/202	03/05/202			3,596.00	0.00	0.00	3,596.00 ✓
		INTERNET/ DATA								
Vendor Totals:		C1010	SPARKLIGHT				3,596.00	0.00	0.00	3,596.00
Vendor#	Vendor Name		Class	Pay Code						
12288	SPBS CLINICAL EQUIPMENT SRVC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓1793834		03/11/202	02/28/202	03/01/202			2,185.00	0.00	0.00	2,185.00 ✓
		SURGERY SUPPLIES								
Vendor Totals:		12288	SPBS CLINICAL EQUIPMENT SRVC				2,185.00	0.00	0.00	2,185.00
Vendor#	Vendor Name		Class	Pay Code						
15236	SPECIALTY PROFESSIONAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓1260000034		02/01/202	01/23/202	01/23/202			3,675.00	0.00	0.00	3,675.00 ✓
✓1260000071	ER TRAVEL NURSE <i>Amber Helzer</i>	02/01/202	01/30/202	01/30/202			3,700.00	0.00	0.00	3,700.00 ✓
		ER TRAVEL NURSE <i>Amber Helzer</i>								
Vendor Totals:		15236	SPECIALTY PROFESSIONAL				7,375.00	0.00	0.00	7,375.00

14564 TRANSCAT INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓11030		03/11/202	03/11/202	03/11/202			1,714.48	0.00	0.00	1,714.48 ✓
BIO-MED INSTRUMENTS										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14564 TRANSCAT INC							1,714.48	0.00	0.00	1,714.48

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
✓8FCC8130		03/09/202	03/04/202	03/04/202			115.17	0.00	0.00	115.17 ✓
✓DC47B965		03/11/202	03/09/202	03/09/202			338.00	0.00	0.00	338.00 ✓
<i>car maintenance</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14064 TREVIPAY- WALMART							453.17	0.00	0.00	453.17

Vendor# Vendor Name Class Pay Code

C2510 TRUBRIDGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓T2603101378		03/11/202	03/10/202	03/10/202			133,634.49	0.00	0.00	133,634.49 ✓
<i>business services</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C2510 TRUBRIDGE							133,634.49	0.00	0.00	133,634.49

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
✓2921082346		02/01/202	03/05/202	03/05/202			168.95	0.00	0.00	168.95 ✓
✓2921081717	LINENS	02/28/202	02/26/202	03/23/202			332.40	0.00	0.00	332.40 ✓
✓2921081723	UNIFORMS	02/28/202	02/26/202	03/23/202			175.09	0.00	0.00	175.09 ✓
✓2921081727	LINENS/SUPPLIES	02/28/202	02/26/202	03/23/202			632.70	0.00	0.00	632.70 ✓
✓2921081753	UNIFORMS	02/28/202	02/26/202	03/23/202			432.63	0.00	0.00	432.63 ✓
✓2921081342	SUPPLIES/ LINENS	03/01/202	02/23/202	03/20/202			4,059.80	0.00	0.00	4,059.80 ✓
✓2921081752	LINENS/GOWNS/SUPPLIES	03/01/202	02/26/202	02/26/202			4,875.04	0.00	0.00	4,875.04 ✓
✓2921081872	LINENS/SUPPLIES	03/01/202	03/02/202	03/02/202			4,013.39	0.00	0.00	4,013.39 ✓
✓2921082342	SUPPLIES/LINENS/GOWNS	03/01/202	03/05/202	03/05/202			3,461.14	0.00	0.00	3,461.14 ✓
✓2921081733	LINENS/SUPPLIES	03/02/202	02/26/202	03/23/202			173.19	0.00	0.00	173.19 ✓
✓2921081354	SUPPLIES/ LINENS	03/03/202	02/23/202	03/20/202			216.32	0.00	0.00	216.32 ✓
✓2921081708	SUPPLIES	03/03/202	02/26/202	03/23/202			54.89	0.00	0.00	54.89 ✓
✓2921081720	UNIFORMS	03/03/202	02/26/202	03/23/202			318.73	0.00	0.00	318.73 ✓
✓2921082349	LINENS/SUPPLIES	03/09/202	03/05/202	03/05/202			395.58	0.00	0.00	395.58 ✓
✓2921082343	LINENS/SUPPLIES	03/10/202	03/05/202	03/05/202			55.66	0.00	0.00	55.66 ✓
<i>UNIFORMS</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net

Vendor#	Vendor Name	U1064	UNIFIRST HOLDINGS INC	Class	Pay Code	19,365.51	0.00	0.00	19,365.51		
12548	WAGeworks, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓0226TR116685		03/09/202	02/01/202	02/01/202			141.25	0.00	0.00	141.25
		FEB									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12548	WAGeworks, INC					141.25	0.00	0.00	141.25
Report Summary											
Grand Totals:		Gross		Discount		No-Pay				Net	
		727,447.02		0.00		0.00				727,447.02	

APPROVED ON

MAR 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

chk# 212321-212410

RUN DATE: 03/12/26
TIME: 12:07

MAR 13 2026

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

MAR 13 2026

PAGE 1
APCDEDIT

CALHOUN COUNTY, TEXAS

CALHOUN COUNTY, TEXAS

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
✓ 1344963	[REDACTED]	031226	20.00	✓	3	[REDACTED]	
✓ 1615940	[REDACTED]	TX 774332490 031226	65.00	✓	3	[REDACTED]	
✓ 1625385	[REDACTED]	TX 77979 031226	600.00	✓	2	[REDACTED]	
✓ 1627669	[REDACTED]	TX 77979 031226	50.00	✓	3	[REDACTED]	
✓ 1628566	[REDACTED]	TX 77471 031226	125.00	✓	2	[REDACTED]	
✓ 1631483	[REDACTED]	TX 77979 031226	234.89	✓	2	[REDACTED]	
✓ 1631695	[REDACTED]	TX 77979 031226	125.00	✓	2	[REDACTED]	
✓ 1632683	[REDACTED]	TX 77979 031226	200.00	✓	2	[REDACTED]	
✓ 1633442	[REDACTED]	TX 77970 031226	50.00	✓	2	[REDACTED]	
✓ 1634622	[REDACTED]	TX 77983 031226	300.00	✓	2	[REDACTED]	
✓ 1634623	[REDACTED]	TX 77979 031226	275.00	✓	2	[REDACTED]	
✓ 1638129	[REDACTED]	TX 77970 031226	33.35	✓	2	[REDACTED]	
✓ 1638191	[REDACTED]	TX 77979 031226	150.00	✓	2	[REDACTED]	
✓ 1639399	[REDACTED]	TX 78377 031226	50.00	✓	2	[REDACTED]	
✓ 1641280	[REDACTED]	TX 779798200 031226	195.00	✓	2	[REDACTED]	
	[REDACTED]	TX 77961				[REDACTED]	

RUN DATE: 03/12/26
TIME: 12:07

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 2
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
✓1641555	01	031226	67.10	✓	2		
		TX 783823739					
✓1641808	01	031226	75.00	✓	2		
		TX 77979					
✓1642336	01	031226	214.00	✓	2		
		TX 77465					
✓1643850	01	031226	30.00	✓	2		
		TX 77971					
✓1647084	01	031226	75.40	✓	2		
		TX 77465					
✓1648411	01	031226	950.00	✓	3		
		TX 77979					
✓1655002	01	031226	150.00	✓	3		
		TX 77904					
✓1656503	01	031226	50.00	✓	2		
		TX 77979					
✓1658143	01	031226	138.60	✓	2		
		TX 77964					
✓1658929	01	031226	66.18	✓	2		
		TX 77979					
✓1663559	01	031226	735.85	✓	2		
		TX 77983					
✓6010060	01	031226	16.00	✓	5		
		TX 77465					

