

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 6, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 800,559.54
TOTAL TRANSFERS BETWEEN FUNDS	\$ 351,651.89
TOTAL NURSING HOME UPL EXPENSES	\$ 194,700.13
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED May 6, 2026	\$ 1,346,911.56

APPROVED

MAY 06 2026

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---May 6, 2026

PAYABLES AND PAYROLL

5/5/2026 Weekly Payables	239,127.23
5/5/2026 McKesson-340B Prescription Expense	4,913.49
5/5/2026 Cencora-340B Prescription Expense	74.69
5/5/2026 Cencora-340B Prescription Expense	797.79
5/5/2026 Payroll Liabilities-Payroll Taxes	116,692.58
5/5/2026 Payroll	378,474.38
Prosperity Electronic Bank Payments	
5/5/2026 90 Degree Benefits - employee insurance claims	56,715.13
5/5/2026 Pay Plus-Patient Claims Processing Fee	2,688.43
5/5/2026 Health Equity -HSA Contributions	1,075.82

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 800,559.54**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

5/1/2026 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	53,972.49
5/1/2026 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	206,084.18
5/1/2026 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	85,271.03
5/1/2026 MMC Operating to Molina Village-QIPP Y5 & Y6 Adjustment 3, Overpayments from Molina	6,324.19

TOTAL TRANSFERS BETWEEN FUNDS **\$ 351,651.89**

NURSING HOME UPL EXPENSES

5/5/2026 Nursing Home UPL-Nexion Transfer	10,957.04
5/5/2026 Nursing Home UPL-Tuscany Transfer	128,182.24
5/5/2026 Nursing Home UPL-HSL Transfer	53,490.81

TRANSFER OF FUNDS BETWEEN NURSING HOMES

5/5/2026 Golden Creek to Solera - Claim funds owed to Solera from Golden Creek	2,070.04
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TOTAL NURSING HOME UPL EXPENSES **\$ 194,700.13**

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

GRAND TOTAL DISBURSEMENTS APPROVED May 6, 2026 **\$ 1,346,911.56**

	15912	BAYLOR COLLEGE OF MEDICINE					300.00	0.00	0.00	300.00	
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
	✓112616592		04/28/202	04/16/202	05/11/202			77.33	0.00	0.00	77.33 ✓
	✓112619789	SUPPLIES Swab, Polyester tex wipe	04/28/202	04/19/202	05/14/202			261.16	0.00	0.00	261.16 ✓
	✓4615597	SUPPLIES rqnt, peptidase reagent	04/28/202	04/21/202	05/16/202			1,484.00	0.00	0.00	1,484.00 ✓
	✓5514502	LAB SERVICE CONTRACT	04/28/202	04/21/202	05/16/202			1,935.15	0.00	0.00	1,935.15 ✓
	✓5514658	LAB LEASE	04/28/202	04/25/202	05/20/202			1,337.05	0.00	0.00	1,337.05 ✓
		LAB LEASE FOR APRIL									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC						5,094.69	0.00	0.00	5,094.69
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
	✓042426		04/29/202	04/29/202	04/29/202			28.97	0.00	0.00	28.97 ✓
		FUEL/voyager									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY						28.97	0.00	0.00	28.97
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
	✓8004175383		04/29/202	04/23/202	04/23/202			196.41	0.00	0.00	196.41 ✓
		NUC MED SUPPLIES									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.						196.41	0.00	0.00	196.41
Vendor#	Vendor Name		Class	Pay Code							
10541	CARESFIELD										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓200033133		04/28/202	04/22/202	05/20/202			443.76	0.00	0.00	443.76 ✓
		SUPPLIES Phlebotomy supplies									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	10541	CARESFIELD						443.76	0.00	0.00	443.76
Vendor#	Vendor Name		Class	Pay Code							
11030	CHUBB										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓CK920260501		04/28/202	04/28/202	04/28/202			457.20	0.00	0.00	457.20 ✓
		EMPLOYEE BENEFITS									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11030	CHUBB						457.20	0.00	0.00	457.20
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
	✓041426C		04/28/202	04/14/202	05/02/202			127.58	0.00	0.00	127.58 ✓
		UTILITY BILL									
	✓041426A		04/28/202	04/14/202	05/02/202			52.01	0.00	0.00	52.01 ✓
		UTILITY BILL									
	✓041426		04/28/202	04/14/202	05/02/202			3,353.83	0.00	0.00	3,353.83 ✓
		UTILITY BILL									
	✓041426B		04/28/202	04/14/202	05/05/202			79.03	0.00	0.00	79.03 ✓
		UTILITY BILL									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net

	C1730	CITY OF PORT LAVACA					3,612.45	0.00	0.00	3,612.45	
Vendor#	Vendor Name		Class		Pay Code						
C1166	COASTAL OFFICE SOLUTONS		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	✓FRFQ711		04/21/202	04/15/202	04/25/202		8,977.95	0.00	0.00	8,977.95 ✓	
	SUPPLIES roller shades 3rd floor x17										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	C1166	COASTAL OFFICE SOLUTONS					8,977.95	0.00	0.00	8,977.95	
Vendor#	Vendor Name		Class		Pay Code						
C1970	CONMED LINVATEC		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	✓4954560		04/28/202	04/03/202	04/29/202		83.20	0.00	0.00	83.20 ✓	
	SUPPLIES tubing set removed										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	C1970	CONMED LINVATEC					83.20	0.00	0.00	83.20	
Vendor#	Vendor Name		Class		Pay Code						
10006	CUSTOM ASSEMBLIES, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	✓INV28069		04/28/202	04/17/202	04/28/202		205.81	0.00	0.00	205.81 ✓	
	SUPPLIES myelogram tray x10										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	10006	CUSTOM ASSEMBLIES, INC					205.81	0.00	0.00	205.81	
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	
	✓73008		04/28/202	04/27/202	04/27/202		260.00	0.00	0.00	260.00 ✓	
	✓73102	PEST CONTROL / mosquito treatment	04/28/202	04/27/202	04/27/202		160.00	0.00	0.00	160.00 ✓	
	✓73105	PEST CONTROL / mosquito treatment	04/28/202	04/27/202	05/15/202		105.00	0.00	0.00	105.00 ✓	
	PEST CONTROL / pest control monthly										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	11291	DOWELL PEST CONTROL					525.00	0.00	0.00	525.00	
Vendor#	Vendor Name		Class		Pay Code						
T0383	ERIN CLEVENGER		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	✓042926		04/29/202	04/29/202	04/29/202		558.80	0.00	0.00	558.80 ✓	
	TRAVEL FOR TORCH CONFEREN 4/13-4/14										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	T0383	ERIN CLEVENGER					558.80	0.00	0.00	558.80	
Vendor#	Vendor Name		Class		Pay Code						
F1100	FEDERAL EXPRESS CORP.		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	✓921030534		04/28/202	03/12/202	04/06/202		163.36	0.00	0.00	163.36 ✓	
	✓922043645	FREIGHT	04/28/202	03/19/202	04/13/202		46.30	0.00	0.00	46.30 ✓	
	✓922989317	FREIGHT	04/28/202	03/26/202	04/20/202		108.51	0.00	0.00	108.51 ✓	
	✓923825397	Freight	04/28/202	04/02/202	04/27/202		122.11	0.00	0.00	122.11 ✓	
	✓924881458	FREIGHT	04/28/202	04/16/202	05/11/202		82.90	0.00	0.00	82.90 ✓	
	✓925861524	FREIGHT	04/28/202	04/16/202	05/11/202		126.98	0.00	0.00	126.98 ✓	
	✓926730439	FREIGHT	04/28/202	04/23/202	05/18/202		59.39	0.00	0.00	59.39 ✓	

FREIGHT

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
F1100	FEDERAL EXPRESS CORP.	709.55	0.00	0.00	709.55

Vendor#	Vendor Name	Class	Pay Code							
F1400	FISHER HEALTHCARE	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 7860728		04/21/202	04/03/202	04/28/202			619.15	0.00	0.00	619.15 ✓
	SUPPLIES	Durac Plus Certified Therm								
✓ 7860727		04/21/202	04/03/202	04/28/202			694.73	0.00	0.00	694.73 ✓
	SUPPLIES	Iscreen aduteratn strip x25 & Mitsubishi pack-co2 x20								
✓ 7984220		04/21/202	04/09/202	05/04/202			225.43	0.00	0.00	225.43 ✓
	SUPPLIES	fisher scientific mini vortex								
✓ 8169209		04/28/202	04/17/202	05/12/202			91.18	0.00	0.00	91.18 ✓
	SUPPLIES	blood agar slant x20, anaerobic cdc x10, & yersinia selective agar x1								
✓ 8169210		04/28/202	04/17/202	05/12/202			5,935.24	0.00	0.00	5,935.24 ✓
	SUPPLIES	LDX Cass liquid profile x10, Duopak x4								
✓ 8229037		04/28/202	04/21/202	05/16/202			49.12	0.00	0.00	49.12 ✓
	SUPPLIES	anaerobic cdc x10 & Columbia cha agar x10								
✓ 8229038		04/28/202	04/21/202	05/16/202			587.02	0.00	0.00	587.02 ✓
	SUPPLIES	mdx chex BCID1								

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
F1400	FISHER HEALTHCARE	8,201.87	0.00	0.00	8,201.87

Vendor#	Vendor Name	Class	Pay Code							
10599	FORVIS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2881192		04/29/202	04/30/202	04/30/202			12,679.00	0.00	0.00	12,679.00 ✓
	DSH AUDIT PREPERATION SERV	/ service & admin fee								

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10599	FORVIS	12,679.00	0.00	0.00	12,679.00

Vendor#	Vendor Name	Class	Pay Code							
14156	FUJI FILM									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 91791047		04/29/202	04/25/202	04/25/202			7,916.67	0.00	0.00	7,916.67 ✓
	MRI CONTRACT APRIL INVOICE	(5/25/20 - 6/24/20)								

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14156	FUJI FILM	7,916.67	0.00	0.00	7,916.67

Vendor#	Vendor Name	Class	Pay Code							
12636	FUSION CONNECT									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1029526148		04/28/202	04/16/202	05/16/202			569.23	0.00	0.00	569.23 ✓
	TELEPHONE									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12636	FUSION CONNECT	569.23	0.00	0.00	569.23

Vendor#	Vendor Name	Class	Pay Code							
11078	FUSION MEDICAL STAFFING, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ INV981698		04/28/202	04/18/202	05/13/202			2,567.50	0.00	0.00	2,567.50 ✓
	PT TRAVEL TECH	/ 4/10, 4/11, 4/12, 4/14, 4/15, 4/16								

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11078	FUSION MEDICAL STAFFING, LLC	2,567.50	0.00	0.00	2,567.50

