

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 20, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,129,668.24
TOTAL TRANSFERS BETWEEN FUNDS	\$ 164,074.31
TOTAL NURSING HOME UPL EXPENSES	\$ 251,075.61
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED May 20, 2026	\$ 1,544,818.16

APPROVED

MAY 20 2026

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---May 20, 2026

PAYABLES AND PAYROLL

5/14/2026 Weekly Payables	547,087.82
5/18/2026 Morris & Dickson	16,328.52
5/18/2026 US Bank Credit Card-see attached (Erin)	2,580.49
5/18/2026 US Bank Credit Card-see attached (Michelle)	329.84
5/18/2026 McKesson-340B Prescription Expense	35,628.80
5/18/2026 Cencora-340B Prescription Expense	115.80
5/18/2026 Cencora-340B Prescription Expense	15.07
5/18/2026 Payroll Liabilities-Payroll Taxes	117,427.28
5/18/2026 Payroll	382,662.99
Prosperity Electronic Bank Payments	
5/18/2026 90 Degree Benefits - employee insurance claims	13,825.56
5/18/2026 Sales Tax - April 2026 - Difference	2,160.87
5/18/2026 Pay Plus-Patient Claims Processing Fee	985.87
5/18/2026 Credit Card Bank Fee	164.60
5/18/2026 Credit Card Lease Fee	45.64
5/18/2026 Credit Card Processing Fee	9,233.27
5/18/2026 Health Equity -HSA Contributions	1,075.82

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 1,129,668.24**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

5/14/2026 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	8,730.78
5/14/2026 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	32,507.02
5/14/2026 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	122,836.51

TOTAL TRANSFERS BETWEEN FUNDS **\$ 164,074.31**

NURSING HOME UPL EXPENSES

5/18/2026 Nursing Home UPL-Nexion Transfer	19,566.26
5/18/2026 Nursing Home UPL-Tuscany Transfer	61,698.77
5/18/2026 Nursing Home UPL-HSL Transfer	169,256.70

TRANSFER OF FUNDS BETWEEN NURSING HOMES

5/18/2026 Lavaca Bay to Tuscany - Lavaca Bay recoup on Tuscany's UHC Payment	553.88
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TOTAL NURSING HOME UPL EXPENSES **\$ 251,075.61**

GRAND TOTAL DISBURSEMENTS APPROVED May 20, 2026 **\$ 1,544,818.16**

RECEIVED

MAY 14 2026

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 06/04/2026

05/14/2026

12:31

0

ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code								
11237	3WON, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓5788		04/30/202	05/01/202	06/01/202			398.00	0.00	0.00	398.00 ✓
		CREDENTIALING <i>x2</i>									
	✓5798		05/13/202	05/01/202	05/31/202			300.00	0.00	0.00	300.00 ✓
		FACILITY ENROLLMENT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11237	3WON, LLC					698.00	0.00	0.00	698.00

Vendor#	Vendor Name	Class	Pay Code								
A1680	AIRGAS USA, LLC - CENTRAL DIV	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓5524482320		05/12/202	04/30/202	05/25/202			123.87	0.00	0.00	123.87 ✓
	✓5524482127	OXYGEN <i>Nitrous Oxide & Oxygen</i>	05/12/202	04/30/202	05/25/202			1,175.39	0.00	0.00	1,175.39 ✓
	✓5524481761	<i>acetylene, Oxygen, large air, nitrogen oxide</i>	05/12/202	04/30/202	05/25/202			668.28	0.00	0.00	668.28 ✓
	✓9171595668	OXYGEN	05/12/202	04/30/202	05/25/202			2,790.97	0.00	0.00	2,790.97 ✓
	✓9171581604	OXYGEN	05/12/202	04/30/202	05/25/202			320.27	0.00	0.00	320.27 ✓
	✓9171677230	OXYGEN <i>energy charge & oxygen</i>	05/12/202	05/04/202	05/29/202			899.32	0.00	0.00	899.32 ✓
		OXYGEN <i>medical pure oxygen & energy charge</i>									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A1680	AIRGAS USA, LLC - CENTRAL DIV					5,978.10	0.00	0.00	5,978.10

Vendor#	Vendor Name	Class	Pay Code								
14416	ALLOMETRICS, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓00150163		05/06/202	03/16/202	05/06/202			552.00	0.00	0.00	552.00 ✓
		SUPPLIES <i>Travel charge & thermo scientific</i>									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14416	ALLOMETRICS, INC.					552.00	0.00	0.00	552.00

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
	✓1FWR11X1F7GP		05/12/202	04/29/202	05/29/202			84.00	0.00	0.00	84.00 ✓
	✓1GRVDWGTJ916	SUPPLIES <i>ultrasound paper film</i>	05/12/202	05/04/202	06/03/202			9.99	0.00	0.00	9.99 ✓
	✓1Q43J7MDFHHM	SUPPLIES <i>lithium batteries</i>	05/12/202	05/05/202	06/04/202			667.50	0.00	0.00	667.50 ✓
		SUPPLIES <i>white boards x2 & breathing exerciser</i>									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14028	AMAZON CAPITAL SERVICES					761.49	0.00	0.00	761.49

Vendor#	Vendor Name	Class	Pay Code								
15456	AMERITEX ELEVATOR TEXAS LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓INV34373F3D4		05/12/202	05/01/202	05/01/202			750.00	0.00	0.00	750.00 ✓
		ELEVATOR MAINTENANCE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15456	AMERITEX ELEVATOR TEXAS LLC					750.00	0.00	0.00	750.00

Vendor#	Vendor Name	Class	Pay Code
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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
	✓043026		04/30/202	04/30/202	04/30/202			240.13	0.00	0.00	240.13 ✓
		ELECTRICITY									
	✓043026A		04/30/202	04/30/202	04/30/202			612.87	0.00	0.00	612.87 ✓
		ELECTRICITY									
	✓043026B		04/30/202	04/30/202	04/30/202			16.87	0.00	0.00	16.87 ✓
		ELECTRICITY									
	✓043026C		04/30/202	04/30/202	04/30/202			26,381.64	0.00	0.00	26,381.64 ✓
		ELECTRICITY									
	✓043026D		04/30/202	04/30/202	04/30/202			1,922.68	0.00	0.00	1,922.68 ✓
		ELECTRICITY									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1048	CALHOUN COUNTY					29,174.19	0.00	0.00	29,174.19

Vendor#	Vendor Name	Class	Pay Code								
14120	CALHOUN COUNTY EMS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓202604		04/30/202	05/02/202	05/27/202			7,480.00	0.00	0.00	7,480.00 ✓
		EMS TRANSFERS FOR APRIL									
	✓202601A		05/12/202	02/02/202	02/27/202			440.00	0.00	0.00	440.00 ✓
		JAN '26 INVOICE REMAINING AMT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14120	CALHOUN COUNTY EMS					7,920.00	0.00	0.00	7,920.00

Vendor#	Vendor Name	Class	Pay Code								
C1325	CARDINAL HEALTH 414, INC.	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓8004182090		05/12/202	04/30/202	05/25/202			158.94	0.00	0.00	158.94 ✓
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.					158.94	0.00	0.00	158.94

Vendor#	Vendor Name	Class	Pay Code								
14260	CAREFUSION SOLUTIONS, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓70001886494		05/12/202	04/30/202	06/01/202			98.36	0.00	0.00	98.36 ✓
		PHARMACY SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14260	CAREFUSION SOLUTIONS, LLC					98.36	0.00	0.00	98.36

Vendor#	Vendor Name	Class	Pay Code								
10541	CARESFIELD										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓200033250		04/20/202	05/06/202	06/01/202			233.34	0.00	0.00	233.34 ✓
		SUPPLIES <i>butterfly blood collection set</i>									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10541	CARESFIELD					233.34	0.00	0.00	233.34

Vendor#	Vendor Name	Class	Pay Code								
C1992	CDW GOVERNMENT, INC.	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓PVMX796		05/01/202	05/11/202	05/11/202			10,169.50	0.00	0.00	10,169.50 ✓
		SOFTWARE SUBSCRIPTION									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.					10,169.50	0.00	0.00	10,169.50

Vendor#	Vendor Name	Class	Pay Code								
C1600	CITIZENS MEDICAL CENTER	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓202644		04/01/202	05/08/202	05/30/202			56,581.23	0.00	0.00	56,581.23 ✓

Base Subsidy

APRIL INV FOR CRNA COVERAGI

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		C1600	CITIZENS MEDICAL CENTER				56,581.23	0.00	0.00	56,581.23
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
	✓2033994		04/30/202	04/30/202	05/30/202		2,295.10	0.00	0.00	2,295.10 ✓
		APRIL CODING SERVICES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14080	CORROHEALTH, INC.				2,295.10	0.00	0.00	2,295.10
Vendor#	Vendor Name			Class		Pay Code				
14400	CULINARY CONCESSIONS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓INV310694A		04/30/202	04/30/202	05/30/202		33,862.14	0.00	0.00	33,862.14 ✓
		APRIL INVOICE / Luby's								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14400	CULINARY CONCESSIONS LLC				33,862.14	0.00	0.00	33,862.14
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
	✓INV27861		04/20/202	04/10/202	04/20/202		572.63	0.00	0.00	572.63 ✓
		SUPPLIES arthrogram tray & contrast transfer set								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10006	CUSTOM ASSEMBLIES, INC				572.63	0.00	0.00	572.63
Vendor#	Vendor Name			Class		Pay Code				
11368	CYRACOM LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓0849800426		05/01/202	05/11/202	06/01/202		367.89	0.00	0.00	367.89 ✓
		INTERPRETATION SERVICES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11368	CYRACOM LLC				367.89	0.00	0.00	367.89
Vendor#	Vendor Name			Class		Pay Code				
10368	DEWITT POTH & SON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓8353360		05/12/202	05/06/202	05/31/202		251.70	0.00	0.00	251.70 ✓
		SUPPLIES SPOT Paper x6								
	✓8354900		05/12/202	05/06/202	05/31/202		690.00	0.00	0.00	690.00 ✓
		SUPPLIES envelopes x2								
	✓8353280		05/12/202	05/07/202	06/01/202		358.36	0.00	0.00	358.36 ✓
		SUPPLIES printer ribbon, paper, markers, & notes								
	✓8360240		05/12/202	05/08/202	06/02/202		332.20	0.00	0.00	332.20 ✓
		SUPPLIES pocket walk, stamp, & ribbon printer								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				1,632.26	0.00	0.00	1,632.26
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
	✓73999		05/12/202	05/07/202	06/01/202		140.00	0.00	0.00	140.00 ✓
		PEST CONTROL FOR CLINIC								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11291	DOWELL PEST CONTROL				140.00	0.00	0.00	140.00
Vendor#	Vendor Name			Class		Pay Code				
11091	ECOLAB									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓6358949641		05/12/202	05/01/202	05/01/202		255.21	0.00	0.00	255.21 ✓
		DISHWASHER LEASE								