ARID=0001 TOTAL

5041.37

TOTAL

5041.37

APPROVED ON

MAR 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK # 212411-212437

RUN DATE:03/13/26
TIME:11:04

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/18/26 THRU 03/18/26

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	212321	03/18/26	1,400.00	ACUTE CARE INC
A/P	212322	03/18/26	4,529.91	AIRGAS USA, LLC - CENTRAL DIV
A/P	212323	03/18/26	582.79	AMAZON CAPITAL SERVICES
A/P	212324	03/18/26	750.00	AMERITEX ELEVATOR TEXAS LLC
A/P	212325	03/18/26	345.00	ARTHREX, INC
A/P	212326	03/18/26	4,685.00	AVENO NETWORKS
A/P	212327	03/18/26	13,554.12	BECKMAN COULTER INC
A/P	212328	03/18/26	276.49	BIO-RAD LABORATORIES, INC
A/P	212329	03/18/26	182.25	BRIGGS HEALTHCARE
A/P	212330	03/18/26	11,440.00	CALHOUN COUNTY EMS
A/P	212331	03/18/26	20.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	212332	03/18/26	8,489.65	CDW GOVERNMENT, INC.
A/P	212333	03/18/26	2,150.00	CERVEY, LLC
A/P	212334	03/18/26	22,187.50	CLINICAL PATHOLOGY LABS
A/P	212335	03/18/26	446.28	CROSSROADS TIRE SERVICE LLC
A/P	212336	03/18/26	34,397.40	CULINARY CONCESSIONS LLC
A/P	212337	03/18/26	150.40	CULLIGAN ULTRAPURE INC.
A/P	212338	03/18/26	427.67	CUSTOM ASSEMBLIES, INC
A/P	212339	03/18/26	1,342.67	DEWITT POTH & SON
A/P	212340	03/18/26	51,908.94	DIAMOND HEALTHCARE CORP
A/P	212341	03/18/26	106,086.89	DISCOVERY MEDICAL NETWORK INC
A/P	212342	03/18/26	9,944.25	DOOR CONTROL SERVICES
A/P	212343	03/18/26	5,100.00	DR JOHN CLINTON
A/P	212344	03/18/26	8,400.00	DR. TIMU KWI
A/P	212345	03/18/26	1,863.00	DSHS CENTRAL LAB MC2004
A/P	212346	03/18/26	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	212347	03/18/26	2,574.00	EPI-EDWARD PLUMBING
A/P	212348	03/18/26	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	212349	03/18/26	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	212350	03/18/26	9.86	EVOQUA WATER TECHNOLOGIES LLC
A/P	212351	03/18/26	545.00	FASTHEALTH CORPORATION
A/P	212352	03/18/26	156.70	FEDERAL EXPRESS CORP.
A/P	212353	03/18/26	3,594.78	FISHER HEALTHCARE
A/P	212354	03/18/26	2,369.80	FLEX FINANCIAL
A/P	212355	03/18/26	2,494.80	FREED INC
A/P	212356	03/18/26	2,080.00	FUSION MEDICAL STAFFING, LLC
A/P	212357	03/18/26	11,340.00	GRAINGER
A/P	212358	03/18/26	9,966.98	GREAT AMERICA FINANCIAL SVCS
A/P	212359	03/18/26	264.08	GULF COAST PAPER COMPANY
A/P	212360	03/18/26	1,156.35	HEALTH EQUITY
A/P	212361	03/18/26	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	212362	03/18/26	235.60	HEB CREDIT RECEIVABLES DEPT308
A/P	212363	03/18/26	253.00	HOLOGIC INC
A/P	212364	03/18/26	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	212365	03/18/26	14,598.59	HUNTER PHARMACY SERVICES
A/P	212366	03/18/26	808.48	INOVALON PROVIDER INC.
A/P	212367	03/18/26	43,552.20	ITA RESOURCES INC
A/P	212368	03/18/26	9,600.00	JOHN B WRIGHT LLC
A/P	212369	03/18/26	300.00	K & M SPORTS
A/P	212370	03/18/26	249.00	LAB UNIVERSITY, LLC

Account Number : [REDACTED]
 Unique ID: [REDACTED]
 Erin Clevenger
 Statement Date : 03-06-2026



Account Summary		General Information	
Previous Balance	\$0.00	Total Activity	\$1,591.50
Purchases and Other Charges	\$1,591.50		
Cash Advances	\$0.00		
Cash Advance Fees	\$0.00		
Late Payment Charges	\$0.00	QUESTIONS OR TO REPORT A LOST OR STOLEN CARD, CALL CUSTOMER SERVICE 1-800-344-5696	
Credits	\$0.00 CR		
Payments	\$0.00 PY		

Total Activity **\$1,591.50** ✓ *PK*

Disputed Amount \$0.00 *DWR-04048699 PK. 3-27-26*

New Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
02-10	02-09	05134376041600061042487	NPDB NPDB.HRSA.GOV ROCKVILLE MD	35.00 ✓✓
02-12	02-11	05134376043600062686132	NPDB NPDB.HRSA.GOV ROCKVILLE MD	2.50 ✓✓
02-12	02-12	55432866043203249057147	AMA*CREDENTIALING CHICAGO IL	44.00 ✓✓
02-12	02-11	55436876043170433193324	LOEWS ARLINGTON HOTEL ARLINGTON TX 52184793 ARRIVAL:02-11-26	247.06 ✓✓
02-12	02-11	55436876043170433195220	LOEWS ARLINGTON HOTEL ARLINGTON TX 52184767 ARRIVAL:02-11-26	247.06 ✓✓
02-19	02-18	05134376050600060182167	NPDB NPDB.HRSA.GOV ROCKVILLE MD	2.50 ✓✓
02-19	02-19	55432866050205645445115	AMA*CREDENTIALING CHICAGO IL	44.00 ✓✓
02-19	02-18	55500376049653208094419	TXDPS CRIME RECS AUSTIN TX	153.63 ✓✓
02-25	02-24	82305096056500013340351	TEXAS ORGANIZATION OF ROUND ROCK TX	769.25 ✓✓
02-26	02-25	05134376057600064012637	NPDB NPDB.HRSA.GOV ROCKVILLE MD	2.50 ✓✓
02-27	02-27	55432866058208316075676	AMA*CREDENTIALING CHICAGO IL	44.00 ✓✓

APPROVED ON

MAR 12 2026

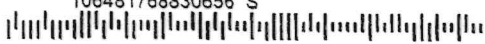
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

1,015.88 +
 575.62 +
 1,591.50 *

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

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

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

106481768830656 S

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

MEMORIAL MEDICAL CENTER PURCHASE ORDER

①

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: 3/10/2026

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	-		NPDB - 14 provider renewals			35.00
2	-		NPDB - 1 provider enrollment			2.50
3	-	35.00 +	AMA Credentialing - 1 physician			44.00
		2.50 +		Initial & cont. monitoring		
4		44.00 +				
5	-	247.06 +	Loews Arlington Hotel -			247.06
6		575.62 *	Erin Clevenger - 1st night stay			
7			for TORCH Conf in Apr.			
8	-		Loews Arlington Hotel -			247.06
9			Michelle Cumberland - 1st			
10			night stay for TORCH Conf in			