Vendor#	Vendor Name	Class	Pay Code							
12948	GREAT AMERICA FINANCIAL SVCS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 41871551		04/29/202	04/29/202	04/29/202			66.53	0.00	0.00	66.53 ✓
	IT PRINTER LEASE	/ Kyocera ECOSYS M552UPCDW printer								

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net

	12948	GREAT AMERICA FINANCIAL SVCS					66.53	0.00	0.00	66.53
Vendor#	Vendor Name		Class		Pay Code					
10334	HEALTH CARE LOGISTICS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓310377879		04/20/202	04/07/202	05/02/202		174.16	0.00	0.00	174.16 ✓
	SUPPLIES <i>memory monitor ref/frizzer thermome</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC					174.16	0.00	0.00	174.16
Vendor#	Vendor Name		Class		Pay Code					
18388	IMPERIAL DADE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓41270410		04/28/202	04/08/202	04/29/202		264.08	0.00	0.00	264.08 ✓
	SUPPLIES <i>can liners 4 pack x100 1/2 liner can nat coreless x1000</i>									
	✓41435341		04/28/202	04/22/202	04/28/202		303.79	0.00	0.00	303.79 ✓
	SUPPLIES "									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	18388	IMPERIAL DADE					567.87	0.00	0.00	567.87
Vendor#	Vendor Name		Class		Pay Code					
11312	INRAD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓951563		04/28/202	04/16/202	04/28/202		165.00	0.00	0.00	165.00 ✓
	SUPPLIES <i>aspiration biopsy needle x20</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	11312	INRAD					165.00	0.00	0.00	165.00
Vendor#	Vendor Name		Class		Pay Code					
11260	INTOXIMETERS INC		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓813760		04/28/202	04/24/202	05/19/202		64.00	0.00	0.00	64.00 ✓
	SUPPLIES <i>mouth piece asiv or ecir x200</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	11260	INTOXIMETERS INC					64.00	0.00	0.00	64.00
Vendor#	Vendor Name		Class		Pay Code					
M1511	MARKETLAB, INC		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓INV002711008		04/28/202	04/02/202	04/28/202		61.15	0.00	0.00	61.15 ✓
	SUPPLIES <i>blue tape x1 & green tape x1</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC					61.15	0.00	0.00	61.15
Vendor#	Vendor Name		Class		Pay Code					
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓25409355		04/28/202	04/06/202	04/21/202		234.68	0.00	0.00	234.68 ✓
	SUPPLIES <i>I wash x1</i>									
	✓25421617		04/28/202	04/08/202	04/23/202		2,606.40	0.00	0.00	2,606.40 ✓
	SUPPLIES <i>tube, control, reagent kit, & fuel surcharge</i>									
	✓25432765		04/28/202	04/10/202	04/25/202		92.27	0.00	0.00	92.27 ✓
	SUPPLIES <i>skin stapler</i>									
	✓25438184		04/28/202	04/11/202	04/26/202		3,878.80	0.00	0.00	3,878.80 ✓
	SUPPLIES <i>mts Card: mono group x2, mono & rev group x2, & anti-iaq x2</i>									
	✓25445424		04/28/202	04/13/202	04/28/202		180.40	0.00	0.00	180.40 ✓
	SUPPLIES <i>diluent x1, reagent x2</i>									
	✓25445316		04/28/202	04/13/202	04/28/202		10.34	0.00	0.00	10.34 ✓
	SUPPLIES <i>stiffneck collar & fuel sur charge</i>									
	✓25447529		04/28/202	04/14/202	04/29/202		234.68	0.00	0.00	234.68 ✓
	SUPPLIES <i>I wash x1</i>									
	✓25461932		04/28/202	04/16/202	05/01/202		22.68	0.00	0.00	22.68 ✓
	<i>occult blood cti x1</i>									

✓ ~~SUPPLIES~~ 25492162 04/28/202 04/22/202 05/07/202 233.31 0.00 0.00 233.31 ✓

~~SUPPLIES~~ tube, applicator x3, 3/4 fuel surcharge

Vendor Totals: Number Name Gross Discount No-Pay Net
 M2178 MCKESSON MEDICAL SURGICAL INC 7,493.56 0.00 0.00 7,493.56

Vendor# Vendor Name Class Pay Code
 M2470 MEDLINE INDUSTRIES INC M

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
 ✓ 2420259953 04/21/202 04/08/202 05/03/202 57.04 0.00 0.00 57.04 ✓

✓ ~~SUPPLIES~~ wiper x1 2421456307 04/28/202 04/15/202 05/10/202 154.28 0.00 0.00 154.28 ✓

✓ ~~SUPPLIES~~ electrode Qtrace diagnostics x1 2421455199 04/28/202 04/15/202 05/10/202 25.23 0.00 0.00 25.23 ✓

✓ ~~SUPPLIES~~ hip abduction pillow x1 2421456303 04/28/202 04/15/202 05/10/202 444.80 0.00 0.00 444.80 ✓

✓ ~~SUPPLIES~~ sterillium rub x1 2421456306 04/28/202 04/15/202 05/10/202 8,058.79 0.00 0.00 8,058.79 ✓

✓ ~~SUPPLIES~~ hospital room supplies & medical supplies 2421456301 04/28/202 04/15/202 05/10/202 280.86 0.00 0.00 280.86 ✓

✓ ~~SUPPLIES~~ anesthesia circuit x1, solution x1, guaze x2, denture container etc 2421456305 04/28/202 04/15/202 05/10/202 3,973.24 0.00 0.00 3,973.24 ✓

✓ ~~SUPPLIES~~ medical supplies 2421455198 04/28/202 04/15/202 05/10/202 21.51 0.00 0.00 21.51 ✓

✓ ~~SUPPLIES~~ foot brace 2421456300 04/28/202 04/15/202 05/10/202 163.42 0.00 0.00 163.42 ✓

✓ ~~SUPPLIES~~ surgical sleeve x1, nail brush x1, 3/4 cotton balls x1 2421456302 04/28/202 04/15/202 05/10/202 9.57 0.00 0.00 9.57 ✓

✓ ~~SUPPLIES~~ pedia-lax enema saline 1703680385 04/29/202 04/25/202 04/25/202 316.37 0.00 0.00 316.37 ✓

interest 6/11/25 - 3/25/26

Vendor Totals: Number Name Gross Discount No-Pay Net
 M2470 MEDLINE INDUSTRIES INC 13,505.11 0.00 0.00 13,505.11

Vendor# Vendor Name Class Pay Code
 14704 METTLER-TOLEDO RAININ, LLC

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
 ✓ 679338233 04/28/202 04/21/202 04/28/202 184.60 0.00 0.00 184.60 ✓

~~SUPPLIES~~ single channel 3x10 x1

Vendor Totals: Number Name Gross Discount No-Pay Net
 14704 METTLER-TOLEDO RAININ, LLC 184.60 0.00 0.00 184.60

Vendor# Vendor Name Class Pay Code
 18404 MICHELLE CUMBERLAND

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
 ✓ 043026 04/30/202 04/30/202 04/30/202 558.80 0.00 0.00 558.80 ✓

✓ 043026A TORCH CONFERENCE 04/30/202 04/30/202 04/30/202 519.60 0.00 0.00 519.60 ✓

TRUBRIDGE NATIONAL CONFERI
 Vendor Totals: Number Name Gross Discount No-Pay Net
 18404 MICHELLE CUMBERLAND 1,078.40 0.00 0.00 1,078.40

Vendor# Vendor Name Class Pay Code
 10536 MORRIS & DICKSON CO, LLC

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
 ✓ 4710292 04/28/202 04/22/202 05/02/202 38.40 0.00 0.00 38.40 ✓

✓ 4710293 SUPPLIES 04/28/202 04/22/202 05/02/202 54.49 0.00 0.00 54.49 ✓

✓ 4715575 SUPPLIES 04/29/202 04/23/202 05/03/202 90.51 0.00 0.00 90.51 ✓

✓ 4714339	SUPPLIES	04/29/202 04/23/202 05/03/202	5,640.07	0.00	0.00	5,640.07
✓ 4715573	SUPPLIES	04/29/202 04/23/202 05/03/202	5.12	0.00	0.00	5.12
✓ CM13908	SUPPLIES	04/29/202 04/24/202 05/04/202	-88.24	0.00	0.00	-88.24
✓ 4724661	SUPPLIES	04/29/202 04/26/202 05/06/202	213.76	0.00	0.00	213.76
✓ 4723667	SUPPLIES	04/29/202 04/26/202 05/06/202	182.34	0.00	0.00	182.34
✓ 4715574	SUPPLIES	04/29/202 04/26/202 05/06/202	149.58	0.00	0.00	149.58
✓ 4724662	SUPPLIES	04/29/202 04/26/202 05/06/202	9,710.47	0.00	0.00	9,710.47
✓ SC1130	SUPPLIES	04/29/202 04/27/202 05/07/202	15.18	0.00	0.00	15.18
✓ 4728461	SUPPLIES	04/29/202 04/27/202 05/07/202	230.97	0.00	0.00	230.97
✓ 4729127	SUPPLIES	04/29/202 04/27/202 05/07/202	2,898.61	0.00	0.00	2,898.61
✓ 4729126	SUPPLIES	04/29/202 04/27/202 05/07/202	83.78	0.00	0.00	83.78
✓ SC1131	SUPPLIES	04/29/202 04/27/202 05/07/202	412.67	0.00	0.00	412.67
✓ SC1129	SUPPLIES	04/29/202 04/27/202 05/07/202	405.60	0.00	0.00	405.60
✓ 4726470	SUPPLIES	04/29/202 04/27/202 05/07/202	643.70	0.00	0.00	643.70
✓ SC1132	SUPPLIES	04/29/202 04/27/202 05/07/202	94.71	0.00	0.00	94.71
✓ 4735043	SUPPLIES	04/29/202 04/28/202 05/08/202	14.49	0.00	0.00	14.49
✓ 4732155	SUPPLIES	04/29/202 04/28/202 05/08/202	29.32	0.00	0.00	29.32
✓ 4735046	SUPPLIES	04/29/202 04/28/202 05/08/202	4,806.71	0.00	0.00	4,806.71
✓ 0204692	SUPPLIES	04/29/202 04/28/202 05/08/202	1,363.02	0.00	0.00	1,363.02
✓ 4735045	SUPPLIES	04/29/202 04/28/202 05/08/202	705.57	0.00	0.00	705.57
✓ 4735044	SUPPLIES	04/29/202 04/28/202 05/08/202	307.82	0.00	0.00	307.82
✓ 0204693	SUPPLIES	04/29/202 04/28/202 05/08/202	2,423.22	0.00	0.00	2,423.22

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	30,431.87	0.00	0.00	30,431.87

Vendor#	Vendor Name	Class	Pay Code
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15224 MUTUAL OF OMAHA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 002088277602		04/28/202	05/01/202	05/01/202			25,074.78	0.00	0.00	25,074.78

