

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 1, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	839,309.43
TOTAL TRANSFERS BETWEEN FUNDS	\$	173,452.88
TOTAL NURSING HOME UPL EXPENSES	\$	1,461,847.37
TOTAL INTER-GOVERNMENT TRANSFERS	\$	206,238.43
GRAND TOTAL DISBURSEMENTS APPROVED April 1, 2026	\$	2,680,848.11

**APPROVED**

APR 01 2026

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**  
**COMMISSIONERS COURT APPROVAL LIST FOR ---April 1, 2026**

**PAYABLES AND PAYROLL**

3/27/2026 Weekly Payables	489,755.94
3/27/2026 Patient Refunds	4,267.28
3/31/2026 McKesson-340B Prescription Expense	186,925.26
3/31/2026 Cencora-340B Prescription Expense	269.41
3/31/2026 Cencora-340B Prescription Expense	138.49
3/31/2026 Cencora-340B Prescription Expense	12.04

**Prosperity Electronic Bank Payments**

3/31/2026 90 Degree Benefits - employee insurance claims	54,389.09
3/31/2026 90 Degree Benefits - employee insurance claims	23,788.00
3/31/2026 HPHG - March health insurance premium payment	77,742.93
3/31/2026 Pay Plus-Patient Claims Processing Fee	2,020.99

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** **\$ 839,309.43**

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

3/27/2026 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	7,155.75
3/27/2026 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	17,505.26
3/27/2026 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	148,791.87

**TOTAL TRANSFERS BETWEEN FUNDS** **\$ 173,452.88**

**NURSING HOME UPL EXPENSES**

3/31/2026 Nursing Home UPL-Cantex Transfer	15,668.44
3/31/2026 Nursing Home UPL-Nexion Transfer	498,223.03
3/31/2026 Nursing Home UPL-Tuscany Transfer	407,909.08
3/31/2026 Nursing Home UPL-HSL Transfer	321,481.44

**QIPP CHECKS TO MMC**

3/31/2026 Tuscany - QIPP Y9 Q1 owed to MMC	159.66
3/31/2026 Lavaca Bay-QIPP Y9 Q1 owed to MMC	217,080.40

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

3/31/2026 Golden Creek to MMC - Claims owed to MMC	1,325.32
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**TOTAL NURSING HOME UPL EXPENSES** **\$ 1,461,847.37**

**INTER-GOVERNMENT TRANSFERS**

3/31/2026 DSH-IGT	206,238.43
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**TOTAL INTER-GOVERNMENT TRANSFERS** **\$ 206,238.43**

**GRAND TOTAL DISBURSEMENTS APPROVED April 1, 2026** **\$ 2,680,848.11**

# RECEIVED

MAR 26 2026

03/26/2026

11:10

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 04/09/2026

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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
	✓1KTFJHDJQWG4		03/17/202	03/09/202	04/08/202			99.94	0.00	0.00	99.94 ✓
		SUPPLIES									
	✓1YQH9PXQ9Q3D		03/23/202	03/11/202	03/11/202			1,764.60	0.00	0.00	1,764.60 ✓
		SUPPLIES - light bulbs & outlet									
	✓1CHG7VVFCF1K		03/23/202	03/16/202	03/16/202			19.22	0.00	0.00	19.22 ✓
		ULTRASOUND BEAR XI - for ultrasound									
	✓1HRJCHCDRQT1		03/23/202	03/17/202	03/17/202			447.59	0.00	0.00	447.59 ✓
		SUPPLIES									
	✓11KFN69XFL7F		03/23/202	03/18/202	03/18/202			23.48	0.00	0.00	23.48 ✓
		SUPPLIES - screw driver bits									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES						2,354.83	0.00	0.00	2,354.83
Vendor#	Vendor Name	Class	Pay Code								
A2271	ARTHREX, INC	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓926597155		03/18/202	02/13/202	02/24/202			610.00	0.00	0.00	610.00 ✓
		SUPPLIES - main pump tubing									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	A2271	ARTHREX, INC						610.00	0.00	0.00	610.00
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
	✓112552934		03/17/202	03/10/202	04/04/202			80.64	0.00	0.00	80.64 ✓
		LAB SUPPLIES - Access total T4 Cals									
	✓112550211		03/17/202	03/10/202	04/04/202			281.99	0.00	0.00	281.99 ✓
		LAB MAINT CONTRACT									
	✓112546628		03/25/202	03/09/202	04/03/202			5,759.11	0.00	0.00	5,759.11 ✓
		HARDWARE BILLING FOR LAB / Info sys. / service billing									
	✓112557871		03/25/202	03/13/202	04/07/202			5,016.58	0.00	0.00	5,016.58 ✓
		HEMATOLOGY BILLING									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC						11,138.32	0.00	0.00	11,138.32
Vendor#	Vendor Name	Class	Pay Code								
14753	BIOMERIEUX, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓1213723325		03/23/202	03/14/202	03/23/202			8,815.88	0.00	0.00	8,815.88 ✓
		BIOFIRE PANEL TEST x30									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	14753	BIOMERIEUX, INC						8,815.88	0.00	0.00	8,815.88
Vendor#	Vendor Name	Class	Pay Code								
B1655	BOSTON SCIENTIFIC CORPORATION	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓711808449		03/10/202	02/25/202	02/25/202			352.06	0.00	0.00	352.06 ✓
		SUPPLIES									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION						352.06	0.00	0.00	352.06
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

✓	032426		03/25/202	03/24/202	03/24/202		92.09	0.00	0.00	92.09	✓	
		FUEL										
✓	032526D		03/25/202	03/25/202	03/25/202		319.68	0.00	0.00	319.68	✓	
		ELECTRICITY BILL										
✓	032526C		03/25/202	03/25/202	03/25/202		1,710.69	0.00	0.00	1,710.69	✓	
		ELECTRICITY BILL										
✓	032526E		03/25/202	03/25/202	03/25/202		732.84	0.00	0.00	732.84	✓	
✓	032526A	electric bill	03/25/202	03/25/202	03/25/202		16.86	0.00	0.00	16.86	✓	
		ELECTRICITY BILL										
✓	032526		03/25/202	03/25/202	03/25/202		0.20	0.00	0.00	0.20	✓	
		ELECTRICITY BILL										
✓	032526B		03/25/202	03/25/202	03/25/202		24,017.60	0.00	0.00	24,017.60	✓	
		ELECTRICITY BILL										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
		C1048 CALHOUN COUNTY					26,889.96	0.00	0.00	26,889.96		
Vendor#	Vendor Name						Class	Pay Code				
18352	CANCER EXPERT NOW LLC											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	1092		03/25/202	02/25/202	03/27/202			1,141.80	0.00	0.00	1,141.80	✓
		GEMS ANNUAL BILLING JAN-DEC										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		18352 CANCER EXPERT NOW LLC						1,141.80	0.00	0.00	1,141.80	
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	
✓	8004127090		03/25/202	03/12/202	04/06/202			212.00	0.00	0.00	212.00	✓
		NUCMED SUPPLIES										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		C1325 CARDINAL HEALTH 414, INC.						212.00	0.00	0.00	212.00	
Vendor#	Vendor Name						Class	Pay Code				
C1390	CENTRAL DRUG						W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	1105		03/25/202	03/23/202	03/23/202			53.35	0.00	0.00	53.35	✓
		DILATIONS										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		C1390 CENTRAL DRUG						53.35	0.00	0.00	53.35	
Vendor#	Vendor Name						Class	Pay Code				
12768	CHEMAQUA											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	9537890		03/25/202	03/11/202	03/21/202			635.24	0.00	0.00	635.24	✓
		WATER TREATMENT										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		12768 CHEMAQUA						635.24	0.00	0.00	635.24	
Vendor#	Vendor Name						Class	Pay Code				
C1730	CITY OF PORT LAVACA						W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	031126		03/25/202	03/11/202	03/11/202			96.53	0.00	0.00	96.53	✓
		MMC CLINIC UTILITY BILL										
✓	031126A		03/25/202	03/11/202	03/11/202			3,444.79	0.00	0.00	3,444.79	✓
		UTILITY BILL										
✓	031126B		03/25/202	03/11/202	03/11/202			52.01	0.00	0.00	52.01	✓
		UTILITY BILL										
✓	031126C		03/25/202	03/11/202	03/11/202			110.08	0.00	0.00	110.08	✓
		REHAB UTILITY BILL										
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	

	C1730	CITY OF PORT LAVACA					3,703.41	0.00	0.00	3,703.41
Vendor#	Vendor Name		Class		Pay Code					
15116	COMPUGROUP MEDICAL - EMDS INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 9090155583A		03/03/202	02/09/202	04/09/202		52,241.55	0.00	0.00	52,241.55 ✓
	EMDS SUBSCRIPTION									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	15116 COMPUGROUP MEDICAL - EMDS INC.						52,241.55	0.00	0.00	52,241.55
Vendor#	Vendor Name		Class		Pay Code					
11616	CONTROL SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ SINV003112		03/23/202	02/22/202	03/17/202		129.94	0.00	0.00	129.94 ✓
	SUPPLIES - <i>refrigerator/broke in a couple wks ago</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	11616 CONTROL SOLUTIONS						129.94	0.00	0.00	129.94
Vendor#	Vendor Name		Class		Pay Code					
14080	CORROHEALTH, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 2031539		03/24/202	02/28/202	03/30/202		2,097.45	0.00	0.00	2,097.45 ✓
	FACILITY CODING DIAGNOSIS									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	14080 CORROHEALTH, INC.						2,097.45	0.00	0.00	2,097.45
Vendor#	Vendor Name		Class		Pay Code					
10368	DEWITT POTHS & SON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 8286581		03/17/202	03/09/202	04/03/202		332.45	0.00	0.00	332.45 ✓
	COPY PAPER <i>5 cases</i>									
	✓ 8300020		03/23/202	03/17/202	03/17/202		136.18	0.00	0.00	136.18 ✓
	SUPPLIES - <i>envelopes, files, &amp; protector sheet</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	10368 DEWITT POTHS & SON						468.63	0.00	0.00	468.63
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
	✓ MMC401K		03/25/202	12/31/202	01/01/202		24,876.80	0.00	0.00	24,876.80 ✓
	401K MATCHUP									
	✓ MMC031526		03/25/202	03/15/202	03/16/202		152,058.34	0.00	0.00	152,058.34 ✓
	PRO FEES									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	10789 DISCOVERY MEDICAL NETWORK INC						176,935.14	0.00	0.00	176,935.14
Vendor#	Vendor Name		Class		Pay Code					
15916	DOOR CONTROL SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ SMINV425764		03/25/202	03/19/202	03/19/202		325.50	0.00	0.00	325.50 ✓
	DOCK DOOR REPAIR									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	15916 DOOR CONTROL SERVICES						325.50	0.00	0.00	325.50
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
	✓ 70461		03/24/202	03/23/202	03/23/202		260.00	0.00	0.00	260.00 ✓
	MOSQUITO TREATMENT									
	✓ 70494		03/24/202	03/23/202	03/23/202		505.00	0.00	0.00	505.00 ✓
	PEST CONTROL									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	11291 DOWELL PEST CONTROL						765.00	0.00	0.00	765.00

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
	✓45205		03/24/202	03/31/202	04/01/202			40,062.50	0.00	0.00	40,062.50 ✓
		MARCH ER PHY SERVICES 16TH.									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11284	EMERGENCY STAFFING SOLUTIONS					40,062.50	0.00	0.00	40,062.50
15832	EVERON										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓160596349		03/24/202	03/02/202	04/01/202			63.69	0.00	0.00	63.69 ✓
		FIRE MONITORING 030126-03312									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15832	EVERON					63.69	0.00	0.00	63.69
17848	FEDLOGIC LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓1496991744		03/25/202	01/15/202	02/14/202			1,691.25	0.00	0.00	1,691.25 ✓
		EMPLOYEE BENEFITS CONSULT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17848	FEDLOGIC LLC					1,691.25	0.00	0.00	1,691.25
14336	FIRETRON, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓SFOINV05165		03/24/202	03/23/202	03/23/202			48.00	0.00	0.00	48.00 ✓
		LINK REPLACEMENT									
	✓SFOINV05228		03/24/202	03/24/202	03/24/202			150.00	0.00	0.00	150.00 ✓
		ANNUAL BACKFLOW INSPECTIOI									
	✓SFOINV05234		03/24/202	03/24/202	03/24/202			300.00	0.00	0.00	300.00 ✓
		ANNUAL FIRE ALARM INSPECTIC									
	✓SFOINV05243		03/24/202	03/24/202	03/24/202			300.00	0.00	0.00	300.00 ✓
		ANNUAL SPRINKLER INSPECTIOI									
	✓SFOINV04386		03/25/202	03/17/202	03/17/202			600.00	0.00	0.00	600.00 ✓
		ANNUAL MONITORING FOR HOSI									
	✓SFOINV04387		03/25/202	03/17/202	03/17/202			600.00	0.00	0.00	600.00 ✓
		ANNUAL MONITORING FOR CLIN									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14336	FIRETRON, INC					1,998.00	0.00	0.00	1,998.00
17276	FIRST UNITED METHODIST CHURCH										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓040126		03/25/202	04/01/202	04/01/202			1,450.00	0.00	0.00	1,450.00 ✓
		LAND LEASE <i>3yrs unless extended / 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
F1400	FISHER HEALTHCARE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓7281822		03/17/202	03/10/202	04/04/202			833.56	0.00	0.00	833.56 ✓
		LAB SUPPLIES									
	✓7281823		03/17/202	03/10/202	04/04/202			390.17	0.00	0.00	390.17 ✓
		LAB SUPPLIES									
	✓7315740		03/23/202	03/11/202	04/05/202			188.44	0.00	0.00	188.44 ✓
		SUPPLIES <i>LAB</i>									
	✓7441907		03/23/202	03/17/202	03/17/202			13,186.84	0.00	0.00	13,186.84 ✓
		SUPPLIES <i>LAB</i>									





✓	2416066225	03/23/202 03/11/202 04/05/202	90.00	0.00	0.00	90.00	✓
	SUPPLIES	Dressing					
✓	2416066233	03/23/202 03/11/202 04/05/202	83.10	0.00	0.00	83.10	✓
	SUPPLIES	crutches					
✓	2416066224	03/23/202 03/11/202 04/05/202	255.47	0.00	0.00	255.47	✓
	SUPPLIES						
✓	2416464649	03/23/202 03/13/202 04/07/202	361.20	0.00	0.00	361.20	✓
	SUPPLIES	garment & electrode					
✓	2416694240	03/23/202 03/16/202 03/16/202	488.58	0.00	0.00	488.58	✓
	SUPPLIES	sensor					
✓	2407556261A	03/24/202 01/15/202 02/09/202	14,024.34	0.00	0.00	14,024.34	✓
	LAB SUPPLIES						
✓	2416942009	03/24/202 03/17/202 03/17/202	154.81	0.00	0.00	154.81	✓
	LAB SUPPLIES						
✓	2417103510	03/24/202 03/18/202 03/18/202	23.22	0.00	0.00	23.22	✓
	LAB SUPPLIES	ankle brace					
✓	2417103509	03/24/202 03/18/202 03/18/202	193.36	0.00	0.00	193.36	✓
	LAB SUPPLIES	wipe, brush, immobilizer					
✓	2417103517	03/24/202 03/18/202 03/18/202	2,135.29	0.00	0.00	2,135.29	✓
	LAB SUPPLIES						
✓	2417103505	03/24/202 03/18/202 03/18/202	7.48	0.00	0.00	7.48	✓
	LAB SUPPLIES	disc					
✓	2417103506	03/24/202 03/18/202 03/18/202	14.27	0.00	0.00	14.27	✓
	LAB SUPPLIES	glove					
✓	2417103520	03/24/202 03/18/202 03/18/202	21.51	0.00	0.00	21.51	✓
	LAB SUPPLIES	Foot brace					
✓	2417103507	03/24/202 03/18/202 03/18/202	67.46	0.00	0.00	67.46	✓
	LAB SUPPLIES	transfer belt & glove					
✓	2417103511	03/24/202 03/18/202 03/18/202	225.66	0.00	0.00	225.66	✓
	LAB SUPPLIES	suction					
✓	2406233517	03/24/202 03/24/202 03/24/202	-4.06	0.00	0.00	-4.06	✓
	LAB SUPPLIES	abdominal pad / credit					
✓	2417103513	03/24/202 03/24/202 03/24/202	825.93	0.00	0.00	825.93	✓
	LAB SUPPLIES						

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2470	MEDLINE INDUSTRIES INC	27,416.95	0.00	0.00	27,416.95

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
✓	CM92205		03/23/202	03/17/202	03/27/202			-143.62	0.00	0.00	-143.62
	PHARMACY SUPPLIES	credit									
✓	4562204		03/23/202	03/17/202	03/27/202			327.80	0.00	0.00	327.80
	PHARMACY SUPPLIES										
✓	4568575		03/23/202	03/18/202	03/28/202			38.67	0.00	0.00	38.67
	PHARMACY SUPPLIES										
✓	4566442		03/23/202	03/18/202	03/28/202			10.93	0.00	0.00	10.93
	PHARMACY SUPPLIES										
✓	4565663		03/23/202	03/18/202	03/28/202			129.98	0.00	0.00	129.98
	PHARMACY SUPPLIES										
✓	4565662		03/23/202	03/18/202	03/28/202			64.72	0.00	0.00	64.72
	PHARMACY SUPPLIES										
✓	4568574		03/23/202	03/18/202	03/28/202			185.12	0.00	0.00	185.12
	PHARMACY SUPPLIES										
✓	4570013		03/23/202	03/18/202	03/28/202			12.59	0.00	0.00	12.59
	PHARMACY SUPPLIES										
✓	4579468		03/23/202	03/22/202	04/01/202			42.73	0.00	0.00	42.73