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11091	ECOLAB				255.21	0.00	0.00	255.21	
Vendor#	Vendor Name			Class	Pay Code						
11284	EMERGENCY STAFFING SOLUTIONS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓45333		05/13/202	05/15/202	05/25/202			40,062.50	0.00	0.00	40,062.50
		ER PHYS SERVICES FOR MAY 1-									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11284	EMERGENCY STAFFING SOLUTIONS				40,062.50	0.00	0.00	40,062.50	
Vendor#	Vendor Name			Class	Pay Code						
10042	ERBE USA INC SURGICAL SYSTEMS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓37282196		05/12/202	05/07/202	05/12/202			169.50	0.00	0.00	169.50
		SUPPLIES <i>erbea</i>									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10042	ERBE USA INC SURGICAL SYSTEMS				169.50	0.00	0.00	169.50	
Vendor#	Vendor Name			Class	Pay Code						
10689	FASTHEALTH CORPORATION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓05A26MMC		05/12/202	05/01/202	05/16/202			545.00	0.00	0.00	545.00
		WEBSITE MONTHLY INVOICE									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10689	FASTHEALTH CORPORATION				545.00	0.00	0.00	545.00	
Vendor#	Vendor Name			Class	Pay Code						
F1400	FISHER HEALTHCARE			M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓8507125		05/12/202	05/04/202	05/29/202			518.32	0.00	0.00	518.32
		SUPPLIES									✓
	✓8538845		05/12/202	05/05/202	05/30/202			368.55	0.00	0.00	368.55
		SUPPLIES									✓
	✓8571294		05/12/202	05/06/202	05/31/202			733.01	0.00	0.00	733.01
		SUPPLIES									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		F1400	FISHER HEALTHCARE				1,619.88	0.00	0.00	1,619.88	
Vendor#	Vendor Name			Class	Pay Code						
10599	FORVIS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓2915682		05/12/202	04/30/202	05/25/202			43,653.76	0.00	0.00	43,653.76
		AUDIT SERVICES									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10599	FORVIS				43,653.76	0.00	0.00	43,653.76	
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
	✓INV987464		04/30/202	05/02/202	05/27/202			2,502.50	0.00	0.00	2,502.50
		PT TRAVEL TECH <i>Sarah Wilmore 4/24, 4/27, 4/28, 4/29, 4/30</i>									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11078	FUSION MEDICAL STAFFING, LLC				2,502.50	0.00	0.00	2,502.50	
Vendor#	Vendor Name			Class	Pay Code						
12404	GE PRECISION HEALTHCARE, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓6003205213		05/12/202	05/01/202	05/31/202			1,083.94	0.00	0.00	1,083.94
		SUPPLIES									✓
	✓6003205307		05/13/202	05/01/202	05/31/202			13,695.01	0.00	0.00	13,695.01
		MNTHLY MAINT CONTRACT FOR									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	

	12404	GE PRECISION HEALTHCARE, LLC					14,778.95	0.00	0.00	14,778.95
Vendor#	Vendor Name		Class		Pay Code					
G0401	GULF COAST DELIVERY									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	043026		04/01/202	04/30/202	05/30/202		100.00	0.00	0.00	100.00
	DETAR LAB TO MMC LAB SERVIC									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY					100.00	0.00	0.00	100.00
Vendor#	Vendor Name		Class		Pay Code					
11095	GULF COAST SCIENTIFIC									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	80538		05/05/202	04/28/202	04/28/202		353.07	0.00	0.00	353.07
	SUPPLIES - <i>PyloPlus Rapid Urease Test</i>									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	11095	GULF COAST SCIENTIFIC					353.07	0.00	0.00	353.07
Vendor#	Vendor Name		Class		Pay Code					
H1226	HEALTHMARK INDUSTRIES CO INC									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	4790063459		05/12/202	05/07/202	05/12/202		179.99	0.00	0.00	179.99
	SUPPLIES									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	H1226	HEALTHMARK INDUSTRIES CO INC					179.99	0.00	0.00	179.99
Vendor#	Vendor Name		Class		Pay Code					
10829	HEALTHSTREAM, INC.									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	0405933		05/12/202	04/16/202	05/16/202		1,094.94	0.00	0.00	1,094.94
	HSTREAM FOR LEARNING									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	10829	HEALTHSTREAM, INC.					1,094.94	0.00	0.00	1,094.94
Vendor#	Vendor Name		Class		Pay Code					
H0416	HOLOGIC INC									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	11709059		05/12/202	04/06/202	04/30/202		759.00	0.00	0.00	759.00
	SUPPLIES - <i>package, mammopad</i>									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC					759.00	0.00	0.00	759.00
Vendor#	Vendor Name		Class		Pay Code					
15208	HOSPITAL CARE CONSULTANTS INC.									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	7142		05/13/202	05/15/202	05/25/202		23,663.00	0.00	0.00	23,663.00
	HOSPITAL PHYS SERVICE MAY 1									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	15208	HOSPITAL CARE CONSULTANTS INC.					23,663.00	0.00	0.00	23,663.00
Vendor#	Vendor Name		Class		Pay Code					
10922	HUNTER PHARMACY SERVICES									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	6933		04/01/202	04/30/202	05/30/202		15,253.69	0.00	0.00	15,253.69
	PHARMACIST SALARY APRIL INV									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES					15,253.69	0.00	0.00	15,253.69
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
	41604649		05/12/202	05/06/202	05/12/202		710.84	0.00	0.00	710.84
	SUPPLIES - <i>can liner, floor finish</i>									
✓	2706111		05/13/202	11/25/202	11/25/202		264.08	0.00	0.00	264.08

✓	2724380	SUPPLIES	05/13/202	02/03/202	02/03/202		175.40	0.00	0.00	175.40	✓
✓	2631089	SUPPLIES Can liners x10	05/13/202	03/19/202	03/19/202		717.43	0.00	0.00	717.43	✓
✓	41107422	SUPPLIES	05/13/202	03/25/202	03/25/202		264.08	0.00	0.00	264.08	✓
✓	41187564	SUPPLIES Can liners x14	05/13/202	04/01/202	04/01/202		264.08	0.00	0.00	264.08	✓
		SUPPLIES Can liners x14									
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		18388 IMPERIAL DADE					2,395.91	0.00	0.00	2,395.91	
Vendor#	Vendor Name		Class	Pay Code							
14864	INTERNATIONAL BIOMEDICAL										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	241399		05/12/202	05/12/202	05/12/202			220.79	0.00	0.00	220.79
		SUPPLIES Sweet-ease natural									✓
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		14864 INTERNATIONAL BIOMEDICAL					220.79	0.00	0.00	220.79	
Vendor#	Vendor Name		Class	Pay Code							
I1260	INTOXIMETERS INC		M								
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	812851		04/20/202	04/14/202	05/09/202			540.00	0.00	0.00	540.00
		SUPPLIES online bat rules & regulations									✓
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		I1260 INTOXIMETERS INC					540.00	0.00	0.00	540.00	
Vendor#	Vendor Name		Class	Pay Code							
L0700	LABCORP OF AMERICA HOLDINGS		M								
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	87102344		04/30/202	05/02/202	05/27/202			150.00	0.00	0.00	150.00
		LAB DRAWS									✓
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		L0700 LABCORP OF AMERICA HOLDINGS					150.00	0.00	0.00	150.00	
Vendor#	Vendor Name		Class	Pay Code							
18412	LAMIFLOW TECHNOLOGIES LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	12965A		05/14/202	05/13/202	05/13/202			7,400.64	0.00	0.00	7,400.64
		PRESSURE SENSOR MONITORIN									✓
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		18412 LAMIFLOW TECHNOLOGIES LLC					7,400.64	0.00	0.00	7,400.64	
Vendor#	Vendor Name		Class	Pay Code							
14432	LGC CLINICAL DIAGNOSTICS, INC.										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	90355418		04/20/202	05/05/202	05/12/202			715.00	0.00	0.00	715.00
		SUPPLIES validate x1									✓
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		14432 LGC CLINICAL DIAGNOSTICS, INC.					715.00	0.00	0.00	715.00	
Vendor#	Vendor Name		Class	Pay Code							
L1640	LOWE'S BUSINESS ACCT/SYNCB		W								
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	050226A		05/14/202	05/02/202	05/02/202			150.80	0.00	0.00	150.80
		SUPPLIES									✓
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		L1640 LOWE'S BUSINESS ACCT/SYNCB					150.80	0.00	0.00	150.80	
Vendor#	Vendor Name		Class	Pay Code							
11203	MEDI-DOSE, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓ 1000470 04/20/202 05/01/202 05/12/202 136.05 0.00 0.00 136.05 ✓
~~SUPPLIES~~ *medi cup plus blisters*

Vendor Totals: Number Name Gross Discount No-Pay Net
 11203 MEDI-DOSE, INC 136.05 0.00 0.00 136.05

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
✓ 2423748759	SUPPLIES	05/12/202	04/29/202	05/24/202			14.14	0.00	0.00	14.14 ✓
✓ 2423748757	SUPPLIES	05/12/202	04/29/202	05/24/202			33.97	0.00	0.00	33.97 ✓
✓ 2423748755	SUPPLIES	05/12/202	04/29/202	05/24/202			3.07	0.00	0.00	3.07 ✓
✓ 2423748768	SUPPLIES	05/12/202	04/29/202	05/24/202			6,280.38	0.00	0.00	6,280.38 ✓
✓ 2423748753	SUPPLIES	05/12/202	04/29/202	05/24/202			80.75	0.00	0.00	80.75 ✓
✓ 2423748777	SUPPLIES	05/12/202	04/29/202	05/24/202			116.48	0.00	0.00	116.48 ✓
✓ 2423748761	SUPPLIES	05/12/202	04/29/202	05/24/202			16,962.58	0.00	0.00	16,962.58 ✓
✓ 2424632184	SUPPLIES	05/12/202	05/05/202	05/30/202			154.22	0.00	0.00	154.22 ✓
✓ 2424823379	SUPPLIES	05/12/202	05/06/202	05/31/202			-110.56	0.00	0.00	-110.56 ✓
✓ 2423748756	SUPPLIES	05/12/202	05/12/202	06/01/202			33.11	0.00	0.00	33.11 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
 M2470 MEDLINE INDUSTRIES INC 23,568.14 0.00 0.00 23,568.14

Vendor# Vendor Name Class Pay Code
 O1500 OLYMPUS AMERICA INC M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 39794033	SUPPLIES	05/12/202	04/30/202	05/25/202			735.78	0.00	0.00	735.78 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
 O1500 OLYMPUS AMERICA INC 735.78 0.00 0.00 735.78

Vendor# Vendor Name Class Pay Code
 11155 PARAREV

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2034366	REVENUE/DATA/PRICING SERVIC	04/30/202	05/01/202	05/31/202			3,084.00	0.00	0.00	3,084.00 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
 11155 PARAREV 3,084.00 0.00 0.00 3,084.00

Vendor# Vendor Name Class Pay Code
 10032 PHILIPS HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9061042273	SUPPLIES	05/12/202	04/17/202	05/12/202			96.93	0.00	0.00	96.93 ✓
✓ 9060937503	SUPPLIES	05/12/202	04/21/202	05/16/202			279.09	0.00	0.00	279.09 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
 10032 PHILIPS HEALTHCARE 376.02 0.00 0.00 376.02

Vendor# Vendor Name Class Pay Code
 11480 PORT LAVACA PLUMBING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 19709		05/12/202	05/07/202	05/07/202			830.00	0.00	0.00	830.00 ✓

CLEAR STOPPAGE AT ANNEX

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11480	PORT LAVACA PLUMBING				830.00	0.00	0.00	830.00	
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
	✓9361738579		05/05/202	04/28/202	04/28/202			66.60	0.00	0.00	66.60 ✓
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)					66.60	0.00	0.00	66.60
Vendor#	Vendor Name			Class	Pay Code						
12480	PRO ENERGY PARTNERS LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓R34185		04/30/202	05/10/202	05/25/202			1,949.08	0.00	0.00	1,949.08 ✓
		Natural gas - April									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12480	PRO ENERGY PARTNERS LLC					1,949.08	0.00	0.00	1,949.08
Vendor#	Vendor Name			Class	Pay Code						
10896	QIAGEN INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓1000070570		05/12/202	05/05/202	06/04/202			980.60	0.00	0.00	980.60 ✓
		SUPPLIES									
		Amnisure ROM Test									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10896	QIAGEN INC					980.60	0.00	0.00	980.60
Vendor#	Vendor Name			Class	Pay Code						
S1405	SERVICE SUPPLY OF VICTORIA INC			W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓701302597		05/12/202	05/08/202	06/01/202			369.65	0.00	0.00	369.65 ✓
		SUPPLIES									
		Bed pan DIV									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S1405	SERVICE SUPPLY OF VICTORIA INC					369.65	0.00	0.00	369.65
Vendor#	Vendor Name			Class	Pay Code						
S2001	SIEMENS MEDICAL SOLUTIONS INC			M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓116898520		05/12/202	04/24/202	05/19/202			3,612.95	0.00	0.00	3,612.95 ✓
		RAD CONTRACT 042426-052326									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC					3,612.95	0.00	0.00	3,612.95
Vendor#	Vendor Name			Class	Pay Code						
S2362	SMITH & NEPHEW, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓985259654		05/12/202	04/29/202	05/12/202			6,650.00	0.00	0.00	6,650.00 ✓
		SUPPLIES									
	✓985261175		05/12/202	04/29/202	05/12/202			21,668.00	0.00	0.00	21,668.00 ✓
		SUPPLIES									
	✓985266987		05/12/202	04/30/202	05/12/202			6,650.00	0.00	0.00	6,650.00 ✓
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW, INC.					34,968.00	0.00	0.00	34,968.00
Vendor#	Vendor Name			Class	Pay Code						
C1010	SPARKLIGHT			W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓050126		05/01/202	05/01/202	05/02/202			3,596.00	0.00	0.00	3,596.00 ✓
		INTERNET									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1010	SPARKLIGHT					3,596.00	0.00	0.00	3,596.00