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15224	MUTUAL OF OMAHA	25,074.78	0.00	0.00	25,074.78

Vendor#	Vendor Name	Class	Pay Code
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O1416 QUIDELORTHO SALES COMPANY LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9100392307		04/28/202	04/18/202	05/18/202			831.48	0.00	0.00	831.48 ✓
	SUPPLIES									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	01416 GUIDELORTHO SALES COMPANY LLC						831.48	0.00	0.00	831.48
Vendor#	Vendor Name				Class	Pay Code				
12436	SHANNA O'DONNELL, FNP									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 042826		04/28/202	04/28/202	04/28/202			987.22	0.00	0.00	987.22 ✓
	UP TO DATE RENEWAL									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	12436 SHANNA O'DONNELL, FNP						987.22	0.00	0.00	987.22
Vendor#	Vendor Name				Class	Pay Code				
S1800	SHERWIN WILLIAMS					W				
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 033126		04/29/202	03/31/202	04/15/202			1,868.30	0.00	0.00	1,868.30 ✓
	SUPPLIES									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	S1800 SHERWIN WILLIAMS						1,868.30	0.00	0.00	1,868.30
Vendor#	Vendor Name				Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ CM17163		04/29/202	03/15/202	04/09/202			-2,535.00	0.00	0.00	-2,535.00 ✓
	BLOOD BANK									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 107059910		04/29/202	04/15/202	05/10/202			2,735.00	0.00	0.00	2,735.00 ✓
	BLOOD BANK									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	11296 SOUTH TEXAS BLOOD & TISSUE CEN						200.00	0.00	0.00	200.00
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
✓ 16271836		04/28/202	04/20/202	05/15/202			428.00	0.00	0.00	428.00 ✓
	SUPPLIES <i>def disposable</i>									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	S3940 STERIS CORPORATION						428.00	0.00	0.00	428.00
Vendor#	Vendor Name				Class	Pay Code				
10735	STRYKER SALES, LLC									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9211891935		04/29/202	03/27/202	04/26/202			189.06	0.00	0.00	189.06 ✓
	SUPPLIES <i>Sag BLD</i>									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	10735 STRYKER SALES, LLC						189.06	0.00	0.00	189.06
Vendor#	Vendor Name				Class	Pay Code				
17248	SUMMIT PAIN AND WELLNESS									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1554		04/29/202	04/27/202	04/27/202			5,000.00	0.00	0.00	5,000.00 ✓
	RVU SERVICES									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	17248 SUMMIT PAIN AND WELLNESS						5,000.00	0.00	0.00	5,000.00
Vendor#	Vendor Name				Class	Pay Code				
14064	TREVIPAY- WALMART									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ B6F5D20D		04/28/202	04/24/202	04/24/202			10.96	0.00	0.00	10.96 ✓
	SUPPLIES <i>distilled water</i>									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	14064 TREVIPAY- WALMART						10.96	0.00	0.00	10.96

Vendor#	Vendor Name		Class	Pay Code							
C2510	TRUBRIDGE			M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ A2604081378		04/30/202	04/08/202	05/03/202			341.00	0.00	0.00	341.00 ✓
		HARDWARE/SOFTWARE	<i>Technical Support</i>								
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C2510	TRUBRIDGE					341.00	0.00	0.00	341.00
Vendor#	Vendor Name		Class	Pay Code							
15872	TYPENEX MEDICAL LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 26043249		04/20/202	04/03/202	04/20/202			548.82	0.00	0.00	548.82 ✓
		SUPPLIES	<i>smear safe blood dispenser</i>								
	✓ 26011084		04/28/202	01/23/202	01/23/202			547.49	0.00	0.00	547.49 ✓
		SUPPLIES	<i>" "</i>								
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15872	TYPENEX MEDICAL LLC					1,096.31	0.00	0.00	1,096.31
Vendor#	Vendor Name		Class	Pay Code							
U1064	UNIFIRST HOLDINGS INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 2921085712		04/28/202	04/16/202	05/11/202			610.65	0.00	0.00	610.65 ✓
		UNIFORMS									
	✓ 2921085711		04/28/202	04/16/202	05/11/202			168.95	0.00	0.00	168.95 ✓
		LINENS/SUPPLIES									
	✓ 2921086253		04/28/202	04/23/202	05/18/202			3,949.66	0.00	0.00	3,949.66 ✓
		SUPPLIES/LINENS									
	✓ 2921086349		04/28/202	04/23/202	05/18/202			429.05	0.00	0.00	429.05 ✓
		SUPPLIES/LINENS									
	✓ 2921086275		04/28/202	04/23/202	05/18/202			319.48	0.00	0.00	319.48 ✓
		LINENS/SUPPLIES									
	✓ 2921086278		04/28/202	04/23/202	05/18/202			169.70	0.00	0.00	169.70 ✓
		LINENS/SUPPLIES									
	✓ 2921086260		04/28/202	04/23/202	05/18/202			54.89	0.00	0.00	54.89 ✓
		UNIFORMS									
	✓ 2921086282		04/28/202	04/23/202	05/18/202			466.50	0.00	0.00	466.50 ✓
		UNIFORMS									
	✓ 2921086299		04/28/202	04/23/202	05/18/202			184.38	0.00	0.00	184.38 ✓
		LINENS/SUPPLIES									
	✓ 2921086468		04/28/202	04/27/202	05/15/202			234.71	0.00	0.00	234.71 ✓
		UNIFORMS									
	✓ 2921086454		04/29/202	04/27/202	04/27/202			3,615.11	0.00	0.00	3,615.11 ✓
		SUPPLIES/LINENS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC					10,203.08	0.00	0.00	10,203.08
Vendor#	Vendor Name		Class	Pay Code							
I1110	WERFEN USA LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 9112137037		04/14/202	03/03/202	04/12/202			9,548.06	0.00	0.00	9,548.06 ✓
		SUPPLIES	<i>HemosIL D-Dimer - 4 HemosIL Synthasil</i>								
	✓ 9310066589A		04/28/202	03/03/202	03/28/202			-9,093.41	0.00	0.00	-9,093.41 ✓
		SUPPLIES	<i>" "</i>								
	✓ 9112187581		04/28/202	04/24/202	05/19/202			1,575.72	0.00	0.00	1,575.72 ✓
		SUPPLIES	<i>HemosIL rinse solution</i>								
	✓ 9112188619		04/28/202	04/27/202	05/20/202			1,816.28	0.00	0.00	1,816.28 ✓
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC					3,846.65	0.00	0.00	3,846.65

Report Summary

Grand Totals:

Gross
239,210.43

Discount
0.00

No-Pay
0.00

Net
~~239,210.43~~

239,210.43 +
83.20 - *incorrect invoice*
239,127.23 * *new total*

APPROVED ON

MAY 05 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

chk# 212911-212960

RUN DATE:05/05/26
TIME:09:22

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/06/26 THRU 05/06/26

PAGE 1
GLCKREG

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

A/P	212911	05/06/26	40.95	AMANDA KEY
A/P	212912	05/06/26	1,012.32	AMAZON CAPITAL SERVICES
A/P	212913	05/06/26	39.34	ANDRIE FLORES
A/P	212914	05/06/26	11,975.37	AUTHORITYRX, LLC
A/P	212915	05/06/26	68,980.00	BANESTER SERVICES
A/P	212916	05/06/26	165.30	BAXTER HEALTHCARE
A/P	212917	05/06/26	300.00	BAYLOR COLLEGE OF MEDICINE
A/P	212918	05/06/26	5,094.69	BECKMAN COULTER INC
A/P	212919	05/06/26	28.97	CALHOUN COUNTY
A/P	212920	05/06/26	196.41	CARDINAL HEALTH 414, INC.
A/P	212921	05/06/26	443.76	CARESFIELD
A/P	212922	05/06/26	457.20	CHUBB
A/P	212923	05/06/26	3,612.45	CITY OF PORT LAVACA
A/P	212924	05/06/26	8,977.95	COASTAL OFFICE SOLUTONS
A/P	212925	05/06/26	205.81	CUSTOM ASSEMBLIES, INC
A/P	212926	05/06/26	525.00	DOWELL PEST CONTROL
A/P	212927	05/06/26	558.80	ERIN CLEVINGER
A/P	212928	05/06/26	709.55	FEDERAL EXPRESS CORP.
A/P	212929	05/06/26	8,201.87	FISHER HEALTHCARE
A/P	212930	05/06/26	12,679.00	FORVIS
A/P	212931	05/06/26	7,916.67	FUJI FILM
A/P	212932	05/06/26	569.23	FUSION CONNECT
A/P	212933	05/06/26	2,567.50	FUSION MEDICAL STAFFING, LLC
A/P	212934	05/06/26	66.53	GREAT AMERICA FINANCIAL SVCS
A/P	212935	05/06/26	174.16	HEALTH CARE LOGISTICS INC
A/P	212936	05/06/26	567.87	IMPERIAL DADE
A/P	212937	05/06/26	165.00	INRAD
A/P	212938	05/06/26	64.00	INTOXIMETERS INC
A/P	212939	05/06/26	61.15	MARKETLAB, INC
A/P	212940	05/06/26	.00	VOIDED
A/P	212941	05/06/26	7,493.56	MCKESSON MEDICAL SURGICAL INC
A/P	212942	05/06/26	.00	VOIDED
A/P	212943	05/06/26	13,505.11	MEDLINE INDUSTRIES INC
A/P	212944	05/06/26	184.60	METTLER-TOLEDO RAININ, LLC
A/P	212945	05/06/26	1,078.40	MICHELLE CUMBERLAND
A/P	212946	05/06/26	.00	VOIDED
A/P	212947	05/06/26	30,431.87	MORRIS & DICKSON CO, LLC
A/P	212948	05/06/26	25,074.78	MUTUAL OF OMAHA
A/P	212949	05/06/26	831.48	QUIDELORTHO SALES COMPANY LLC
A/P	212950	05/06/26	987.22	SHANNA O'DONNELL, FNP
A/P	212951	05/06/26	1,868.30	SHERWIN WILLIAMS
A/P	212952	05/06/26	200.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	212953	05/06/26	428.00	STERIS CORPORATION
A/P	212954	05/06/26	189.06	STRYKER SALES, LLC
A/P	212955	05/06/26	5,000.00	SUMMIT PAIN AND WELLNESS
A/P	212956	05/06/26	10.96	TREVIPAY- WALMART
A/P	212957	05/06/26	341.00	TRUBRIDGE
A/P	212958	05/06/26	1,096.31	TYPENEX MEDICAL LLC
A/P	212959	05/06/26	10,203.08	UNIFIRST HOLDINGS INC
A/P	212960	05/06/26	3,846.65	WERFEN USA LLC