Est. Freight _____ Est. Total Cost Apr. TOTAL COST 575.62

NOTES:

charges made to Erin's MC

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

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

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: 3/10/2026

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	-		NPDB - 1 provider Enrollment ✓			✓ 2.50
2	-		AMA Credentialing - 1 physician ✓			✓ 44.00
3		2.50 +	Initial + Cont monitoring ✓			
4	-	44.00 +	TXOPS Crime Recs - 50 credits ✓			✓ 153.63
		153.63 +				
5		769.25 +	for Criminal Hx - Adm + HR ✓			
		2.50 +				
6	-	44.00 +	Texas Organization - Registration ✓			✓ 769.25
		1,015.88 *				
7			for Erin Clevenger + Michelle ✓			
8			Cumberland - TORCH Spring Conf ✓			
9	-		NPDB - 1 provider Enrollment ✓			✓ 2.50
10	-		AMA Credentialing - 1 physician ✓			✓ 44.00
			Initial + cont monitoring ✓			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1,015.8

NOTES:

changes made to Erin's MC ✓

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] ✓
Michelle Cumberland
Statement Date : 03-06-2026



Account Summary		General Information	
Previous Balance	\$0.00	Total Activity	\$201.86
Purchases and Other Charges	\$201.86	QUESTIONS OR TO REPORT A LOST OR STOLEN CARD, CALL CUSTOMER SERVICE 1-800-344-5696	
Cash Advances	\$0.00		
Cash Advance Fees	\$0.00		
Late Payment Charges	\$0.00		
Credits	\$0.00 CR		
Payments	\$0.00 PY		
Total Activity	\$201.86 ✓ <i>RK</i>		
Disputed Amount	\$0.00		

DWR-04048703 3-27-26

New Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
03-03	03-03	55432866062200078911515	FAXAGE DENVER CO	201.86 ✓ ✓

APPROVED ON
MAR 12 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**

106481768830748 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: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		Faxage - Feb Invoice for			201.86
2			Fax line services			
3						
4						
5						
6						
7						
8						
9						
10						

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

NOTES:

charges made to Michelle's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Ann Clewley</u>

RUN DATE:03/13/26
TIME:11:04

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/18/26 THRU 03/18/26

PAGE 2
GLCKREG

BANK--CHECK-----				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	212371	03/18/26	82.00	LABCORP OF AMERICA HOLDINGS
A/P	212372	03/18/26	1,088.00	LANDAUER INC
A/P	212373	03/18/26	99.47	LOWE'S BUSINESS ACCT/SYNCE
A/P	212374	03/18/26	895.00	M G TRUST
A/P	212375	03/18/26	3,328.02	MEDICAL DATA SYSTEMS, INC.
A/P	212376	03/18/26	5,545.88	MEDICAL SOLUTIONS LLC
A/P	212377	03/18/26	.00	VOIDED
A/P	212378	03/18/26	.00	VOIDED
A/P	212379	03/18/26	9,261.15	MEDLINE INDUSTRIES INC
A/P	212380	03/18/26	77.60	MELSTAN, INC.
A/P	212381	03/18/26	.00	VOIDED
A/P	212382	03/18/26	.00	VOIDED
A/P	212383	03/18/26	28,676.70	MORRIS & DICKSON CO, LLC
A/P	212384	03/18/26	338.10	MXR IMAGING, INC
A/P	212385	03/18/26	67.62	NACOGDOCHES TRANSCRIPTION
A/P	212386	03/18/26	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	212387	03/18/26	431.28	NITOR E LLC
A/P	212388	03/18/26	400.00	NOVA BIOMEDICAL
A/P	212389	03/18/26	406.48	OLYMPUS AMERICA INC
A/P	212390	03/18/26	4,034.00	PARAREV
A/P	212391	03/18/26	35.33	PERFORMANCE HEALTH SUPPLY LLC
A/P	212392	03/18/26	2,952.47	PRESS GANEY ASSOCIATES, INC.
A/P	212393	03/18/26	3,612.95	SIEMENS MEDICAL SOLUTIONS INC
A/P	212394	03/18/26	9,688.78	SINGLETON ASSOCIATES PA
A/P	212395	03/18/26	3,629.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	212396	03/18/26	3,596.00	SPARKLIGHT
A/P	212397	03/18/26	2,185.00	SPBS CLINICAL EQUIPMENT SRVC
A/P	212398	03/18/26	7,375.00	SPECIALTY PROFESSIONAL
A/P	212399	03/18/26	375.00	ST DAVIDS HEALTHCARE
A/P	212400	03/18/26	71.04	STAPLES
A/P	212401	03/18/26	12,039.64	STERIS CORPORATION
A/P	212402	03/18/26	4,200.00	SURGICAL DIRECT SOUTH
A/P	212403	03/18/26	527.44	SYSMEX AMERICA, INC.
A/P	212404	03/18/26	330.00	TEXAS DEPARTMENT OF LICENSING
A/P	212405	03/18/26	1,673.75	THE BACK OFFICE
A/P	212406	03/18/26	1,714.48	TRANSCAT INC
A/P	212407	03/18/26	453.17	TREVIPAY- WALMART
A/P	212408	03/18/26	133,634.49	TRUBRIDGE
A/P	212409	03/18/26	19,365.51	UNIFIRST HOLDINGS INC
A/P	212410	03/18/26	141.25	WAGeworks, INC
A/P	212411	03/18/26	75.00	
A/P	212412	03/18/26	150.00	
A/P	212413	03/18/26	950.00	
A/P	212414	03/18/26	67.10	
A/P	212415	03/18/26	50.00	
A/P	212416	03/18/26	50.00	
A/P	212417	03/18/26	75.40	
A/P	212418	03/18/26	16.00	
A/P	212419	03/18/26	195.00	
A/P	212420	03/18/26	214.00	
A/P	212421	03/18/26	138.60	

RUN DATE:03/13/26
TIME:11:04

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/18/26 THRU 03/18/26

PAGE 3
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	212422	03/18/26	33.35	
A/P	212423	03/18/26	150.00	
A/P	212424	03/18/26	234.89	
A/P	212425	03/18/26	50.00	
A/P	212426	03/18/26	66.18	
A/P	212427	03/18/26	50.00	
A/P	212428	03/18/26	600.00	
A/P	212429	03/18/26	125.00	
A/P	212430	03/18/26	125.00	
A/P	212431	03/18/26	300.00	
A/P	212432	03/18/26	200.00	
A/P	212433	03/18/26	275.00	
A/P	212434	03/18/26	65.00	
A/P	212435	03/18/26	30.00	
A/P	212436	03/18/26	20.00	
A/P	212437	03/18/26	735.85	
A/P	212438	03/18/26	39,658.86	GOLDENCREEK HEALTHCARE
A/P	212439	03/18/26	1,085.00	LAVACA BAY NURSING AND REHAB
A/P	212440	03/18/26	63,741.33	TUSCANY VILLAGE
TOTALS:			836,973.58	

MCKESSON

STATEMENT

As of: 03/13/2026

Page: 002

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

Company: 8000

DC: 8115
Customer INV SupplD:
Territory:

As of: 03/13/2026 Page: 002
Mail to: Comp: 8000

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 632536
Date: 03/14/2026

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 03/14/2026 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 34,701.13 USD

Future Due: 0.00

Past Due: 4,233.79-

Last Payment 08/07/2017 2,451.97

If Paid By 03/17/2026,
Pay This Amount:

33,922.43 USD

If Paid After 03/17/2026,
Pay this Amount:

34,701.13 USD

Due If Paid On Time:
USD 33,922.43 ✓

Disc lost if paid late:
778.70

Due If Paid Late:
USD 34,701.13

35,918.92 +
2,237.30 +
Offset 4,233.79 - +
33,922.43 *



APPROVED ON

MAR 16 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 03/13/2026

Page: 001

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

Company: 8000

DC: 8115
Customer INV SupplD:
Territory: 7001

As of: 03/13/2026 Page: 001
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 256342
Date: 03/14/2026

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 03/14/2026 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												
03/09/2026	03/17/2026	7622547276	✓	272687368	115Invoice	0.02	0.95		0.93	✓✓	7622547276	
03/09/2026	03/17/2026	7622591266	✓	269411719	115Invoice	206.42	10,320.98		10,114.56	✓✓	7622591266	
03/09/2026	03/17/2026	7622591267	✓	261642167	115Invoice	17.73	886.32		868.59	✓✓	7622591267	
03/09/2026	03/17/2026	7622591268	✓	271531425	115Invoice	9.39	469.40		460.01	✓✓	7622591268	
03/09/2026	03/17/2026	7622591269	✓	272769782	115Invoice	137.61	6,880.65		6,743.04	✓✓	7622591269	
03/09/2026	03/17/2026	7622591270	✓	261802162	115Invoice	17.01	850.44		833.43	✓✓	7622591270	
03/09/2026	03/17/2026	7622618100	✓	265500088	115Invoice	68.81	3,440.33		3,371.52	✓✓	7622618100	
03/09/2026	03/17/2026	7622618101	✓	265848570	115Invoice	68.81	3,440.33		3,371.52	✓✓	7622618101	
03/09/2026	03/17/2026	7622618102	✓	265290014	115Invoice	120.41	6,020.57		5,900.16	✓✓	7622618102	
03/09/2026	03/17/2026	7622618103	✓	266217410	115Invoice	34.40	1,720.16		1,685.76	✓✓	7622618103	
03/12/2026	03/17/2026	7623299041	✓	262471558	195Invoice	1.31	65.66		64.35	✓✓	7623299041	
03/12/2026	03/17/2026	7623299042	✓	262476788	165Invoice	10.17	508.67		498.50	✓✓	7623299042	
03/12/2026	03/17/2026	7623299043	✓	263128566	115Invoice	3.14	156.78		153.64	✓✓	7623299043	
03/12/2026	03/17/2026	7623299044	✓	262471559	163Invoice	0.02	0.95		0.93	✓✓	7623299044	
03/13/2026	03/17/2026	7623537475	✓	273431674	115Invoice	34.91	1,745.65		1,710.74	✓✓	7623537475	
03/13/2026	03/17/2026	7623537476	✓	273431674	115Invoice	2.88	144.12		141.24	✓✓	7623537476	

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: 36,651.96 USD

Future Due: 0.00

If Paid By 03/17/2026,

Past Due: 0.00

Pay This Amount: 35,918.92 USD

Last Payment 02/16/2026 91,795.27

If Paid After 03/17/2026,
Pay this Amount: 36,651.96 USD

Due If Paid On Time:

USD 35,918.92

Disc lost if paid late:

733.04

Due If Paid Late:

USD 36,651.96

APPROVED ON

MAR 16 2026

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

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

As of: 03/13/2026

Page: 001

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

Company: 8000

DC: 8115
Customer INV SupplD:
Territory: 7001

As of: 03/13/2026 Page: 001
Mail to: Comp: 8000

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER ✓
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 190813
Date: 03/14/2026

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 03/14/2026 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
03/11/2026	03/17/2026	7623030448 ✓	March10Bulk479	115Invoice	39.15	1,957.49		1,918.34 ✓✓		7623030448	
03/11/2026	03/17/2026	7623030449 ✓	March10Bulk479	115Invoice	6.51	325.47		318.96 ✓✓		7623030449	

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

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

Subtotals: 2,282.96 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/09/2026 15,020.30

If Paid By 03/17/2026,
Pay This Amount: 2,237.30 USD

If Paid After 03/17/2026,
Pay this Amount: 2,282.96 USD

Due If Paid On Time:
USD 2,237.30
Disc lost if paid late:
45.66
Due If Paid Late:
USD 2,282.96

APPROVED ON

MAR 16 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 03/13/2026

Page: 001

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: 03/14/2026

As of: 03/13/2026
Mail to: Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 03/14/2026
PLEASE CHECK ANY 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	
03/09/2026	03/06/2026	7940639001		632536	OFFSET	Residual	4,233.79	- P	4,233.79	- P	7940639001	<input type="checkbox"/>



APPROVED ON

MAR 16 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Serviced By: AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101 ✓ DEA: RA0289276 866-451-9655	Customer: WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number 100135284 / 037028186 Terms Sat - Fri Due in 7 days Summary Not Yet Due: 0.00 Current: 476.40 Past Due: 0.00 Total Due: 476.40 Account Balance: 476.40
Remit To: AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223		

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-09-2026	03-20-2026	3244399614 ✓	7011600691	Invoice	115.56 ✓		0.00	115.56 ✓
03-09-2026	03-20-2026	3244399615 ✓	7011611933	Invoice	247.16 ✓		0.00	247.16 ✓
03-09-2026	03-20-2026	3244399616 ✓	7011611936	Invoice	94.48 ✓		0.00	94.48 ✓
03-11-2026	03-20-2026	3244693587 ✓	7011621722	Invoice	14.40 ✓		0.00	14.40 ✓
03-12-2026	03-20-2026	3244820710 ✓	7011625677	Invoice	4.80 ✓		0.00	4.80 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
476.40	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
03-09-2026	(767.17)
03-13-2026	(1,011.78)

Reminders	
Due Date	Amount
03-20-2026	476.40
Total Due:	476.40

APPROVED ON
MAR 16 2026
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

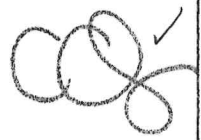
Serviced By: AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336 ✓ DEA: RA0316958 866-451-9655	Customer: WALGREENS CENTRAL FILL #21373 340B MEMORIAL MEDICAL CENTER 4100 DALE EARNHARDT WAY 200 NORTHLAKE TX 76262-2389	Customer Number 100566356 / 100566356 Terms Sat - Fri Due in 7 days Summary Not Yet Due: 0.00 Current: 49.65 Past Due: 0.00 Total Due: 49.65 Account Balance: 49.65
Remit To: AMERISOURCEBERGEN PO Box 978740 DALLAS TX 75397-8740		

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-09-2026	03-20-2026	3244383549 ✓	7011611898	Invoice	44.77 ✓		0.00	44.77 ✓
03-10-2026	03-20-2026	3244594928 ✓	7011621519	Invoice	4.88 ✓		0.00	4.88 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
49.65	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
MAR 16 2026
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Reminders	
Due Date	Amount
03-20-2026	49.65
Total Due:	49.65