Vendor#	Vendor Name	Class	Pay Code								
10094	ST DAVIDS HEALTHCARE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ MMCPL202603		05/01/202	05/11/202	05/11/202			949.50	0.00	0.00	949.50 ✓
		MARCH CONNECTIVITY SERVICE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10094	ST DAVIDS HEALTHCARE					949.50	0.00	0.00	949.50
S2694	STANFORD VACUUM SERVICE	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 206541		05/12/202	05/07/202	05/07/202			625.00	0.00	0.00	625.00 ✓
		GREASE TRAP PUMP									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2694	STANFORD VACUUM SERVICE					625.00	0.00	0.00	625.00
10845	STAPLES										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 6062504229		05/12/202	04/30/202	05/12/202			186.35	0.00	0.00	186.35 ✓
		SUPPLIES									
	✓ 6062504231		05/12/202	04/30/202	05/12/202			79.26	0.00	0.00	79.26 ✓
		SUPPLIES									
	✓ 6062504228		05/12/202	04/30/202	05/12/202			213.65	0.00	0.00	213.65 ✓
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10845	STAPLES					479.26	0.00	0.00	479.26
14064	TREVIPAY- WALMART										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 9BA89C61		05/12/202	05/06/202	05/06/202			76.53	0.00	0.00	76.53 ✓
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14064	TREVIPAY- WALMART					76.53	0.00	0.00	76.53
14372	TRIAGE, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ INV1797298326		05/12/202	05/01/202	05/01/202			2,208.00	0.00	0.00	2,208.00 ✓
		LAB TRAVEL TECH									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14372	TRIAGE, LLC					2,208.00	0.00	0.00	2,208.00
13616	TRIOSE, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ TRI293489		04/30/202	04/14/202	04/29/202			266.19	0.00	0.00	266.19 ✓
		FREIGHT									
	✓ TRI294462		04/30/202	04/23/202	05/08/202			175.10	0.00	0.00	175.10 ✓
		FREIGHT									
	✓ TRI295096		04/30/202	04/29/202	05/14/202			141.29	0.00	0.00	141.29 ✓
		FREIGHT									
	✓ 0800015163		05/13/202	11/30/202	12/15/202			27.74	0.00	0.00	27.74 ✓
		FINANCE CHARGE									
	✓ 0800029126		05/13/202	08/31/202	09/15/202			11.25	0.00	0.00	11.25 ✓
		FINANCE CHARGES									
	✓ 0800031130		05/13/202	09/30/202	10/15/202			11.63	0.00	0.00	11.63 ✓
		FINANCE CHARGES									
	✓ 0800032128		05/13/202	10/31/202	11/15/202			14.93	0.00	0.00	14.93 ✓
		FINANCE CHARGES									

Lexmark

batteries

batteries & disinfectant spray

water, enema, & USB:

Farida Harraid 4/20, 4/21, 4/22, 4/23

✓	0800033123		05/13/202 11/30/202 12/15/202		14.62	0.00	0.00	14.62	✓
			FINANCE CHARGES						
✓	TRI205412		05/13/202 12/04/202 12/19/202		140.00	0.00	0.00	140.00	✓
			FREIGHT						
✓	0800034126		05/13/202 12/31/202 01/15/202		13.57	0.00	0.00	13.57	✓
			FINANCE CHARGES						
✓	0800036094		05/13/202 02/28/202 03/15/202		19.46	0.00	0.00	19.46	✓
			FINANCE CHARGES						
✓	0800039085		05/13/202 04/30/202 05/15/202		16.35	0.00	0.00	16.35	✓
			FINANCE CHARGES						
✓	0800041092		05/13/202 06/30/202 07/15/202		19.90	0.00	0.00	19.90	✓
			FINANCE CHARGES						
✓	0800042096		05/13/202 07/31/202 08/15/202		16.31	0.00	0.00	16.31	✓
			FINANCE CHARGES						
✓	0800043101		05/13/202 08/31/202 09/15/202		27.38	0.00	0.00	27.38	✓
			FINANCE CHARGES						
✓	0800044093		05/13/202 09/30/202 10/15/202		16.15	0.00	0.00	16.15	✓
			FINANCE CHARGES						
✓	0800045101		05/13/202 10/31/202 11/15/202		11.52	0.00	0.00	11.52	✓
			FINANCE CHARGES						
✓	TRI269578		05/13/202 11/19/202 12/04/202		983.40	0.00	0.00	983.40	✓
			FREIGHT / cargo						
✓	0800046107		05/13/202 11/30/202 12/15/202		11.34	0.00	0.00	11.34	✓
			FINANCE CHARGES						
✓	0800052115		05/13/202 02/28/202 03/15/202		19.78	0.00	0.00	19.78	✓
			FINANCE CHARGES						
✓	0800053114		05/13/202 03/31/202 04/15/202		19.97	0.00	0.00	19.97	✓
			FINANCE CHARGES						
✓	0800055104		05/13/202 04/30/202 05/15/202		21.45	0.00	0.00	21.45	✓
			FINANCE CHARGES						
✓	TRI296441		05/13/202 05/13/202 05/28/202		321.63	0.00	0.00	321.63	✓
✓	0800040092		05/13/202 05/31/202 06/01/202		20.02	0.00	0.00	20.02	✓
			FINANCE CHARGES						
✓	0367771897A		05/14/202 12/01/202 12/16/202		-646.13	0.00	0.00	-646.13	✓
			FREIGHT CREDIT / cargo / credit						
✓	TRI295829		05/14/202 05/06/202 05/21/202		202.73	0.00	0.00	202.73	✓
			FREIGHT						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC	1,897.58	0.00	0.00	1,897.58

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
✓	T2603311378	ELECTRONIC W2 UPLOAD / credit	05/12/202	03/31/202	04/25/202			-112.70	0.00	0.00	-112.70
✓	1037388	CHECKS FOR HR	05/12/202	05/08/202	05/08/202			397.55	0.00	0.00	397.55
✓	A2605081378	HARDWARE/SOFTWARE/ TECH S support	05/12/202	05/08/202	06/02/202			341.00	0.00	0.00	341.00
✓	T2605081378	N-TRUST FEE / Business service	05/12/202	05/08/202	06/02/202			120,756.18	0.00	0.00	120,756.18
	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
		C2510	TRUBRIDGE	121,382.03	0.00	0.00	121,382.03				

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

✓ 2921086872	04/30/202 04/30/202 05/25/202	411.49	0.00	0.00	411.49 ✓
	LINES/SUPPLIES				
✓ 2921086988	05/01/202 05/04/202 05/29/202	4,897.62	0.00	0.00	4,897.62 ✓
	GOWNS/LINENS/SUPPLIES				
✓ 2921086830	05/12/202 04/30/202 05/25/202	319.48	0.00	0.00	319.48 ✓
	LINENS/ SUPPLIES				
✓ 2921086810	05/12/202 04/30/202 05/25/202	54.89	0.00	0.00	54.89 ✓
	UNIFORMS				
✓ 2921087002	05/12/202 05/04/202 05/29/202	230.17	0.00	0.00	230.17 ✓
	UNIFORMS				
✓ 2921087339	05/12/202 05/07/202 06/01/202	99.06	0.00	0.00	99.06 ✓
	UNIFORMS				
✓ 2921087358	05/12/202 05/07/202 06/01/202	319.48	0.00	0.00	319.48 ✓
	LINENS/SUPPLIES				
✓ 2921087367	05/12/202 05/07/202 06/01/202	169.70	0.00	0.00	169.70 ✓
	SUPPLIES/LINENS				
✓ 2921087372	05/12/202 05/07/202 06/01/202	571.71	0.00	0.00	571.71 ✓
	UNIFORMS				

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC	7,073.60	0.00	0.00	7,073.60

Vendor# Vendor Name Class Pay Code

12548	WAGeworks, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓ 0126TR116685	HSA/FSA	05/12/202	01/01/202	01/31/202		131.25	0.00	0.00	131.25 ✓
	<i>Health equity</i>								
Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net				
12548	WAGeworks, INC	131.25	0.00	0.00	131.25				

Vendor# Vendor Name Class Pay Code

10556	WOUND CARE SPECIALISTS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓ WCS00007790		05/14/202	03/13/202	04/11/202		13,814.00	0.00	0.00	13,814.00 ✓
	FEB INVOICE FOR WC SERVICES								
Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net				
10556	WOUND CARE SPECIALISTS	13,814.00	0.00	0.00	13,814.00				

Vendor# Vendor Name Class Pay Code

17880	YOUR PHONE GUYS LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓ 22863		05/12/202	05/01/202	05/31/202		1,000.00	0.00	0.00	1,000.00 ✓
	ALLWORX SERVICE AGREEMENT								
Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net				
17880	YOUR PHONE GUYS LLC	1,000.00	0.00	0.00	1,000.00				

Vendor# Vendor Name Class Pay Code

Z1005	ZIMMER US, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓ 9005701696	SUPPLIES	05/12/202	05/06/202	05/12/202		882.00	0.00	0.00	882.00 ✓
	<i>Ventix link knrls</i>								
Vendor Totals: Number	Name	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
	547,267.81	0.00	0.00	547,267.81