RUN DATE:05/05/26
TIME:09:22

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/06/26 THRU 05/06/26

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	212961	05/06/26	206,084.18	GOLDENCREEK HEALTHCARE
A/P	212962	05/06/26	53,972.49	LAVACA BAY NURSING AND REHAB
A/P	212963	05/06/26	6,324.19	MOLINA HEALTHCARE TEXAS
A/P	212964	05/06/26	85,271.03	TUSCANY VILLAGE
TOTALS:			590,779.12	

239,127.23 — payables
53,972.49 — lavaca bay
206,084.18 — golden creek
85,271.03 — tuscan y village
6,324.19 — molina
590,779.12 *

MCKESSON

STATEMENT

As of: 05/01/2026

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 SupplID:
 Territory:

Customer: 632536
 Date: 05/02/2026

As of: 05/01/2026 Page: 002
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 632536 PLEASE CHECK ANY
 Date: 05/02/2026 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: 5,005.49 USD

Future Due: 0.00

If Paid By 05/05/2026,
 Pay This Amount:

4,913.49 USD

Due If Paid On Time:
 USD

4,913.49

Past Due: 0.00

Disc lost if paid late:

92.00

Last Payment 08/07/2017 2,451.97

If Paid After 05/05/2026,
 Pay this Amount:

5,005.49 USD

Due If Paid Late:
 USD

5,005.49

APPROVED ON

MAY 05 2026

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

4,830.81 +
 26.87 +
 55.81 +
 4,913.49 *

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

MCKESSON

STATEMENT

As of: 05/01/2026

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: 05/02/2026

As of: 05/01/2026 Page: 001
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 256342 PLEASE CHECK ANY
 Date: 05/02/2026 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											
04/25/2026	05/05/2026	7631432986 ✓	277610504	115Invoice	5.44	271.76		266.32 ✓		7631432986	
04/27/2026	05/05/2026	7631681357 ✓	278270882	115Invoice	12.48	624.07		611.59 ✓		7631681357	
04/27/2026	05/05/2026	7631681358 ✓	271771721	115Invoice	0.01	0.32		0.31 ✓		7631681358	
04/27/2026	05/05/2026	7631681359 ✓	279178564	115Invoice	0.01	0.32		0.31 ✓		7631681359	
04/27/2026	05/05/2026	7631681360 ✓	269308759	115Invoice	1.44	71.88		70.44 ✓		7631681360	
04/27/2026	05/05/2026	7631681361 ✓	274640150	115Invoice	3.09	154.47		151.38 ✓		7631681361	
04/27/2026	05/05/2026	7631681362 ✓	279306160	115Invoice	1.31	65.35		64.04 ✓		7631681362	
04/27/2026	05/05/2026	7631681363 ✓	279178564	115Invoice	2.88	144.12		141.24 ✓		7631681363	
04/28/2026	05/05/2026	7631928439 ✓	278023847	115Invoice	2.36	118.22		115.86 ✓		7631928439	
04/28/2026	05/05/2026	7631928440 ✓	273748656	115Invoice	8.03	401.27		393.24 ✓		7631928440	
04/28/2026	05/05/2026	7631928441 ✓	275277178	115Invoice	8.03	401.27		393.24 ✓		7631928441	
04/28/2026	05/05/2026	7631928442 ✓	278270882	115Invoice	8.03	401.27		393.24 ✓		7631928442	
04/29/2026	05/05/2026	7632163802 ✓	278270882	115Invoice	2.36	118.22		115.86 ✓		7632163802	
04/29/2026	05/05/2026	7632163803 ✓	276858335	115Invoice	0.76	38.13		37.37 ✓		7632163803	
04/29/2026	05/05/2026	7632163804 ✓	279527963	115Invoice	0.02	0.95		0.93 ✓		7632163804	
04/29/2026	05/05/2026	7632163805 ✓	277946675	115Invoice	5.44	271.76		266.32 ✓		7632163805	
04/29/2026	05/05/2026	8901301488 ✓	0136041901	Addbill INV		407.50		407.50 ✓		8901301488	
04/30/2026	05/05/2026	7632407208 ✓	279692648	115Invoice	2.88	144.12		141.24 ✓		7632407208	
04/30/2026	05/05/2026	7632407209 ✓	277106399	115Invoice	2.20	109.89		107.69 ✓		7632407209	
05/01/2026	05/05/2026	7632619940 ✓	273681679	115Invoice	1.35	67.53		66.18 ✓		7632619940	
05/01/2026	05/05/2026	7632619941 ✓	279843948	115Invoice	0.01	0.32		0.31 ✓		7632619941	
05/01/2026	05/05/2026	7632619942 ✓	271771721	115Invoice	0.01	0.32		0.31 ✓		7632619942	
05/01/2026	05/05/2026	7632619943 ✓	271854613	115Invoice	0.03	1.27		1.24 ✓		7632619943	
05/01/2026	05/05/2026	7632619944 ✓	271982757	115Invoice	0.01	0.63		0.62 ✓		7632619944	
05/01/2026	05/05/2026	7632619945 ✓	277946675	115Invoice	5.44	271.76		266.32 ✓		7632619945	
05/01/2026	05/05/2026	7632636080 ✓	279843948	115Invoice	16.69	834.40		817.71 ✓		7632636080	

APPROVED ON

MAY 05 2026

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

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

As of: 05/01/2026

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

DC: 8115
 Customer INV SupplD:
 Territory: 7001

Customer: 256342
 Date: 05/02/2026

As of: 05/01/2026 Page: 002
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 256342 PLEASE CHECK ANY
 Date: 05/02/2026 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: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 4,921.12 USD

Future Due: 0.00

If Paid By 05/05/2026,
 Pay This Amount:

4,830.81 USD

Due If Paid On Time:
 USD

4,830.81 ✓

Past Due: 0.00

Disc lost if paid late:

90.31

Last Payment 7,829.68
 04/27/2026

If Paid After 05/05/2026,
 Pay this Amount:

4,921.12 USD

Due If Paid Late:
 USD

4,921.12

APPROVED ON

MAY 05 2026

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 05/01/2026

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: 05/02/2026

As of: 05/01/2026 Page: 001
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 820405 PLEASE CHECK ANY
 Date: 05/02/2026 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
04/27/2026	05/05/2026	7631450173	B2604-055-338954	115Invoice	0.10	5.11		5.01	✓	7631450173	
04/30/2026	05/05/2026	7632231878	B2604-055-343284	115Invoice	0.45	22.31		21.86	✓	7632231878	

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: 27.42 USD

Future Due: 0.00

If Paid By 05/05/2026,

Pay This Amount: 26.87 USD

Past Due: 0.00

If Paid After 05/05/2026,

Pay this Amount: 27.42 USD

Last Payment 464,076.77
 04/20/2026

Due If Paid On Time: USD 26.87 ✓
 Disc lost if paid late: 0.55
 Due If Paid Late: USD 27.42

APPROVED ON

MAY 05 2026

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 05/01/2026

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

DC: 8115
 Customer INV SupplD:
 Territory: 7001

Customer: 190813
 Date: 05/02/2026

As of: 05/01/2026 Page: 001
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 190813 PLEASE CHECK ANY
 Date: 05/02/2026 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	
04/29/2026	05/05/2026	7632109485 ✓	632536 5003039	115 Invoice	1.14	56.95		55.81 ✓		7632109485	

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

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

Subtotals: 56.95 USD

Future Due: 0.00

If Paid By 05/05/2026,

Due If Paid On Time:

USD 55.81 ✓

Past Due: 0.00

Pay This Amount:

55.81 USD

Disc lost if paid late:

1.14

Last Payment 18,893.08
 04/06/2026

If Paid After 05/05/2026,
 Pay this Amount:

56.95 USD

Due If Paid Late:
 USD

56.95

APPROVED ON

MAY 05 2026

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

Served By: AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101 DEA: RA0289276 866-451-9655	Customer: WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number 100135284 / 037028186 Terms Sat - Fri Due in 7 days Summary Not Yet Due: 0.00 Current: 74.69 Past Due: 0.00 Total Due: 74.69 Account Balance: 74.69
Remit To: AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223		

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-27-2026	05-08-2026	3249364917 ✓	7011873402	Invoice	2.02		0.00	2.02 ✓
04-30-2026	05-08-2026	3249783780 ✓	7011889179	Invoice	63.90		0.00	63.90 ✓
05-01-2026	05-08-2026	3249923266 ✓	7011894478	Invoice	8.77		0.00	8.77 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
74.69	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
05-01-2026	(81.57)

Reminders	
Due Date	Amount
05-08-2026	74.69 ✓
Total Due:	74.69 ✓

MB
APPROVED ON
MAY 05 2026
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

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

Served By:	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	Customer:	WALGREENS CENTRAL FILL #21373 340B MEMORIAL MEDICAL CENTER 4100 DALE EARNHARDT WAY 200 ✓ NORTHLAKE TX 76262-2389	Customer Number	100566356 / 100566356
	DEA: RA0316958 866-451-9655			Terms	Sat - Fri Due in 7 days
		Remit To:	AMERISOURCEBERGEN PO Box 978740 DALLAS TX 75397-8740	Summary	
				Not Yet Due:	0.00
				Current:	797.79
				Past Due:	0.00
				Total Due:	797.79
				Account Balance:	797.79

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-29-2026	05-08-2026	3249697696 ✓	7011889139	Invoice	6.91		0.00	6.91 ✓
05-01-2026	05-08-2026	3249962194 ✓	7011896119	Invoice	790.88		0.00	790.88 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
797.79	0.00	0.00	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
05-08-2026	797.79
Total Due:	797.79 ✓

MSL

APPROVED ON
MAY 05 2026
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

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

TOLL FEE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

<input type="checkbox"/> "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ### <input type="text"/>															
<input type="checkbox"/> "ENTER YOUR 4-DIGIT PIN"	<input type="text"/>															
<input type="checkbox"/> "MAKE A PAYMENT, PRESS 1"	<input type="text" value="1"/>															
<input type="checkbox"/> "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ <input type="text" value="941"/> #															
<input type="checkbox"/> "IF FEDERAL TAX DEPOSIT ENTER 1"	<input type="text" value="1"/>															
<input type="checkbox"/> "ENTER 2-DIGIT TAX FILING YEAR"	★ <input type="text" value="26"/>															
<input type="checkbox"/> "ENTER 2-DIGIT TAX FILING ENDING MONTH" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★ <input type="text" value="06"/>															
<input type="checkbox"/> "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM" "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" "ENTER W/CENTS AMOUNT OF MEDICARE" "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	★ <table border="1"><tr><td>\$</td><td>116,692.58</td><td>✓ #</td></tr><tr><td></td><td>1</td><td></td></tr><tr><td>0</td><td>\$ 62,965.62</td><td>#</td></tr><tr><td></td><td>\$ 14,725.80</td><td>#</td></tr><tr><td></td><td>\$ 39,001.16</td><td>#</td></tr></table>	\$	116,692.58	✓ #		1		0	\$ 62,965.62	#		\$ 14,725.80	#		\$ 39,001.16	#
\$	116,692.58	✓ #														
	1															
0	\$ 62,965.62	#														
	\$ 14,725.80	#														
	\$ 39,001.16	#														
<input type="checkbox"/> "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	★ <input type="text"/> <input type="text" value="1"/>															
<input type="checkbox"/> ACKNOWLEDGEMENT NUMBER	<input type="text"/>															