✓ 4579467	PHARMACY SUPPLIES	03/23/202 03/22/202 04/01/202	1,230.11	0.00	0.00	1,230.11	✓
✓ 4579984	PHARMACY SUPPLIES	03/23/202 03/22/202 04/01/202	1,129.02	0.00	0.00	1,129.02	✓
✓ 4579983	PHARMACY SUPPLIES	03/23/202 03/22/202 04/01/202	245.97	0.00	0.00	245.97	✓
✓ 0197782	PHARMACY SUPPLIES	03/23/202 03/22/202 04/01/202	2,119.11	0.00	0.00	2,119.11	✓
✓ 4585345	PHARMACY SUPPLIES	03/25/202 03/23/202 04/02/202	34.27	0.00	0.00	34.27	✓
✓ 4583239	SUPPLIES " "	03/25/202 03/23/202 04/02/202	99.23	0.00	0.00	99.23	✓
✓ 4583238	SUPPLIES " "	03/25/202 03/23/202 04/02/202	899.84	0.00	0.00	899.84	✓
✓ 4585346	SUPPLIES " "	03/25/202 03/23/202 04/02/202	1,053.37	0.00	0.00	1,053.37	✓
✓ 4591263	SUPPLIES " "	03/25/202 03/24/202 04/03/202	2,958.12	0.00	0.00	2,958.12	✓
✓ 4591262	SUPPLIES " "	03/25/202 03/24/202 04/03/202	331.81	0.00	0.00	331.81	✓
✓ 0198368	supplies " "	03/25/202 03/24/202 04/03/202	0.03	0.00	0.00	0.03	✓
✓ CM94146	SUPPLIES " "	03/25/202 03/24/202 04/03/202	-52.10	0.00	0.00	-52.10	✓
✓ 4591264	SUPPLIES " " credit	03/25/202 03/24/202 04/03/202	568.52	0.00	0.00	568.52	✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10536	MORRIS & DICKSON CO, LLC	11,286.22	0.00	0.00	11,286.22

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
✓ 002067157468		03/25/202	03/19/202	03/19/202		23,208.95	0.00	0.00	23,208.95

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15224	MUTUAL OF OMAHA	23,208.95	0.00	0.00	23,208.95

Vendor# Vendor Name Class Pay Code

G0425	ODEFEY WITTE WALL & VILLAFRANC	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓ 6608		03/24/202	03/23/202	04/02/202		5,943.00	0.00	0.00	5,943.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
G0425	ODEFEY WITTE WALL & VILLAFRANC	5,943.00	0.00	0.00	5,943.00

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
✓ CM1305016		03/23/202	03/10/202	04/04/202		25.58	0.00	0.00	25.58

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
S0905	PERFORMANCE HEALTH SUPPLY LLC	25.58	0.00	0.00	25.58

Vendor# Vendor Name Class Pay Code

10372	PRECISION DYNAMICS CORP (PDC)								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓ 9361257335		03/24/202	03/04/202	04/03/202		340.60	0.00	0.00	340.60

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
	LAB SUPPLIES				

10372	PRECISION DYNAMICS CORP (PDC)						340.60	0.00	0.00	340.60	
Vendor#	Vendor Name	Class	Pay Code								
11080	RADSOURCE			<i>Samsung G150 Single Dr</i>							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	PSI009392		03/25/202	03/12/202	04/06/202			2,050.00	0.00	0.00	2,050.00 ✓
	RAD SERVICE AGREEMENT										
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	11080	RADSOURCE						2,050.00	0.00	0.00	2,050.00
Vendor#	Vendor Name	Class	Pay Code								
S2362	SMITH & NEPHEW, INC.										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	985097763		03/23/202	03/12/202	03/23/202			6,650.00	0.00	0.00	6,650.00 ✓
	SUPPLIES										
✓	985097764		03/23/202	03/12/202	03/23/202			6,650.00	0.00	0.00	6,650.00 ✓
	SUPPLIES										
✓	985102984		03/23/202	03/13/202	03/11/202			13,370.84	0.00	0.00	13,370.84 ✓
	SUPPLIES										
✓	985117071		03/24/202	03/18/202	03/24/202			6,650.00	0.00	0.00	6,650.00 ✓
	SUPPLIES										
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.						33,320.84	0.00	0.00	33,320.84
Vendor#	Vendor Name	Class	Pay Code								
10845	STAPLES										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6057182778		03/11/202	02/28/202	03/11/202			168.36	0.00	0.00	168.36 ✓
	<del>SUPPLIES</del> <i>AA &amp; AAA batteries</i>										
✓	6057182777A		03/25/202	02/28/202	02/28/202			-109.80	0.00	0.00	-109.80 ✓
	CREDIT										
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	10845	STAPLES						58.56	0.00	0.00	58.56
Vendor#	Vendor Name	Class	Pay Code								
S3960	STERICYCLE, INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8013766830		03/24/202	03/18/202	04/01/202			3,350.38	0.00	0.00	3,350.38 ✓
	BIOHAZARD WASTE DISPOSAL										
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC						3,350.38	0.00	0.00	3,350.38
Vendor#	Vendor Name	Class	Pay Code								
S3940	STERIS CORPORATION	M									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	15910731		03/23/202	03/09/202	04/03/202			218.40	0.00	0.00	218.40 ✓
	<del>SUPPLIES</del> <i>rapicide PA</i>										
✓	15921976		03/23/202	03/09/202	04/03/202			106.71	0.00	0.00	106.71 ✓
	<del>SUPPLIES</del> <i>tungsten halogen lamp</i>										
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION						325.11	0.00	0.00	325.11
Vendor#	Vendor Name	Class	Pay Code								
11772	STERIS INSTRUMENT MANAGEMENT										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	3187910		03/23/202	03/11/202	04/05/202			100.40	0.00	0.00	100.40 ✓
	SUPPLIES										
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	11772	STERIS INSTRUMENT MANAGEMENT						100.40	0.00	0.00	100.40
Vendor#	Vendor Name	Class	Pay Code								
14212	SURGICAL DIRECT SOUTH										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net



Z1005 ZIMMER US, INC. 882.00 0.00 0.00 882.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	489,755.94	0.00	0.00	489,755.94

APPROVED ON

MAR 27 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 212514-212568

# RECEIVED

MAR 27 2026

RUN DATE: 03/27/26  
TIME: 09:16

MEMORIAL MEDICAL CENTER  
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1  
APCDEDIT

Calhoun County Auditor

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
✓1308658	01	032426	369.92	✓	2		
		77979					
✓1560272	01	032426	985.37	✓	2		
		77979					
✓1596341	01	032426	25.00	✓	3		
		77979					
✓1608445	01	032426	259.80	✓	3		
		77979					
✓1629708	01	032626	587.58	✓	2		
		77904					
✓1640298	01	032426	290.93	✓	2		
		77971					
✓1641409	01	032426	116.00	✓	3		
		77979					
✓1641495	01	032426	12.00	✓	2		
		77979					
✓1642388	01	032426	125.00	✓	2		
		77978					
✓1643542	01	032426	111.12	✓	2		
		77979					
✓1643875	01	032426	50.00	✓	2		
		77979					
✓1644036	01	032426	20.67	✓	2		
		77977					
✓1644047	01	032426	178.40	✓	2		
		77978					
✓1646007	01	032426	37.04	✓	2		
		77969					
✓1649344	01	032426	234.40	✓	2		
		77904					
✓1654706	01	032426	149.77	✓	3		
		77979					

RUN DATE: 03/27/26  
TIME: 09:16

MEMORIAL MEDICAL CENTER  
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 2  
APCREDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
✓1656714	01	032426	31.06	✓	2		
		TX 77979					
✓1656778	01	032426	24.35	✓	2		
		TX 77979					
✓1663318	01	032426	100.00	✓	3		
		TX 78586					
✓1666529	01	032426	79.51	✓	2		
		TX 77979					
✓6000209	01	032426	75.00	✓	5		
		TX 77979					
✓6000414	01	032426	79.18	✓	5		
		TX 77979					
✓6007471	01	032426	20.00	✓	5		
		TX 77979					
✓6009649	01	032426	75.00	✓	5		
		TX 77979					
✓6015895	01	032426	18.18	✓	5		
		TX 77979					
✓6021668	01	032426	92.00	✓	5		
		TX 77979					
✓6030608	01	032426	120.00	✓	5		
		TX 77979					

ARID=0001 TOTAL 4267.28

TOTAL APPROVED ON 4267.28

MAR 27 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CHK# 212572-212598

RUN DATE:03/30/26  
TIME:15:36

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/01/26 THRU 04/01/26

PAGE 1  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	212514	04/01/26	2,354.83	AMAZON CAPITAL SERVICES
A/P	212515	04/01/26	610.00	ARTHREX, INC
A/P	212516	04/01/26	11,138.32	BECKMAN COULTER INC
A/P	212517	04/01/26	8,815.88	BIOMERIEUX, INC
A/P	212518	04/01/26	352.06	BOSTON SCIENTIFIC CORPORATION
A/P	212519	04/01/26	26,889.96	CALHOUN COUNTY
A/P	212520	04/01/26	1,141.80	CANCER EXPERT NOW LLC
A/P	212521	04/01/26	212.00	CARDINAL HEALTH 414, INC.
A/P	212522	04/01/26	53.35	CENTRAL DRUG
A/P	212523	04/01/26	635.24	CHEMAQUA
A/P	212524	04/01/26	3,703.41	CITY OF PORT LAVACA
A/P	212525	04/01/26	52,241.55	COMPUGROUP MEDICAL - EMDS INC.
A/P	212526	04/01/26	129.94	CONTROL SOLUTIONS
A/P	212527	04/01/26	2,097.45	CORROHEALTH, INC.
A/P	212528	04/01/26	468.63	DEWITT POTH & SON
A/P	212529	04/01/26	176,935.14	DISCOVERY MEDICAL NETWORK INC
A/P	212530	04/01/26	325.50	DOOR CONTROL SERVICES
A/P	212531	04/01/26	765.00	DOWELL PEST CONTROL
A/P	212532	04/01/26	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	212533	04/01/26	63.69	EVERON
A/P	212534	04/01/26	1,691.25	FEDLOGIC LLC
A/P	212535	04/01/26	1,998.00	FIRETRON, INC
A/P	212536	04/01/26	1,450.00	FIRST UNITED METHODIST CHURCH
A/P	212537	04/01/26	20,432.31	FISHER HEALTHCARE
A/P	212538	04/01/26	2,551.25	FUSION MEDICAL STAFFING, LLC
A/P	212539	04/01/26	803.07	GULF COAST PAPER COMPANY
A/P	212540	04/01/26	55.00	HUDSON'S ENGRAVING
A/P	212541	04/01/26	813.75	INTOXIMETERS INC
A/P	212542	04/01/26	895.00	M G TRUST
A/P	212543	04/01/26	530.00	MANAGED CARE PARTNERS INC.
A/P	212544	04/01/26	2,490.25	MCKESSON MEDICAL SURGICAL INC
A/P	212545	04/01/26	241.80	MEDI-DOSE, INC
A/P	212546	04/01/26	5,157.75	MEDICAL SOLUTIONS LLC
A/P	212547	04/01/26	.00	VOIDED
A/P	212548	04/01/26	.00	VOIDED
A/P	212549	04/01/26	.00	VOIDED
A/P	212550	04/01/26	27,416.95	MEDLINE INDUSTRIES INC
A/P	212551	04/01/26	.00	VOIDED
A/P	212552	04/01/26	11,286.22	MORRIS & DICKSON CO, LLC
A/P	212553	04/01/26	23,208.95	MUTUAL OF OMAHA
A/P	212554	04/01/26	5,943.00	ODEFFEY WITTE WALL & VILLAFRANC
A/P	212555	04/01/26	25.58	PERFORMANCE HEALTH SUPPLY LLC
A/P	212556	04/01/26	340.60	PRECISION DYNAMICS CORP (PDC)
A/P	212557	04/01/26	2,050.00	RADSOURCE
A/P	212558	04/01/26	33,320.84	SMITH & NEPHEW, INC.
A/P	212559	04/01/26	58.56	STAPLES
A/P	212560	04/01/26	3,350.38	STERICYCLE, INC
A/P	212561	04/01/26	325.11	STERIS CORPORATION
A/P	212562	04/01/26	100.40	STERIS INSTRUMENT MANAGEMENT
A/P	212563	04/01/26	6,170.00	SURGICAL DIRECT SOUTH

RUN DATE:03/30/26  
TIME:15:36

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/01/26 THRU 04/01/26

PAGE 2  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	212564	04/01/26	57.00	TEXAS DEPARTMENT OF HEALTH
A/P	212565	04/01/26	14.95	TREVIPAY- WALMART
A/P	212566	04/01/26	7,015.72	UNIFIRST HOLDINGS INC
A/P	212567	04/01/26	84.00	WEST COAST MEDICAL RESOURCES
A/P	212568	04/01/26	882.00	ZIMMER US, INC.
A/P	212569	04/01/26	17,505.26	GOLDENCREEK HEALTHCARE
A/P	212570	04/01/26	7,155.75	LAVACA BAY NURSING AND REHAB
A/P	212571	04/01/26	148,791.87	TUSCANY VILLAGE
A/P	212572	04/01/26	369.92	
A/P	212573	04/01/26	12.00	
A/P	212574	04/01/26	37.04	
A/P	212575	04/01/26	587.58	
A/P	212576	04/01/26	234.40	
A/P	212577	04/01/26	79.51	
A/P	212578	04/01/26	985.37	
A/P	212579	04/01/26	92.00	
A/P	212580	04/01/26	120.00	
A/P	212581	04/01/26	25.00	
A/P	212582	04/01/26	100.00	
A/P	212583	04/01/26	116.00	
A/P	212584	04/01/26	20.00	
A/P	212585	04/01/26	20.67	
A/P	212586	04/01/26	50.00	
A/P	212587	04/01/26	24.35	
A/P	212588	04/01/26	259.80	
A/P	212589	04/01/26	111.12	
A/P	212590	04/01/26	75.00	
A/P	212591	04/01/26	79.18	
A/P	212592	04/01/26	75.00	
A/P	212593	04/01/26	18.18	
A/P	212594	04/01/26	125.00	
A/P	212595	04/01/26	178.40	
A/P	212596	04/01/26	290.93	
A/P	212597	04/01/26	31.06	
A/P	212598	04/01/26	149.77	

TOTALS: 667,476.10

489,755.94 + — payables  
4,267.28 + — pt. refunds  
7,155.75 + — lavaca bay  
17,505.26 + — golden creek  
148,791.87 + — tuscan village  
667,476.10 +

# MCKESSON

# STATEMENT

As of: 03/27/2026

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:

As of: 03/27/2026 Page: 002  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Customer: 632536  
Date: 03/27/2026

Cust: 632536 PLEASE CHECK ANY  
Date: 03/27/2026 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
--------------	----------	-------------------	----------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 190,740.17 USD

Future Due: 0.00

If Paid By 03/31/2026,  
Pay This Amount:

186,925.26 USD

Past Due: 0.00

If Paid After 03/31/2026,  
Pay this Amount:

190,740.17 USD

Last Payment 2,451.97  
08/07/2017

Due If Paid On Time:  
USD 186,925.26  
Disc lost if paid late:  
3,814.91  
Due If Paid Late:  
USD 190,740.17

186,915.46 +  
9.80 +  
186,925.26

0.00  
0.00

APPROVED ON

MAR 31 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 03/27/2026

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 SupplID:  
 Territory: 7001

Customer: 256342  
 Date: 03/27/2026

As of: 03/27/2026 Page: 001  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 256342 PLEASE CHECK ANY  
 Date: 03/27/2026 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											
03/26/2026	03/31/2026	7625877473	266008206	115Invoice	0.01	0.63		0.62		7625877473	
03/26/2026	03/31/2026	7625877474	266153956	115Invoice	0.04	1.90		1.86		7625877474	
03/26/2026	03/31/2026	7625877475	265290014	115Invoice	3.09	154.47		151.38		7625877475	
03/26/2026	03/31/2026	7625877476	266312371	115Invoice	10.87	543.43		532.56		7625877476	
03/26/2026	03/31/2026	7625877477	266513772	115Invoice	5.43	271.71		266.28		7625877477	
03/26/2026	03/31/2026	7625877478	271771721	115Invoice	5.11	255.41		250.30		7625877478	
03/26/2026	03/31/2026	7625877479	271854613	115Invoice	5.11	255.41		250.30		7625877479	
03/26/2026	03/31/2026	7625877480	273814780	115Invoice	5.11	255.41		250.30		7625877480	
03/26/2026	03/31/2026	7625877481	264303846	115Invoice	1.04	52.16		51.12		7625877481	
03/26/2026	03/31/2026	7625877482	264610055	115Invoice	0.21	10.64		10.43		7625877482	
03/26/2026	03/31/2026	7625877483	264747023	115Invoice	0.43	21.29		20.86		7625877483	
03/26/2026	03/31/2026	7625877484	264374477	115Invoice	8.54	426.98		418.44		7625877484	
03/26/2026	03/31/2026	7625877485	264523158	115Invoice	2.13	106.74		104.61		7625877485	
03/26/2026	03/31/2026	7625877486	264523158	115Invoice	3.56	177.90		174.34		7625877486	
03/26/2026	03/31/2026	7625877487	267527130	115Invoice	2.87	143.67		140.80		7625877487	
03/26/2026	03/31/2026	7625877488	272444735	115Invoice	1.44	71.84		70.40		7625877488	
03/26/2026	03/31/2026	7625877489	265158854	115Invoice	0.01	0.32		0.31		7625877489	
03/26/2026	03/31/2026	7625877490	266900082	115Invoice	0.01	0.63		0.62		7625877490	
03/26/2026	03/31/2026	7625877491	265342592	115Invoice	0.04	2.21		2.17		7625877491	
03/26/2026	03/31/2026	7625877492	265531147	115Invoice	0.01	0.32		0.31		7625877492	
03/26/2026	03/31/2026	7625877493	265622045	115Invoice	0.03	1.27		1.24		7625877493	
03/26/2026	03/31/2026	7625877494	264896224	115Invoice	2.84	142.18		139.34		7625877494	
03/26/2026	03/31/2026	7625877495	264995959	115Invoice	2.84	142.18		139.34		7625877495	
03/26/2026	03/31/2026	7625877496	265062243	115Invoice	5.69	284.37		278.68		7625877496	
03/26/2026	03/31/2026	7625877497	273748656	115Invoice	0.88	44.13		43.25		7625877497	
03/26/2026	03/31/2026	7625877498	274112665	115Invoice	1.77	88.27		86.50		7625877498	
03/26/2026	03/31/2026	7625877499	264644877	115Invoice	6.79	339.32		332.53		7625877499	
03/26/2026	03/31/2026	7625877600	264995959	115Invoice	20.36	1,017.95		997.59		7625877600	
03/26/2026	03/31/2026	7625877601	265158854	115Invoice	6.79	339.32		332.53		7625877601	
03/26/2026	03/31/2026	7625877602	265290014	115Invoice	2.31	115.68		113.37		7625877602	
03/26/2026	03/31/2026	7625877603	264303846	115Invoice	23.17	1,158.59		1,135.42		7625877603	