APPROVED ON

MAY 20 2026

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

*CHK# 213043 -
213113*

*547,267.81 - incorrect balance
179.99 - wrong invoice
547,087.82 - new total*

RUN DATE:05/19/26
TIME:09:45

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/20/26 THRU 05/20/26

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	213043	05/20/26	698.00	3WON, LLC
A/P	213044	05/20/26	5,978.10	AIRGAS USA, LLC - CENTRAL DIV
A/P	213045	05/20/26	552.00	ALLOMETRICS, INC.
A/P	213046	05/20/26	761.49	AMAZON CAPITAL SERVICES
A/P	213047	05/20/26	750.00	AMERITEX ELEVATOR TEXAS LLC
A/P	213048	05/20/26	1,810.00	ARTHREX, INC
A/P	213049	05/20/26	800.00	BANESTER SERVICES
A/P	213050	05/20/26	138.12	BAXTER HEALTHCARE
A/P	213051	05/20/26	4,665.34	BECKMAN COULTER INC
A/P	213052	05/20/26	6,553.43	BIO-RAD LABORATORIES, INC
A/P	213053	05/20/26	29,174.19	CALHOUN COUNTY
A/P	213054	05/20/26	7,920.00	CALHOUN COUNTY EMS
A/P	213055	05/20/26	158.94	CARDINAL HEALTH 414, INC.
A/P	213056	05/20/26	98.36	CAREFUSION SOLUTIONS, LLC
A/P	213057	05/20/26	233.34	CARESFIELD
A/P	213058	05/20/26	10,169.50	CDW GOVERNMENT, INC.
A/P	213059	05/20/26	56,581.23	CITIZENS MEDICAL CENTER
A/P	213060	05/20/26	2,295.10	CORROHEALTH, INC.
A/P	213061	05/20/26	33,862.14	CULINARY CONCESSIONS LLC
A/P	213062	05/20/26	572.63	CUSTOM ASSEMBLIES, INC
A/P	213063	05/20/26	367.89	CYRACOM LLC
A/P	213064	05/20/26	1,632.26	DEWITT POTH & SON
A/P	213065	05/20/26	140.00	DOWELL PEST CONTROL
A/P	213066	05/20/26	255.21	ECOLAB
A/P	213067	05/20/26	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	213068	05/20/26	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	213069	05/20/26	545.00	FASTHEALTH CORPORATION
A/P	213070	05/20/26	1,619.88	FISHER HEALTHCARE
A/P	213071	05/20/26	43,653.76	FORVIS
A/P	213072	05/20/26	2,502.50	FUSION MEDICAL STAFFING, LLC
A/P	213073	05/20/26	14,778.95	GE PRECISION HEALTHCARE, LLC
A/P	213074	05/20/26	100.00	GULF COAST DELIVERY
A/P	213075	05/20/26	353.07	GULF COAST SCIENTIFIC
A/P	213076	05/20/26	1,094.94	HEALTHSTREAM, INC.
A/P	213077	05/20/26	759.00	HOLOGIC INC
A/P	213078	05/20/26	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	213079	05/20/26	15,253.69	HUNTER PHARMACY SERVICES
A/P	213080	05/20/26	2,395.91	IMPERIAL DADE
A/P	213081	05/20/26	220.79	INTERNATIONAL BIOMEDICAL
A/P	213082	05/20/26	540.00	INTOXIMETERS INC
A/P	213083	05/20/26	150.00	LABCORP OF AMERICA HOLDINGS
A/P	213084	05/20/26	7,400.64	LAMIFLOW TECHNOLOGIES LLC
A/P	213085	05/20/26	715.00	LGC CLINICAL DIAGNOSTICS, INC.
A/P	213086	05/20/26	150.80	LOWE'S BUSINESS ACCT/SYNCB
A/P	213087	05/20/26	136.05	MEDI-DOSE, INC
A/P	213088	05/20/26	.00	VOIDED
A/P	213089	05/20/26	23,568.14	MEDLINE INDUSTRIES INC
A/P	213090	05/20/26	735.78	OLYMPUS AMERICA INC
A/P	213091	05/20/26	3,084.00	PARAREV
A/P	213092	05/20/26	376.02	PHILIPS HEALTHCARE

RUN DATE:05/19/26
TIME:09:45

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/20/26 THRU 05/20/26

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	213093	05/20/26	830.00	PORT LAVACA PLUMBING
A/P	213094	05/20/26	66.60	PRECISION DYNAMICS CORP (PDC)
A/P	213095	05/20/26	1,949.08	PRO ENERGY PARTNERS LLC
A/P	213096	05/20/26	980.60	QIAGEN INC
A/P	213097	05/20/26	369.65	SERVICE SUPPLY OF VICTORIA INC
A/P	213098	05/20/26	3,612.95	SIEMENS MEDICAL SOLUTIONS INC
A/P	213099	05/20/26	34,968.00	SMITH & NEPHEW, INC.
A/P	213100	05/20/26	3,596.00	SPARKLIGHT
A/P	213101	05/20/26	949.50	ST DAVIDS HEALTHCARE
A/P	213102	05/20/26	625.00	STANFORD VACUUM SERVICE
A/P	213103	05/20/26	479.26	STAPLES
A/P	213104	05/20/26	76.53	TREVIPAY- WALMART
A/P	213105	05/20/26	2,208.00	TRIAGE, LLC
A/P	213106	05/20/26	.00	VOIDED
A/P	213107	05/20/26	1,897.58	TRIOSE, INC
A/P	213108	05/20/26	121,382.03	TRUBRIDGE
A/P	213109	05/20/26	7,073.60	UNIFIRST HOLDINGS INC
A/P	213110	05/20/26	131.25	WAGEWORKS, INC
A/P	213111	05/20/26	13,814.00	WOUND CARE SPECIALISTS
A/P	213112	05/20/26	1,000.00	YOUR PHONE GUYS LLC
A/P	213113	05/20/26	882.00	ZIMMER US, INC.
A/P	213114	05/20/26	32,507.02	GOLDENCREEK HEALTHCARE
A/P	213115	05/20/26	8,730.78	LAVACA BAY NURSING AND REHAB
A/P	213116	05/20/26	122,836.51	TUSCANY VILLAGE
TOTALS:			711,162.13	✓

547,087.82 ← payables
8,730.78 ← lavaca bay
32,507.02 ← golden creek
122,836.51 ← tuscanmy
711,162.13 *

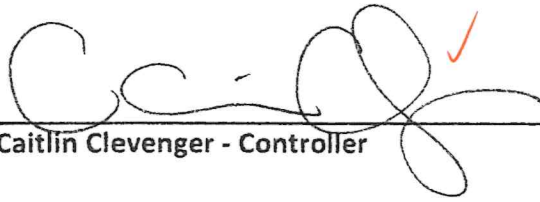
RECEIVED

MAY 18 2026

Calhoun County Auditor

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
5/6/2026	5/25/2026	4770623 ✓	27.55 ✓
5/6/2026	5/25/2026	4770625 ✓	1,272.62 ✓
5/6/2026	5/25/2026	CM17289 ✓	(29.42) ✓
5/6/2026	5/25/2026	4770624 ✓	39.30 ✓
5/6/2026	5/25/2026	4767780 ✓	15.92 ✓
5/7/2026	5/25/2026	4771906 ✓	1,065.53 ✓
5/7/2026	5/25/2026	4774046 ✓	4,190.46 ✓
5/7/2026	5/25/2026	CM17797 ✓	(19.94) ✓
5/7/2026	5/25/2026	4774048 ✓	427.26 ✓
5/7/2026	5/25/2026	4772580 ✓	552.16 ✓
5/7/2026	5/25/2026	4774049 ✓	47.43 ✓
5/7/2026	5/25/2026	4774047 ✓	172.83 ✓
5/10/2026	5/25/2026	4782003 ✓	1,418.66 ✓
5/10/2026	5/25/2026	4782001 ✓	553.67 ✓
5/10/2026	5/25/2026	4782002 ✓	608.88 ✓
5/11/2026	5/25/2026	4788678 ✓	56.01 ✓
5/11/2026	5/25/2026	4788677 ✓	152.59 ✓
5/12/2026	5/25/2026	4792860 ✓	211.91 ✓
5/12/2026	5/25/2026	4792552 ✓	121.89 ✓
5/12/2026	5/25/2026	4792551 ✓	152.38 ✓
5/13/2026	5/25/2026	4798848 ✓	4,018.12 ✓
5/13/2026	5/25/2026	4798849 ✓	295.86 ✓
5/14/2026	5/25/2026	4804931 ✓	71.66 ✓
5/14/2026	5/25/2026	4804932 ✓	86.37 ✓
5/14/2026	5/25/2026	4804350 ✓	62.39 ✓
5/14/2026	5/25/2026	4804351 ✓	244.28 ✓
5/14/2026	5/25/2026	4804930 ✓	503.85 ✓
5/14/2026	5/25/2026	4804349 ✓	8.30 ✓
			<u><u>16,328.52</u></u> ✓

 ✓
 Caitlin Clevenger - Controller 5-18-26

APPROVED ON
 MAY 18 2026

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS



October 4, 2022

Markham A Dickson III
MORRIS & DICKSON CO LLC
410 KAY LN
SHREVEPORT, LA 71115-3604, USA

IMPORTANT | Transaction Routing Instructions (ACH and Wire)

Dear Markham,

Thank you for your request for account and bank routing number information for MORRIS & DICKSON CO LLC. Please provide the below routing instructions for ACH and wire transactions to remitters who send transactions to the company account.

For accurate and timely processing of transactions, it is very important that remitters correctly identify the company account number and the applicable routing number.

For ACH delivery:

Bank Routing Number:



Account Number:

Account Name:

MORRIS & DICKSON CO LLC

We are here to help.

Please call me if you have any questions. Thank you for your business and the opportunity to serve you.

Sincerely,

Judina S&Uta

RUDINA ESPINA
Client Service Analyst
JPMorgan Chase Bank, N.A.
1-866-954-3718

IMPORTANT INFORMATION: J.P. Morgan and Chase are marketing names for certain businesses of JPMorgan Chase & Co. ("JPMC") and its subsidiaries worldwide. Products and services may be provided by banking affiliates, securities affiliates or other JPMC affiliates or entities. Any examples used are generic, hypothetical and for illustration purposes only. Prior to making any financial or investment decisions, a client or prospect ("Client" or "you" as the context may require) should seek individualized advice from financial, legal, tax and other professional advisors that take into account all of the particular facts and circumstances of the Client's own situation. In no event shall JPMC or any of its directors, officers, employees or agents be liable for any use of, for any decision made or action taken in reliance upon or for any inaccuracies or errors in, or omissions from information in this content. We are not acting as any Client's agent, fiduciary or advisor, including, without limitation, as a Municipal Advisor under the Securities and Exchange Act of 1934. JPMC assumes no responsibility or liability whatsoever to any Client with respect to such matters, and nothing herein shall amend or override the terms and conditions in the agreement(s) between JPMC and any Client or other person.

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ABOUT THIS MESSAGE This letter gives you updates and information about your JPMC relationship.

Account Number [REDACTED]
Unique ID: [REDACTED]
ERIN CLEVINGER ✓
Statement Date : 05-06-2026



Account Summary		General Information	
Previous Balance	\$0.00	Total Activity	\$2,580.49
Purchases and Other Charges	\$2,695.49		
Cash Advances	\$0.00		
Cash Advance Fees	\$0.00		
Late Payment Charges	\$0.00		
Credits	\$115.00 CR		
Payments	\$0.00 PY		
Total Activity			
	\$2,580.49 ✓		
Disputed Amount	\$0.00		

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

New Activity

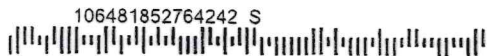
Post Date	Tran Date	Reference Number	Transaction Description	Amount
04-14	04-13	25120106104008343371493	MDS ASSOCIATES, INC. CINNAMINSON NJ	✓ 323.65 ✓ 40720007
04-16	04-15	55436876106171064884565	IMPRIMISRX 503B LEDGEWOOD NJ	✓ 990.00 ✓ 10450000
04-20	04-16	55436876107171077747584	LOEWS ARLINGTON HOTEL ARLINGTON TX 52184793 ARRIVAL:04-13-26	✓ 598.04 ✓ 40610090
04-20	04-16	55436876107171077750083	LOEWS ARLINGTON HOTEL ARLINGTON TX 52184767 ARRIVAL:04-13-26	✓ 494.12 ✓ 40610090
04-20	04-19	81732616110500000480032	METROPOLIS PARKING NASHVILLE TN	✓ 88.99 ✓ 40610090
04-30	04-29	55432866119200429735897	IN *PHYSICIANS' RECORD LISLE IL	✓ 198.19
05-04	04-30	55457376121304708271065	TEXAS HOSPITAL ASSOC AUSTIN TX	✓ 115.00 CR ✓ 40610090
05-04	05-01	05134376122600132651490	NPDB NPDB.HRSA.GOV ROCKVILLE MD	✓ 2.50 ✓ 40510090

APPROVED ON
MAY 18 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

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



106481852764242 S
ERIN CLEVINGER ✓
MEMORIAL MEDICAL
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

(11)

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: US Bank

Date: 5/8/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required	Expense #	Department	Deliver To	Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost Unit Meas. Extended Cost
1	-		MDS Associates Inc -	
2		323.65 +	large surgical gowns -	323.65 ✓
3	-	598.04 +	Loews Arlington - Hotel	598.04 ✓
4		494.12 +	for Michelle Cumberland -	
		88.99 +		
5		198.19 -	TORCH Conference 4/13-4/16	
		115.00 -		
6	-	2.50 +	Loews Arlington - Hotel	
		620.00 +		494.12 ✓
7		370.00 +	for Erin Cleverger -	
		2,580.49 *		
8			TORCH Conference 4/13-4/16	
9	-		Metropolis Parking 4/13	88.99 ✓
10			Erin Cleverger - TORCH Conf	

Est. Freight _____

Est. Total Cost _____

TOTAL COST _____

NOTES:

charges made to Erin's mc

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

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

(2)

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: US Bank

Date: 5/8/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To	Form # 9401	
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		In "Physicians Record" ✓			✓ 198.19
2			Surgery			
3	-		Credit "Registration for (CR) ✓			✓ 115.00
4			Lyvonne Felkins "changed" ✓			
5	-		NPDB - 1 Enrollment ✓			✓ 2.50
6			↳ J. Crowley			
7						
8						
9						
10						

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

NOTES:

charges / credit made to Erin's mc ✓

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

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

3

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Imprimis Rx ✓
Vendor Address: _____
Vendor Phone #: _____
Vendor Fax #: _____

Date: 4-15-26
P.O. # 20260415 JRH
Account # _____
Initiated By: Jacqueline

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
		<u>10450000</u>	<u>Pharmacy Drugs</u>			
1	1		<u>Dexamethasone/Moxifloxacin</u> ✓	<u>\$620</u>		<u>\$620</u> ✓
2			<u>1mg / 5mg / mL</u>			
3			<u>20ct/pkg</u>			
4	1		<u>Phenylephrine / Lidocaine</u>			
5			<u>1.5% / 1% / 1mL</u> ✓	<u>\$370</u>		<u>\$370</u> ✓
6						
7						
8						
9						
10		<u>Order # 59 S00554194</u>				<u>AT</u>

Est. Freight _____ Est. Total Cost _____ TOTAL COST \$990 ✓

NOTES:
Medication is charged out to Eye cases in Surgery.