CALLED IN BY:	<input type="text"/>
CALLED IN DATE:	<input type="text"/>
CALLED IN TIME:	<input type="text"/>

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	4/17/2026	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS	
PAY PERIOD: END	4/30/2026						
PAY DATE:	5/8/2026						
GROSS PAY:	\$ 544,145.12			\$ -		\$ 544,145.12	
DEDUCTIONS:							
A/R	\$ 768.90					\$ 768.90	
ADVANC						\$ -	
BOOTS						\$ -	
MUTUAL CRITICAL ILLNESS						\$ -	
MUTUAL ACCIDENT						\$ -	
IRS TAX						\$ -	
MUTUAL SHORT TERM DIS						\$ -	
MUTUAL VISION	\$ 797.44					\$ 797.44	
CAFÉ-D	\$ 1,314.33					\$ 1,314.33	
CAFÉ-H	\$ 29,194.03					\$ 29,194.03	
	\$ -					\$ -	
	\$ -					\$ -	
CAFÉ-P						\$ -	
CANCER						\$ -	
CHILD	\$ -					\$ -	
CLINIC						\$ -	
COMBIN	\$ 228.60					\$ 228.60	
CREDUN	\$ -					\$ -	
DENTAL	\$ -					\$ -	
DEP-LF						\$ -	
MUTUAL TERM LIFE	\$ 1,191.54					\$ 1,191.54	
MUTUAL HOSP INDEM	\$ 746.00					\$ 746.00	
FED TAX	\$ 39,001.16					\$ 39,001.16	
FICA-M	\$ 7,362.90					\$ 7,362.90	
FICA-O	\$ 31,482.81					\$ 31,482.81	
FICA-M ADDITIONAL						\$ -	
FIRST C						\$ -	
FLEX S	\$ 4,157.58					\$ 4,157.58	
FLX-FE	\$ -					\$ -	
GIFT S	\$ 382.41					\$ 382.41	
MUTUAL CRITICAL ILLNESS	\$ 918.25					\$ 918.25	
MUTUAL ACCIDENT	\$ 673.92					\$ 673.92	
MUTUAL SHORT TERM DIS	\$ 1,910.82					\$ 1,910.82	
LEGAL	\$ 1,023.43					\$ 1,023.43	
OTHER	\$ 5,843.40					\$ 5,843.40	
NATIONAL FARM LIFE	\$ 1,535.91					\$ 1,535.91	
MED SURCHARGE						\$ -	
Blank						\$ -	
RELAY						\$ -	
REPAY						\$ -	
STONEDF	\$ 895.00					\$ 895.00	
STONE						\$ -	
STONE 2						\$ -	
STUDEN						\$ -	
TSA-R	\$ 36,242.31					\$ 36,242.31	
UW/HOS	\$ -					\$ -	
TOTAL DEDUCTIONS:	\$ 165,670.74	\$ -	\$ -	\$ -	\$ -	\$ 165,670.74	
NET PAY:	\$ 378,474.38	\$ -	\$ -	\$ -	\$ -	\$ 378,474.38	
TOTAL CAFÉ 125 PLAN:	\$ 36,358.38	Less Exempt:					
TAXABLE PAY:	\$ 507,786.74	\$ 507,786.74					

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 7,362.91		
FICA - MED (EE)	1.45% \$ 7,362.91	\$ 7,362.90	\$ 0.01
FICA - SOC SEC (ER)	6.20% \$ 31,482.78		
FICA - SOC SEC (EE)	6.20% \$ 31,482.78	\$ 31,482.81	\$ (0.03)
FED WITHHOLDING	\$ 39,001.16	\$ 39,001.16	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL: _____

TAX DEPOSIT:	\$	116,692.54	\$	116,692.58
FICA - MEDICARE	2.90%	\$ 14,725.82	\$	14,725.80
FICA - SOCIAL SECURITY	12.40%	\$ 62,965.56	\$	62,965.62
FED WITHHOLDING		\$ 39,001.16	\$	39,001.16
TOTAL TAX:		\$ 116,692.54	\$	116,692.58

PREPARED BY: _____
 PREPARED DATE: 5/4/2026

Andrie Flores
 5/4/2026

Run Date: 05/04/26
Time: 09:49

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 04/17/26 - 04/30/26 Run# 1

Page 108
P2REG

Final Summary

*-- Pay Code Summary							*-- Deductions Summary			
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount
1	REGULAR PAY-S1	9957.25	N	N	N	N		247817.47	A/R	593.90
1	REGULAR PAY-S1	1835.50	N	N	N	N		96402.35	ADVANC	AWARDS
1	REGULAR PAY-S1	2.00	N	N	N	Y		172.50	BCBSVI	BOOTS
1	REGULAR PAY-S1	9.50	N	1	N	N		426.27	CAFE-1	CAFE-2
1	REGULAR PAY-S1	149.75	Y	N	N			6271.47	CAFE-4	CAFE-5
2	REGULAR PAY-S2	2474.75	N	N	N			72447.94	CAFE-D	CAFE-F
2	REGULAR PAY-S2	47.50	Y	N	N			2072.97	CAFE-I	CAFE-L
3	REGULAR PAY-S3	1719.50	N	N	N			60935.59	CANCER	CHILD
3	REGULAR PAY-S3	77.75	Y	N	N			3834.80	COMBIN	CREDUN
4	CALL BACK PAY	6.00	N	1	N	Y		301.26	DENTAL	DEP-LF
4	CALL BACK PAY	6.00	N	2	N	Y		246.81	EAT	EATCSH
4	CALL BACK PAY	2.00	N	3	N	Y		70.56	FICA-M	FICA-O
C	CALL PAY	2500.50	N	1	N	N		5001.00	FLEX S	PLX FE
D	DOUBLE TIME	5.75	N	1	N	N		166.64	FUTA	GIFT S
E	EXTRA WAGES		N	N	N	N		79.06	GRP-IN	GTL
E	EXTRA WAGES		N	1	N	N		64.00	HSA	LD TPT
E	EXTRA WAGES		N	1	N	N		1668.25	LEAF	LEGAL
F	FUNERAL LEAVE	16.00	N	1	N	N		222.80	MEALS	METVIS
J	JURY LEAVE	32.00	N	1	N	N		1341.16	MISC/	MCSHR
K	EXTENDED-ILLNESS-BANK	318.00	N	1	N	N		11591.00	MOOILL	MOOIND
P	PAID-TIME-OFF	314.00	N	N	N	N		7976.90	MOOSTD	MOOVIS
P	PAID-TIME-OFF	731.31	N	1	N	N		22711.32	OTHER	PHI
X	CALL PAY 2	160.00	N	1	N	N		320.00	PR FIN	RELAY
Z	CALL PAY 3	96.00	N	1	N	N		288.00	SAMS	SCRUBS
t	PHONE & DATA		N	N	N	N		1715.00	ST-TX	STONDF
									STONE2	STUDEN
									SUNILL	SUNIND
									SUNSTD	SUNVIS
									TSA-1	TSA-2
									TSA-P	TSA-R
									UNIFOR	2375.92
										AWARDS
										BADGE
										BOOTS
										CAFE H
										CAFE-3
										CAFE-C
										CAFE-H
										CHILD
										DD ADV
										DIS-LF
										FEDTAX
										FIRSTC
										FORT D
										GRANT
										HOSP-I
										IRSTAX
										MASA
										MISC
										MOORCC
										MOOLIF
										NATFML
										PHI***
										REPAY
										SIGNON
										STONE
										SUNACC
										SUNLIF
										SURCHG
										TSA-C
										TUTION
										LM/HOS
*----- Grand Totals: 20461.06 ----- (Gross: 544145.12 Deductions: 165670.74 Net: 378474.38										
Checks Count:- FT 199 PT 13 Other 44 Female 232 Male 23 Credit OverAmt 15 ZeroNet Term Total: 255										