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# MCKESSON

# STATEMENT

As of: 03/27/2026

Page: 002

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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 SupplID:  
Territory: 7001

As of: 03/27/2026 Page: 002  
Mail to: Comp: 8000

Customer: 256342  
Date: 03/27/2026

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

APPROVED ON

MAR 31 2026

Cust: 256342 PLEASE CHECK ANY  
Date: 03/27/2026 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
03/26/2026	03/31/2026	7625877604	264644877	115Invoice	0.01	0.32		0.31		7625877604
03/26/2026	03/31/2026	7625877605	264681287	115Invoice	0.02	0.95		0.93		7625877605
03/26/2026	03/31/2026	7625877606	264907684	115Invoice	0.02	0.95		0.93		7625877606
03/26/2026	03/31/2026	7625877607	265461545	115Invoice	0.01	0.32		0.31		7625877607
03/26/2026	03/31/2026	7625877608	265563639	115Invoice	0.02	0.95		0.93		7625877608
03/26/2026	03/31/2026	7625877609	266075132	115Invoice	0.01	0.32		0.31		7625877609
03/26/2026	03/31/2026	7625877610	266217410	115Invoice	0.01	0.63		0.62		7625877610
03/26/2026	03/31/2026	7625877611	266392672	115Invoice	0.01	0.32		0.31		7625877611
03/26/2026	03/31/2026	7625877612	266640417	115Invoice	0.01	0.32		0.31		7625877612
03/26/2026	03/31/2026	7625877613	264303846	115Invoice	13.43	671.65		658.22		7625877613
03/26/2026	03/31/2026	7625877614	264523158	115Invoice	40.30	2,014.96		1,974.66		7625877614
03/26/2026	03/31/2026	7625877615	265912377	115Invoice	8.11	405.51		397.40		7625877615
03/26/2026	03/31/2026	7625877616	266008206	115Invoice	8.11	405.51		397.40		7625877616
03/26/2026	03/31/2026	7625877617	266153956	115Invoice	8.11	405.51		397.40		7625877617
03/26/2026	03/31/2026	7625877618	266075132	115Invoice	0.01	0.32		0.31		7625877618
03/26/2026	03/31/2026	7625884538	264644877	115Invoice	5.46	273.23		267.77		7625884538
03/26/2026	03/31/2026	7625884539	264681287	115Invoice	11.97	598.71		586.74		7625884539
03/26/2026	03/31/2026	7625884540	264995959	115Invoice	47.90	2,394.86		2,346.96		7625884540
03/26/2026	03/31/2026	7625884541	265290014	115Invoice	30.85	1,542.45		1,511.60		7625884541
03/26/2026	03/31/2026	7625884542	264523158	115Invoice	5.46	273.24		267.78		7625884542
03/26/2026	03/31/2026	7625884543	265290014	115Invoice	5.49	274.58		269.09		7625884543
03/26/2026	03/31/2026	7625884544	265500088	115Invoice	5.49	274.58		269.09		7625884544
03/26/2026	03/31/2026	7625884545	264303846	115Invoice	26.42	1,320.98		1,294.56		7625884545
03/26/2026	03/31/2026	7625884546	265062243	115Invoice	13.21	660.49		647.28		7625884546
03/26/2026	03/31/2026	7625884547	265158854	115Invoice	13.21	660.49		647.28		7625884547
03/26/2026	03/31/2026	7625884548	265290014	115Invoice	26.87	1,343.31		1,316.44		7625884548
03/26/2026	03/31/2026	7625884549	265342592	115Invoice	13.43	671.65		658.22		7625884549
03/27/2026	03/31/2026	7626167310	265563639	115Invoice	0.02	1.02		1.00		7626167310
03/27/2026	03/31/2026	7626167311	266900082	115Invoice	0.02	1.02		1.00		7626167311
03/27/2026	03/31/2026	7626167312	269053706	115Invoice	0.02	1.02		1.00		7626167312
03/27/2026	03/31/2026	7626167313	271610641	115Invoice	0.02	1.02		1.00		7626167313

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# MCKESSON

# STATEMENT

As of: 03/27/2026

Page: 003

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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

APPROVED ON

MAR 31 2026

DC: 8115  
 Customer INV SupplD:  
 Territory: 7001

Customer: 256342  
 Date: 03/27/2026

As of: 03/27/2026 Page: 003  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 256342 PLEASE CHECK ANY  
 Date: 03/27/2026 ITEMS NOT PAID (✓)

BY COUNTY AUDITOR  
 NATIONAL ACCOUNT ORDER TEXAS  
 632536

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
03/27/2026	03/31/2026	7626167314	274045407	115Invoice	0.02	1.02		1.00		7626167314
03/27/2026	03/31/2026	7626167315	267044610	115Invoice	2.36	118.19		115.83		7626167315
03/27/2026	03/31/2026	7626167316	267933105	115Invoice	2.36	118.19		115.83		7626167316
03/27/2026	03/31/2026	7626167317	270173151	115Invoice	2.36	118.19		115.83		7626167317
03/27/2026	03/31/2026	7626167318	264523158	115Invoice	1.42	71.09		69.67		7626167318
03/27/2026	03/31/2026	7626167319	264610055	115Invoice	11.59	579.30		567.71		7626167319
03/27/2026	03/31/2026	7626167320	268231203	115Invoice	0.89	44.64		43.75		7626167320
03/27/2026	03/31/2026	7626167321	265500088	115Invoice	1.90	95.22		93.32		7626167321
03/27/2026	03/31/2026	7626167322	274112665	115Invoice	0.88	44.13		43.25		7626167322
03/27/2026	03/31/2026	7626167323	274213063	115Invoice	2.65	132.40		129.75		7626167323
03/27/2026	03/31/2026	7626167324	265848570	115Invoice	0.02	0.89		0.87		7626167324
03/27/2026	03/31/2026	7626167325	266423537	115Invoice	0.01	0.32		0.31		7626167325
03/27/2026	03/31/2026	7626167326	269115220	115Invoice	0.01	0.32		0.31		7626167326
03/27/2026	03/31/2026	7626167327	267872102	115Invoice	14.42	720.80		706.38		7626167327
03/27/2026	03/31/2026	7626167328	272592771	115Invoice	14.42	720.80		706.38		7626167328
03/27/2026	03/31/2026	7626167329	273944562	115Invoice	14.42	720.80		706.38		7626167329
03/27/2026	03/31/2026	7626167330	264523158	115Invoice	2.13	106.74		104.61		7626167330
03/27/2026	03/31/2026	7626167331	264747023	115Invoice	4.27	213.49		209.22		7626167331
03/27/2026	03/31/2026	7626167332	264808706	115Invoice	2.13	106.74		104.61		7626167332
03/27/2026	03/31/2026	7626167333	265158854	115Invoice	2.13	106.74		104.61		7626167333
03/27/2026	03/31/2026	7626167334	265290014	115Invoice	2.13	106.74		104.61		7626167334
03/27/2026	03/31/2026	7626167335	265748642	115Invoice	4.27	213.49		209.22		7626167335
03/27/2026	03/31/2026	7626167336	266455948	115Invoice	4.27	213.49		209.22		7626167336
03/27/2026	03/31/2026	7626167337	267044610	115Invoice	4.27	213.49		209.22		7626167337
03/27/2026	03/31/2026	7626167338	268657629	115Invoice	6.40	320.23		313.83		7626167338
03/27/2026	03/31/2026	7626167339	269115220	115Invoice	2.13	106.74		104.61		7626167339
03/27/2026	03/31/2026	7626167340	264681287	115Invoice	1.78	88.95		87.17		7626167340
03/27/2026	03/31/2026	7626167341	264995959	115Invoice	3.56	177.90		174.34		7626167341
03/27/2026	03/31/2026	7626167342	266392672	115Invoice	3.56	177.90		174.34		7626167342
03/27/2026	03/31/2026	7626167343	266455948	115Invoice	3.56	177.90		174.34		7626167343
03/27/2026	03/31/2026	7626167344	266513772	115Invoice	3.56	177.90		174.34		7626167344

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# MCKESSON

# STATEMENT

As of: 03/27/2026

Page: 004

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Company: 8000

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 MEMORIAL MEDICAL CENTER  
 VICKY KALISEK ✓  
 815 N VIRGINIA ST  
 PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

APPROVED ON

MAR 31 2026

DC: 8115  
 Customer INV SupplD:  
 Territory: 7001

Customer: 256342  
 Date: 03/27/2026

As of: 03/27/2026 Page: 004  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 256342 PLEASE CHECK ANY  
 Date: 03/27/2026 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	Invoice Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
03/27/2026	03/31/2026	7626167345	2536	267044610	115Invoice	1.78	88.95		87.17		7626167345	
03/27/2026	03/31/2026	7626167346		265290014	115Invoice	6.51	325.49		318.98		7626167346	
03/27/2026	03/31/2026	7626167347		267933105	115Invoice	6.51	325.49		318.98		7626167347	
03/27/2026	03/31/2026	7626167348		268808089	115Invoice	6.51	325.49		318.98		7626167348	
03/27/2026	03/31/2026	7626167349		271677768	115Invoice	19.54	977.11		957.57		7626167349	
03/27/2026	03/31/2026	7626167350		264747023	115Invoice	0.21	10.64		10.43		7626167350	
03/27/2026	03/31/2026	7626167351		265461545	115Invoice	1.09	54.65		53.56		7626167351	
03/27/2026	03/31/2026	7626167352		265500088	115Invoice	0.27	13.66		13.39		7626167352	
03/27/2026	03/31/2026	7626167353		265848570	115Invoice	0.82	40.99		40.17		7626167353	
03/27/2026	03/31/2026	7626167354		266008206	115Invoice	0.27	13.66		13.39		7626167354	
03/27/2026	03/31/2026	7626167355		266153956	115Invoice	1.37	68.32		66.95		7626167355	
03/27/2026	03/31/2026	7626167356		266423537	115Invoice	0.27	13.66		13.39		7626167356	
03/27/2026	03/31/2026	7626167357		266741090	115Invoice	0.27	13.66		13.39		7626167357	
03/27/2026	03/31/2026	7626167358		266803996	115Invoice	1.09	54.65		53.56		7626167358	
03/27/2026	03/31/2026	7626167359		266900082	115Invoice	0.55	27.33		26.78		7626167359	
03/27/2026	03/31/2026	7626167360		267044610	115Invoice	0.55	27.33		26.78		7626167360	
03/27/2026	03/31/2026	7626167361		268093661	115Invoice	0.55	27.33		26.78		7626167361	
03/27/2026	03/31/2026	7626167362		268201079	115Invoice	0.55	27.33		26.78		7626167362	
03/27/2026	03/31/2026	7626167363		270242871	115Invoice	0.55	27.33		26.78		7626167363	
03/27/2026	03/31/2026	7626167364		271358139	115Invoice	0.55	27.33		26.78		7626167364	
03/27/2026	03/31/2026	7626167365		271677768	115Invoice	0.55	27.33		26.78		7626167365	
03/27/2026	03/31/2026	7626167366		272371458	115Invoice	0.55	27.33		26.78		7626167366	
03/27/2026	03/31/2026	7626167367		272687368	115Invoice	1.09	54.65		53.56		7626167367	
03/27/2026	03/31/2026	7626167368		272834459	115Invoice	1.09	54.65		53.56		7626167368	
03/27/2026	03/31/2026	7626167369		273290626	115Invoice	1.09	54.65		53.56		7626167369	
03/27/2026	03/31/2026	7626167370		273431674	115Invoice	0.55	27.33		26.78		7626167370	
03/27/2026	03/31/2026	7626167371		273595594	115Invoice	0.55	27.33		26.78		7626167371	
03/27/2026	03/31/2026	7626167372		274526454	115Invoice	0.55	27.33		26.78		7626167372	
03/27/2026	03/31/2026	7626167373		274608450	115Invoice	0.55	27.33		26.78		7626167373	
03/27/2026	03/31/2026	7626167374		266153956	115Invoice	8.11	405.51		397.40		7626167374	
03/27/2026	03/31/2026	7626167375		270925844	115Invoice	9.77	488.67		478.90		7626167375	

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# STATEMENT

As of: 03/27/2026

Page: 005

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Company: 8000

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MEMORIAL MEDICAL CENTER  
VICKY KALISEK  
815 N VIRGINIA ST  
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115  
Customer INV SupplID:  
Territory: 7001

As of: 03/27/2026 Page: 005  
Mail to: Comp: 8000

Customer: 256342  
Date: 03/27/2026

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 03/27/2026 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	
03/27/2026	03/31/2026	7626167376	271291764	115Invoice	9.77	488.67		478.90		7626167376	
03/27/2026	03/31/2026	7626167377	272208621	115Invoice	9.77	488.67		478.90		7626167377	
03/27/2026	03/31/2026	7626167378	273193032	115Invoice	9.77	488.67		478.90		7626167378	
03/27/2026	03/31/2026	7626167379	266312371	115Invoice	28.61	1,430.38		1,401.77		7626167379	
03/27/2026	03/31/2026	7626167380	265342592	115Invoice	8.11	405.51		397.40		7626167380	
03/27/2026	03/31/2026	7626167381	267998401	115Invoice	8.11	405.51		397.40		7626167381	
03/27/2026	03/31/2026	7626167382	268336936	115Invoice	16.22	811.02		794.80		7626167382	
03/27/2026	03/31/2026	7626167383	269176978	115Invoice	9.77	488.67		478.90		7626167383	
03/27/2026	03/31/2026	7626186951	265748642	115Invoice	0.03	1.27		1.24		7626186951	
03/27/2026	03/31/2026	7626186952	266153956	115Invoice	0.01	0.63		0.62		7626186952	
03/27/2026	03/31/2026	7626186953	269941742	115Invoice	8.10	405.22		397.12		7626186953	
03/27/2026	03/31/2026	7626186954	265290014	115Invoice	6.94	347.05		340.11		7626186954	
03/27/2026	03/31/2026	7626186955	268093661	115Invoice	2.31	115.68		113.37		7626186955	
03/27/2026	03/31/2026	7626186956	268231203	115Invoice	4.63	231.37		226.74		7626186956	
03/27/2026	03/31/2026	7626186957	268497698	115Invoice	4.63	231.37		226.74		7626186957	
03/27/2026	03/31/2026	7626186958	268973029	115Invoice	6.94	347.05		340.11		7626186958	
03/27/2026	03/31/2026	7626186959	269115220	115Invoice	2.31	115.68		113.37		7626186959	
03/27/2026	03/31/2026	7626186960	269411719	115Invoice	2.31	115.68		113.37		7626186960	
03/27/2026	03/31/2026	7626186961	269476542	115Invoice	2.31	115.68		113.37		7626186961	
03/27/2026	03/31/2026	7626186962	272208621	115Invoice	6.94	347.05		340.11		7626186962	
03/27/2026	03/31/2026	7626186963	272525060	115Invoice	4.63	231.37		226.74		7626186963	
03/27/2026	03/31/2026	7626186964	273290626	115Invoice	6.94	347.05		340.11		7626186964	
03/27/2026	03/31/2026	7626186965	275343745	115Invoice	2.31	115.68		113.37		7626186965	
03/27/2026	03/31/2026	7626186966	266900082	115Invoice	0.03	1.27		1.24		7626186966	
03/27/2026	03/31/2026	7626186967	267852971	115Invoice	0.02	0.95		0.93		7626186967	
03/27/2026	03/31/2026	7626186968	268657629	115Invoice	0.03	1.27		1.24		7626186968	
03/27/2026	03/31/2026	7626186969	268726651	115Invoice	0.02	0.95		0.93		7626186969	
03/27/2026	03/31/2026	7626186970	268973029	115Invoice	0.02	0.95		0.93		7626186970	
03/27/2026	03/31/2026	7626186971	270242871	115Invoice	0.02	0.95		0.93		7626186971	
03/27/2026	03/31/2026	7626186972	272110291	115Invoice	0.02	0.95		0.93		7626186972	
03/27/2026	03/31/2026	7626186973	272899240	115Invoice	0.02	0.95		0.93		7626186973	

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# MCKESSON

# STATEMENT

As of: 03/27/2026

Page: 006

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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

APPROVED ON

MAR 31 2026

DC: 8115  
 Customer INV SupplD:  
 Territory: 7001

Customer: 256342  
 Date: 03/27/2026

As of: 03/27/2026 Page: 006  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 256342 PLEASE CHECK ANY  
 Date: 03/27/2026 ITEMS NOT PAID (✓)