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

APPROV	APPNO	ISSNO	EMPH	DEANO	CLNO	TRAIN	CF	SLIP	CHRG	AMT	PRCT	DATE	DAY	SICCD	SYCD	LSN	LSN	LAST	JOB	VOIP	SSN	PRNO	PRNO
7938	76351	2	5	0	2026	56000440	0	3/9/2026	\$18,000.00	1	MD ANDERSON CANCER CENT	P	423	0	SARA	BLEDSON	IMC	F		F	2/12/2026	2/17/2026	746001118
7940	76351	2	33	0	2026	58000092	0	3/9/2026	\$134.82	1	BAYLOR COLLEGE OF MEDICINE	P	457	0	JACQUELINE	HERRERA	OVS	F		F	12/12/2025	12/22/2025	300791563
7941	76351	2	38	0	2026	63000128	0	3/9/2026	\$237.78	1	HOUSTON RETINA ASSOCIATES	P	457	0	APRIL	KUBALA	OVS	F		F	2/20/2026	2/20/2026	10699322
7942	76351	2	33	0	2026	61000985	0	3/9/2026	\$823.88	1	BLUEGRASS HEALTH SOLUTIONS LLC	P	738	0	JACQUELINE	HERRERA	DMH	F		F	2/12/2026	2/12/2026	384251369
7943	76351	2	5	0	2026	62000565	0	3/9/2026	\$1,098.37	1	MD ANDERSON CANCER CENT	P	386	0	SARA	BLEDSON	HLAB	F		F	2/24/2026	2/24/2026	746001118
7944	76351	2	71	0	2026	58000107	0	3/9/2026	\$1,099.00	1	CITIZENS MEDICAL PROFESSIONALS	P	176	0	KYLE	DANIEL	AO	F		F	1/26/2026	1/26/2026	471158090
7945	76351	2	5	0	2026	58000866	0	3/9/2026	\$4,939.27	1	MD ANDERSON CANCER CENT	P	434	0	SARA	BLEDSON	OHS	F		F	2/9/2026	2/9/2026	746001118
7946	76351	3	73	2	2026	62000355	0	3/9/2026	\$4.60	1	SCOTT WHITE CLINIC	P	172	0	LILLIAN	HARTL	AB	F		F	2/16/2026	2/16/2026	742958277
7947	76351	3	73	2	2026	61001012	0	3/9/2026	\$19.21	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0	LILLIAN	HARTL	INVC	F		F	2/16/2026	2/16/2026	591031071
7949	76351	3	79	0	2026	61000441	0	3/9/2026	\$43.21	1	MHK FAMILY PRACTICE PLLC	P	177	0	CASEY	NEWMAN	OV	F		F	2/13/2026	2/13/2026	994807850
7955	76351	3	9	1	2026	63000516	0	3/9/2026	\$90.34	1	CITIZENS MEDICAL PROFESSIONAL	P	177	0	RUDY	CARREON	OV	F		F	2/20/2026	2/20/2026	471158090
7956	76351	3	76	1	2026	58000272	0	3/9/2026	\$112.13	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0	KYLEE	CORMIER	OVS	F		F	2/16/2026	2/16/2026	260151734
7959	76351	3	75	0	2026	57000344	0	3/9/2026	\$150.00	1	VICTORIA WOMENS CLINIC	P	172	0	BRIANNE	KEY	AB	F		F	2/11/2026	2/11/2026	741831291
7960	76351	3	51	0	2026	61000436	0	3/9/2026	\$165.00	1	MSIWA LLC	P	172	0	BRITTANY	RABENALDT	AB	F		F	12/17/2025	12/17/2025	202536458
7962	76351	3	43	0	2026	62001403	0	3/9/2026	\$222.85	1	US ANES PARTNERS OF TX PA	P	405	0	DAWN	MCCLLELAND	AOQ	F		F	11/11/2025	11/11/2025	760482007
7963	76351	3	43	0	2026	62001405	0	3/9/2026	\$222.85	1	US ANESTHESIA PARTNERS OF TEXAS PA	P	405	0	DAWN	MCCLLELAND	AOQ	F		F	11/11/2025	11/11/2025	760482007
7964	76351	3	42	4	2026	62000267	0	3/9/2026	\$241.28	1	SINGLETON ASSOCIATES PA	P	321	0	GUNNER	MARTINEZ	MRIQ	F		F	2/4/2026	2/4/2026	741680498
7976	76360	3	74	2	2026	57001028	0	3/9/2026	\$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0	PATRA	RUTHERFORD	OVS	F		F	2/24/2026	2/24/2026	273335355
7977	76360	3	94	0	2026	61000440	0	3/9/2026	\$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0	ERIN	WISDOM	OVS	F		F	2/25/2026	2/25/2026	273335355
7978	76360	3	135	0	2026	61000358	0	3/9/2026	\$59.68	1	CLINICAL PATHOLOGY LABS INC	P	172	0	BRITTNEY	ZAMORA	AB	F		F	2/13/2026	2/13/2026	742554159
7979	76360	3	71	2	2026	57000215	0	3/9/2026	\$68.72	1	VICTORIA WOMENS CLINIC	P	177	0	DANIELA	RODRIGUEZ	OV	F		F	10/20/2025	10/20/2025	741831291
7980	76360	3	71	2	2026	58000074	0	3/9/2026	\$68.72	1	VICTORIA WOMENS CLINIC	P	172	0	DANIELA	RODRIGUEZ	AB	F		F	2/5/2026	2/5/2026	741831291
7982	76360	3	90	0	2026	58000248	0	3/9/2026	\$93.33	1	VICTORIA EYE CENTER	P	457	0	LINDA	TJERINA	OVS	F		F	2/12/2026	2/12/2026	742208337
7984	76360	3	114	0	2026	58000601	0	3/9/2026	\$110.04	1	VICTORIA EYE CENTER	P	457	0	SANDRA	BRAUN	OVS	F		F	2/19/2026	2/19/2026	742208337
7986	76360	3	54	0	2026	61000373	0	3/9/2026	\$149.26	1	VICTORIA EP PLLC	P	189	0	MELISSA	NESLONEY	ERD	F		F	2/19/2026	2/19/2026	474741110
7987	76360	3	41	0	2026	58000612	0	3/9/2026	\$177.74	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0	AMANDA	KEY	AB	F		F	2/24/2026	2/24/2026	742650670
7989	76360	3	138	1	2026	63000127	0	3/9/2026	\$212.50	1	JOHN KIMBALL ANESTHESIA LLC	P	176	0	JEREMY	HUNT	AO	F		F	2/17/2026	2/17/2026	273221302
7990	76360	3	90	1	2026	61000419	0	3/9/2026	\$263.05	1	VICTORIA EYE CENTER	P	457	0	NICOLAS	TJERINA	OVS	F		F	2/20/2026	2/20/2026	742208337
7991	76360	3	134	1	2026	61000065	0	3/9/2026	\$263.94	1	TCPSO	P	457	0	MCKINLEY	DUFNER	OVS	F		F	2/3/2026	2/3/2026	260834681
7999	76360	3	134	0	2026	62001401	0	3/9/2026	\$917.23	1	NORTHSTAR ANESTHESIA, PA	P	175	0	KELSEY	DUFNER	AI	F		F	1/14/2026	1/14/2026	201218565
8003	76360	3	54	0	2026	61000317	0	3/9/2026	\$1,218.50	1	VICTORIA ED LLC	P	406	0	MELISSA	NESLONEY	ER	F		F	2/19/2026	2/19/2026	473152225