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

Dept. Director: Jacqueline Ann Pratt
 Dir. Nursing: _____
 Dir. Clinical Services: _____
 CFO: _____
 Administrator: Jean

Account Number : [REDACTED]
Unique ID: [REDACTED]
MICHELLE CUMBERLAND ✓
Statement Date : 05-06-2026



Account Summary

Previous Balance	\$0.00
Purchases and Other Charges	\$329.84
Cash Advances	\$0.00
Cash Advance Fees	\$0.00
Late Payment Charges	\$0.00
Credits	\$0.00 CR
Payments	\$0.00 PY

General Information

Total Activity \$329.84

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

Total Activity \$329.84

Disputed Amount \$0.00

New Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
04-13	04-10	55436876101261017722569	OMNI DALLAS CONVENTN C DALLAS TX 19313655	86.60 ✓✓
05-04	05-02	55432866122201401927473	FAXAGE DENVER CO	243.24 ✓✓

APPROVED ON

MAY 18 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

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

106481852764284 S
MICHELLE CUMBERLAND ✓
MEMORIAL MEDICAL
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: US Bank ✓
Vendor Address: _____
Vendor Phone #: _____
Vendor Fax #: _____

Date: 5/8/2026
P.O. # _____
Account # _____
Initiated By: _____

Date Required		Expense #	Department	Deliver To			Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost	
1	—		Omni Dallas Convention ✓	✓		86.60 ✓	
2			Valet Parking - Michelle Cumberland				
3	—		Faxage - Fax lines for ✓			243.24 ✓	
4			Apr 2026 4/1 - 4/30				
5							
6							
7							
8							
9							
10							

Est. Freight _____ Est. Total Cost _____ TOTAL COST 329.84 ✓

NOTES:

Charges made to Michelle Cumberland's credit card ✓

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

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

STATEMENT

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
815 N VIRGINIA ST
PORT LAVACA TX 77979
USA

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115
Customer Inv Supp ID:
Territory: 7001
Customer Location:
Customer: 256342
Date: 05/16/2026

As of: 05/15/2026 Page: 005
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342 PLEASE CHECK ANY
Date: ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	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

Future Due:	0.00	Subtotals:	43,553.30	USD	Due If Paid On Time:	35,459.78
Past Due:	361,120.25-	If Paid By 05/19/2026			USD	8,093.52
Last Payment:	3,966.88	Pay This Amount:	35,459.78	USD	Disc lost if paid late:	USD
05/11/2026		If Paid After 05/19/2026	43,553.30	USD	Due if paid late:	43,553.30
Total Discount:	8,093.52	Pay This Amount:			USD	

APPROVED ON

MAY 18 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

35,459.78 +
169.02 +
35,628.80 *

STATEMENT

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

Company: 8000

WALMART 1098/MEM MED PHS
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As of: 05/15/2026 Page: 001
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
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Statement for information only
USA

Cust: 256342 PLEASE CHECK ANY
Date: ITEMS NOT PAID ↓

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
05/09/2026	05/19/2026	7634023614 ✓	278935740	115Invoice	2.36	118.22		115.86	✓	7634023614
05/09/2026	05/19/2026	7634023615 ✓	280429167	115Invoice	0.01	0.63		0.62	✓	7634023615
05/09/2026	05/19/2026	7634023616 ✓	272525060	115Invoice	0.02	0.95		0.93	✓	7634023616
05/09/2026	05/19/2026	7634023617 ✓	270586532	115Invoice	1.08	53.82		52.74	✓	7634023617
05/09/2026	05/19/2026	7634023618 ✓	270672562	115Invoice	0.36	17.94		17.58	✓	7634023618
05/11/2026	05/19/2026	7634261272 ✓	279843948	115Invoice	2.36	118.22		115.86	✓	7634261272
05/11/2026	05/19/2026	7634261273 ✓	281013486	115Invoice	2.64	131.89		129.25	✓	7634261273
05/11/2026	05/19/2026	7634261274 ✓	280898413	115Invoice	0.01	0.32		0.31	✓	7634261274
05/11/2026	05/19/2026	7634261275 ✓	280940901	115Invoice	0.01	0.32		0.31	✓	7634261275
05/11/2026	05/19/2026	7634261276 ✓	280980620	115Invoice	0.04	1.90		1.86	✓	7634261276
05/11/2026	05/19/2026	7634261277 ✓	280980620	115Invoice	1.31	65.35		64.04	✓	7634261277
05/11/2026	05/19/2026	7634261278 ✓	281046533	115Invoice	35.26	1,762.94		1,727.68	✓	7634261278
05/12/2026	05/19/2026	7634517496 ✓	270672562	115Invoice	0.36	17.94		17.58	✓	7634517496
05/12/2026	05/19/2026	7634517497 ✓	281160900	115Invoice	0.01	0.32		0.31	✓	7634517497
05/12/2026	05/19/2026	7634517498 ✓	281230466	115Invoice	0.02	0.95		0.93	✓	7634517498
05/12/2026	05/19/2026	7634560114 ✓	265158854	115Invoice	17.73	886.48		868.75	✓	7634560114

STATEMENT

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Company: 8000

WALMART 1098/MEM MED PHS
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USA

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USA

DC: 8115
Customer Inv Supp ID:
Territory: 7001
Customer Location:
Customer: 256342
Date: 05/16/2026

As of: 05/15/2026 Page: 002

Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342 PLEASE CHECK ANY
Date: ITEMS NOT PAID ↓

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
05/12/2026	05/19/2026	7634560116 ✓	263548292	115Invoice	3.00	150.04		147.04		7634560116
05/12/2026	05/19/2026	7634560119 ✓	267239961	115Invoice	21.40	1,069.84		1,048.44		7634560119
05/12/2026	05/19/2026	7634561820 ✓	279527963	115Invoice	156.22	7,811.08		7,654.86		7634561820
05/12/2026	05/19/2026	7634561822 ✓	274365325	115Invoice	8.65	432.47		423.82		7634561822
05/12/2026	05/19/2026	7634561824 ✓	278784855	115Invoice	104.15	5,207.51		5,103.36		7634561824
05/12/2026	05/19/2026	7634565121 ✓	277707170	115Invoice	104.15	5,207.51		5,103.36		7634565121
05/12/2026	05/19/2026	7634565122 ✓	277871374	115Invoice	208.30	10,415.02		10,206.72		7634565122
05/12/2026	05/12/2026	7634803266 ✓	MFC PR CORR CR	Pricing Cor	0.00	47,381.65-	P	47,381.65-	P	7634803266
05/12/2026	05/12/2026	7634803267 ✓	MFC PR CORR CR	Pricing Cor	0.00	16,179.10-	P	16,179.10-	P	7634803267
05/12/2026	05/12/2026	7634803268 ✓	MFC PR CORR CR	Pricing Cor	0.00	88,931.45-	P	88,931.45-	P	7634803268
05/12/2026	05/12/2026	7634803269 ✓	MFC PR CORR CR	Pricing Cor	0.00	123,190.35-	P	123,190.35-	P	7634803269
05/12/2026	05/12/2026	7634803270 ✓	MFC PR CORR CR	Pricing Cor	0.00	85,437.70-	P	85,437.70-	P	7634803270
05/12/2026	05/19/2026	7634803271 ✓	MFC PR CORR IN	Pricing Cor	705.27	35,263.55		34,558.28		7634803271
05/12/2026	05/19/2026	7634803272 ✓	MFC PR CORR IN	Pricing Cor	240.82	12,041.22		11,800.40		7634803272
05/12/2026	05/19/2026	7634803273 ✓	MFC PR CORR IN	Pricing Cor	1,325.57	66,278.67		64,953.10		7634803273
05/12/2026	05/19/2026	7634803274 ✓	MFC PR CORR IN	Pricing Cor	1,836.71	91,835.40		89,998.69		7634803274

STATEMENT

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

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AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115
Customer Inv Supp ID:
Territory: 7001
Customer Location:
Customer: 256342
Date: 05/16/2026

As of: 05/15/2026 Page: 003
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342 PLEASE CHECK ANY
Date: ITEMS NOT PAID ↓

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
05/12/2026	05/19/2026	7634803275 ✓	MFC PR CORR IN	Pricing Cor	1,274.49	63,724.72		62,450.23 ✓		7634803275
05/13/2026	05/19/2026	7634756060 ✓	280495375	115Invoice	2.36	118.22		115.86 ✓		7634756060
05/13/2026	05/19/2026	7634756061 ✓	281324386	115Invoice	5.28	263.78		258.50 ✓		7634756061
05/13/2026	05/19/2026	7634756062 ✓	281324386	115Invoice	2.88	144.12		141.24 ✓		7634756062
05/13/2026	05/19/2026	7634756063 ✓	278188204	115Invoice	5.44	271.76		266.32 ✓		7634756063
05/13/2026	05/19/2026	7634789506 ✓	281046533	115Invoice	69.43	3,471.67		3,402.24 ✓		7634789506
05/13/2026	05/19/2026	7634790441 ✓	278023847	115Invoice	77.76	3,887.90		3,810.14 ✓		7634790441
05/13/2026	05/19/2026	7634790442 ✓	278188204	115Invoice	52.08	2,603.76		2,551.68 ✓		7634790442
05/13/2026	05/19/2026	7634790443 ✓	278451880	115Invoice	173.58	8,679.18		8,505.60 ✓		7634790443
05/13/2026	05/19/2026	7634790444 ✓	269476542	115Invoice	68.81	3,440.33		3,371.52 ✓		7634790444
05/13/2026	05/19/2026	7634790445 ✓	269053706	115Invoice	68.81	3,440.33		3,371.52 ✓		7634790445
05/13/2026	05/19/2026	7634793630 ✓	280429167	115Invoice	104.15	5,207.51		5,103.36 ✓		7634793630
05/13/2026	05/19/2026	7634793631 ✓	270513841	115Invoice	68.81	3,440.33		3,371.52 ✓		7634793631
05/13/2026	05/19/2026	7634793632 ✓	270925844	115Invoice	3.00	150.04		147.04 ✓		7634793632
05/13/2026	05/19/2026	7634793633 ✓	279843948	115Invoice	208.30	10,414.78		10,206.48 ✓		7634793633
05/13/2026	05/19/2026	7634793634 ✓	270672562	115Invoice	68.81	3,440.33		3,371.52 ✓		7634793634

STATEMENT

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Company: 8000

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

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115
Customer Inv Supp ID:
Territory: 7001
Customer Location:
Customer: 256342
Date: 05/16/2026