BY COUNTY AUDITOR  
 GALVESTON COUNTY, TEXAS

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
03/27/2026	03/31/2026	7626186974	273027354	115Invoice	0.02	0.95		0.93		7626186974
03/27/2026	03/31/2026	7626186975	274213063	115Invoice	0.02	0.95		0.93		7626186975
03/27/2026	03/31/2026	7626186976	270618138	115Invoice	2.64	131.89		129.25		7626186976
03/27/2026	03/31/2026	7626186977	269239268	115Invoice	3.09	154.47		151.38		7626186977
03/27/2026	03/31/2026	7626186978	269576960	115Invoice	1.35	67.53		66.18		7626186978
03/27/2026	03/31/2026	7626186979	265422142	115Invoice	4.40	220.16		215.76		7626186979
03/27/2026	03/31/2026	7626186980	269411719	115Invoice	4.40	220.16		215.76		7626186980
03/27/2026	03/31/2026	7626186981	269798854	115Invoice	17.61	880.65		863.04		7626186981
03/27/2026	03/31/2026	7626186982	264995959	115Invoice	2.05	102.49		100.44		7626186982
03/27/2026	03/31/2026	7626186983	268808089	115Invoice	2.13	106.74		104.61		7626186983
03/27/2026	03/31/2026	7626186984	269798854	115Invoice	2.13	106.74		104.61		7626186984
03/27/2026	03/31/2026	7626186985	269899287	115Invoice	2.13	106.74		104.61		7626186985
03/27/2026	03/31/2026	7626186986	272834459	115Invoice	2.13	106.74		104.61		7626186986
03/27/2026	03/31/2026	7626186987	264808706	115Invoice	0.02	0.95		0.93		7626186987
03/27/2026	03/31/2026	7626186988	267239961	115Invoice	0.01	0.63		0.62		7626186988
03/27/2026	03/31/2026	7626186989	268657629	115Invoice	0.01	0.32		0.31		7626186989
03/27/2026	03/31/2026	7626186990	264610055	115Invoice	0.01	0.63		0.62		7626186990
03/27/2026	03/31/2026	7626186991	265422142	115Invoice	0.01	0.63		0.62		7626186991
03/27/2026	03/31/2026	7626186992	267623256	115Invoice	0.01	0.63		0.62		7626186992
03/27/2026	03/31/2026	7626186993	265158854	115Invoice	11.59	579.30		567.71		7626186993
03/27/2026	03/31/2026	7626186994	265222665	115Invoice	11.59	579.30		567.71		7626186994
03/27/2026	03/31/2026	7626186995	267462055	115Invoice	16.22	811.02		794.80		7626186995
03/27/2026	03/31/2026	7626186996	269411719	115Invoice	9.77	488.67		478.90		7626186996
03/27/2026	03/31/2026	7626186997	270513841	115Invoice	9.77	488.67		478.90		7626186997
03/27/2026	03/31/2026	7626186998	270925844	115Invoice	9.77	488.67		478.90		7626186998
03/27/2026	03/31/2026	7626186999	272371458	115Invoice	9.77	488.67		478.90		7626186999
03/27/2026	03/31/2026	7626187200	268657629	115Invoice	1.27	63.39		62.12		7626187200
03/27/2026	03/31/2026	7626187201	272110291	115Invoice	1.27	63.39		62.12		7626187201
03/27/2026	03/31/2026	7626187202	272371458	115Invoice	1.27	63.39		62.12		7626187202
03/27/2026	03/31/2026	7626187203	272525060	115Invoice	1.27	63.39		62.12		7626187203
03/27/2026	03/31/2026	7626187204	264523158	115Invoice	1.39	69.55		68.16		7626187204

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# MCKESSON

# STATEMENT

As of: 03/27/2026

Page: 007

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Company: 8000

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MEMORIAL MEDICAL CENTER  
VICKY KALISEK ✓  
815 N VIRGINIA ST  
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

APPROVED ON

MAR 31 2026

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 256342  
Date: 03/27/2026

As of: 03/27/2026 Page: 007  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 03/27/2026 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
03/27/2026	03/31/2026	7626187205	265682969	115Invoice	0.84	42.06		41.22		7626187205
03/27/2026	03/31/2026	7626187206	265848570	115Invoice	0.84	42.06		41.22		7626187206
03/27/2026	03/31/2026	7626187207	269053706	115Invoice	0.84	42.06		41.22		7626187207
03/27/2026	03/31/2026	7626187208	272444735	115Invoice	0.84	42.06		41.22		7626187208
03/27/2026	03/31/2026	7626187209	272525060	115Invoice	0.84	42.06		41.22		7626187209
03/27/2026	03/31/2026	7626187210	265290014	115Invoice	2.11	105.46		103.35		7626187210
03/27/2026	03/31/2026	7626187211	266008206	115Invoice	2.11	105.46		103.35		7626187211
03/27/2026	03/31/2026	7626187212	271550701	115Invoice		0.10		0.10		7626187212
03/27/2026	03/31/2026	7626187213	264610055	115Invoice	6.72	335.83		329.11		7626187213
03/27/2026	03/31/2026	7626187214	264808706	115Invoice	13.43	671.65		658.22		7626187214
03/27/2026	03/31/2026	7626187215	264995959	115Invoice	33.58	1,679.13		1,645.55		7626187215
03/27/2026	03/31/2026	7626187216	265290014	115Invoice	40.30	2,014.96		1,974.66		7626187216
03/27/2026	03/31/2026	7626187217	265342592	115Invoice	13.43	671.65		658.22		7626187217
03/27/2026	03/31/2026	7626187218	265500088	115Invoice	6.72	335.83		329.11		7626187218
03/27/2026	03/31/2026	7626187219	265848570	115Invoice	60.45	3,022.44		2,961.99		7626187219
03/27/2026	03/31/2026	7626187220	265912377	115Invoice	26.87	1,343.31		1,316.44		7626187220
03/27/2026	03/31/2026	7626187221	266008206	115Invoice	13.43	671.65		658.22		7626187221
03/27/2026	03/31/2026	7626187222	266153956	115Invoice	26.87	1,343.31		1,316.44		7626187222
03/27/2026	03/31/2026	7626187223	266392672	115Invoice	40.30	2,014.96		1,974.66		7626187223
03/27/2026	03/31/2026	7626187224	266455948	115Invoice	13.43	671.65		658.22		7626187224
03/27/2026	03/31/2026	7626187225	267933105	115Invoice	13.43	671.65		658.22		7626187225
03/27/2026	03/31/2026	7626187226	2686657629	115Invoice	13.43	671.65		658.22		7626187226
03/27/2026	03/31/2026	7626187227	268726651	115Invoice	13.43	671.65		658.22		7626187227
03/27/2026	03/31/2026	7626187228	269053706	115Invoice	26.87	1,343.31		1,316.44		7626187228
03/27/2026	03/31/2026	7626187229	269476542	115Invoice	6.72	335.83		329.11		7626187229
03/27/2026	03/31/2026	7626187230	269732013	115Invoice	6.72	335.83		329.11		7626187230
03/27/2026	03/31/2026	7626187231	269798854	115Invoice	6.72	335.83		329.11		7626187231
03/27/2026	03/31/2026	7626187232	269899287	115Invoice	26.87	1,343.31		1,316.44		7626187232
03/27/2026	03/31/2026	7626187233	269983550	115Invoice	13.43	671.65		658.22		7626187233
03/27/2026	03/31/2026	7626187234	270048231	115Invoice	80.60	4,029.92		3,949.32		7626187234
03/27/2026	03/31/2026	7626187235	270111304	115Invoice	13.43	671.65		658.22		7626187235

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# STATEMENT

As of: 03/27/2026

Page: 008

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 PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

APPROVED ON

MAR 31 2026

DC: 8115  
 Customer INV SupplD:  
 Territory: 7001

Customer: 256342  
 Date: 03/27/2026

As of: 03/27/2026 Page: 008  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 256342 PLEASE CHECK ANY  
 Date: 03/27/2026 ITEMS NOT PAID (✓)

BY COUNTY AUDITOR  
 CAROLIN COUNTY TEXAS  
 National Account Order 632536

Billing Date	Due Date	Receivable Number	Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
03/27/2026	03/31/2026	7626187236	270173151	115Invoice	26.87	1,343.31		1,316.44		7626187236
03/27/2026	03/31/2026	7626187237	270345914	115Invoice	26.87	1,343.31		1,316.44		7626187237
03/27/2026	03/31/2026	7626187238	270513841	115Invoice	13.43	671.65		658.22		7626187238
03/27/2026	03/31/2026	7626187239	270672562	115Invoice	13.43	671.65		658.22		7626187239
03/27/2026	03/31/2026	7626187240	271771721	115Invoice	40.30	2,014.96		1,974.66		7626187240
03/27/2026	03/31/2026	7626187241	272273742	115Invoice	13.43	671.65		658.22		7626187241
03/27/2026	03/31/2026	7626187242	272525060	115Invoice	26.87	1,343.31		1,316.44		7626187242
03/27/2026	03/31/2026	7626187243	272687368	115Invoice	13.43	671.65		658.22		7626187243
03/27/2026	03/31/2026	7626187244	272801703	115Invoice	13.43	671.65		658.22		7626187244
03/27/2026	03/31/2026	7626187245	273126067	115Invoice	13.43	671.65		658.22		7626187245
03/27/2026	03/31/2026	7626187246	273290626	115Invoice	13.43	671.65		658.22		7626187246
03/27/2026	03/31/2026	7626187247	273681679	115Invoice	26.87	1,343.31		1,316.44		7626187247
03/27/2026	03/31/2026	7626187248	274045407	115Invoice	6.72	335.83		329.11		7626187248
03/27/2026	03/31/2026	7626187249	265563639	115Invoice	13.43	671.65		658.22		7626187249
03/27/2026	03/31/2026	7626187250	265912377	115Invoice	40.30	2,014.96		1,974.66		7626187250
03/27/2026	03/31/2026	7626187251	266008206	115Invoice	13.43	671.65		658.22		7626187251
03/27/2026	03/31/2026	7626187252	266153956	115Invoice	13.43	671.65		658.22		7626187252
03/27/2026	03/31/2026	7626187253	266392672	115Invoice	13.43	671.65		658.22		7626187253
03/27/2026	03/31/2026	7626187254	266455948	115Invoice	13.43	671.65		658.22		7626187254
03/27/2026	03/31/2026	7626187255	266741090	115Invoice	13.43	671.65		658.22		7626187255
03/27/2026	03/31/2026	7626187256	266803996	115Invoice	40.30	2,014.96		1,974.66		7626187256
03/27/2026	03/31/2026	7626187257	266900082	115Invoice	13.43	671.65		658.22		7626187257
03/27/2026	03/31/2026	7626187258	267044610	115Invoice	13.43	671.65		658.22		7626187258
03/27/2026	03/31/2026	7626187259	267933105	115Invoice	26.87	1,343.31		1,316.44		7626187259
03/27/2026	03/31/2026	7626187260	267998401	115Invoice	13.43	671.65		658.22		7626187260
03/27/2026	03/31/2026	7626187261	268170307	115Invoice	40.30	2,014.96		1,974.66		7626187261
03/27/2026	03/31/2026	7626187262	268336936	115Invoice	26.87	1,343.31		1,316.44		7626187262
03/27/2026	03/31/2026	7626187263	268808089	115Invoice	13.43	671.65		658.22		7626187263
03/27/2026	03/31/2026	7626187264	268973029	115Invoice	13.43	671.65		658.22		7626187264
03/27/2026	03/31/2026	7626187265	269053706	115Invoice	13.43	671.65		658.22		7626187265
03/27/2026	03/31/2026	7626187266	269083902	115Invoice	13.43	671.65		658.22		7626187266

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# STATEMENT

As of: 03/27/2026

Page: 009

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 815 N VIRGINIA ST  
 PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

APPROVED ON  
 MAR 31 2026

DC: 8115  
 Customer INV SupplD:  
 Territory: 7001

Customer: 256342  
 Date: 03/27/2026

As of: 03/27/2026 Page: 009  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 256342 PLEASE CHECK ANY  
 Date: 03/27/2026 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
03/27/2026	03/31/2026	7626187267	269239268	115Invoice	13.43	671.65		658.22		7626187267
03/27/2026	03/31/2026	7626187268	269576960	115Invoice	13.43	671.65		658.22		7626187268
03/27/2026	03/31/2026	7626187269	269649086	115Invoice	13.43	671.65		658.22		7626187269
03/27/2026	03/31/2026	7626187270	269732013	115Invoice	40.30	2,014.96		1,974.66		7626187270
03/27/2026	03/31/2026	7626187271	269899287	115Invoice	13.43	671.65		658.22		7626187271
03/27/2026	03/31/2026	7626187272	270345914	115Invoice	26.87	1,343.31		1,316.44		7626187272
03/27/2026	03/31/2026	7626187273	270672562	115Invoice	13.43	671.65		658.22		7626187273
03/27/2026	03/31/2026	7626187274	270741436	115Invoice	26.87	1,343.31		1,316.44		7626187274
03/27/2026	03/31/2026	7626187275	270842909	115Invoice	13.43	671.65		658.22		7626187275
03/27/2026	03/31/2026	7626187276	270925844	115Invoice	26.87	1,343.31		1,316.44		7626187276
03/27/2026	03/31/2026	7626187277	271457839	115Invoice	13.43	671.65		658.22		7626187277
03/27/2026	03/31/2026	7626187278	271531425	115Invoice	26.87	1,343.31		1,316.44		7626187278
03/27/2026	03/31/2026	7626187279	271610641	115Invoice	26.87	1,343.31		1,316.44		7626187279
03/27/2026	03/31/2026	7626187280	271982757	115Invoice	13.43	671.65		658.22		7626187280
03/27/2026	03/31/2026	7626187281	272208621	115Invoice	26.87	1,343.31		1,316.44		7626187281
03/27/2026	03/31/2026	7626187282	272273742	115Invoice	13.43	671.65		658.22		7626187282
03/27/2026	03/31/2026	7626187283	272525060	115Invoice	53.73	2,686.61		2,632.88		7626187283
03/27/2026	03/31/2026	7626187284	272592771	115Invoice	20.15	1,007.48		987.33		7626187284
03/27/2026	03/31/2026	7626187285	266153956	115Invoice	1.55	77.30		75.75		7626187285
03/27/2026	03/31/2026	7626187286	269411719	115Invoice	1.55	77.30		75.75		7626187286
03/27/2026	03/31/2026	7626187287	271457839	115Invoice	1.55	77.30		75.75		7626187287
03/27/2026	03/31/2026	7626187288	271771721	115Invoice	1.55	77.30		75.75		7626187288
03/27/2026	03/31/2026	7626187289	272041536	115Invoice	3.09	154.59		151.50		7626187289
03/27/2026	03/31/2026	7626187290	272371458	115Invoice	1.55	77.30		75.75		7626187290
03/27/2026	03/31/2026	7626187291	272730215	115Invoice	1.55	77.30		75.75		7626187291
03/27/2026	03/31/2026	7626187292	273126067	115Invoice	1.55	77.30		75.75		7626187292
03/27/2026	03/31/2026	7626187293	273498788	115Invoice	1.55	77.30		75.75		7626187293
03/27/2026	03/31/2026	7626187294	273595594	115Invoice	3.09	154.59		151.50		7626187294
03/27/2026	03/31/2026	7626187295	274672980	115Invoice	1.55	77.30		75.75		7626187295
03/27/2026	03/31/2026	7626187296	274045407	115Invoice	5.11	255.41		250.30		7626187296
03/27/2026	03/31/2026	7626187297	267933105	115Invoice	0.02	0.95		0.93		7626187297

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 For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 03/27/2026

Page: 010

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

APPROVED ON

MAR 31 2026

DC: 8115  
 Customer INV SupplID:  
 Territory: 7001

Customer: 256342  
 Date: 03/27/2026

As of: 03/27/2026 Page: 010  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 256342 PLEASE CHECK ANY  
 Date: 03/27/2026 ITEMS NOT PAID (✓)

BY COUNTY AUDITOR  
 CALL FOR COUNTY INFO

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
03/27/2026	03/31/2026	7626187298	268170307	115Invoice	0.02	0.95		0.93		7626187298
03/27/2026	03/31/2026	7626187299	271854613	115Invoice	0.01	0.32		0.31		7626187299
03/27/2026	03/31/2026	7626187300	267044610	115Invoice	0.01	0.32		0.31		7626187300
03/27/2026	03/31/2026	7626187301	268170307	115Invoice	0.01	0.63		0.62		7626187301
03/27/2026	03/31/2026	7626187302	268497698	115Invoice	0.01	0.63		0.62		7626187302
03/27/2026	03/31/2026	7626187303	268808089	115Invoice	0.01	0.32		0.31		7626187303
03/27/2026	03/31/2026	7626187304	264681287	115Invoice	5.46	273.23		267.77		7626187304
03/27/2026	03/31/2026	7626187305	264808706	115Invoice	10.93	546.47		535.54		7626187305
03/27/2026	03/31/2026	7626187306	265158854	115Invoice	5.46	273.23		267.77		7626187306
03/27/2026	03/31/2026	7626187307	265222665	115Invoice	5.46	273.23		267.77		7626187307
03/27/2026	03/31/2026	7626187308	265531147	115Invoice	5.49	274.58		269.09		7626187308
03/27/2026	03/31/2026	7626187309	265912377	115Invoice	5.49	274.58		269.09		7626187309
03/27/2026	03/31/2026	7626187310	269983550	115Invoice	16.47	823.74		807.27		7626187310
03/27/2026	03/31/2026	7626187311	274045407	115Invoice	16.47	823.74		807.27		7626187311
03/27/2026	03/31/2026	7626187312	271457839	115Invoice	0.01	0.63		0.62		7626187312
03/27/2026	03/31/2026	7626187313	271677768	115Invoice	0.01	0.32		0.31		7626187313
03/27/2026	03/31/2026	7626187314	266900082	115Invoice	9.02	450.86		441.84		7626187314
03/27/2026	03/31/2026	7626187315	265682969	115Invoice	0.01	0.32		0.31		7626187315
03/27/2026	03/31/2026	7626187316	265848570	115Invoice	0.03	1.58		1.55		7626187316
03/27/2026	03/31/2026	7626187317	265912377	115Invoice	0.01	0.63		0.62		7626187317
03/27/2026	03/31/2026	7626187318	266008206	115Invoice	0.03	1.58		1.55		7626187318
03/27/2026	03/31/2026	7626187319	266153956	115Invoice	0.02	0.95		0.93		7626187319
03/27/2026	03/31/2026	7626187320	266900082	115Invoice	0.03	1.27		1.24		7626187320
03/27/2026	03/31/2026	7626187321	266967335	115Invoice	0.04	1.90		1.86		7626187321
03/27/2026	03/31/2026	7626187322	267044610	115Invoice	0.02	0.95		0.93		7626187322
03/27/2026	03/31/2026	7626187323	267279222	115Invoice	0.04	1.90		1.86		7626187323
03/27/2026	03/31/2026	7626187324	267342065	115Invoice	0.01	0.32		0.31		7626187324
03/27/2026	03/31/2026	7626187325	267402757	115Invoice	0.02	0.95		0.93		7626187325
03/27/2026	03/31/2026	7626187326	267462055	115invoice	0.02	0.95		0.93		7626187326
03/27/2026	03/31/2026	7626187327	267527130	115Invoice	0.04	2.21		2.17		7626187327
03/27/2026	03/31/2026	7626187328	267781358	115Invoice	0.04	2.21		2.17		7626187328