Handwritten initials and checkmarks

8274	76351	1	1	0	2026	114001382	0	4/27/2026	\$40,811.96	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0		PCS	F	4/6/2026	4/19/2026	464334244
8275	76351	1	70	0	2026	111000260	0	4/27/2026	\$138.99	1	VICTORIA WOMENS CLINIC	P	172	0		AB	F	3/26/2026	3/26/2026	741831291
8276	76351	1	70	0	2026	105001742	0	4/27/2026	\$308.28	1	SINGLETON ASSOCIATES PA	P	324	0		CAT	F	3/27/2026	3/27/2026	741680498
8279	76351	2	86	0	2026	105001710	0	4/27/2026	\$59.43	1	VICTORIA EYE CENTER	P	457	0		OVS	F	3/31/2026	3/31/2026	742208337
8280	76351	2	5	0	2026	112000140	0	4/27/2026	\$214.70	1	PHYSICIANS REFERRAL SERVICE	P	188	0		HV	F	3/31/2026	3/31/2026	760273984
8281	76351	2	5	0	2026	105001038	0	4/27/2026	\$270.30	1	PHYSICIANS REFERRAL SERVICE	P	188	0		HV	F	3/28/2026	3/28/2026	760273984
8282	76351	2	5	0	2026	105001602	0	4/27/2026	\$270.30	1	PHYSICIANS REFERRAL SERVICE	P	188	0		HV	F	3/30/2026	3/30/2026	760273984
8283	76351	2	5	0	2026	105001665	0	4/27/2026	\$270.30	1	PHYSICIANS REFERRAL SERVICE	P	188	0		HV	F	3/29/2026	3/29/2026	760273984
8284	76351	2	5	0	2026	105001031	0	4/27/2026	\$527.85	1	PHYSICIANS REFERRAL SERVICE	P	177	0		OV	F	3/26/2026	3/26/2026	760273984
8285	76351	2	5	0	2026	105001088	0	4/27/2026	\$567.80	1	PHYSICIANS REFERRAL SERVICE	P	188	0		HV	F	3/27/2026	3/27/2026	760273984
8286	76351	2	5	0	2026	105001362	0	4/27/2026	\$613.70	1	PHYSICIANS REFERRAL SERVICE	P	181	0		XRAY	F	3/25/2026	3/25/2026	760273984
8287	76351	2	5	0	2026	107001181	0	4/27/2026	\$1,240.00	1	HPCMS LLC	P	604	0		CASE	F	3/5/2026	3/30/2026	271837628
8289	76351	3	79	0	2026	105001271	0	4/27/2026	\$20.51	1	MHK FAMILY PRACTICE PLLC	P	177	0		OV	F	3/12/2026	3/12/2026	994807850
8290	76351	3	14	0	2026	105001342	0	4/27/2026	\$20.51	1	TEXAS LIVER CONSULTANTS	P	177	0		OV	F	4/1/2026	4/1/2026	461771294
8291	76351	3	42	4	2026	105001099	0	4/27/2026	\$24.15	1	SINGLETON ASSOCIATES PA	P	189	0		ERD	F	3/27/2026	3/27/2026	741680498
8292	76351	3	50	0	2026	105001906	0	4/27/2026	\$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0		OV	F	3/31/2026	3/31/2026	742605670
8297	76351	3	24	0	2026	110000435	0	4/27/2026	\$102.80	1	GROW HEALTHCARE GROUP PA	P	728	0		TELM	F	3/31/2026	3/31/2026	852938829
8298	76351	3	90	3	2026	105001508	0	4/27/2026	\$106.83	1	TEXAS PEDIATRIC AND ADOLESCENT GYNECOLOG	P	728	0		TELM	F	4/1/2026	4/1/2026	870900480
8299	76351	3	43	0	2026	107001359	0	4/27/2026	\$116.25	1	HPCMS LLC	P	604	0		CASE	F	3/13/2026	3/13/2026	271837628
8300	76351	3	69	0	2026	105001626	0	4/27/2026	\$149.26	1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	3/4/2026	3/4/2026	815248556
8303	76351	3	79	0	2026	105001504	0	4/27/2026	\$225.00	1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	189	0		ERD	F	4/2/2026	4/2/2026	760686474
8304	76351	3	90	3	2026	110000443	0	4/27/2026	\$226.41	1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	2/28/2026	2/28/2026	815248556
8305	76351	3	90	0	2026	105001902	0	4/27/2026	\$241.29	1	SINGLETON ASSOCIATES PA	P	172	0		AB	F	3/30/2026	3/30/2026	741680498
8306	76351	3	39	0	2026	105001289	0	4/27/2026	\$264.36	1	CITIZENS MEDICAL PROFESSIONALS	P	172	0		AB	F	3/31/2026	3/31/2026	471158090
8310	76351	3	69	1	2026	105001948	0	4/27/2026	\$440.99	1	SINGLETON ASSOCIATES PA	P	324	0		CAT	F	3/31/2026	3/31/2026	741680498
8311	76351	3	79	0	2026	105000855	0	4/27/2026	\$2,149.06	1	CITIZENS MEDICAL CENTER	P	406	0		ER	F	4/2/2026	4/2/2026	74168143
8312	76351	3	39	0	2026	105000593	0	4/27/2026	\$2,532.00	1	CITIZENS MEDICAL CENTER	P	702	0		AB5	F	3/31/2026	3/31/2026	74168143
8313	76351	3	79	0	2026	105000593	0	4/27/2026	\$2,532.00	1	CITIZENS MEDICAL CENTER	P	702	0		OV	F	1/12/2026	1/12/2026	451261253
8315	76360	0	43	1	2026	105001822	0	4/27/2026	\$29.10	1	KHEM VU DO PA	P	177	0		OV	F	3/9/2026	3/9/2026	994807850
8316	76360	0	43	0	2026	105001476	0	4/27/2026	\$42.96	1	MHK FAMILY PRACTICE PLLC	P	177	0		OV	F	3/27/2026	3/27/2026	741680498
8319	76360	2	16	2	2026	105001521	0	4/27/2026	\$31.61	1	SINGLETON ASSOCIATES PA	P	181	0		XRAY	F	3/27/2026	3/27/2026	760686474
8320	76360	3	71	2	2026	105001576	0	4/27/2026	\$15.49	1	DIAGNOSTIC IMAGING ASSOCIATES PA	P	189	0		ERD	F	3/26/2026	3/26/2026	760686474
8321	76360	3	145	0	2026	105001555	0	4/27/2026	\$20.37	1	CLINICAL PATHOLOGY LABS INC	P	172	0		AB	F	3/27/2026	3/27/2026	742554159
8322	76360	3	132	0	2026	105001808	0	4/27/2026	\$29.10	1	PORT LAVACA CLINIC	P	177	0		OV	F	3/30/2026	3/30/2026	742605670
8323	76360	3	68	0	2026	105001864	0	4/27/2026	\$29.10	1	PORT LAVACA CLINIC	P	177	0		OV	F	3/28/2026	3/28/2026	742605670
8324	76360	3	82	0	2026	105001798	0	4/27/2026	\$30.36	1	SINGLETON ASSOCIATES PA	P	181	0		XRAY	F	3/23/2026	3/23/2026	741680498
8324	76360	3	82	0	2026	105001798	0	4/27/2026	\$30.36	1	SINGLETON ASSOCIATES PA	P	181	0		XRAY	F	4/1/2026	4/1/2026	741680498
8326	76360	3	151	0	2026	105001023	0	4/27/2026	\$41.56	1	SINGLETON ASSOCIATES PA	P	181	0		XRAY	F	3/25/2026	3/25/2026	741680498
8327	76360	3	125	0	2026	105001752	0	4/27/2026	\$47.42	1	SINGLETON ASSOCIATES PA	P	181	0		XRAY	F	3/25/2026	3/25/2026	741680498
8328	76360	3	74	0	2026	105001170	0	4/27/2026	\$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0		OVS	F	3/31/2026	3/31/2026	273335355
8329	76360	3	74	2	2026	105001603	0	4/27/2026	\$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0		OVS	F	4/1/2026	4/1/2026	273335355
8334	76360	3	75	0	2026	105001411	0	4/27/2026	\$59.68	1	CLINICAL PATHOLOGY LABS INC	P	172	0		AB	F	3/20/2026	3/20/2026	742554159
8335	76360	3	75	0	2026	111000271	0	4/27/2026	\$65.89	1	VICTORIA KIDNEY & DIALYSIS ASSOCIATES	P	177	0		OV	F	3/12/2026	3/12/2026	760524482
8347	76360	3	138	2	2026	105001579	0	4/27/2026	\$87.00	1	COUNSELING4LIFE LLC	P	360	0		POV	F	3/27/2026	3/27/2026	455131564
8342	76360	3	60	0	2026	105001650	0	4/27/2026	\$112.94	1	FRANK S PARMA MD	P	177	0		OV	F	4/10/2026	4/10/2026	742608003
8346	76360	3	125	0	2026	105001860	0	4/27/2026	\$126.21	1	SINGLETON ASSOCIATES PA	P	181	0		XRAY	F	3/25/2026	3/25/2026	741680498
8347	76360	3	59	1	2026	105001546	0	4/27/2026	\$127.79	1	FAMILY CARE CENTER	P	360	0		POV	F	3/23/2026	3/23/2026	810970561
8352	76360	3	145	0	2026	111000266	0	4/27/2026	\$138.99	1	VICTORIA WOMENS CLINIC	P	172	0		AB	F	3/27/2026	3/27/2026	741831291
8353	76360	3	120	1	2026	105001180	0	4/27/2026	\$149.26	1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	3/2/2026	3/2/2026	815248556
8354	76360	3	132	0	2026	111000273	0	4/27/2026	\$151.38	1	VICTORIA WOMENS CLINIC	P	177	0		OV	F	4/3/2026	4/3/2026	741831291
8355	76360	3	132	0	2026	111000263	0	4/27/2026	\$162.38	1	VICTORIA WOMENS CLINIC	P	177	0		OV	F	3/24/2026	3/24/2026	741831291
8356	76360	3	59	1	2026	105001648	0	4/27/2026	\$164.37	1	FAMILY CARE CENTER	P	360	0		POV	F	4/8/2026	4/8/2026	810970561
8359	76360	3	58	0	2026	105001277	0	4/27/2026	\$241.29	1	SINGLETON ASSOCIATES PA	P	172	0		AB	F	3/30/2026	3/30/2026	741680498
8361	76360	3	60	0	2026	105001767	0	4/27/2026	\$321.98	1	SINGLETON ASSOCIATES PA	P	189	0		ERD	F	4/3/2026	4/3/2026	741680498
8363	76360	3	21	0	2026	105001442	0	4/27/2026	\$500.23	1	CITIZENS MEDICAL PROFESSIONAL	P	176	0		AO	F	12/19/2025	12/19/2025	471158090
8365	76360	3	82	0	2026	105001350	0	4/27/2026	\$617.10	1	CITIZENS MEDICAL PROFESSIONALS	P	176	0		AO	F	1/13/2026	1/13/2026	471158090
8367	76360	3	21	1	2026	110000021	0	4/27/2026	\$821.19	1	LIBERTY DIALYSIS VICTORIA	P	465	0		HDI	F	12/31/2025	12/31/2025	262438451
8372	76370	3	36	0	2026	107000358	0	4/27/2026	\$508.87	1	EXACT SCIENCES LABORATORIES, LLC	P	704	0		AB7	F			

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Apr 27, 2026 - May 3, 2026**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten" Check" #</u>	<u>GL number</u>
4/27/2026	IRS - USATAXPYMT 270651754808833	- Payroll Taxes	126,602.43	**	FWT:2020000 FICA:20210000
4/27/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 4/13/26 MemMedCtr PtLav	- Health Insurance Claim Payments	44,207.69	**	60320000
4/27/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 3/18/26 MemMedCtr PtLav	- Health Insurance Claim Payments	19,927.79	**	60320000
4/27/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 3.10.26 MemMedCtr PtLav	- Health Insurance Claim Payments	52,970.49	*	60320000
4/27/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#132887381 132767760	- 3rd Party Payor Fee	1,477.89	*	40440076
4/28/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#133269874 133051861	- 3rd Party Payor Fee	99.88	*	40440076
4/28/2026	MCKESSON DRUG - AUTO ACH ACH07019853	- 340B Drug Program Expense	7,829.68	*	60310000
4/29/2026	HARLAND CLARKE - CHK ORDERS	- Checks for NH Accounts	177.17	**	40220076
4/29/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#133586408 133401780	- 3rd Party Payor Fee	226.95	*	40440076
4/30/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#133769562 133769562	- HARP IGT	1,634.20	*	**reference IGT Schedule to Identify**
4/30/2026	STATE COMPTRLR - TEXNET 9172870/60429	- 340B Drug Program Expense	81.57	*	60310000
5/1/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 3rd Party Payor Fee	757.55	*	40440076
5/1/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#134328614 134079681	- ATLIS IGT	603,510.03	*	**reference IGT Schedule to Identify**
5/1/2026	STATE COMPTRLR - TEXNET 9174169/60430		<u>859,629.48</u>		