As of: 05/15/2026 Page: 004
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342 PLEASE CHECK ANY
Date: ITEMS NOT PAID ↓

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
05/13/2026	05/19/2026	7634797492 ✓	280150224	115Invoice	104.15	5,207.39		5,103.24 ✓		7634797492
05/13/2026	05/19/2026	7634797493 ✓	280087278	115Invoice	260.37	13,018.47		12,758.10 ✓		7634797493
05/13/2026	05/19/2026	7634797494 ✓	265682969	115Invoice	68.81	3,440.33		3,371.52 ✓		7634797494
05/13/2026	05/19/2026	7634797495 ✓	265563639	115Invoice	68.81	3,440.33		3,371.52 ✓		7634797495
05/13/2026	05/19/2026	7634797496 ✓	258183591	115Invoice	1.50	75.02		73.52 ✓		7634797496
05/13/2026	05/19/2026	7634797497 ✓	265848570	115Invoice	120.41	6,020.57		5,900.16 ✓		7634797497
05/13/2026	05/19/2026	7634797498 ✓	266075132	115Invoice	40.32	2,015.82		1,975.50 ✓		7634797498
05/14/2026	05/19/2026	7635013310 ✓	273814780	115Invoice	0.02	0.95		0.93 ✓		7635013310
05/14/2026	05/19/2026	7635013311 ✓	281485023	115Invoice	0.01	0.63		0.62 ✓		7635013311
05/14/2026	05/19/2026	7635037620 ✓	260752003	115Invoice	17.73	886.45		868.72 ✓		7635037620
05/14/2026	05/19/2026	7635037621 ✓	265290014	115Invoice	51.61	2,580.28		2,528.67 ✓		7635037621
05/15/2026	05/19/2026	7635276840 ✓	266392672	115Invoice	68.81	3,440.33		3,371.52 ✓		7635276840
05/15/2026	05/19/2026	7635280197 ✓	267781358	115Invoice	48.31	2,415.46		2,367.15 ✓		7635280197
05/15/2026	05/19/2026	7635280198 ✓	273681679	115Invoice	68.81	3,440.33		3,371.52 ✓		7635280198
05/15/2026	05/19/2026	7635280199 ✓	272592771	115Invoice	17.73	886.26		868.53 ✓		7635280199
05/15/2026	05/19/2026	7635280200 ✓	272525060	115Invoice	124.31	6,215.67		6,091.36 ✓		7635280200

STATEMENT

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 ✓
815 N VIRGINIA ST
PORT LAVACA TX 77979
USA

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115
Customer Inv Supp ID:
Territory: 7001
Customer Location:
Customer: 820405
Date: 05/16/2026

As of: 05/15/2026 Page: 001
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 820405 PLEASE CHECK ANY
Date: ITEMS NOT PAID ↓

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
05/14/2026	05/19/2026	7634834254 ✓	B2605-055-357590	115Invoice	3.45	172.47		169.02 ✓	F	7634834254

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

TOTAL

Future Due:	0.00	Subtotals:	172.47	USD
Past Due:	0.00	If Paid By 05/19/2026		
		Pay This Amount:	169.02	USD
Last Payment:	3,966.88	If Paid After 05/19/2026	172.47	USD
05/11/2026		Pay This Amount:		
Total Discount:	3.45			

Due If Paid On Time: 169.02 ✓
USD
Disc lost if paid late: 3.45 ✓
USD
Due if paid late: 172.47 ✓
USD

APPROVED ON

MAY 18 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Serviced By:

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

DEA: RA0289276
866-451-9655

Customer:

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

Remit To:

AMERISOURCEBERGEN ✓
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number

100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	115.80
Past Due:	0.00
Total Due:	115.80
Account Balance:	115.80

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
05-11-2026	05-22-2026	3250791012 ✓	7011934092	Invoice	4.56		0.00	4.56 ✓
05-11-2026	05-22-2026	3250791013 ✓	7011940895	Invoice	32.98		0.00	32.98 ✓
05-12-2026	05-22-2026	3250938455 ✓	7011949032	Invoice	22.35		0.00	22.35 ✓
05-14-2026	05-22-2026	3251211007 ✓	7011958643	Invoice	30.21		0.00	30.21 ✓
05-15-2026	05-22-2026	3251341070 ✓	7011964503	Invoice	25.70		0.00	25.70 ✓

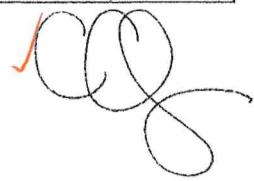
Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
115.80	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
05-15-2026	(445.64)

Reminders

Due Date	Amount
05-22-2026	115.80 ✓
Total Due:	115.80 ✓



APPROVED ON

MAY 18 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Amerisource Statement # 72083814 ✓

Account Summary Aging Report

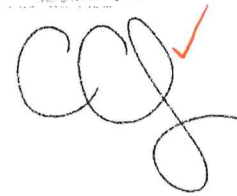
DISCLAIMER: This report is for informational purposes only. Please refer to the AmerisourceBergen Statement of Account for a complete list of outstanding invoices and adjustments thereto, including (without limitation) accrued interest, payments and other credits or adjustments. Please note also that invoices are deemed outstanding until complete payment thereon is received.

Customer Number	Customer Name	Current	1-7	8-15	16-30	31-45	46-60	61-75	75+	Total Balances
100566356	WALGREENS CENTRAL FILL #21373 340B	15.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15.07
		15.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15.07 ✓

APPROVED ON

MAY 18 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



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

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

"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"

ENTER:
###

"ENTER YOUR 4-DIGIT PIN"

"MAKE A PAYMENT, PRESS 1"

"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"

★ #

"IF FEDERAL TAX DEPOSIT ENTER 1"

"ENTER 2-DIGIT TAX FILING YEAR"

★

"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

"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"
"1 TO CONFIRM"

★ #

"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"

0 #

"ENTER W/CENTS AMOUNT OF MEDICARE"

#

"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"

#

"6-DIGIT SETTLEMENT DATE"
"1 TO CONFIRM"

★

ACKNOWLEDGEMENT NUMBER

CALLED IN BY:

CALLED IN DATE:

CALLED IN TIME:

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	5/1/2026	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	5/14/2026					
PAY DATE:	5/22/2026					
GROSS PAY:	\$ 548,883.42			\$ -		\$ 548,883.42
DEDUCTIONS:						
A/R	\$ 519.33					\$ 519.33
ADVANC						-
BOOTS						-
MUTUAL CRITICAL ILLNESS						-
MUTUAL ACCIDENT						-
IRS TAX						-
MUTUAL SHORT TERM DIS						-
MUTUAL VISION	\$ 800.80					\$ 800.80
CAFÉ-D	\$ 1,319.83					\$ 1,319.83
CAFÉ-H	\$ 29,301.93					\$ 29,301.93
	\$ -					-
	\$ -					-
CAFÉ-P						-
CANCER						-
CHILD	\$ -					-
CLINIC						-
COMBIN	\$ 204.25					\$ 204.25
CREDUN	\$ -					-
DENTAL	\$ -					-
DEP-LF						-
MUTUAL TERM LIFE	\$ 1,191.54					\$ 1,191.54
MUTUAL HOSP INDEM	\$ 725.00					\$ 725.00
FED TAX	\$ 39,032.78					\$ 39,032.78
FICA-M	\$ 7,429.49					\$ 7,429.49
FICA-O	\$ 31,767.76					\$ 31,767.76
FICA-M ADDITIONAL						-
FIRST C						-
FLEX S	\$ 4,182.58					\$ 4,182.58
FLX-FE	\$ -					-
GIFT S	\$ 346.63					\$ 346.63
MUTUAL CRITICAL ILLNESS	\$ 918.25					\$ 918.25
MUTUAL ACCIDENT	\$ 668.56					\$ 668.56
MUTUAL SHORT TERM DIS	\$ 1,930.76					\$ 1,930.76
LEGAL	\$ 1,042.93					\$ 1,042.93
OTHER	\$ 5,822.87					\$ 5,822.87
NATIONAL FARM LIFE	\$ 1,415.42					\$ 1,415.42
MED SURCHARGE						-
Blank						-
RELAY						-
REPAY						-
STONEDF	\$ 896.00					\$ 896.00
STONE						-
STONE 2						-
STUDEN						-
TSA-R	\$ 36,704.72					\$ 36,704.72
UWHOS	\$ -					-
TOTAL DEDUCTIONS:	\$ 166,220.43	\$ -	\$ -	\$ -	\$ -	\$ 166,220.43
NET PAY:	\$ 382,662.99	\$ -	\$ -	\$ -	\$ -	\$ 382,662.99

TOTAL CAFÉ 125 PLAN:	\$ 36,500.14	Less Exempt:	
TAXABLE PAY:	\$ 512,383.28	\$ 512,383.28	

	"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 7,429.56		
FICA - MED (EE)	1.45% \$ 7,429.56	\$ 7,429.49	\$ 0.07
FICA - SOC SEC (ER)	6.20% \$ 31,767.76		
FICA - SOC SEC (EE)	6.20% \$ 31,767.76	\$ 31,767.76	\$ -
FED WITHHOLDING	\$ 39,032.78	\$ 39,032.78	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TAX DEPOSIT:	\$ 117,427.42	\$ 117,427.28	TOTAL:	
FICA - MEDICARE	2.90% \$ 14,859.12	\$14,858.98	PREPARED BY:	Sariah Rubio
FICA - SOCIAL SECURITY	12.40% \$ 63,535.52	\$63,535.52	PREPARED DATE:	5/18/2026
FED WITHHOLDING	\$ 39,032.78	\$39,032.78		
TOTAL TAX:	\$ 117,427.42	\$117,427.28		\$ 0.14

Run Date: 05/15/26
Time: 17:17

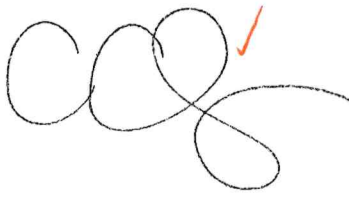
MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 05/01/26 - 05/14/26 Run# 1

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	9838.00	N	N	N			246628.32	A/R	225.00
1	REGULAR PAY-S1	1848.00	N	N	N	N		98011.30	ADVANC	AWARDS
1	REGULAR PAY-S1	191.50	Y	N	N			7883.78	BCBSVI	BOOTS
2	REGULAR PAY-S2	2511.25	N	N	N			75137.32	CAPE-1	CAPE-2
2	REGULAR PAY-S2	132.75	Y	N	N			4215.85	CAPE-4	CAPE-5
3	REGULAR PAY-S3	1702.25	N	N	N			61440.90	CAPE-D	CAPE-F
3	REGULAR PAY-S3	72.75	Y	N	N			2503.86	CAPE-I	CAPE-L
4	CALL BACK PAY	18.00	N	1	N	N	Y	786.71	CANCER	CHILD
4	CALL BACK PAY	6.00	N	2	N	N	Y	327.74	COMBIN	204.25
4	CALL BACK PAY	2.00	N	3	N	N	Y	131.59	DENTAL	DEP-LF
C	CALL PAY	256.00	N	N	N	N		512.00	EAT	EATCSH
C	CALL PAY	2253.00	N	1	N	N		4506.00	FICA-M	7429.49
D	DOUBLE TIME	8.00	N	3	N	N		259.84	FLEX S	3606.76
D	DOUBLE TIME	5.50	Y	3	N	N		788.21	FUTA	GIPT S
E	EXTRA WAGES		N	N	N	N		9114.39	GRP-IN	GTL
E	EXTRA WAGES		N	1	N	N		35.00	HSA	575.82
E	EXTRA WAGES		N	1	N	N		1850.75	LEAF	LEGAL
I	INSERVICE	31.75	N	1	N	N		1343.12	MELLS	3555.74
J	JURY LEAVE	4.00	N	1	N	N		123.60	MISC/	MMCSHR
K	EXTENDED-ILLNESS-BANK	184.00	N	1	N	N		5669.42	MOOILL	918.25
P	PAID-TIME-OFF	101.95	N	N	N	N		3583.51	MOOSTD	1930.76
P	PAID-TIME-OFF	838.00	N	1	N	N		23392.21	OTHER	PHI
X	CALL PAY 2	160.00	N	1	N	N		320.00	PR FIN	RELAY
Y	YMCA/CURVES		N	N	N	N		30.00	SAMS	SCRUBS
Z	CALL PAY 3	96.00	N	1	N	N		288.00	ST-TX	STONDF
									STONE2	STUDEN
									SUNILL	SUNIND
									SUNSTD	SUNVIS
									TSA-1	TSA-2
									TSA-P	TSA-R
									UNIFOR	2267.13