\$31,907.18

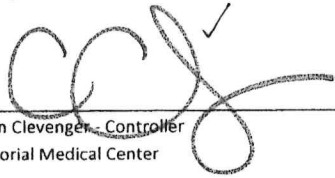
APPROVED ON

MAR 16 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Mar 9, 2026 - Mar 15 2026**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten" Check" #</u>	<u>GL number</u>
3/13/2026	MEMORIAL MEDICAL - PAYROLL	- Payroll	375,977.49 *		
3/13/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#122834856 122643282	- 3rd Party Payor Fee	745.17	902261	40440076
3/13/2026	HEALTHEQUITY INC - HealthEqui	- EmpDeduct/Employer Contribut	1,075.82 *	902262	20280000
3/13/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	1,011.78 *	902263	60310000
3/13/2026	Enhance Analysis Service Charge	- Bank Fees	178.80	902264	40910090
3/12/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#122559999 122411651	- 3rd Party Payor Fee	205.17	902265	40440076
3/11/2026	STATE COMPTRLR - TEXNET 9096468/60310	- DSH IGT	3,061.88 **	902266	
3/11/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#122266495 122094132	- 3rd Party Payor Fee	252.50	902267	40440076
3/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332385	- Credit Card Processing Fee	149.09	902268	40440076
3/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332393	- Credit Card Processing Fee	937.79	902269	40440076
3/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332401	- Credit Card Processing Fee	1,123.78	902270	40440076
3/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332419	- Credit Card Processing Fee	69.63	902271	40440076
3/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801368397	- Credit Card Processing Fee	207.37	902272	40440076
3/10/2026	TSYS/TRANSFIRST - MERCH FEES 39300982541616	- Credit Card Processing Fee	5,524.91	902273	40440076
3/10/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#121951300 121822726	- 3rd Party Payor Fee	96.26	902274	40440076
3/9/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#121684149 121557864	- 3rd Party Payor Fee	34.06	902275	40440076
3/9/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	767.17	902276	60310000
			391,418.67		



Caitlin Clevenger - Controller
Memorial Medical Center

March 16, 2026

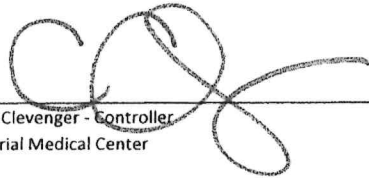
* approved on 3.11.26 cc
** approved on 3.4.26 cc

pay plus
745.17 +
205.17 +
252.50 +
96.26 +
34.06 +
1,333.16 *

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>

Was reported last week 3.11.2026



Caitlin Clevenger - Controller
Memorial Medical Center

March 16, 2026

Bank Fees
178.80 +
178.80 *

**APPROVED ON
MAR 16 2026**

767.17 +
767.17 * needs approval

processing
149.09 +
937.79 +
1,123.78 +
69.63 +
207.37 +
5,524.91 +
8,012.57 *

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

PDF	Invoice #	Customer I	Invoice Dat	Due Date	PO #	Stage	Amount	Currency
	0100007768_324	3.24E+09	1E+08	3/9/2026	3/20/2026	7.01E+09	Open	44.77 USD
	0100007768_324	3.24E+09	1E+08	3/9/2026	3/20/2026	7.01E+09	Open	115.56 USD
	0100007768_324	3.24E+09	1E+08	3/9/2026	3/20/2026	7.01E+09	Open	247.16 USD
	0100007768_324	3.24E+09	1E+08	3/9/2026	3/20/2026	7.01E+09	Open	94.48 USD
	0100007768_324	3.24E+09	1E+08	3/10/2026	3/20/2026	7.01E+09	Open	4.88 USD
	0100007768_324	3.24E+09	1E+08	3/11/2026	3/20/2026	7.01E+09	Open	14.4 USD
	0100007768_324	3.24E+09	1E+08	3/12/2026	3/20/2026	7.01E+09	Open	4.8 USD
	0100007768_324	3.25E+09	1E+08	3/16/2026	3/27/2026	7.01E+09	Open	59.87 USD
	0100007768_324	3.25E+09	1E+08	3/16/2026	3/27/2026	7.01E+09	Open	176.14 USD
	0100007768_323	3.24E+09	1E+08	1/13/2026	4/13/2026	1.54E+10	Open	269.41 USD

1031.47

Brooklynn Harvey

From: cclevenger@mmcportlavaca.com (Caitlin Clevenger)
<cclevenger@mmcportlavaca.com>
Sent: Monday, March 16, 2026 3:03 PM
To: Autumn Gibson; Brooklynn Harvey
Subject: RE: MEMORIAL MEDICAL CENTER Customer ID: 0100007768

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Brooklynn,

Another pharmacy was added to our 340B account and Cencora did not set us up for online access to the invoices/statements so we were unaware that this was being debited from the account. We contacted them to give us online access so this should not happen again with this account.

Thank you,

Caitlin Clevenger

Controller
Memorial Medical Center
815 N Virginia. St
Port Lavaca, TX 77979
Ph: 361.552.0272

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message and any attachments.

From: Autumn Gibson
Sent: Monday, March 16, 2026 2:57 PM
To: Brooklynn Harvey <Brooklynn.Harvey@calhouncotx.org>
Cc: Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Subject: FW: MEMORIAL MEDICAL CENTER Customer ID: 0100007768

We contacted the company and this is what they have provided.

Autumn

From: Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Sent: Monday, March 16, 2026 2:54 PM
To: Autumn Gibson <agibson@mmcportlavaca.com>; Rachel Canales <rcanales@mmcportlavaca.com>
Subject: FW: MEMORIAL MEDICAL CENTER Customer ID: 0100007768

- Online Portal assistance: Customer System Support 888-711-5469

Thank you,

Karen Bello
INBOUND A/R TEAM
Cencora
Global Financial Shared Services (GFSS)

www.cencora.com

United in our responsibility
to create healthier futures.

[View full message thread](#)

[View your account statement](#)

Email Recipients

cclevenger@mmcportlavaca.com, JPICKETT@MMCPORLAVACA.COM



MAR 13 2026

MEMORIAL MEDICAL CENTER

03/12/2026

11:05

AP Open Invoice List

0

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Due Dates Through: 03/27/2026

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
030426		03/12/202	03/04/202	03/27/202			1,085.00	0.00	0.00	1,085.00

ins. pay. dep. into mmc opt. error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	LAVACA BAY NURSING AND REHAB	1,085.00	0.00	0.00	1,085.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,085.00	0.00	0.00	1,085.00

APPROVED ON

MAR 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 212439

MAR 13 2026

03/12/2026

11:14

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 03/27/2026

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
✓ 030426A		03/12/202	03/04/202	03/27/202			7,905.00	0.00	0.00	7,905.00 ✓
✓ 030426	ins. pay. dep. into mmc opt. error	03/12/202	03/04/202	03/27/202			206.72	0.00	0.00	206.72 ✓
✓ 030526	..	03/12/202	03/05/202	03/27/202			1,170.46	0.00	0.00	1,170.46 ✓
✓ 030526A	..	03/12/202	03/05/202	03/27/202			95.38	0.00	0.00	95.38 ✓
✓ 030626A	..	03/12/202	03/06/202	03/27/202			13,500.00	0.00	0.00	13,500.00 ✓
✓ 030626	..	03/12/202	03/06/202	03/27/202			2,387.00	0.00	0.00	2,387.00 ✓
✓ 030926	..	03/12/202	03/09/202	03/27/202			409.19	0.00	0.00	409.19 ✓
✓ 030926A	..	03/12/202	03/09/202	03/27/202			477.38	0.00	0.00	477.38 ✓
✓ 031026	..	03/12/202	03/10/202	03/27/202			13,507.73	0.00	0.00	13,507.73 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	39,658.86	0.00	0.00	39,658.86

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	39,658.86	0.00	0.00	39,658.86