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# MCKESSON

# STATEMENT

As of: 03/27/2026

Page: 011

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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

APPROVED ON

MAR 31 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 256342  
Date: 03/27/2026

As of: 03/27/2026 Page: 011  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 03/27/2026 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
03/27/2026	03/31/2026	7626187329	268093661	115Invoice	0.02	0.95		0.93		7626187329
03/27/2026	03/31/2026	7626187330	268131850	115Invoice	0.04	1.90		1.86		7626187330
03/27/2026	03/31/2026	7626187331	268170307	115Invoice	0.03	1.27		1.24		7626187331
03/27/2026	03/31/2026	7626187332	265290014	115Invoice	43.19	2,159.43		2,116.24		7626187332
03/27/2026	03/31/2026	7626187333	265500088	115Invoice	18.51	925.47		906.96		7626187333
03/27/2026	03/31/2026	7626187334	265622045	115Invoice	18.51	925.47		906.96		7626187334
03/27/2026	03/31/2026	7626187335	265848570	115Invoice	37.02	1,850.94		1,813.92		7626187335
03/27/2026	03/31/2026	7626187336	266008206	115Invoice	18.51	925.47		906.96		7626187336
03/27/2026	03/31/2026	7626187337	266574578	115Invoice	18.51	925.47		906.96		7626187337
03/27/2026	03/31/2026	7626187338	266741090	115Invoice	18.51	925.47		906.96		7626187338
03/27/2026	03/31/2026	7626187339	266900082	115Invoice	18.51	925.47		906.96		7626187339
03/27/2026	03/31/2026	7626187340	267044610	115Invoice	24.68	1,233.96		1,209.28		7626187340
03/27/2026	03/31/2026	7626187341	267623256	115Invoice	24.68	1,233.96		1,209.28		7626187341
03/27/2026	03/31/2026	7626187342	267933105	115Invoice	18.51	925.47		906.96		7626187342
03/27/2026	03/31/2026	7626187343	267998401	115Invoice	18.51	925.47		906.96		7626187343
03/27/2026	03/31/2026	7626187344	268170307	115Invoice	18.51	925.47		906.96		7626187344
03/27/2026	03/31/2026	7626187345	268231203	115Invoice	18.51	925.47		906.96		7626187345
03/27/2026	03/31/2026	7626187346	268497698	115Invoice	18.51	925.47		906.96		7626187346
03/27/2026	03/31/2026	7626187347	268808089	115Invoice	55.53	2,776.41		2,720.88		7626187347
03/27/2026	03/31/2026	7626187348	269053706	115Invoice	18.51	925.47		906.96		7626187348
03/27/2026	03/31/2026	7626187349	269798854	115Invoice	12.34	616.98		604.64		7626187349
03/27/2026	03/31/2026	7626187350	271610641	115Invoice	37.02	1,850.94		1,813.92		7626187350
03/27/2026	03/31/2026	7626187351	271854613	115Invoice	30.85	1,542.45		1,511.60		7626187351
03/27/2026	03/31/2026	7626187352	265500088	115Invoice	10.98	549.16		538.18		7626187352
03/27/2026	03/31/2026	7626187353	265682969	115Invoice	5.49	274.58		269.09		7626187353
03/27/2026	03/31/2026	7626187354	265848570	115Invoice	5.49	274.58		269.09		7626187354
03/27/2026	03/31/2026	7626187355	266008206	115Invoice	10.98	549.16		538.18		7626187355
03/27/2026	03/31/2026	7626187356	266741090	115Invoice	5.49	274.58		269.09		7626187356
03/27/2026	03/31/2026	7626187357	267044610	115Invoice	5.49	274.58		269.09		7626187357
03/27/2026	03/31/2026	7626187358	267200657	115Invoice	5.49	274.58		269.09		7626187358
03/27/2026	03/31/2026	7626187359	267310159	115Invoice	5.49	274.58		269.09		7626187359

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# MCKESSON

# STATEMENT

As of: 03/27/2026

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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

APPROVED ON

MAR 31 2026

DC: 8115  
 Customer INV SupplD:  
 Territory: 7001

Customer: 256342  
 Date: 03/27/2026

As of: 03/27/2026 Page: 012  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 256342 PLEASE CHECK ANY  
 Date: 03/27/2026 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
03/27/2026	03/31/2026	7626187360	267527130	115Invoice	5.49	274.58		269.09		7626187360
03/27/2026	03/31/2026	7626187361	272730215	115Invoice	5.49	274.58		269.09		7626187361
03/27/2026	03/31/2026	7626187362	272834459	115Invoice	5.49	274.58		269.09		7626187362
03/27/2026	03/31/2026	7626187363	272955867	115Invoice	21.97	1,098.33		1,076.36		7626187363
03/27/2026	03/31/2026	7626187364	273290626	115Invoice	5.49	274.58		269.09		7626187364
03/27/2026	03/31/2026	7626187365	273748656	115Invoice	5.49	274.58		269.09		7626187365
03/27/2026	03/31/2026	7626187366	273814780	115Invoice	5.49	274.58		269.09		7626187366
03/27/2026	03/31/2026	7626187367	274431663	115Invoice	5.49	274.58		269.09		7626187367
03/27/2026	03/31/2026	7626187368	268201079	115Invoice	0.02	0.95		0.93		7626187368
03/27/2026	03/31/2026	7626187369	268231203	115Invoice	0.04	1.90		1.86		7626187369
03/27/2026	03/31/2026	7626187370	268657629	115Invoice	0.01	0.63		0.62		7626187370
03/27/2026	03/31/2026	7626187371	268726651	115Invoice	0.02	0.95		0.93		7626187371
03/27/2026	03/31/2026	7626187372	268808089	115Invoice	0.08	3.80		3.72		7626187372
03/27/2026	03/31/2026	7626187373	268973029	115Invoice	0.04	1.90		1.86		7626187373
03/27/2026	03/31/2026	7626187374	269053706	115Invoice	0.02	0.95		0.93		7626187374
03/27/2026	03/31/2026	7626187375	269115220	115Invoice	0.03	1.27		1.24		7626187375
03/27/2026	03/31/2026	7626187376	269239268	115Invoice	0.03	1.27		1.24		7626187376
03/27/2026	03/31/2026	7626187377	269411719	115Invoice	0.03	1.27		1.24		7626187377
03/27/2026	03/31/2026	7626187378	269576960	115Invoice	0.05	2.53		2.48		7626187378
03/27/2026	03/31/2026	7626187379	269732013	115Invoice	0.10	5.06		4.96		7626187379
03/27/2026	03/31/2026	7626187380	270411367	115Invoice	0.03	1.27		1.24		7626187380
03/27/2026	03/31/2026	7626187381	270672562	115Invoice	0.03	1.27		1.24		7626187381
03/27/2026	03/31/2026	7626187382	271053489	115Invoice	0.03	1.27		1.24		7626187382
03/27/2026	03/31/2026	7626187383	271291764	115Invoice	0.01	0.63		0.62		7626187383
03/27/2026	03/31/2026	7626187384	270842909	115Invoice	7.10	354.77		347.67		7626187384
03/27/2026	03/31/2026	7626187385	274568311	115Invoice	7.10	354.77		347.67		7626187385
03/27/2026	03/31/2026	7626187386	274608450	115Invoice	7.10	354.77		347.67		7626187386
03/27/2026	03/31/2026	7626187387	275027270	115Invoice	21.29	1,064.30		1,043.01		7626187387
03/27/2026	03/31/2026	7626187388	275277178	115Invoice	7.10	354.77		347.67		7626187388
03/27/2026	03/31/2026	7626187389	275343745	115Invoice	14.19	709.53		695.34		7626187389
03/27/2026	03/31/2026	7626187390	269941742	115Invoice	0.01	0.63		0.62		7626187390

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# MCKESSON

# STATEMENT

As of: 03/27/2026

Page: 013

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115  
Customer INV SupplD:  
Territory: 7001

As of: 03/27/2026 Page: 013  
Mail to: Comp: 8000

Customer: 256342  
Date: 03/27/2026

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

APPROVED ON

MAR 31 2026

Cust: 256342 PLEASE CHECK ANY  
Date: 03/27/2026 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
03/27/2026	03/31/2026	7626187391	271610641	115Invoice	0.04	1.90		1.86		7626187391
03/27/2026	03/31/2026	7626187392	268231203	115Invoice	17.41	870.27		852.86		7626187392
03/27/2026	03/31/2026	7626187393	266153956	115Invoice	0.01	0.32		0.31		7626187393
03/27/2026	03/31/2026	7626187394	266312371	115Invoice	0.03	1.58		1.55		7626187394
03/27/2026	03/31/2026	7626187395	268170307	115Invoice	0.01	0.32		0.31		7626187395
03/27/2026	03/31/2026	7626187396	268726651	115Invoice	0.03	1.58		1.55		7626187396
03/27/2026	03/31/2026	7626187397	270242871	115Invoice	0.01	0.63		0.62		7626187397
03/27/2026	03/31/2026	7626187398	273595594	115Invoice	0.02	0.95		0.93		7626187398
03/27/2026	03/31/2026	7626187399	265500088	115Invoice	1.38	68.83		67.45		7626187399
03/27/2026	03/31/2026	7626187400	265290014	115Invoice	8.03	401.27		393.24		7626187400
03/27/2026	03/31/2026	7626187401	265563639	115Invoice	8.03	401.27		393.24		7626187401
03/27/2026	03/31/2026	7626187402	266803996	115Invoice	24.08	1,203.80		1,179.72		7626187402
03/27/2026	03/31/2026	7626187403	268497698	115Invoice	8.03	401.27		393.24		7626187403
03/27/2026	03/31/2026	7626187404	269649086	115Invoice	8.03	401.27		393.24		7626187404
03/27/2026	03/31/2026	7626187405	272955867	115Invoice	8.03	401.27		393.24		7626187405
03/27/2026	03/31/2026	7626187406	266640417	115Invoice	0.01	0.32		0.31		7626187406
03/27/2026	03/31/2026	7626187407	266741090	115Invoice	0.02	0.95		0.93		7626187407
03/27/2026	03/31/2026	7626187408	266803996	115Invoice	0.02	0.95		0.93		7626187408
03/27/2026	03/31/2026	7626187409	268808089	115Invoice	0.01	0.63		0.62		7626187409
03/27/2026	03/31/2026	7626187410	269239268	115Invoice	0.02	0.95		0.93		7626187410
03/27/2026	03/31/2026	7626187411	269576960	115Invoice	0.02	0.95		0.93		7626187411
03/27/2026	03/31/2026	7626187412	269899287	115Invoice	0.01	0.32		0.31		7626187412
03/27/2026	03/31/2026	7626187413	269983550	115Invoice	0.03	1.27		1.24		7626187413
03/27/2026	03/31/2026	7626187414	270345914	115Invoice	0.01	0.63		0.62		7626187414
03/27/2026	03/31/2026	7626187415	270513841	115Invoice	0.01	0.63		0.62		7626187415
03/27/2026	03/31/2026	7626187416	273595594	115Invoice	0.01	0.32		0.31		7626187416
03/27/2026	03/31/2026	7626187417	274365325	115Invoice	0.01	0.63		0.62		7626187417
03/27/2026	03/31/2026	7626187418	267685059	115Invoice	3.71	185.53		181.82		7626187418
03/27/2026	03/31/2026	7626187419	267933105	115Invoice	1.47	73.33		71.86		7626187419
03/27/2026	03/31/2026	7626187420	269576960	115Invoice		0.04		0.04		7626187420
03/27/2026	03/31/2026	7626187421	273126067	115Invoice		0.04		0.04		7626187421

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For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 03/27/2026

Page: 014

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

APPROVED ON

MAR 31 2026

DC: 8115  
 Customer INV SupplID:  
 Territory: 7001

Customer: 256342  
 Date: 03/27/2026

As of: 03/27/2026 Page: 014  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 256342 PLEASE CHECK ANY  
 Date: 03/27/2026 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
03/27/2026	03/31/2026	7626187422	273431674	115Invoice	0.01	0.32		0.31		7626187422
03/27/2026	03/31/2026	7626187423	274672980	115Invoice	0.02	0.95		0.93		7626187423
03/27/2026	03/31/2026	7626187424	274608450	115Invoice	2.88	144.12		141.24		7626187424
03/27/2026	03/31/2026	7626187425	274962180	115Invoice	2.88	144.12		141.24		7626187425
03/27/2026	03/31/2026	7626187426	275277178	115Invoice	2.08	103.77		101.69		7626187426
03/27/2026	03/31/2026	7626187427	274365325	115Invoice	7.46	373.22		365.76		7626187427
03/27/2026	03/31/2026	7626187428	265682969	115Invoice	5.26	263.16		257.90		7626187428
03/27/2026	03/31/2026	7626187429	270884502	115Invoice	0.10	4.90		4.80		7626187429
03/27/2026	03/31/2026	7626187430	270173151	115Invoice	3.99	199.51		195.52		7626187430
03/27/2026	03/31/2026	7626187431	265461545	115Invoice	5.22	260.77		255.55		7626187431
03/27/2026	03/31/2026	7626187432	267200657	115Invoice	5.22	260.77		255.55		7626187432
03/27/2026	03/31/2026	7626187433	270672562	115Invoice	5.22	260.77		255.55		7626187433
03/27/2026	03/31/2026	7626187434	267044610	115Invoice	60.03	3,001.33		2,941.30		7626187434
03/27/2026	03/31/2026	7626187435	270672562	115Invoice	60.03	3,001.33		2,941.30		7626187435
03/27/2026	03/31/2026	7626187436	274365325	115Invoice	60.03	3,001.33		2,941.30		7626187436
03/27/2026	03/31/2026	7626187437	265158854	115Invoice	4.14	207.00		202.86		7626187437
03/27/2026	03/31/2026	7626187438	267402757	115Invoice	1.44	71.88		70.44		7626187438
03/27/2026	03/31/2026	7626187439	268131850	115Invoice	4.31	215.63		211.32		7626187439
03/27/2026	03/31/2026	7626187440	268657629	115Invoice	2.88	143.76		140.88		7626187440
03/27/2026	03/31/2026	7626187441	265422142	115Invoice	13.16	657.90		644.74		7626187441
03/27/2026	03/31/2026	7626187442	265500088	115Invoice	26.32	1,315.80		1,289.48		7626187442
03/27/2026	03/31/2026	7626187443	266153956	115Invoice	13.16	657.90		644.74		7626187443
03/27/2026	03/31/2026	7626187444	266392672	115Invoice	6.58	328.95		322.37		7626187444
03/27/2026	03/31/2026	7626187445	267462055	115Invoice	6.58	328.95		322.37		7626187445
03/27/2026	03/31/2026	7626187446	267781358	115Invoice	32.89	1,644.74		1,611.85		7626187446
03/27/2026	03/31/2026	7626187447	268093661	115Invoice	13.16	657.90		644.74		7626187447
03/27/2026	03/31/2026	7626187448	268497698	115Invoice	26.32	1,315.80		1,289.48		7626187448
03/27/2026	03/31/2026	7626187449	268657629	115Invoice	19.74	986.85		967.11		7626187449
03/27/2026	03/31/2026	7626187450	268973029	115Invoice	13.16	657.90		644.74		7626187450
03/27/2026	03/31/2026	7626187451	269115220	115Invoice	19.74	986.85		967.11		7626187451
03/27/2026	03/31/2026	7626187452	269941742	115Invoice	6.58	328.95		322.37		7626187452

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

# MCKESSON

# STATEMENT

As of: 03/27/2026

Page: 015

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

APPROVED ON

MAR 31 2026

DC: 8115  
 Customer INV SupplD:  
 Territory: 7001

Customer: 256342  
 Date: 03/27/2026

As of: 03/27/2026 Page: 015  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 256342 PLEASE CHECK ANY  
 Date: 03/27/2026 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
03/27/2026	03/31/2026	7626187453	270048231	115Invoice	19.74	986.85		967.11		7626187453
03/27/2026	03/31/2026	7626187454	270513841	115Invoice	13.16	657.90		644.74		7626187454
03/27/2026	03/31/2026	7626187455	270842909	115Invoice	13.16	657.90		644.74		7626187455
03/27/2026	03/31/2026	7626187456	271457839	115Invoice	32.89	1,644.74		1,611.85		7626187456
03/27/2026	03/31/2026	7626187457	271610641	115Invoice	26.32	1,315.80		1,289.48		7626187457