*----- Grand Totals: 20260.70 ----- | Gross: 548883.42 | Deductions: 166220.43 | Net: 382662.99
 | Checks Count:- FT 199 PT 13 Other 43 Female 232 Male 22 Credit OverAmt 15 ZeroNet Term Total: 254



APPROVED ON
MAY 18 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

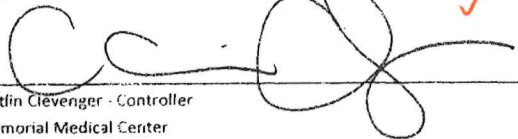
APPROVED ON

MAY 18 2026

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 11, 2026 - May 17, 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
5/11/2026	IRS - USATAXPYMT 270653195439816	- Payroll Taxes	116,692.58	**	902402 FWT:2020000 FICA:20210000
5/11/2026	TSYS/TRANSFIRST - MERCH FEES 39300982541616	- Credit Card Processing Fee	6,121.30		902403 40440076
5/11/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332385	- Credit Card Processing Fee	442.41		902404 40440076
5/11/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332393	- Credit Card Processing Fee	1,345.84		902405 40440076
5/11/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332401	- Credit Card Processing Fee	1,016.36		902406 40440076
5/11/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332419	- Credit Card Processing Fee	72.65		902407 40440076
5/11/2026	TSYS/TRANSFIRST - MERCH FEES 41399801368397	- Credit Card Processing Fee	234.71		902408 40440076
5/11/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 4.27.26 MemMedCtr PtLav	- Health Insurance Claim Payments	56,715.13	**	902409 60320000
5/11/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#136586834 136461295	- 3rd Party Payor Fee	54.90		902410 40440076
5/12/2026	MCKESSON DRUG - AUTO ACH ACH07041771	- 340B Drug Program Expense	3,966.88	*	902411 60310000
5/12/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#136898349 136803828	- 3rd Party Payor Fee	13.61		902412 40440076
5/13/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#137265399 137110359	- 3rd Party Payor Fee	378.75		902413 40440076
5/14/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#137721560 137495012	- 3rd Party Payor Fee	56.83		902414 40440076
5/15/2026	TEXAS COUNTY DRS DYNAMICS EFT DEPOSIT - RECEI VABLE 419	- Retirement Funding	181,702.06	*	902415 20260000
5/15/2026	FDMS 00000000000000007713 - FDMS PYMT 52-210 0911-000	- Credit Card Machine Lease Fee	45.64		902416 40440076
5/15/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 5/4/26 MemMedCtr PtLav	- Health Insurance Claim Payments	7,031.50	*	902417 60320000
5/15/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#138105612 137897512	- 3rd Party Payor Fee	481.78		902418 40440076
5/15/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	445.64	*	902419 60310000
5/15/2026	Enhance Analysis Service Charge	- Bank Fees	164.60		902420 40910090
			<u>376,983.17</u>		


Caitlin Clevenger - Controller
Memorial Medical Center

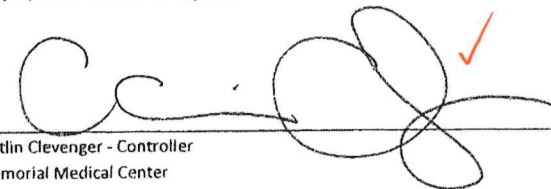
May 18, 2026

* approved on 5.13.26 cc
** approved on 5.6.26 cc

6,121.30 +
442.41 +
1,345.84 +
1,016.36 +
72.65 +
234.71 +
9,233.27

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
5/20/2026	Webfile Tax Payment	- Sales Tax	2,160.87 ✓
			<u>2,160.87</u>


Caitlin Clevenger - Controller
Memorial Medical Center

May 18, 20

376,983.17 +
116,692.58 -
56,715.13 -
3,966.88 -
181,702.06 -
7,031.50 -
445.64 -
9,233.27 — Processing Fee
985.87 — Pay Plus
45.64 — lease fee
164.60 — bank fee
0.00 *

54.90 +
13.61 +
378.75 +
56.83 +
481.78 +
985.87
45.64 +
45.64
164.60 +
164.60

☑ Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 04/30/2026 (2604)

Taxpayer ID: [REDACTED]	Taxpayer Name:	Entered By: Caitlin Clevenger
User ID: [REDACTED]	MEMORIAL MEDICAL CENTER ✓	Email Address:
Reference Number: [REDACTED]	Taxpayer Address:	cclevenger@mmcportlavaca.com
Date and Time of Filing:	815 N VIRGINIA ST PORT LAVACA , TX	Telephone Number: (361) 552-0272
05/08/2026, 12:47:39 PM	77979-3025	
	IP Address: [REDACTED]	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number: 12826097948	Type of Bank Account: Checking
State Amount: \$1,637.02	Trace Number: 82701638	Accountholder Name: Prosperity
Local Amount: \$523.85		Bank Routing Number: [REDACTED]
Amount to Pay: \$2,160.87		Bank Account Number: [REDACTED]
Electronic Check: \$2,160.87		Payment Effective Date: 05/19/2026

CREDIT SUMMARY

Credits Taken

Are you taking credit to reduce taxes due on this return? No

Are you taking credit to reduce taxable sales on this return for the purchase of Texas farm-raised oysters? No

Amount of credit being taken on this return for the purchase of Texas farm-raised oysters \$0.00

Are you taking credit to reduce taxable sales on this return for participation in a qualified oyster shell recycling program? No

Amount of credit being taken on this return for participation in a qualified oyster shell recycling program \$0.00

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker Export Certifications? No

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	26,324	26,324	0.00	26,324	1,645.25	26,324	0.02	526.48
SubTotal	26,324	26,324	0	26,324	1,645.25	26,324		526.48
Total Tax for Locations								2,171.73

Total Tax Due:	\$2,171.73
Timely Filing Discount:	-\$10.86
Balance Due:	\$2,160.87 ✓
Pending Payments:	-\$0.00

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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$25.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$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	\$0.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$5.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$0.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$158.33	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$0.00	\$25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$10.00	\$25.00
Total		\$575.82	\$500.00
		\$1,075.82 ✓	

APPROVED ON

MAY 18 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

MAY 14 2026

05/14/2026
10:57

Calhoun County Auditor

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/05/2026

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
✓ 051126		05/13/202	05/11/202	06/05/202			8,730.78	0.00	0.00	8,730.78 ✓

ins. pay. dep. into mmc opt. correction ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	LAVACA BAY NURSING AND REHAB	8,730.78	0.00	0.00	8,730.78

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,730.78	0.00	0.00	8,730.78 ✓

APPROVED ON

MAY 14 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CWL # 213115

RECEIVED

MAY 14 2026

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 06/05/2026

0

ap_open_invoice.template

05/14/2026

10:57

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
✓ 050526A		05/13/202	05/05/202	06/05/202			20,362.00	0.00	0.00	20,362.00 ✓
✓ 050626	ing. pay. dep. into mmc opt. correction	05/13/202	05/06/202	06/05/202			434.00	0.00	0.00	434.00 ✓
✓ 050726	"	05/13/202	05/07/202	06/05/202			3,720.00	0.00	0.00	3,720.00 ✓
✓ 051126A	"	05/13/202	05/11/202	06/05/202			775.66	0.00	0.00	775.66 ✓
✓ 051126	"	05/13/202	05/11/202	06/05/202			600.00	0.00	0.00	600.00 ✓
✓ 051126C	"	05/13/202	05/11/202	06/05/202			6,615.35	0.00	0.00	6,615.35 ✓
✓ 051126B	"	05/13/202	05/11/202	06/05/202			0.01	0.00	0.00	0.01 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	32,507.02	0.00	0.00	32,507.02

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	32,507.02	0.00	0.00	32,507.02

APPROVED ON

MAY 14 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

chw # 213114

RECEIVED

MAY 14 2026

05/14/2026

10:57

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 06/05/2026

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
✓ 050626		05/13/202	05/06/202	06/05/202			448.59	0.00	0.00	448.59 ✓
✓ 050626A	ins. pay. dep. into mmmc.	05/13/202	05/06/202	06/05/202			4,702.49	0.00	0.00	4,702.49 ✓
✓ 050726	"	05/13/202	05/07/202	06/05/202			72,925.29	0.00	0.00	72,925.29 ✓
✓ 050726A	"	05/13/202	05/07/202	06/05/202			30,675.14	0.00	0.00	30,675.14 ✓
✓ 051126	"	05/13/202	05/11/202	06/05/202			6,285.00	0.00	0.00	6,285.00 ✓
✓ 051126A	"	05/13/202	05/11/202	06/05/202			7,800.00	0.00	0.00	7,800.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	122,836.51	0.00	0.00	122,836.51

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	122,836.51	0.00	0.00	122,836.51

APPROVED ON

MAY 14 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CNK # 213110

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 5/18/2026

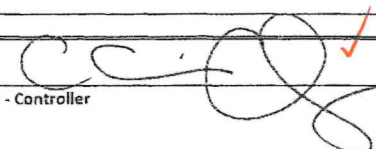
APPROVED ON

MAY 18 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		1,534.47	1,454.48	25.00		104.99	0	
						Bank Balance	104.99	
						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 # [REDACTED]								
Broadmoor		100.43	-	-		Adjust Balance/Transfer Amt	4.99	
						Bank Balance	100.43	
						Variance	-	
						Leave in Balance	100.00	
Crescent		101.67	-	1,143.76		Adjust Balance/Transfer Amt	0.43	
						Bank Balance	1,245.43	
						Variance	-	
						Leave in Balance	100.00	
						Holding for future claim pymts	1,145.43	
Fort Bend		100.28	-	-		Adjust Balance/Transfer Amt	-	
						Bank Balance	100.28	
						Variance	-	
						Leave in Balance	100.00	
Solera at W Houston		8,121.09	8,041.85	-		Adjust Balance/Transfer Amt	0.28	
						Bank Balance	79.24	
						Variance	(0.00)	
						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 # [REDACTED]								
						Adjust Balance/Transfer Amt	(20.76)	

TOTAL TRANSFERS _____

Approved:  _____
 Caitlin Clevenger - Controller 5/18/2026

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

Ashford Gardens

	✓ <u>Transfer-Out</u>	✓ <u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
5/15/2026 Enhance Analysis Service Charge	20.01	-		-
5/14/2026 Deposit	-	25.00		25.00
5/13/2026 Domestic Wire Withdrawal WIRE OUT ASHFORD HEA LTH CARE CENTER LTD	1,434.47	-		-
	1,454.48	25.00	-	25.00

Broadmoor

	✓ <u>Transfer-Out</u>	✓ <u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
No Activity				
	-	-	-	-

Crescent

	✓ <u>Transfer-Out</u>	✓ <u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
5/14/2026 Deposit	-	1,143.76		1,143.76
	-	1,143.76	-	1,143.76

Fort Bend

	✓ <u>Transfer-Out</u>	✓ <u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
No Activity				
	-	-	-	-

Solera at West Houston

	✓ <u>Transfer-Out</u>	✓ <u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
5/15/2026 Enhance Analysis Service Charge	20.76	-		-
5/13/2026 Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III	8,021.09	-		-
	8,041.85	-	-	-

TOTALS

9,496.33	1,168.76	-	1,168.76
-----------------	-----------------	---	-----------------

Balances Overview



COUNTY OF CALHOUN TEXAS
 AGIBSON
 as of May 18, 2026 9:20:45 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	\$897,030.72	\$897,030.72
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	\$515,630.98	\$515,630.98
*4381 MEMORIAL MEDICAL / NH ASHFORD	✓ \$104.99 ✓	\$104.99
*4403 MEMORIAL MEDICAL / NH BROADMOOR	✓ \$100.43 ✓	\$100.43
*4411 MEMORIAL MEDICAL / NH CRESCENT	✓ \$1,245.43 ✓	\$1,245.43
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	✓ \$79.24 ✓	\$79.24
*4446 MEMORIAL MEDICAL / NH FORT BEND	✓ \$100.28 ✓	\$100.28
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$35,345.29	\$35,345.29
*4551 CAL CO INDIGENT HEALTHCARE	\$4,861.21	\$4,861.21
*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	\$169,910.58	\$169,910.58
*3407 MMC -NH TUSCANY VILLAGE	\$61,798.77	\$61,798.77
*2998 MMC -MONEY MARKET FUND	\$75,066.77	\$75,066.77
*7168 MEMORIAL MEDICAL LOCK BOX	\$32,544.66	\$32,544.66
Total Balance	\$897,030.72	\$897,030.72

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 5/18/2026

APPROVED ON

MAY 18 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		346,475.34	346,375.34	19,566.26		19,666.26	19,566.26
					Bank Balance	19,666.26	
					Variance	-	
					Leave In Balance	100.00	

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

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.