APPROVED ON

MAR 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 212438

RECEIVED BY THE COUNTY AUDITOR ON

MAR 13 2026

MEMORIAL MEDICAL CENTER

0

03/12/2026

AP Open Invoice List

ap_open_invoice.template

11:14

CALHOUN COUNTY, TEXAS

Due Dates Through: 03/27/2026

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
✓ 030526		03/12/202	03/05/202	03/27/202			34,055.00	0.00	0.00	34,055.00 ✓
✓ 030526A	ins. pay. dep. into mmc opt. error	03/12/202	03/05/202	03/27/202			2,604.00	0.00	0.00	2,604.00 ✓
✓ 030626	..	03/12/202	03/06/202	03/27/202			4,749.82	0.00	0.00	4,749.82 ✓
✓ 030926A	..	03/12/202	03/09/202	03/27/202			15,572.51	0.00	0.00	15,572.51 ✓
✓ 030926	QIPPY8 Adjustment 1	03/12/202	03/09/202	03/27/202			520.00	0.00	0.00	520.00 ✓
✓ 031026	ins. pay. dep. into mmc opt. error	03/12/202	03/10/202	03/27/202			6,240.00	0.00	0.00	6,240.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
13004 TUSCANY VILLAGE							63,741.33	0.00	0.00	63,741.33

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	63,741.33	0.00	0.00	63,741.33

APPROVED ON

MAR 13 2026

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CHK# 212440

63,741.33 +
 QIPPY8 15,572.51 -
 48,168.82 *

APPROVED ON

MAR 16 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
3/16/2026

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		60.19	30.13	409.74		439.80	339.80
						Bank Balance 439.80	
						Variance -	
						Leave in Balance 100.00	

Routing Information for Ashford Gardens:

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

Broadmoor	101.58	-	-			Adjust Balance/Transfer Amt 339.80	
						Bank Balance 101.58	
						Variance -	
						Leave in Balance 100.00	

Crescent	100.83	-	-			Adjust Balance/Transfer Amt 1.58	
						Bank Balance 100.83	
						Variance -	
						Leave in Balance 100.00	

Fort Bend	104.59	-	111.01			Adjust Balance/Transfer Amt 0.83	
						Bank Balance 215.60	115.60
						Variance -	
						Leave in Balance 100.00	

Solera at W Houston	100.00	30.99	2,217.96			Adjust Balance/Transfer Amt 115.60	
						Bank Balance 2,286.97	2,186.97
						Variance -	
						Leave in Balance 100.00	

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:

Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 111000614
Account #

Adjust Balance/Transfer Amt	2,186.97	339.80 +
		115.60 +
		2,186.97 +
		2,642.37 *
TOTAL TRANSFERS	2,642.37	

Approved: 
Caitlin Clevenger, Controller 3/16/2026

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

3/13/2026 Enhance Analysis Service Charge
 3/12/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1234170804*13 41858379\ 746003411

✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
30.13	-	-	-
-	409.74	-	409.74
30.13	409.74	-	409.74

Broadmoor

No Activity

✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
-	-	-	-
-	-	-	-
-	-	-	-

Crescent

No Activity

✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
-	-	-	-
-	-	-	-
-	-	-	-

Fort Bend

3/12/2026 AARP Supplementa - HCCLAIMPMT TRN*1*1140779 5053*1362739571*0000362;

✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
-	111.01	-	-
-	-	-	-
-	111.01	-	-

Solera at West Houston

3/13/2026 Enhance Analysis Service Charge
 3/11/2026 Peoples Health A - HCCLAIMPMT TRN*1*C695585 6*1721267232*000072126\ 74

✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
30.99	-	-	-
-	2,217.96	-	2,217.96
30.99	2,217.96	-	2,217.96

TOTALS

61.12	2,738.71	-	2,627.70
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Balances Overview



COUNTY OF CALHOUN TEXAS
 AGIBSON
 as of Mar 16, 2026 9:31:29 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	\$1,713,413.36	\$1,713,413.36
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	\$939,307.26	\$939,307.26
*4381 MEMORIAL MEDICAL / NH ASHFORD	✓ \$439.80 ✓	\$439.80
*4403 MEMORIAL MEDICAL / NH BROADMOOR	✓ \$101.58 ✓	\$101.58
*4411 MEMORIAL MEDICAL / NH CRESCENT	✓ \$100.83 ✓	\$100.83
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	✓ \$2,286.97 ✓	\$2,286.97
*4446 MEMORIAL MEDICAL / NH FORT BEND	✓ \$215.60 ✓	\$215.60
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$107,846.32	\$107,846.32
*4551 CAL CO INDIGENT HEALTHCARE	\$4,846.27	\$4,846.27
*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	\$322,442.70	\$322,442.70
*3407 MMC -NH TUSCANY VILLAGE	\$211,810.57	\$211,810.57
*2998 MMC -MONEY MARKET FUND	\$74,878.95	\$74,878.95
*7168 MEMORIAL MEDICAL LOCK BOX	\$10,415.36	\$10,415.36
Total Balance	\$1,713,413.36	\$1,713,413.36

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 3/16/2026

APPROVED ON
 MAR 16 2026
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

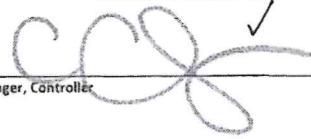
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		68,897.07	68,542.00	98,737.19		99,092.26	98,737.19
					Bank Balance	99,092.26	
					Variance	-	
					Leave in Balance	100.00	

Routing Information for Golden Creek:
 Nexion Health at Golden Creek
 Wells Fargo Bank, N.A.
 ABA 12100248
 Account #

Jan Interest 255.07

Adjust Balance/Transfer Amt 98,737.19

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: 
 Caitlin Clevenger, Controller 3/16/2026

Golden Creek

	✓	✓	MMC	
	Transfer-Out	Transfer-In	PORTION	NH PORTION
3/13/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,000.25		
3/13/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 031326 543684555876917	-	10,064.03		
3/12/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 031226 543684555876917	-	3,237.00		
3/12/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	12,420.14		
3/12/2026 AETNA AS01 - HCCLAIMPMT TRN*1*8826066010335 44*1066033492\ 1588075964	-	3,780.00		
3/11/2026 Domestic Wire Withdrawal WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	68,542.00	-		
3/11/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 031126 543684555876917	-	6,911.00		
3/10/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	3,845.72		
3/10/2026 Am Health TX - PAYMENT 21531	-	10,000.00		
3/9/2026 Deposit	-	32,028.05		
3/9/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 030926 543684555876917	-	1,800.00		
3/9/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 030926 543684555876917	-	899.53		
3/9/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 030926 543684555876917	-	7,508.00		
3/9/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*05Y683581588075964*1746000156~ 17460034113011	-	5,243.47		
	68,542.00	98,737.19	-	-

Transaction Report



Transaction Report for account *4454

Reported on Mon Mar 16 14:25:00 GMT 2026

Current Balance \$107,846.32
 Interest Accrued \$63.56
 Available Balance \$107,846.32