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: 190,730.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/23/2026 2,581.47

If Paid By 03/31/2026,  
 Pay This Amount: 186,915.46 USD

If Paid After 03/31/2026,  
 Pay this Amount: 190,730.17 USD

Due If Paid On Time:  
 USD 186,915.46

Disc lost if paid late:  
 3,814.71

Due If Paid Late:  
 USD 190,730.17

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

# MCKESSON

# STATEMENT

As of: 03/27/2026

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: 03/27/2026

As of: 03/27/2026 Page: 001  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 820405 PLEASE CHECK ANY  
Date: 03/27/2026 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
03/23/2026	03/31/2026	7624876221	B2603-055-307932	115 Invoice	0.20	10.00		9.80		7624876221

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: 10.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,581.47  
03/23/2026

If Paid By 03/31/2026,  
Pay This Amount:

9.80 USD

If Paid After 03/31/2026,  
Pay this Amount:

10.00 USD

Due If Paid On Time:

USD 9.80 ✓

Disc lost if paid late:

0.20

Due If Paid Late:

USD 10.00

APPROVED ON

MAR 31 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

**Served By:**  
AMERISOURCEBERGEN DRUG CORP  
ONE INDUSTRIAL PARK DR.  
WILLIAMSTON MI 48895-1601

DEA: RA0290736  
866-451-9655

**Customer:**  
WALGREENS SPEC PHY #15438 340B  
MEMORIAL MEDICAL CENTER  
41460 HAGGERTY CIR S  
CANTON MI 48188-2227

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

**Customer Number**

100135316 / 049028191

**Terms**

Sat - Fri Due in 7 days

**Summary**

Not Yet Due:	269.41
Current:	0.00
Past Due:	0.00
Total Due:	0.00
Account Balance:	269.41

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-13-2026	04-13-2026	✓3238948118	15438171086	Invoice	269.41 ✓		0.00	269.41 ✓

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

**Reminders**

Due Date	Amount
04-13-2026	269.41 ✓
<b>Total Due:</b>	<b>0.00</b>

APPROVED ON

MAR 31 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

<b>Remit To:</b>	AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	<b>Summary</b>
		Not Yet Due: 0.00 Current: 138.49 Past Due: 0.00 Total Due: 138.49 Account Balance: 138.49

### Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-23-2026	04-03-2026	✓ 3245815099	7011678653	Invoice	66.30		0.00	66.30 ✓
03-23-2026	04-03-2026	✓ 3245816350	7011684165	Invoice	11.36		0.00	11.36 ✓
03-24-2026	04-03-2026	✓ 3245963987	7011690287	Invoice	4.08		0.00	4.08 ✓
03-26-2026	04-03-2026	✓ 3246230941	7011698101	Invoice	52.79		0.00	52.79 ✓
03-27-2026	04-03-2026	✓ 3246372740	7011704802	Invoice	3.96		0.00	3.96 ✓

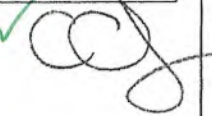
Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
138.49	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
03-27-2026	(1,888.32)

Reminders	
Due Date	Amount
04-03-2026	138.49
<b>Total Due:</b>	<b>138.49</b>

**APPROVED ON**  
**MAR 31 2026**  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

✓



<b>Served By:</b>	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	<b>Customer:</b>	WALGREENS CENTRAL FILL #21373 340B MEMORIAL MEDICAL CENTER 4100 DALE EARNHARDT WAY 200 NORTHLAKE TX 76262-2389	<b>Customer Number</b>	100566356 / 100566356
	DEA: RA0316958 866-451-9655			<b>Terms</b>	Sat - Fri Due in 7 days
		<b>Remit To:</b>	AMERISOURCEBERGEN PO Box 978740 DALLAS TX 75397-8740	<b>Summary</b>	
				Not Yet Due:	0.00
				Current:	12.04
				Past Due:	0.00
				Total Due:	12.04
				Account Balance:	12.04

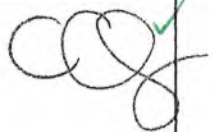
### Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-25-2026	04-03-2026	✓ 3246145317	7011697967	Invoice	12.04 ✓		0.00	12.04 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
12.04	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON  
MAR 31 2026  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Reminders	
Due Date	Amount
04-03-2026	12.04
Total Due:	12.04



8073	76351	1	1	0	2026	77001173	0	3/23/2026	\$46,864.44	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0		PCS	F	2/23/2026	3/8/2026	464334244
8075	76351	2	86	0	2026	71000914	0	3/23/2026	\$65.89	1	PORT LAVACA CLINIC	P	177	0		OV	F	3/9/2026	3/9/2026	742605670
8076	76351	2	33	0	2026	72000254	0	3/23/2026	\$154.91	1	BAYLOR COLLEGE OF MEDICINE	P	457	0		OVS	F	2/27/2026	2/27/2026	300791563
8077	76351	2	5	0	2026	75000136	0	3/23/2026	\$161.50	1	PHYSICIANS REFERRAL SERVICE	P	177	0		OV	F	2/27/2026	2/27/2026	760273984
8078	76351	2	5	0	2026	69000833	0	3/23/2026	\$270.30	1	PHYSICIANS REFERRAL SERVICE	P	188	0		HV	F	3/7/2026	3/7/2026	760273984
8079	76351	2	5	0	2026	71000443	0	3/23/2026	\$270.30	1	PHYSICIANS REFERRAL SERVICE	P	188	0		HV	F	3/8/2026	3/8/2026	760273984
8080	76351	2	5	0	2026	71000934	0	3/23/2026	\$270.30	1	PHYSICIANS REFERRAL SERVICE	P	188	0		HV	F	3/9/2026	3/9/2026	760273984
8081	76351	2	86	0	2026	71000469	0	3/23/2026	\$424.32	1	SINGLETON ASSOCIATES PA	P	321	0		MRI/O	F	2/23/2026	2/23/2026	741680498
8082	76351	2	5	0	2026	71000465	0	3/23/2026	\$428.40	1	PHYSICIANS REFERRAL SERVICE	P	188	0		HV	F	3/7/2026	3/8/2026	760273984
8083	76351	2	5	0	2026	71000475	0	3/23/2026	\$567.80	1	PHYSICIANS REFERRAL SERVICE	P	188	0		HV	F	3/6/2026	3/6/2026	760273984
8085	76351	3	79	0	2026	75001560	0	3/23/2026	\$0.20	1	US ANES PARTNERS OF TX PA	P	176	0		AO	F	8/18/2025	8/18/2025	760482007
8086	76351	3	76	0	2026	71000912	0	3/23/2026	\$19.10	1	NOE R. OLVERA, MD, PA	P	457	0		OVS	F	3/10/2026	3/10/2026	262712038
8087	76351	3	72	3	2026	71000483	0	3/23/2026	\$30.38	1	SINGLETON ASSOCIATES PA	P	181	0		XRAY	F	2/17/2026	2/17/2026	741680498
8088	76351	3	23	0	2026	75000871	0	3/23/2026	\$37.91	1	EBERLY MATTHEW	P	730	0		NPS	F	11/11/2025	11/11/2025	863759949
8089	76351	3	79	1	2026	75000863	0	3/23/2026	\$43.21	1	MHK FAMILY PRACTICE PLLC	P	360	0		POV	F	2/23/2026	2/23/2026	994807850
8093	76351	3	57	0	2026	76000861	0	3/23/2026	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0		OV	F	3/12/2026	3/12/2026	742605670
8095	76351	3	90	3	2026	71000479	0	3/23/2026	\$72.70	1	SINGLETON ASSOCIATES PA	P	189	0		ERD	F	2/28/2026	2/28/2026	741680498
8098	76351	3	82	0	2026	71000428	0	3/23/2026	\$124.31	1	UT PHYSICIANS	P	484	0		ODXS	F	9/16/2025	9/16/2025	760459500
8100	76351	3	51	0	2026	71000450	0	3/23/2026	\$165.00	1	MSFWA LLC	P	172	0		AB	F	12/16/2025	12/16/2025	202536458
8102	76351	3	57	0	2026	76000871	0	3/23/2026	\$241.29	1	SINGLETON ASSOCIATES PA	P	172	0		AB	F	3/3/2026	3/3/2026	741680498
8105	76351	3	23	0	2026	76000122	0	3/23/2026	\$359.23	1	VICTORIA HEART AND VASCULAR CENTER	P	484	0		ODXS	F	1/28/2026	1/28/2026	562284144
8106	76351	3	79	0	2026	75001564	0	3/23/2026	\$383.56	1	THE PHA GROUP, LLC	P	846	0		HVVC	F	2/25/2026	2/25/2026	43504115
8107	76351	3	69	1	2026	76000810	0	3/23/2026	\$1,030.71	1	WILSON A ALMONTE MD PLLC	P	457	0		OVS	F	3/11/2026	3/11/2026	474898361
8111	76360	1	5	0	2026	71000971	0	3/23/2026	\$321.98	1	SINGLETON ASSOCIATES PA	P	189	0		ERD	F	2/26/2026	2/26/2026	741680498
8112	76360	2	11	0	2026	71000930	0	3/23/2026	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0		OV	F	3/9/2026	3/9/2026	742605670
8114	76360	2	87	0	2026	76000256	0	3/23/2026	\$299.20	1	CITIZENS MEDICAL PROFESSIONAL	P	172	0		AB	F	11/6/2025	11/6/2025	471158090
8116	76360	3	65	0	2026	71000543	0	3/23/2026	\$43.21	1	MELISSA A KAINER ERWIN MD PA	P	177	0		OV	F	2/3/2026	2/3/2026	200802489
8118	76360	3	41	0	2026	75000352	0	3/23/2026	\$48.51	1	COMMUNITY PATHOLOGY ASSOCIATES	P	185	0		LAB	F	3/2/2026	3/2/2026	760421006
8119	76360	3	2	0	2026	71000507	0	3/23/2026	\$55.70	1	HEATH AND WELLNESS SOLUTIONS PA	P	450	0		XRDS	F	2/2/2026	2/2/2026	260406833
8123	76360	3	49	2	2026	75000869	0	3/23/2026	\$65.89	1	GUELVADIVIA VERONICA	P	177	0		OV	F	3/10/2026	3/10/2026	742640162
8126	76360	3	138	2	2026	71000473	0	3/23/2026	\$87.00	1	COUNSELING4LIFE LLC	P	360	0		POV	F	3/6/2026	3/6/2026	455131564
8127	76360	3	138	2	2026	76000768	0	3/23/2026	\$87.00	1	COUNSELING4LIFE LLC	P	360	0		POV	F	3/11/2026	3/11/2026	455131564
8129	76360	3	71	2	2026	76000148	0	3/23/2026	\$133.83	1	VICTORIA WOMENS CLINIC	P	485	0		INLM	F	2/26/2026	2/26/2026	741831291
8131	76360	3	105	0	2026	71000935	0	3/23/2026	\$149.26	1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	2/4/2026	2/4/2026	815248556
8132	76360	3	82	0	2026	72000695	0	3/23/2026	\$149.26	1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	1/21/2026	1/21/2026	815248556
8133	76360	3	151	0	2026	76000828	0	3/23/2026	\$162.59	1	SINGLETON ASSOCIATES PA	P	181	0		XRAY	F	3/5/2026	3/5/2026	741680498
8143	76360	3	91	0	2026	75000467	0	3/23/2026	\$668.12	1	COMMUNITY PATHOLOGY ASSOCIATES	P	185	0		LAB	F	3/3/2026	3/3/2026	760421006

\$54,380.09

*COJ*  
3/23/26

APPROVED ON  
MAR 31 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

\$23,788.00  
CCJ ✓  
3/23/26

APPROVED ON  
MAR 31 2026  
BY COUNTY AUDITOR  
CALHOUN COUNTY

HPHG, LLC dba 90 Degree Benefits

### Monthly Billing for 4/1/2026

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

Master Group Totals						Total Due	
	SPEC AGG	169	\$68,923.32	Adjustments	6	(\$2,498.34)	\$66,424.98
	ADMIN FEES	169	\$7,520.50	Adjustments	6	(\$356.00)	\$7,164.50
	PPO UR	169	\$3,625.05	Adjustments	6	(\$171.60)	\$3,453.45
	CHIC FEE		\$700.00				\$700.00

Balance Forward:		\$82,594.70
Payments:	-	\$82,594.70
Adjustments:	+	\$0.00
Beginning Balance:		\$0.00
Current Amount Due:	+	\$80,768.87
Current Adjustments:	+	(\$3,025.94)
<b>Total Amount Due:</b>		<b>\$77,742.93</b>

Description	Medical
EE	101
ES	16
EF	15
EC	37
Mst Total	169

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

APPROVED ON

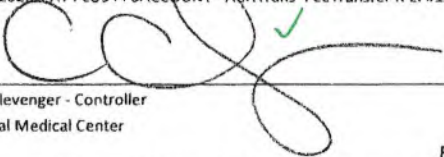
MAR 31 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY TEXAS

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

**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Mar 23, 2026 - Mar 29, 2026**

Date	Bank Description	MMC Notes	CPSI "Handwritten"		GL number
			Amount	Check #	
3/27/2026	MEMORIAL MEDICAL - PAYROLL	- Payroll	387,482.73 *		
3/27/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	1,888.32 *	902288	60310000
3/27/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#125864387 125604180	- 3rd Party Payor Fee	406.19 *	902289	40440076
3/27/2026	HEALTH EQUITY INC - HealthEqui	- EmpDeduct/Employer Contribut	1,075.82 *	902290	20280000
3/27/2026	Domestic Wire Withdrawal WIRE OUT U.S. BANK CORPORATE PAYMENT SYSTEM	- US Bank Credit Card Payment	1,591.50 ***	902291	20050000
3/27/2026	Domestic Wire Withdrawal WIRE OUT U.S. BANK CORPORATE PAYMENT SYSTEM	- US Bank Credit Card Payment	201.86 ***	902292	20050000
3/26/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#125481940 125348410	- 3rd Party Payor Fee	151.94 *	902293	40440076
3/25/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#125245405 125037319	- 3rd Party Payor Fee	1,335.23 *	902294	40440076
3/25/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 3/2/26 MemMedCtr PtLav	- Health Insurance Claim Payments	30,513.25 ****	902295	60320000
3/25/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 2/23/26 MemMedCtr PtLav	- Health Insurance Claim Payments	31,868.05 ****	902296	60320000
3/25/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 3/9/26 MemMedCtr PtLav	- Health Insurance Claim Payments	31,307.18 **	902297	60320000
3/25/2026	Domestic Wire Withdrawal WIRE OUT STRATEGIC RISK SOLUTIONS (VT). LTD	- Non-Premium Funding 25-26	32,215.00 **	902298	
3/24/2026	HPHG LLC 90 DB PREMIUM - MEMOR PREM MEMORIAL MEDICAL PREMIUM PORT LAVACA MAR	- Health Insurance Premium Payment	82,594.70 ****	902299	60320000
3/24/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#124776837 124741082	- 3rd Party Payor Fee	84.39 *	902300	40440076
3/24/2026	MCKESSON DRUG - AUTO ACH ACH06964095	- 340B Drug Program Expense	2,581.47 *	902301	60310000
3/23/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#124632029 124474077	- 3rd Party Payor Fee	43.24 *	902302	40440076
			<b>605,340.87</b>		



Caitlin Clevenger - Controller  
Memorial Medical Center

March 30, 2026

\* approved on 3.25.26 cc  
\*\* approved on 3.18.26 cc  
\*\*\* approved on 3.11.26 cc  
\*\*\*\* approved on 3.4.26 cc

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

Date	Description	MMC Notes	Amount	
4/1/2026	STATE CONTRIB TEXNET	- DSH IGT	206,238.43 ✓	605,340.87 +
			<b>206,238.43</b>	<b>2,020.99 -</b>
				<b>2,581.47 -</b>
				<b>82,594.70 -</b>
				<b>32,215.00 -</b>
				<b>31,307.18 -</b>
				<b>31,868.05 -</b>
				<b>30,513.25 -</b>
				<b>201.86 +</b>
				<b>1,591.50 -</b>
				<b>1,075.82 -</b>
				<b>1,888.32 -</b>
				<b>387,482.73 -</b>
				<b>0.00 *</b>

Caitlin Clevenger - Controller  
Memorial Medical Center

March 30, 2026

**APPROVED ON**

**MAR 31 2026**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

pay plus



**Transaction Summary**

Transaction Complete  
Trace #: [REDACTED]

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

[REDACTED]

Payment Total	\$206,238.43 ✓
Bank Routing and Account Number	[REDACTED]
Settlement Date	4/1/2026
DSH Amount	\$206,238.43 ✓
Entered By	Caitlin Clevenger ✓

APPROVED ON  
MAR 31 2026  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RECEIVED

MAR 27 2026

03/25/2026

17:24

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 04/10/2026

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
✓ 032326 ✓		03/24/202	03/23/202	04/10/202			22.98	0.00	0.00	22.98 ✓✓
✓ 032326A ✓	ins. pay. dep into mmc opt. error	03/24/202	03/23/202	04/10/202			1,438.53	0.00	0.00	1,438.53 ✓✓
✓ 032326B ✓	"	03/24/202	03/23/202	04/10/202			5,694.24	0.00	0.00	5,694.24 ✓✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	LAVACA BAY NURSING AND REHAB	7,155.75	0.00	0.00	7,155.75