Michelle Cumberland

May 3, 2026

Michelle Cumberland - CFO
Memorial Medical Center

* approved on 4.29.26 CC
** approved on 4.22.26 CC

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
				1,477.89 +
				99.88 +
				226.95 +
				126.16 +
				757.55 +
				2,688.43
			859,629.48	-
			126,602.43	-
			44,207.69	-
			19,927.79	-
			52,970.49	-
			7,829.68	-
			177.17	-
			1,634.20	-
			81.57	-
			603,510.03	-
			2,688.43	-
			0.00	*

Michelle Cumberland - CFO
Memorial Medical Center

APPROVED ON

MAY 05 2026

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

pay plus

Plan	Start Date	EE Per Pay Cost	ER Per Pay Cost
2026 Heath Equity Health Savings Account	1/1/2026	\$ 40.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 25.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 30.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 8.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 5.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 137.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 3.33	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 25.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 25.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 4.16	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 100.00	\$ 25.00
2026 Heath Equity Health Savings Account	2/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 5.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 158.33	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 10.00	\$ 25.00
		\$ 575.82	\$ 500.00
Total		\$ 1,075.82	

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MAY 05 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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05/01/2026

09:54

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/22/2026

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
✓042426A		04/29/202	04/24/202	05/22/202			1,258.56	0.00	0.00	1,258.56 ✓
	<i>ins. pay. dep. into mmhc opt. error</i>									
✓042426B		04/29/202	04/24/202	05/22/202			52,713.93	0.00	0.00	52,713.93 ✓
	<i>" "</i>									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	LAVACA BAY NURSING AND REHAB	53,972.49	0.00	0.00	53,972.49

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	53,972.49	0.00	0.00	53,972.49

APPROVED ON

MAY 01 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 212962

1,258.56 +
52,713.93 +
53,972.49 +

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MAY 01 2026

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/22/2026

04/30/2026

10:11

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
✓ 042226A		04/29/202	04/22/202	05/22/202			438.03	0.00	0.00	438.03 ✓
✓ 042426	ins. pay. dep. into mmc opt. error	04/29/202	04/24/202	05/22/202			46,510.16	0.00	0.00	46,510.16 ✓
✓ 042426A	"	04/29/202	04/24/202	05/22/202			73,146.39	0.00	0.00	73,146.39 ✓
✓ 042726	"	04/29/202	04/27/202	05/22/202			85,989.60	0.00	0.00	85,989.60 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	206,084.18	0.00	0.00	206,084.18

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	206,084.18	0.00	0.00	206,084.18

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MAY 01 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 212961

438.03 +
46,510.16 +
73,146.39 +
85,989.60 +
206,084.18

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MEMORIAL MEDICAL CENTER

0

04/30/2026

AP Open Invoice List

10:14

Calhoun County Auditor

Due Dates Through: 05/22/2026

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
✓ 042126		04/29/202	04/21/202	05/22/202			283.41	0.00	0.00	283.41 ✓
✓ 042126B	ins. pay. dep. into mmc opt. error	04/29/202	04/21/202	05/22/202			49,862.15	0.00	0.00	49,862.15 ✓
✓ 042126A	"	04/29/202	04/21/202	05/22/202			15,840.00	0.00	0.00	15,840.00 ✓
✓ 042226	"	04/29/202	04/22/202	05/22/202			8,640.00	0.00	0.00	8,640.00 ✓
✓ 042326A	"	04/29/202	04/23/202	05/22/202			72.00	0.00	0.00	72.00 ✓
✓ 042326	"	04/29/202	04/23/202	05/22/202			2,514.00	0.00	0.00	2,514.00 ✓
✓ 042426	"	04/29/202	04/24/202	05/22/202			5,021.47	0.00	0.00	5,021.47 ✓
✓ 042726A	"	04/29/202	04/27/202	05/22/202			1,953.00	0.00	0.00	1,953.00 ✓
✓ 042726	"	04/29/202	04/27/202	05/22/202			1,085.00	0.00	0.00	1,085.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	85,271.03	0.00	0.00	85,271.03

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	85,271.03	0.00	0.00	85,271.03

283.41 +
49,862.15 +
15,840.00 +
8,640.00 +
72.00 +
2,514.00 +
5,021.47 +
1,953.00 +
1,085.00 +
85,271.03 +

APPROVED ON

MAY 01 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 212 964

RECEIVED

MAY 01 2026

04/30/2026
09:31

Calhoun County Auditor

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 05/22/2026

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

10911 MOLINA HEALTHCARE TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042426		04/29/202	04/24/202	05/22/202			6,324.19	0.00	0.00	6,324.19

Y5 1/6 adjustment over payments

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10911	MOLINA HEALTHCARE TEXAS	6,324.19	0.00	0.00	6,324.19

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,324.19	0.00	0.00	6,324.19

APPROVED ON

MAY 01 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK # 212943

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 5/3/2026

APPROVED ON

MAY 05 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
Ashford Gardens		69.97	-	0.10		70.07 ✓ 70.07 -	✓ X
						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 #							
Broadmoor		1,324.17	1,224.17	0.43		Adjust Balance/Transfer Amt (29.93) - 100.43 ✓ 100.43 -	✓ X
						Leave in Balance 100.00	
Crescent		101.54	-	0.13		Adjust Balance/Transfer Amt 0.43 101.67 ✓ 101.67 -	✓ X
						Leave in Balance 100.00	
Fort Bend		100.16	-	0.12		Adjust Balance/Transfer Amt 1.67 100.28 ✓ 100.28 -	✓ X
						Leave in Balance 100.00	
Solera at W Houston		4,049.99	3,949.99	2.77		Adjust Balance/Transfer Amt 0.28 102.77 ✓ 102.77 -	✓ X
						Leave in Balance 100.00	
<i>Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:</i>							
Cantex Health Care Centers III LLC JP Morgan Chase Bank ABA 111000614 Account #							
						Adjust Balance/Transfer Amt 2.77	

TOTAL TRANSFERS

Approved: *MSC*
 Michelle Cumberland - CFO

5/3/2026

Ashford Gardens

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	0.10		0.10
-			-
-			-
-	0.10	-	0.10

Broadmoor

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	0.43		0.43
1,224.17	-		-
			-
1,224.17	0.43	-	0.43

Crescent

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	0.13		0.13
			-
			-
-	0.13	-	0.13

Fort Bend

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	0.12		0.12
			-
			-
-	0.12	-	0.12

Solera at West Houston

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
-	2.77		2.77
3,949.99	-		-
			-
3,949.99	2.77	-	2.77

TOTALS

5,174.16	3.55	-	3.55
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Transaction Report



Transaction Report for account *4381

Reported on Mon May 04 14:54:00 GMT 2026

Current Balance \$1,534.47
 Interest Accrued \$0.01
 Available Balance \$1,534.47

Date	Description	Credit	Debit	Running Balance
04/30/2026	Credit Interest Credit Interest	0.10		✓ 70.07
04/15/2026	Analysis Service Charges Enhance Analysis Service Charge		30.22	69.97
03/31/2026	Credit Interest Credit Interest	0.19		100.19
03/18/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT ASHFORD HEA LTH CARE CENTER LTD		339.80	100.00
03/13/2026	Analysis Service Charges Enhance Analysis Service Charge		30.13	439.80
03/12/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1234170804*13 41858379\ 745003411	409.74		489.93
02/27/2026	Credit Interest Credit Interest	0.03		60.19
02/16/2026	Accr Earning Pymt Added to Account	1.20		60.16
02/13/2026	Enhanced Analysis Ch		41.04	58.96
02/04/2026	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD		9247.05	100.00
01/31/2026	Accr Earning Pymt Added to Account	3.50		9347.05
01/26/2026	8088188363 Deposit	9243.55		9343.55
01/21/2026	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD		4066.62	100.00
01/15/2026	Enhanced Analysis Ch		64.69	4166.62

Balances Overview



COUNTY OF CALHOUN TEXAS
 AGIBSON
 as of May 4, 2026 8:59:31 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	\$1,086,235.32	\$1,086,235.32
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	\$774,512.18	\$774,512.18
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$1,534.47	\$1,534.47
*4403 MEMORIAL MEDICAL / NH BROADMOOR	✓ \$100.43	\$100.43
*4411 MEMORIAL MEDICAL / NH CRESCENT	✓ \$101.67	\$101.67
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	✓ \$102.77	\$102.77
*4446 MEMORIAL MEDICAL / NH FORT BEND	✓ \$100.28	\$100.28
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$14,315.98	\$14,315.98
*4551 CAL CO INDIGENT HEALTHCARE	\$6,186.40	\$6,186.40
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$139.87	\$139.87
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$102.22	\$102.22
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$57,698.31	\$57,698.31
*3407 MMC -NH TUSCANY VILLAGE	\$130,639.54	\$130,639.54
*2998 MMC -MONEY MARKET FUND	\$75,066.77	\$75,066.77
*7168 MEMORIAL MEDICAL LOCK BOX	\$25,634.43	\$25,634.43
Total Balance	\$1,086,235.32	\$1,086,235.32

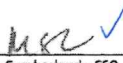
Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 5/3/2026

APPROVED ON
 MAY 05 2026
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		576,016.92	575,916.92	13,027.08		13,127.08	10,957.04
					Bank Balance	13,127.08	
					Variance	-	
					Leave in Balance	100.00	
					Claims owed to Solera	2,070.04	
					Adjust Balance/Transfer Amt	<u>10,957.04</u>	

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: 
 Michelle Cumberland - CFO

5/3/2026

Golden Creek

	✓	✓	MMC	
	Transfer-Out	Transfer-In	PORTION	NH PORTION
5/1/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 050126 543684555876917	0	3299.77		3,299.77
4/30/2026 Credit Interest	0	198.56		198.56
4/29/2026 Domestic Wire Withdrawal WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	575916.92	0		-
4/29/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1241546173*13 41858379\ 746003411	0	441.04		441.04
4/29/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 042926 543684555876917	0	2741		2,741.00
4/28/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1241289107*13 41858379\ 746003411	0	4661.45		4,661.45
4/27/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 042726 543684555876917	0	1685.26		1,685.26
	575,916.92	13,027.08	-	13,027.08

Transaction Report



Transaction Report for account *4454

Reported on Mon May 04 14:06:00 GMT 2026

Current Balance \$14,315.98
 Interest Accrued \$1.62
 Available Balance \$14,315.98