Adjust Balance/Transfer Amt 19,566.26

Approved: 
 Caitlin Clevenger - Controller 5/18/2026

Golden Creek

	✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
5/15/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*052498941588075964*1746000156~ 17460034113011	-	74.24		74.24
5/14/2026 Deposit	-	3,511.09		3,511.09
5/14/2026 AETNA AS01 - HCCLAIMPMT TRN*1*8826129010661 37*1066033492\ 1588075964	-	222.62		222.62
5/13/2026 Domestic Wire Withdrawal WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	346,375.34	-		-
5/13/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 051326 543684555876917	-	1,237.06		1,237.06
5/13/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1243746193*13 41858379\ 746003411	-	4,661.45		4,661.45
5/12/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 051226 543684555876917	-	2,140.00		2,140.00
5/12/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	5,184.90		5,184.90
5/12/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	34.90		34.90
5/11/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 051126 543684555876917	-	2,500.00		2,500.00
	346,375.34	19,566.26	-	19,566.26

Transaction Report



Transaction Report for account *4454

Reported on Mon May 18 15:57:00 GMT 2026

Current Balance \$35,345.29
 Interest Accrued \$62.98
 Available Balance \$35,345.29

Date	Description	Amount	Balance
05/15/2026	External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0SZ498941588075964*1746000156-17460034113011	74.24	19666.26 ✓
05/14/2026	127051342653859 Deposit Deposit	3511.09	19592.02
05/14/2026	External Deposit AETNA ASD1 - HCCLAIMPMT TRN*1*8826129010661 37*106603349211586075964	222.52	16080.93
05/13/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		346375.34
05/13/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 051326 543684555876917	1237.06	15858.31
05/13/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1243746193*13 418583791746003411	4661.45	362233.65
05/12/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 051226 543684555876917	2140.00	360996.59
			356335.14

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 5/18/2026

APPROVED ON

MAY 18 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
Gulf Pointe Plaza- Private Pay		139.87					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

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		102.22					102.22	NO TRANSFER
						Bank Balance	102.22	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	<u>2.22</u>	

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: 
 Caitlin Clevenger - Controller 5/18/2026

Balances Overview



COUNTY OF CALHOUN TEXAS
 AGIBSON
 as of May 18, 2026 10:13:43 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	\$897,030.72	\$897,030.72
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	\$515,630.98	\$515,630.98
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$104.99	\$104.99
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$100.43	\$100.43
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$1,245.43	\$1,245.43
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$79.24	\$79.24
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.28	\$100.28
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$35,345.29	\$35,345.29
*4551 CAL CO INDIGENT HEALTHCARE	\$4,861.21	\$4,861.21
*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	\$169,910.58	\$169,910.58
*3407 MMC -NH TUSCANY VILLAGE	\$61,798.77	\$61,798.77
*2998 MMC -MONEY MARKET FUND	\$75,066.77	\$75,066.77
*7168 MEMORIAL MEDICAL LOCK BOX	\$32,544.66	\$32,544.66
Total Balance	\$897,030.72	\$897,030.72

APPROVED ON

MAY 18 2026

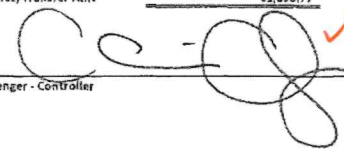
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
5/18/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chk Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		398,806.47	398,706.47	61,698.77	-	-	61,798.77	61,698.77
						Bank Balance Variance	61,798.77	
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 61,698.77

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 5/18/2026

Tuscany Village

5/14/2026 Deposit
5/13/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE
5/11/2026 HNB - ECHO - HCCCLAIMPMT TRN*1*1243372467*13 41858379\ 746003411

<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>MMC</u> <u>PORTION</u>	<u>NH PORTION</u>
-	61,674.75		61,674.75
398,706.47	-		-
-	24.02		24.02
<u>398,706.47</u>	<u>61,698.77</u>	-	<u>61,698.77</u>

Balances Overview



COUNTY OF CALHOUN TEXAS
 AGIBSON
 as of May 18, 2026 10:13:43 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	\$897,030.72	\$897,030.72
Account Name		
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*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$100.43	\$100.43
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$1,245.43	\$1,245.43
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$79.24	\$79.24
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.28	\$100.28
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$35,345.29	\$35,345.29
*4551 CAL CO INDIGENT HEALTHCARE	\$4,861.21	\$4,861.21
*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	\$169,910.58	\$169,910.58
*3407 MMC -NH TUSCANY VILLAGE	✓\$61,798.77 ✓	\$61,798.77
*2998 MMC -MONEY MARKET FUND	\$75,066.77	\$75,066.77
*7168 MEMORIAL MEDICAL LOCK BOX	\$32,544.66	\$32,544.66
Total Balance	\$897,030.72	\$897,030.72

APPROVED ON

MAY 18 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSL Transfer
Prosperity Accounts
5/18/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-in	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Lavaca Bay Nursing and Rehab		174,903.32	174,903.32	169,810.58			169,910.58	169,256.70
						Bank Balance	169,910.58	
						Variance	169,910.58	
						Leave in Balance	100.00	
						Transfer Recoup Payment	553.88	
						Adjust Balance/Transfer Amt	169,256.70	

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 5/18/2026

Lavaca Bay Nursing and Rehab



	Transfer-Out	Transfer-In	MMC	
			PORTION	NH PORTION
5/15/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1244273785*13 41858379\ 746003411	-	4,269.04		4,269.04
5/15/2026 HOSPICE OF SOUTH - Payments Lavaca Bay Nursing NF	-	2,774.66		2,774.66
5/15/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S2502681538719836*1746000156~ 17460034113016	-	2,817.08		2,817.08
5/14/2026 Deposit	-	7,715.58		7,715.58
5/14/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1243989137*13 41858379\ 746003411	-	1,013.03		1,013.03
5/13/2026 Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	174,803.32	-		-
5/13/2026 Deposit	-	16,809.05		16,809.05
5/13/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7805535*1205296137*000004011~ 676481	-	7,497.18		7,497.18
5/12/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7804097*1205296137*000004011~ 676481	-	4,803.95		4,803.95
5/12/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0913129665* 1742770542\	-	114,975.08		114,975.08
5/11/2026 BCBS ILLINOIS PAYABLE - HCCLAIMPMT TRN*1*M26 127E56833810*1731350270*MA20260507E568338100-1538719836\ M26127E56E	-	1,223.89		1,223.89
5/11/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S2433471538719836*1746000156~ 17460034113016	-	5,912.04		5,912.04
	174,803.32	169,810.58	-	169,810.58

Balances Overview



COUNTY OF CALHOUN TEXAS
 AGIBSON
 as of May 18, 2026 10:13:43 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	\$897,030.72	\$897,030.72
Account Name		
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*4381 MEMORIAL MEDICAL / NH ASHFORD	\$104.99	\$104.99
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$100.43	\$100.43
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$1,245.43	\$1,245.43
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*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.28	\$100.28
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$35,345.29	\$35,345.29
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*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	✓\$169,910.58 ✓	\$169,910.58
*3407 MMC -NH TUSCANY VILLAGE	\$61,798.77	\$61,798.77
*2998 MMC -MONEY MARKET FUND	\$75,066.77	\$75,066.77
*7168 MEMORIAL MEDICAL LOCK BOX	\$32,544.66	\$32,544.66
Total Balance	\$897,030.72	\$897,030.72

LEAHUA EMM ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

Tuscany ✓

Date Requested: 5-12-26

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APPROVED ON

MAY 18 2026

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

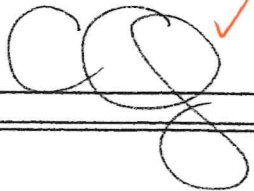
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CWF# 001180

AMOUNT \$553.88 ✓

G/L NUMBER: 206550000

EXPLANATION: UHC pmt addressed to Tuscany had a Lavaca Bay
recoup on it. Pmt date 4-16-26 Pmt # V1840361

REQUESTED BY: K. Polkuda

AUTHORIZED BY:  ✓

UNITEDHEALTHCARE
 P.O. BOX 31362
 SALT LAKE CTY UT 84131-0362



**PROVIDER
 REMITTANCE ADVICE**

MEMORIAL MEDICAL CENTER
 TUSCANY VILLAGE
 2750 MILLER RANCH RD
 PEARLAND TX 77584-9763

PAYMENT DATE: 04/16/26
TIN: [REDACTED]
PAYEE ID: [REDACTED]
PAYEE NAME: MEMORIAL MEDICAL CENTER
PAYMENT NUMBER: [REDACTED]
PAYMENT AMOUNT: \$56,866.12
PAYMENT METHOD: ACH

OVERPAYMENT REDUCTION DETAIL

Lavaca Bay

MEMBER LAST NAME	MEMBER ID#	PATIENT ACCT#	CLAIM/ CONTROL NUMBER	DATE(S) OF SERVICE	ORIGINAL OVERPAYMENT AMOUNT	PREVIOUSLY DEDUCTED	OVERPAYMENT DEDUCTED	OVERPAYMENT AMOUNT REMAINING
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	10/08/25 - 10/08/25	-\$73.69		\$73.69	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	09/01/25 - 09/11/25	-\$480.19		\$480.19	
TOTAL PAYMENT ADJUSTMENT							\$563.88	\$0.00
TOTAL PAID TO THE PROVIDER							\$56,866.12	

Remit rs Tuscany's money but the recoup belongs to Lavaca Bay.

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

MEMORIAL MEDICAL CENTER

LAVACA BAY NURSING & REHAB

815 N VIRGINIA ST

PORT LAVACA, TX 77979

001180

Date 5-20-26

88-2265/1131

**PAY
TO THE
ORDER OF**

Tuscany

\$ 553.⁸⁸

Five hundred Fifty-three ~~\$~~ ⁸⁸

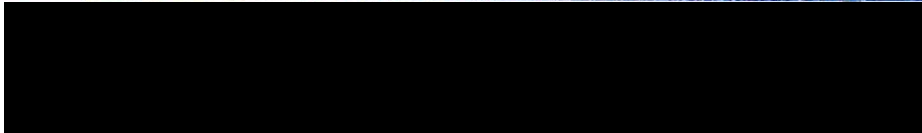
DOLLARS



**PROSPERITY
BANK**

FOR

Security features are included. Details on back.



RUN DATE:05/20/26
TIME:14:55

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/20/26 THRU 05/20/26

PAGE 3
GLCKREG

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

BSL 001180 05/20/26 553.88 TUSCANY VILLAGE
TOTALS: 553.88