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,155.75	0.00	0.00	7,155.75

APPROVED ON

MAR 27 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 212570

22.98 +  
 1,438.53 +  
 5,694.24 +  
 7,155.75 \*

# RECEIVED

MAR 27 2026

03/25/2026

17:24

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 04/10/2026

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
✓031826A ✓		03/24/202	03/18/202	04/10/202			7,677.34	0.00	0.00	7,677.34 ✓✓
✓031826 ✓	ins. pay. dep. into mmc opt. error	03/24/202	03/18/202	04/10/202			8,000.00	0.00	0.00	8,000.00 ✓✓
✓031726 ✓	"	03/25/202	03/17/202	04/10/202			1,827.92	0.00	0.00	1,827.92 ✓✓
	"									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	17,505.26	0.00	0.00	17,505.26

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,505.26	0.00	0.00	17,505.26

APPROVED ON

MAR 27 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

chk# 212569

7,677.34 +  
8,000.00 +  
1,827.92 +  
17,505.26 \*

RECEIVED

MAR 27 2026

03/25/2026  
17:23

Calhoun County

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 04/10/2026

0

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 031826 ✓		03/24/202	03/18/202	04/10/202			24,524.63	0.00	0.00	24,524.63 ✓✓
✓ 031826A ✓	ins. pay. dep. into mmc opt. error	03/24/202	03/18/202	04/10/202			15,373.54	0.00	0.00	15,373.54 ✓✓
✓ 031926 ✓	"	03/24/202	03/19/202	04/10/202			171.88	0.00	0.00	171.88 ✓✓
✓ 032326A ✓	"	03/24/202	03/23/202	04/10/202			8,766.44	0.00	0.00	8,766.44 ✓✓
✓ 032326 ✓	"	03/24/202	03/23/202	04/10/202			11,520.00	0.00	0.00	11,520.00 ✓✓
✓ 031726A ✓	"	03/25/202	03/17/202	04/10/202			6,947.08	0.00	0.00	6,947.08 ✓✓
✓ 031726B ✓	"	03/25/202	03/17/202	04/10/202			22,009.74	0.00	0.00	22,009.74 ✓✓
✓ 031726 ✓	"	03/25/202	03/17/202	04/10/202			53,569.71	0.00	0.00	53,569.71 ✓✓
✓ 032026 ✓	"	03/25/202	03/20/202	04/10/202			5,908.85	0.00	0.00	5,908.85 ✓✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	148,791.87	0.00	0.00	148,791.87

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	148,791.87	0.00	0.00	148,791.87

APPROVED ON

MAR 27 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 212571

24,524.63 +  
15,373.54 +  
171.88 +  
8,766.44 +  
11,520.00 +  
6,947.08 +  
22,009.74 +  
53,569.71 +  
5,908.85 +  
148,791.87 +

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 3/30/2026

APPROVED ON

MAR 31 2026

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

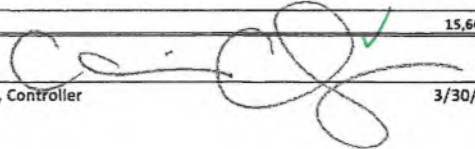
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<b>Ashford Gardens</b>		100.00				100.00	
						Bank Balance	100.00
						Variance	-
						Leave in Balance	100.00
<i>Routing Information for Ashford Gardens:</i>							
Ashford Health Care Center Ltd Co JP Morgan Chase Bank ABA 111000614 Account #							
<b>Broadmoor</b>		277.58	177.58			Adjust Balance/Transfer Amt	-
						Bank Balance	100.00
						Variance	-
						Leave in Balance	100.00
<b>Crescent</b>		135.86		6,743.92		Adjust Balance/Transfer Amt	-
						Bank Balance	6,879.78
						Variance	-
						Leave in Balance	100.00
<b>Fort Bend</b>		100.00				Adjust Balance/Transfer Amt	6,779.78
						Bank Balance	100.00
						Variance	-
						Leave in Balance	100.00
<b>Solera at W Houston</b>		100.00		8,888.66		Adjust Balance/Transfer Amt	-
						Bank Balance	8,988.66
						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

6 \* 779 = 78 +  
 8 \* 888 = 66 +  
 15 \* 668 = 44 +

Adjust Balance/Transfer Amt	8,888.66	
<b>TOTAL TRANSFERS</b>		<b>15,668.44</b>

Approved:   
 Caitlin Clevenger, Controller 3/30/2026

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.

<u>Ashford Gardens</u>	 <u>Transfer-Out</u>	 <u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
No Activity	-	-	-	-
<hr/>				
<hr/>				
<u>Broadmoor</u>	 <u>Transfer-Out</u>	 <u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
3/25/2026 Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III	177.58	-	-	-
<hr/>				
<hr/>				
<hr/>				
<u>Crescent</u>	 <u>Transfer-Out</u>	 <u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
3/27/2026 PNC-ECHO - HCCLAIMPMT TRN*1*1236695161*1341 858379\ 746003411	-	6,743.92	-	6,743.92
<hr/>				
<hr/>				
<hr/>				
<u>Fort Bend</u>	 <u>Transfer-Out</u>	 <u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
No Activity	-	-	-	-
<hr/>				
<hr/>				
<hr/>				
<u>Solera at West Houston</u>	 <u>Transfer-Out</u>	 <u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
3/27/2026 PNC-ECHO - HCCLAIMPMT TRN*1*1236695160*1341 858379\ 746003411	-	8,888.66	-	8,888.66
<hr/>				
<hr/>				
<hr/>				
<b>TOTALS</b>	<b>177.58</b>	<b>15,632.58</b>	<b>-</b>	<b>15,632.58</b>

# Balances Overview



COUNTY OF CALHOUN TEXAS  
 AGIBSON  
 as of Mar 30, 2026 10:10:21 AM CDT

## Account Activity

DDA(14)

	Current Balance	Available Balance
	\$2,263,551.86	\$2,263,551.86
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	\$682,697.51	\$682,697.51
*4381 MEMORIAL MEDICAL / NH ASHFORD	✓ \$100.00 ✓	\$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	✓ \$100.00 ✓	\$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	✓ \$6,879.78 ✓	\$6,879.78
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	✓ \$8,988.66 ✓	\$8,988.66
*4446 MEMORIAL MEDICAL / NH FORT BEND	✓ \$100.00 ✓	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$505,882.75	\$505,882.75
*4551 CAL CO INDIGENT HEALTHCARE	\$14,754.86	\$14,754.86
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$100.00	\$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.96	\$101.96
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$538,959.21	\$538,959.21
*3407 MMC -NH TUSCANY VILLAGE	\$410,243.01	\$410,243.01
*2998 MMC -MONEY MARKET FUND	\$74,878.95	\$74,878.95
*7168 MEMORIAL MEDICAL LOCK BOX	\$19,765.17	\$19,765.17
<b>Total Balance</b>	<b>\$2,263,551.86</b>	<b>\$2,263,551.86</b>

APPROVED ON

MAR 31 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Memorial Medical Center  
Nursing Home UPL  
Weekly Nexion Transfer  
Prosperity Accounts  
3/30/2026

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		238,751.33	238,224.27	499,548.35		500,075.41	498,223.03
						500,075.41	
						-	
						100.00	
						1,325.32	
						255.07	
						171.99	
						498,223.03	

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

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:  3/30/2026  
Caitlin Clevenger, Controller

Golden Creek

	✓	✓	MMC	
	Transfer-Out	Transfer-In	PORTION	NH PORTION
3/27/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1236584358*13 41858379\ 746003411	-	1,805.59		1,805.59
3/27/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 032726 543684555876917	-	1,430.00		1,430.00
3/27/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7755369*1205296137*000004011\ 676097	-	1,979.15		1,979.15
3/26/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1236302417*13 41858379\ 746003411	-	555.57		555.57
3/25/2026 Deposit	-	131,761.23		131,761.23
3/25/2026 Domestic Wire Withdrawal WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	238,224.27	-		-
3/25/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 032526 543684555876917	-	2,749.16		2,749.16
3/25/2026 Centene Managemen 0000317674 - ACH QJPP Y9 Q1 Pmt 3.10.26**\ 8765433514	-	281,209.50		281,209.50
3/24/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1235964983*13 41858379\ 746003411	-	8,076.29		8,076.29
3/24/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1235964982*13 41858379\ 746003411	-	4,632.39		4,632.39
3/24/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7749880*1205296137*000004011\ 676097	-	4,619.57		4,619.57
3/23/2026 Luminos Hospice - Bill.com Luminos Hospice - TX Bill.com 015HTJQQWOWYIWN Wang Feb 2026 15HTJQQWOWYIWN	-	4,007.32		4,007.32
3/23/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 032326 543684555876917	-	434.00		434.00
3/23/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 032326 543684555876917	-	1,764.00		1,764.00
3/23/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7747715*1205296137*000004011\ 676097	-	54,524.58		54,524.58
	<b>238,224.27</b>	<b>499,548.35</b>	-	<b>499,548.35</b>

# Transaction Report



## Transaction Report for account \*4454

Reported on Mon Mar 30 14:59:00 GMT 2026

Current Balance \$505,882.75  
 Interest Accrued \$250.94  
 Available Balance \$505,882.75

Date	Description	Credit	Debit	Running Balance
03/27/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN**1*1236584358*13 41858379\ 746003411	1805.59		500075.41 ✓
03/27/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 032726 543684555876917	1430.00		498269.82
03/27/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7755369*1205296137*000004011\ 676097	1979.15		496839.82
03/26/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1236302417*13 41858379\ 746003411	555.57		494860.67
03/25/2026	123870842651903 Deposit Deposit	131761.23		494305.10
03/25/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		238224.27	362543.87
03/25/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 032526 543684555876917	2749.16		600768.14
03/25/2026	External Deposit Centene Managem 0000317674 - ACH QIPP Y9 Q1 Pmt 3.10.26**\ 8765433514	261209.50		598018.98
03/24/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1235964983*13 41858379\ 746003411	8076.29		316809.48
03/24/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1235964982*13 41858379\ 746003411	4632.39		308733.19

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 3/30/2026

APPROVED ON

MAR 31 2026

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home							
Gulf Pointe Plaza- Private Pay	38,619.19	38,519.19				100.00	No
					Bank Balance	100.00	Transfer (Holding
					Variance		due to pending
					Leave in Balance	100.00	claims requests)

cleared X

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home							
Gulf Pointe Plaza-Medicare/Medicaid	101.96					101.96	NO TRANSFER
					Bank Balance	101.96	
					Variance		
					Leave in Balance	100.00	
					Adjust Balance/Transfer Amt	1.96	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS

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:  3/30/2026  
 Caitlin Cleverger, Controller



# Balances Overview



COUNTY OF CALHOUN TEXAS  
 AGIBSON  
 as of Mar 30, 2026 10:10:21 AM CDT

## Account Activity

DDA(14)

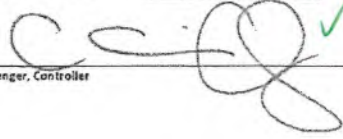
	Current Balance	Available Balance
	\$2,263,551.86	\$2,263,551.86
<b>Account Name</b>		
*4357 MEMORIAL MEDICAL - OPERATING	\$682,697.51	\$682,697.51
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$100.00	\$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$100.00	\$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$6,879.78	\$6,879.78
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$8,988.66	\$8,988.66
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.00	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$505,882.75	\$505,882.75
*4551 CAL CO INDIGENT HEALTHCARE	\$14,754.86	\$14,754.86
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	✓ \$100.00 ✓	\$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	✓ \$101.96 ✓	\$101.96
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$538,959.21	\$538,959.21
*3407 MMC -NH TUSCANY VILLAGE	\$410,243.01	\$410,243.01
*2998 MMC -MONEY MARKET FUND	\$74,878.95	\$74,878.95
*7168 MEMORIAL MEDICAL LOCK BOX	\$19,765.17	\$19,765.17
<b>Total Balance</b>	<b>\$2,263,551.86</b>	<b>\$2,263,551.86</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 3/30/2026

APPROVED ON  
 MAR 31 2026  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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		572,477.72	572,377.72	408,068.74			408,168.74	407,909.08
						Bank Balance Variance	408,168.74	
						Leave in Balance	100.00	
						QJPP PAYMENT Y9 Q1	159.66	
						Adjust Balance/Transfer Amt	<u>407,909.08</u>	

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

Approved:   
 Caitlin Clevenger, Controller 3/30/2026

**Tuscany Village**

	✓ Transfer-Out	✓ Transfer-in	MMC PORTION	NH PORTION
3/27/2026 Deposit	-	4,180.56		4,180.56
3/25/2026 Deposit	-	88,868.80		88,868.80
3/25/2026 Merchant Capture Deposit	-	5,269.99		5,269.99
3/25/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	572,377.72	-		-
3/25/2026 MOLINA HEALTHCAR - MOLINAACH ISA* * * * *ZZ* *ZZ* *260324*122 1*U*00200*000	-	96,423.20		96,423.20
3/25/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1236651283*13 41858379\ 746003411	-	3,022.63		3,022.63
3/25/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1236651284*13 41858379\ 746003411	-	32,687.32		32,687.32
3/25/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1236138853*13 41858379\ 746003411	-	788.06		788.06
3/25/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7752424*1205296137*000004011\ 676201	-	67,535.56		67,535.56
3/24/2026 Deposit	-	55,252.39		55,252.39
3/24/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1235964981*13 41858379\ 746003411	-	10,290.42		10,290.42
3/24/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7750629*1205296137*000004011\ 676201	-	11,575.03		11,575.03
3/23/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1235835976*13 41858379\ 746003411	-	1,975.68		1,975.68
3/23/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7748216*1205296137*000004011\ 676201	-	30,199.10		30,199.10
	<b>572,377.72</b>	<b>408,068.74</b>	-	<b>408,068.74</b>

# Transaction Report



## Transaction Report for account \*3407

Reported on Mon Mar 30 15:06:00 GMT 2026

Current Balance \$410,243.01  
 Interest Accrued \$400.71  
 Available Balance \$410,243.01

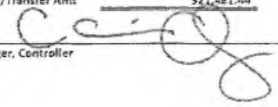
Date	Description	Credit	Debit	Running Balance
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
03/27/2026	127050862652286 Deposit Deposit	4180.56		408168.74 ✓
03/25/2026	123870842651961 Deposit Deposit	68668.80		403988.18
03/25/2026	9073870918 Descriptive Deposit Merchant Capture Deposit	5269.99		315119.36
03/25/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		572377.72	309849.39
03/25/2026	External Deposit MOLINA HEALTHCAR - MOLINAACH ISA * * * *ZZ* *ZZ* *260324*122 1*U*00200*000	96423.20		882227.11
03/25/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1236651283*13 41858379\ 746003411	3022.63		785803.91
03/25/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1236651284*13 41858379\ 746003411	32687.32		782781.28
03/25/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1236138653*13 41858379\ 746003411	788.06		750093.96
03/25/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7752424*1205296137*000004011\ 676201	67535.56		749305.90
03/24/2026	27310832655340 Deposit Deposit	56252.39		681770.34

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSL Transfer  
 Prosperity Accounts  
 3/30/2026

APPROVED ON  
 MAR 31 2026  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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		474,203.53	345,990.48	410,746.16			538,959.21	321,481.44
						Bank Balance	538,959.21	
						Variance	-	
						Leave in Balance	100.00	
						QJPP PAYMENT Y9 Q1	217,080.40	
						Jan Interest	151.94	
						Feb Interest	145.43	
						Adjust Balance/Transfer Amt	321,481.44	

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 3/30/2026

**Lavaca Bay Nursing and Rehab**

	✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
3/26/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7754136*1205296137*000004011\ 676481	-	1,372.00		1,372.00
3/26/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*OSY897091538719836*1746000156~ 17460034113016	-	8,095.73		8,095.73
3/25/2026 Deposit	-	91,418.16		91,418.16
3/25/2026 Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	345,990.48	-		-
3/25/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7752484*1205296137*000004011\ 676481	-	15,937.17		15,937.17
3/25/2026 Centene Managem 0000317674 - ACH QJPP Y9 Q1 Pmt 3.10.26**\ 8765433514	-	184,234.32		184,234.32
3/25/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0912960646* 1742770542\	-	95,166.81		95,166.81
3/23/2026 Deposit	-	9,813.64		9,813.64
3/23/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7748288*1205296137*000004011\ 676481	-	4,604.02		4,604.02
3/23/2026 36 TREAS 310 - MISC PAY ISA*00*00000000 00*00*000000000*ZZ*US TREASURY 310*ZZ*VENDOR PAYMENTS*260320*042 3*U*00	-	104.31		104.31
	<b>345,990.48</b>	<b>410,746.16</b>	-	<b>410,746.16</b>

# Balances Overview



COUNTY OF CALHOUN TEXAS  
 AGIBSON  
 as of Mar 30, 2026 9:36:55 AM CDT

## Account Activity

DDA(14)

	Current Balance	Available Balance
	\$2,263,551.86	\$2,263,551.86
<b>Account Name</b>		
*4357 MEMORIAL MEDICAL - OPERATING	\$682,697.51	\$682,697.51
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$100.00	\$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$100.00	\$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$6,879.78	\$6,879.78
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$8,988.66	\$8,988.66
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.00	\$100.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$505,882.75	\$505,882.75
*4551 CAL CO INDIGENT HEALTHCARE	\$14,754.86	\$14,754.86
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$100.00	\$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.96	\$101.96
*5506 MMC -NH LAVACA BAY NURSING & REHAB	✓ \$538,959.21 ✓	\$538,959.21
*3407 MMC -NH TUSCANY VILLAGE	\$410,243.01	\$410,243.01
*2998 MMC -MONEY MARKET FUND	\$74,878.95	\$74,878.95
*7168 MEMORIAL MEDICAL LOCK BOX	\$19,765.17	\$19,765.17
<b>Total Balance</b>	<b>\$2,263,551.86</b>	<b>\$2,263,551.86</b>

Tuscany ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P  
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Y  
E  
E

Memorial Medical Center ✓

Date Requested: 3/30/2026

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\_\_\_\_\_

\_\_\_\_\_

APPROVED ON  
MAR 31 2026  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY	
<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