Date	Description	Credit	Debit	Running Balance
05/01/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 050126 543684555876917	3299.77		✓13127.06
04/30/2026	Credit Interest Credit Interest	198.56		9827.31
04/29/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		675916.92	9828.75
04/29/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*11241546173*13 41858379\ 746003411	441.04		585545.67
04/29/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 042926 543684555876917	2741.00		585104.63
04/28/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*11241289107*13 41858379\ 746003411	4661.45		582363.63
04/27/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 042726 543684555876917	1685.26		577702.18
04/24/2026	External Deposit Luminos Hospice - Bill.com Luminos Hospice - TX Bill.com 015WTBJTNRUY8DZ Wang 2026 15WTBJTNRUY8DZ	4606.39		576016.92
04/23/2026	127051132648651 Deposit Deposit	223580.14		571410.53
04/23/2026	127051132648603 Deposit Deposit	19316.69		347830.39

APPROVED ON

MAY 05 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
5/3/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		139.70	-	0.17	-		139.87	No
						Bank Balance	139.87	Transfer (Holding
						Variance		due to pending
						Leave in Balance	100.00	claims requests)
						Adjust Balance/Transfer Amt	39.87	
Gulf Pointe Plaza- Medicare/Medicaid		102.09	-	0.13	-		102.22	NO TRANSFER
						Bank Balance	102.22	
						Variance		
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	2.22	
TOTAL TRANSFERS								-

Routing information for Gulf Pointe Plaza:

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

Approved: *MGC*
Michelle Cumberland - CFO

5/3/2026

Gulf Pointe Plaza-Private Pay
 4/30/2026 Credit Interest

<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC <u>PORTION</u>	<u>NH PORTION</u>
-	0.17		0.17
			-
			-
			-
-	0.17	-	0.17

Gulf Pointe Plaza-Medicare/Medicaid
 4/30/2026 Credit Interest

<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC <u>PORTION</u>	<u>NH PORTION</u>
-	0.13		0.13
			-
			-
			-
-	0.13	-	0.13
-	0.30	-	0.30

Balances Overview



COUNTY OF CALHOUN TEXAS
 AGIBSON
 as of May 4, 2026 9:53:17 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	\$1,086,235.32	\$1,086,235.32
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	\$774,512.18	\$774,512.18
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$1,534.47	\$1,534.47
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$100.43	\$100.43
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$101.67	\$101.67
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$102.77	\$102.77
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.28	\$100.28
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$14,315.98	\$14,315.98
*4551 CAL CO INDIGENT HEALTHCARE	\$6,186.40	\$6,186.40
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	✓ \$139.87	\$139.87
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	✓ \$102.22	\$102.22
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$57,698.31	\$57,698.31
*3407 MMC -NH TUSCANY VILLAGE	\$130,639.54	\$130,639.54
*2998 MMC -MONEY MARKET FUND	\$75,066.77	\$75,066.77
*7168 MEMORIAL MEDICAL LOCK BOX	\$25,634.43	\$25,634.43
Total Balance	\$1,086,235.32	\$1,086,235.32

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 5/3/2026

APPROVED ON

MAY 05 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		613,799.14	511,341.84	128,182.24			130,639.54	128,182.24
						Bank Balance Variance	130,639.54	
						Leave in Balance	100.00	

Claims owed to Golden Creek 2,357.30
 Adjust Balance/Transfer Amt 128,182.24

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: MC
 Michelle Cumberland - CFO 5/3/2026

Tuscany Village

5/1/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1242071840*13 41858379\ 746003411
 5/1/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7794292*1205296137*000004011\ 676201
 4/30/2026 Credit Interest
 4/30/2026 Merchant Capture Deposit
 4/30/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1241783102*13 41858379\ 746003411
 4/29/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE PDS T ACUTE HEALTH SERVICE
 4/29/2026 Deposit
 4/29/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1242071841*13 41858379\ 746003411
 4/28/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7788857*1205296137*000004011\ 676201
 4/27/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1241170890*13 41858379\ 746003411
 4/27/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1241546172*13 41858379\ 746003411
 4/27/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1241546171*13 41858379\ 746003411
 4/27/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7786948*1205296137*000004011\ 676201

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
	-	6,973.82		6,973.82
	-	21,011.69		21,011.69
	-	314.29		314.29
	-	29,352.53		29,352.53
	-	12,736.43		12,736.43
	611,341.84	-		-
	-	12,631.68		12,631.68
	-	7,504.14		7,504.14
	-	6,372.90		6,372.90
	-	2,887.33		2,887.33
	-	11,670.54		11,670.54
	-	8,060.34		8,060.34
	-	8,666.55		8,666.55
	611,341.84	128,182.24	-	128,182.24

Balances Overview



COUNTY OF CALHOUN TEXAS
 AGIBSON
 as of May 4, 2026 10:05:04 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	\$1,086,235.32	\$1,086,235.32
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	\$774,512.18	\$774,512.18
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$1,534.47	\$1,534.47
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$100.43	\$100.43
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$101.67	\$101.67
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$102.77	\$102.77
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.28	\$100.28
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$14,315.98	\$14,315.98
*4551 CAL CO INDIGENT HEALTHCARE	\$6,186.40	\$6,186.40
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$139.87	\$139.87
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$102.22	\$102.22
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$57,698.31	\$57,698.31
*3407 MMC -NH TUSCANY VILLAGE	✓ \$130,639.54	\$130,639.54
*2998 MMC -MONEY MARKET FUND	\$75,066.77	\$75,066.77
*7168 MEMORIAL MEDICAL LOCK BOX	\$25,634.43	\$25,634.43
Total Balance	\$1,086,235.32	\$1,086,235.32

APPROVED ON

MAY 05 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSL Transfer
Prosperity Accounts
5/3/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Levaca Bay Nursing and Rehab		245,961.32	245,861.32	53,490.81			53,590.81	53,490.81
						Bank Balance	53,590.81	
						Variance	-	
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 53,490.81

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 MMAC deposited to open account.

Approved: *[Signature]*
Michelle Cumberland - CFO 5/3/2026

Lavaca Bay Nursing and Rehab

	✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
5/1/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1242071844*13 41858379\ 746003411	0	3258.16		3,258.16
5/1/2026 HOSPICE OF SOUTH - Payments Lavaca Bay N&R NF	0	3142.82		3,142.82
5/1/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7794330*1205296137*000004011\ 676481	0	13926.22		13,926.22
4/30/2026 Credit Interest	0	225		225.00
4/30/2026 Deposit	0	3004		3,004.00
4/30/2026 Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	245861.32	0		-
4/30/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1241783103*13 41858379\ 746003411	0	98.13		98.13
4/29/2026 Deposit	0	16191.65		16,191.65
4/28/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7789433*1205296137*000004011\ 676481	0	11547.45		11,547.45
4/28/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0913076884* 1742770542\	0	2097.38		2,097.38
	245,861.32	53,490.81	-	53,490.81

Transaction Report



Transaction Report for account *5506

Reported on Mon May 04 15:22:00 GMT 2026

Current Balance \$57,698.31
 Interest Accrued \$6.61
 Available Balance \$57,698.31

Date	Description	Credit	Debit	Running Balance
05/01/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1242071644*13 41858379\ 746003411	3258.16		53590.81
05/01/2026	External Deposit HOSPICE OF SOUTH - Payments Lavaca Bay N&R NF	3142.82		50332.65
05/01/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7794330*1205296137*000004011\ 676481	13926.22		47189.83
04/30/2026	Credit Interest Credit Interest	225.00		33263.61
04/30/2026	178661202644062 Deposit Deposit	3004.00		33038.61
04/30/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		245861.32	30034.61
04/30/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1241763103*13 41858379\ 746003411	98.13		275895.93
04/29/2026	27311192646134 Deposit Deposit	16191.65		275797.80
04/28/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7789433*1205296137*000004011\ 676481	11547.45		259606.15
04/28/2026	External Deposit CENTENE CORP - HCCLAIMPMT TRN*1*0913075884* 17427705421	2097.36		248058.70

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Solera ✓
A _____
Y _____
E _____
E _____

Date Requested: 4/29/2026

APPROVED ON

MAY 05 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 000260

FOR ACCT USE ONLY

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

AMOUNT: \$2,070.04 ✓

G/L NUMBER: 20653000

EXPLANATION: Claim funds to be transferred from Goldencreek to Solera

REQUESTED BY: Autumn Wilson

AUTHORIZED BY: MSL ✓

MEMORIAL MEDICAL CENTER
6937 WARFIELD AVE
SYKESVILLE, MD 217847454

NOVITAS SOLUTIONS
MEDICARE A
P O BOX 3113
MECHANICSBURG, PA 170551828

PROVIDER # 1588075964
PAID DATE: 9/17/2020
TRACE #: REMIT00548
FISCAL PERIOD: 12/31/2020
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 IICPCS AMOUNT PAYMENT AMT
REPORT SUMMARY		-28 -28 0	-15,748.99 0.00 0.00 0.00	0.00 0.00 0.00 0.00	-15,748.99 0.00 0.00 0.00	-4,928.00 0.00 0.00 0.00	-3,159.51 0.00 0.00 -7,661.48

PAID DATE	FISCAL PERIOD	PROVIDER #	TOB	CLAIMS	CHARGES	PAYMENT	CONTRACT	PAY+CONT
9/17/2020	12/31/2020	[REDACTED]	21	1	-15,748.99	-7,661.48	-3,159.51	-10,820.99
				1	-15,748.99	-7,661.48	-3,159.51	-10,820.99

PROVIDER #	FISCAL PERIOD	REASON CODE	DESCRIPTION	AMOUNT
[REDACTED]	12/31/2020	[REDACTED]	Forwarding Balance	-7,661.48
(Positive Amounts Decrease Payment)				-7,661.48

Reason Codes	Description
2	Coinsurance Amount
121	Indemnification adjustment - compensation for outstanding member responsibility.

Remark Codes	Description
MA02	Alert: If you do not agree with this determination, you have the right to appeal. You must file a written request for an appeal within 180 days of the date you receive this notice.

Claim Status	Description
22	Reversal of Previous Payment

\$ 2070.04 = Memorial Medical
2101 Greenhouse Rd
Houston, TX

Solera
West Houston

✓ \$ 3,308.06 = Memorial Mod
118 Trinity Shores Rd
Port Lanta TX

<https://rcm.trubridge.com/RemitRep/EOB/ViewEOB.aspx?id=114990>

1/1

LAST		FIRST	79 OTHER		NPI	QUAL	LAST		FIRST

TRIAL BILLING - TRIAL BILLING - TRIAL BILLING - TRIAL BILLING - TRIAL BILLING

https://www22.pointclickcare.com/admin/billing/reports/claim_ub04.jsp?ESOLerror=Y

4/4

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

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

000260

Date May 6, 2026

88-2265/1131

**PAY
TO THE
ORDER OF**

Solera

\$ 2,070.04

Two thousand and Seventy $\frac{04}{100}$

DOLLARS



FOR Claims

Security features are included. Details on back.



RUN DATE:05/06/26
TIME:09:49

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/06/26 THRU 05/06/26

PAGE 3
GLCKREG

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

NHG 000260 05/06/26 2,070.04 Solera
TOTALS: 2,070.04