Date	Description	Credit	Debit	Running Balance
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
03/13/2026	External Deposit GOLDEN CREEK HEALTHCARE MERCHANT DEPOSIT - MERC DEP 1220356	1000.25		✓ 99092.26 ✓
03/13/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 031326 543684555876917	10064.03		98092.01
03/12/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 031226 543684555876917	3237.00		88027.98
03/12/2026	External Deposit GOLDEN CREEK HEALTHCARE MERCHANT DEPOSIT - MERC DEP 1220356	12420.14		84790.98
03/12/2026	External Deposit AETNA AS01 - HCCLAIMPMT TRN*1*8826066010335 44*1066033492\1588075964	3760.00		72370.84
03/11/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		68542.00	68590.84
03/11/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 031126 543684555876917	6911.00		137132.84
03/10/2026	External Deposit GOLDEN CREEK HEALTHCARE MERCHANT DEPOSIT - MERC DEP 1220356	3845.72		130221.84

APPROVED ON

MAR 16 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
3/16/2026

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		38,619.19					38,619.19	No
						Bank Balance Variance	38,619.19	Transfer (Holding due to pending claims requests)
						Leave in Balance	100.00	
						Claims owed to MMC	40,154.32	
						Adjust Balance/Transfer Amt	(1,635.13)	
Gulf Pointe Plaza-Medicare/Medicaid		101.96					101.96	NO TRANSFER
						Bank Balance Variance	101.96	
						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: 
Caitlin Clevenger, Controller 3/16/2026

Gulf Pointe Plaza-Private Pay

No Activity

<input checked="" type="checkbox"/> <u>Transfer-Out</u>	<input checked="" type="checkbox"/> <u>Transfer-In</u>	<u>MMC</u> <u>PORTION</u>	<u>NH PORTION</u>
			-
			-
			-
-	-	-	-
-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid

No Activity

<input checked="" type="checkbox"/> <u>Transfer-Out</u>	<input checked="" type="checkbox"/> <u>Transfer-In</u>	<u>MMC</u> <u>PORTION</u>	<u>NH PORTION</u>
			-
			-
			-
-	-	-	-
-	-	-	-
-	-	-	-

Balances Overview



COUNTY OF CALHOUN TEXAS
 AGIBSON
 as of Mar 16, 2026 9:31:29 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	\$1,713,413.36	\$1,713,413.36
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	\$939,307.26	\$939,307.26
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$439.80	\$439.80
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$101.58	\$101.58
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$100.83	\$100.83
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$2,286.97	\$2,286.97
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$215.60	\$215.60
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$107,846.32	\$107,846.32
*4551 CAL CO INDIGENT HEALTHCARE	\$4,846.27	\$4,846.27
*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	\$322,442.70	\$322,442.70
*3407 MMC -NH TUSCANY VILLAGE	\$211,810.57	\$211,810.57
*2998 MMC -MONEY MARKET FUND	\$74,878.95	\$74,878.95
*7168 MEMORIAL MEDICAL LOCK BOX	\$10,415.36	\$10,415.36
Total Balance	\$1,713,413.36	\$1,713,413.36

APPROVED ON

MAR 16 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
3/16/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		106,691.03	90,221.98	195,341.52			211,810.57	195,341.52
						Bank Balance Variance	211,810.57	
						Leave in Balance	100.00	
						MOLINE QIPP PAYMENT	16,369.05	
						Adjust Balance/Transfer Amt	195,341.52	

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: 
Caitlin Clevenger, Controller 3/16/2026

Tuscany Village

3/13/2026 Merchant Capture Deposit
3/11/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE
3/9/2026 Deposit

	✓ <u>Transfer-Out</u>	✓ <u>Transfer-In</u>	MMC <u>PORTION</u>	<u>NH PORTION</u>
	-	5,586.00		5,586.00
	90,221.98	-		-
	-	189,755.52		189,755.52
	-	-		-
	-	-		-
	<u>90,221.98</u>	<u>195,341.52</u>	-	<u>195,341.52</u>

Balances Overview



COUNTY OF CALHOUN TEXAS
 AGIBSON
 as of Mar 16, 2026 8:31:29 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	\$1,671,271.15	\$1,671,271.15
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	\$903,860.30	\$903,860.30
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$439.80	\$439.80
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$101.58	\$101.58
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$100.83	\$100.83
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$2,286.97	\$2,286.97
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$215.60	\$215.60
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$103,502.26	\$103,502.26
*4551 CAL CO INDIGENT HEALTHCARE	\$4,846.27	\$4,846.27
*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	\$320,091.51	\$320,091.51
*3407 MMC -NH TUSCANY VILLAGE	✓ \$211,810.57 ✓	\$211,810.57
*2998 MMC -MONEY MARKET FUND	\$74,878.95	\$74,878.95
*7168 MEMORIAL MEDICAL LOCK BOX	\$10,415.36	\$10,415.36
Total Balance	\$1,671,271.15	\$1,671,271.15

APPROVED ON

MAR 16 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSL Transfer
Prosperity Accounts
3/16/2026

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		32,633.15	32,381.21	167,429.40			167,681.34	167,429.40
						Bank Balance	167,681.34	
						Variance	167,681.34	
						Leave in Balance	100.00	
						Jan Interest	151.94	
						Adjust Balance/Transfer Amt	167,429.40	

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: 
Caitlin Clevenger, Controller 3/16/2026

Lavaca Bay Nursing and Rehab

	✓	✓	MMC	
	Transfer-Out	Transfer-In	PORTION	NH PORTION
3/12/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*OSY732811538719836*1746000156~ 17460034113016	-	9,251.18		9,251.18
3/12/2026 Marketplace - HCCLAIMPMT TRN*1*0931064694*1 203174593\	-	3,888.82		3,888.82
3/11/2026 Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	32,381.21	-		-
3/11/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7735625*1205296137*000004011\ 676481	-	3,202.00		3,202.00
3/11/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0912910911* 1742770542\	-	114,735.84		114,735.84
3/10/2026 Deposit	-	32,255.92		32,255.92
3/10/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7734204*1205296137*000004011\ 676481	-	348.38		348.38
3/10/2026 EIC 458689 - HCCLAIMPMT TRN*1*18104243726030 7*1310935772\ 97924344	-	671.31		671.31
3/10/2026 HIC KY 458690 - HCCLAIMPMT TRN*1*18104243626 0307*1611311685\ 97974346	-	75.78		75.78
3/10/2026 HUMANA INS CO 458681 - HCCLAIMPMT TRN*1*1810 42438260307*1391263473\ 97847947	-	819.82		819.82
3/10/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0912899731* 1742770542\	-	354.45		354.45
3/9/2026 Deposit	-	64.09		64.09
3/9/2026 BCBS ILLINOIS PAYABLE - HCCLAIMPMT TRN*1*M26 064E54930990*1731350270*MA20260305E549309900-1538719836\ M26064E54E	-	1,761.81		1,761.81
	32,381.21	167,429.40	-	167,429.40

Transaction Report



Transaction Report for account *5506

Reported on Mon Mar 16 14:40:00 GMT 2026

Current Balance \$322,442.70
 Interest Accrued \$68.60
 Available Balance \$322,442.70

Date	Description	Credit	Debit	Running Balance
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
03/12/2026	External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*DSY732811538719636*1746000156- 17460034113016	9251.18		✓ 167681.34 ✓
03/12/2026	External Deposit Marketplace - HCCLAIMPMT TRN*1*0931064694*1 2031745931	3888.82		168430.16
03/11/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		32361.21	154541.34
03/11/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7735625*1205296137*000004011\ 676481	3202.00		186922.55
03/11/2026	External Deposit CENTENE CORP - HCCLAIMPMT TRN*1*0912910911* 17427705421	114735.84		183720.55
03/10/2026	123870692628425 Deposit Deposit	32255.92		68864.71
03/10/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7734204*1205296137*000004011\ 676481	349.38		36728.79