AMOUNT: \$ 159.66 ✓

G/L NUMBER: 21400016

EXPLANATION: QIPP YEAR 9 Q1- AMOUNT OWED TO MMC

REQUESTED BY: Caitlin Clevenger ✓

AUTHORIZED BY: MSZ ✓

21400016

QIPP Y9 Q1 Reconciliation

TUSCANY

Molina	96,423.20
UHC	176,816.00
Community Health Choice	72,962.40
Total all payments received	<u>346,201.60</u>
Less quarterly IGT paid	<u>(153,674.93)</u>
Net federal share received	192,526.67
times manager %	<u>0.50</u>
amount due manager	96,263.34
Less amount paid for Y7 to manager so far	<u>96,423.00</u>
Final due to/from manager	<u><u>(159.66)</u></u> ✓

Lavaca Bay ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center ✓

Date Requested: 3/30/2026

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED ON

MAR 31 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

### FOR ACCT USE ONLY

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

AMOUNT: \$ 217,080.40 ✓

G/L NUMBER: 21400015

EXPLANATION: QIPP YEAR 9 Q1- AMOUNT OWED TO MMC ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSC ✓

21400015

QIPP Y9 Q1 Reconciliation

		<u>Y8</u>
LAVACA BAY	Wellpoint/Elevance	127,815.68
	Centene	184,234.32
	Total all payments received	<u>312,050.00</u>
	Less IGT paid	<u>(165,942.93)</u>
	Net federal share received	146,107.07
	times manager %	<u>0.65</u>
	amount due NH	94,969.60
	Less amount paid for Y7 to NH so far	<u>312,050.00</u>
	Final due to/from NH	<u><u>(217,080.40)</u></u> ✓

Golden Creek ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P  
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E  
Memorial Medical Center ✓  
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Date Requested: 3/30/2026

APPROVED ON  
MAR 31 2026  
BY COUNTY AUDITOR  
DALLAS COUNTY, TEXAS

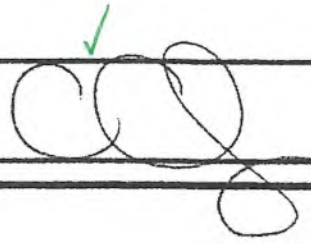
FOR ACCT USE ONLY	
<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

AMOUNT: \$ 1,325.32 ✓

G/L NUMBER: 20653000

EXPLANATION: Recoups on mmc payments for Golden Creek patients

REQUESTED BY: Katrina Pokluda

AUTHORIZED BY:  ✓

MEMORIAL MEDICAL CLINIC  
 1016 N VIRGINIA ST  
 PORT LAVACA, TX 779793000

UNITEDHEALTHCARE  
 TEXAS  
 PO BOX 5290  
 KINGSTON, NY 124025290

PROVIDER #: 1497153589  
 PAID DATE: 3/13/2026  
 TRACE #: 26070B1001793637  
 FISCAL PERIOD: 12/31/2026  
 PAYMENT: \$0.00

PATIENT NAME PATIENT ID CODE FROM DT THRU DT CLM STAT TOB	PAT CNTRL NUM MED REC NUM ICN NUMBER INSURED ID CODE	COST COVD NCOVD	TOTAL CHGS OTHER PAY COST OUTLIER MSP PAYMENT	DRG NUM DRG AMOUNT DRG OPR AMT DRG CAP AMT	COVD CHGS NCOVD CHGS DENIED CHGS MISC ADJ	COINSURANCE COPAYMENT DEDUCTIBLE PAT OTHER RESP	CONTRACT ADJ REIMB RATE HCPCS AMOUNT PAYMENT AMT
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REPORT SUMMARY		0	840.30		2,117.50	0.00	-1,447.20
		0	1,897.01	0.00	0.00	0.00	0.00
		0	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	0.00	0.00	390.49

PAID DATE	FISCAL PERIOD	PROVIDER #	TOB	CLAIMS	CHARGES	PAYMENT	CONTRACT	PAY+CONT
3/13/2026	12/31/2026	1497153589	71	9	840.30	390.49	-1,447.20	-1,056.71
				9	840.30	390.49	-1,447.20	-1,056.71

PROVIDER LEVEL ADJUSTMENTS				
PROVIDER #	FISCAL PERIOD	REASON CODE	DESCRIPTION	AMOUNT
001312820004	12/31/2026	WO 20260306,18680001X1KW	Overpayment Recovery	390.49
(Positive Amounts Decrease Payment)				390.49

Reason Codes	Description
23	The impact of prior payer(s) adjudication including payments and/or adjustments.
94	Processed in Excess of charges.

Claim Status	Description
2	Processed as Secondary

MEMORIAL MEDICAL CLINIC  
1016 N VIRGINIA ST  
PORT LAVACA, TX 779793000

UNITEDHEALTHCARE  
TEXAS  
PO BOX 5290  
KINGSTON, NY 124025290

PROVIDER #: 1497153589  
PAID DATE: 3/24/2026  
TRACE #: 26079B1000796161  
FISCAL PERIOD: 12/31/2026  
PAYMENT: \$0.00

PATIENT NAME PATIENT ID CODE FROM DT THRU DT CLM STAT TOB	PAT CNTRL NUM MED REC NUM ICN NUMBER INSURED ID CODE	COST COVD NCOVD	TOTAL CHGS OTHER PAY COST OUTLIER MSP PAYMENT	DRG NUM DRG AMOUNT DRG OPR AMT DRG CAP AMT	COVD CHGS NCOVD CHGS DENIED CHGS MISC ADJ	COINSURANCE COPAYMENT DEDUCTIBLE PAT OTHER RESP	CONTRACT ADJ REIMB RATE HCPCS AMOUNT PAYMENT AMT
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REPORT SUMMARY		0	762.12		1,053.18	0.00	-404.37
		0	976.81	0.00	0.00	0.00	0.00
		0	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	0.00	0.00	189.68

PAID DATE	FISCAL PERIOD	PROVIDER #	TOB	CLAIMS	CHARGES	PAYMENT	CONTRACT	PAY+CONT
3/24/2026	12/31/2026	1497153589	71	5	762.12	189.68	-404.37	-214.69
				5	762.12	189.68	-404.37	-214.69

PROVIDER #	FISCAL PERIOD	REASON CODE	DESCRIPTION	AMOUNT
001312820004	12/31/2026	WO 20260306,18680001X1KW	Overpayment Recovery <i>GoldenCreek</i>	189.68
(Positive Amounts Decrease Payment)				189.68

Reason Codes	Description
23	The impact of prior payer(s) adjudication including payments and/or adjustments.
94	Processed in Excess of charges.

Claim Status	Description
2	Processed as Secondary

MEMORIAL MEDICAL CLINIC  
1016 N VIRGINIA ST  
PORT LAVACA, TX 779793000

UNITEDHEALTHCARE  
TEXAS  
PO BOX 5290  
KINGSTON, NY 124025290

PROVIDER #: 1497153589  
PAID DATE: 3/20/2026  
TRACE #: 26077B1001685604  
FISCAL PERIOD: 12/31/2026  
PAYMENT: \$0.00

PATIENT NAME PATIENT ID CODE FROM DT THRU DT CLM STAT TOB	PAT CNTRL NUM MED REC NUM ICN NUMBER INSURED ID CODE	COST COVD NCOVD	TOTAL CHGS OTHER PAY COST OUTLIER MSP PAYMENT	DRG NUM DRG AMOUNT DRG OPR AMT DRG CAP AMT	COVD CHGS NCOVD CHGS DENIED CHGS MISC ADJ	COINSURANCE COPAYMENT DEDUCTIBLE PAT OTHER RESP	CONTRACT ADJ REIMB RATE HCPCS AMOUNT PAYMENT AMT
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REPORT SUMMARY	0	1,167.24		2,198.39	0.00	-1,286.97
	0	1,888.42	0.00	200.00	0.00	0.00
	0	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	365.79

PAID DATE	FISCAL PERIOD	PROVIDER #	TOB	CLAIMS	CHARGES	PAYMENT	CONTRACT	PAY+CONT
3/20/2026	12/31/2026	1497153589	71	13	1,167.24	365.79	-1,286.97	-921.18
				13	1,167.24	365.79	-1,286.97	-921.18

PROVIDER LEVEL ADJUSTMENTS

PROVIDER #	FISCAL PERIOD	REASON CODE	DESCRIPTION	AMOUNT
001312820004	12/31/2026	WO 20260306,18680001X1KW	Overpayment Recovery	365.79
(Positive Amounts Decrease Payment)				365.79

*Golden Creek*

Reason Codes	Description
23	The impact of prior payer(s) adjudication including payments and/or adjustments.
94	Processed in Excess of charges.
B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.

Remark Codes	Description
N418	Misrouted claim. See the payer's claim submission instructions.

Claim Status	Description
1	Processed as Primary
2	Processed as Secondary
22	Reversal of Previous Payment

MEMORIAL MEDICAL CLINIC  
1016 N VIRGINIA ST  
PORT LAVACA, TX 779793000

UNITEDHEALTHCARE  
TEXAS  
PO BOX 5290  
KINGSTON, NY 124025290

PROVIDER #: 1497153589  
PAID DATE: 3/23/2026  
TRACE #: 26078B1000815342  
FISCAL PERIOD: 12/31/2026  
PAYMENT: 50.00

PATIENT NAME PATIENT ID CODE FROM DT THRU DT CLM STAT TOB	PAT CNTRL NUM MED REC NUM ICN NUMBER INSURED ID CODE	COST COVD NCOVD	TOTAL CHGS OTHER PAY COST OUTLIER MSP PAYMENT	DRG NUM DRG AMOUNT DRG OPR AMT DRG CAP AMT	COVD CHGS NCOVD CHGS DENIED CHGS MISC ADJ	COINSURANCE COPAYMENT DEDUCTIBLE PAT OTHER RESP	CONTRACT ADJ REIMB RATE HCPCS AMOUNT PAYMENT AMT
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REPORT SUMMARY			0	960.00		423.50	-183.50
			0	345.40	0.00	720.00	0.00
			0	0.00	0.00	0.00	0.00
				0.00	0.00	0.00	78.10

PAID DATE	FISCAL PERIOD	PROVIDER #	TOB	CLAIMS	CHARGES	PAYMENT	CONTRACT	PAY+CONT
3/23/2026	12/31/2026	1497153589	71	8	960.00	78.10	-183.50	-105.40
				8	960.00	78.10	-183.50	-105.40

PROVIDER LEVEL ADJUSTMENTS

PROVIDER #	FISCAL PERIOD	REASON CODE	DESCRIPTION	AMOUNT
001312820004	12/31/2026	WO 20260306,18680001X1KW	Overpayment Recovery <i>Golden Creek</i>	78.10
(Positive Amounts Decrease Payment)				78.10

Reason Codes	Description
23	The impact of prior payer(s) adjudication including payments and/or adjustments.
94	Processed in Excess of charges.
B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.

Remark Codes	Description
N418	Misrouted claim. See the payer's claim submission instructions.

Claim Status	Description
1	Processed as Primary
2	Processed as Secondary

MEMORIAL MEDICAL CLINIC  
1016 N VIRGINIA ST  
PORT LAVACA, TX 779793000

UNITEDHEALTHCARE  
TEXAS  
PO BOX 5290  
KINGSTON, NY 124025290

PROVIDER #: 1497153589  
PAID DATE: 3/17/2026  
TRACE #: 26072B1000731708  
FISCAL PERIOD: 12/31/2026  
PAYMENT: 50.00

PATIENT NAME PATIENT ID CODE FROM DT THRU DT CLM STAT TOB	PAT CNTRL NUM MED REC NUM ICN NUMBER INSURED ID CODE	COST COVD NCOVD	TOTAL CHGS OTHER PAY COST OUTLIER MSP PAYMENT	DRG NUM DRG AMOUNT DRG OPR AMT DRG CAP AMT	COVD CHGS NCOVD CHGS DENIED CHGS MISC ADJ	COINSURANCE COPAYMENT DEDUCTIBLE PAT OTHER RESP	CONTRACT ADJ REIMB RATE HCPCS AMOUNT PAYMENT AMT
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REPORT SUMMARY	0	2,178.00			1,682.86	0.00	-722.86
	0	2,145.60	0.00		454.00	0.00	0.00
	0	0.00	0.00		0.00	0.00	0.00
		0.00	0.00		0.00	0.00	301.26

PAID DATE	FISCAL PERIOD	PROVIDER #	TOB	CLAIMS	CHARGES	PAYMENT	CONTRACT	PAY+CONT
3/17/2026	12/31/2026	1497153589	71	9	2,178.00	301.26	-722.86	-421.60
				9	2,178.00	301.26	-722.86	-421.60

PROVIDER LEVEL ADJUSTMENTS

PROVIDER #	FISCAL PERIOD	REASON CODE	DESCRIPTION	AMOUNT
001312820004	12/31/2026	WO 20260306,18680001X1KW	Overpayment Recovery <i>Golden Creek</i>	301.26
(Positive Amounts Decrease Payment)				301.26

Reason Codes	Description
23	The impact of prior payer(s) adjudication including payments and/or adjustments.
94	Processed in Excess of charges.
B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.

Remark Codes	Description
N418	Misrouted claim. See the payer's claim submission instructions.

Claim Status	Description
1	Processed as Primary
2	Processed as Secondary

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

001177

PK 04-01-26  
Date ~~3-30-26~~ 88-2265/1131

PAY TO THE ORDER OF mmc Operating \$ 217,080 <sup>40</sup>/<sub>100</sub>  
Two hundred seventeen thousand eighty <sup>40</sup>/<sub>100</sub> DOLLARS



FOR QIPP

Security features are included. Details on back.



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

000256

PK 4-01-26  
Date ~~3-30-26~~ 88-2265/1131

PAY TO THE ORDER OF mmc Operating \$ 1,325.32  
one thousand three hundred twenty five <sup>32</sup>/<sub>100</sub> DOLLARS



FOR Claims

Security features are included. Details on back.



MEMORIAL MEDICAL CENTER  
TUSCANY VILLAGE  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001197

PK 04-01-26  
Date ~~3-30-26~~ 88-2265/1131

PAY TO THE ORDER OF one mmc Operating \$ 159.66  
one hundred fifty nine <sup>66</sup>/<sub>100</sub> DOLLARS



FOR QIPP

Security features are included. Details on back.



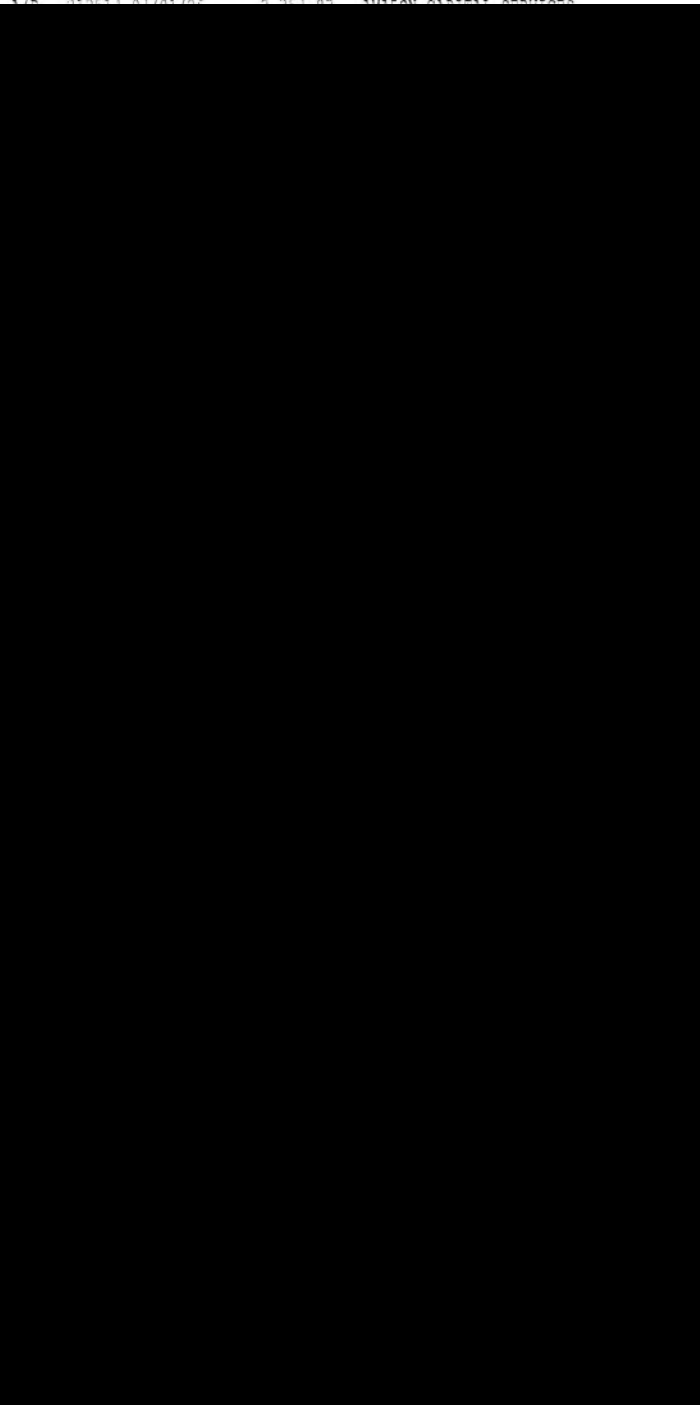
RUN DATE:04/01/26  
TIME:10:14

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/01/26 THRU 04/01/26

PAGE 1  
GLCKREG

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

NHG \* 000256 04/01/26 1,325.32 MMC OPERATING  
BSL \* 001177 04/01/26 217,080.40 MMC OPERATING  
TUS \* 001197 04/01/26 159.66 MMC OPERATING



RUN DATE:04/01/26  
TIME:10:14

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/01/26 THRU 04/01/26

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GLCKREG

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

