

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 3, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 787,761.59
TOTAL TRANSFERS BETWEEN FUNDS	\$ 556,473.29
TOTAL NURSING HOME UPL EXPENSES	\$ 585,619.69
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 71,588.59
GRAND TOTAL DISBURSEMENTS APPROVED June 3, 2026	\$ 2,001,443.16

APPROVED

JUN 03 2026

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---June 3, 2026

PAYABLES AND PAYROLL

5/29/2026 Weekly Payables	197,173.39
5/29/2026 Patient Refunds	3,327.98
6/1/2026 Morris & Dickson	22,218.66
6/1/2026 McKesson-340B Prescription Expense	12,144.22
6/1/2026 Cencora-340B Prescription Expense	111.21
6/1/2026 Cencora-340B Prescription Expense	191.15
6/1/2026 Payroll Liabilities-Payroll Taxes	115,079.38
6/1/2026 Payroll	385,008.36

Prosperity Electronic Bank Payments

6/1/2026 90 Degree Benefits - employee insurance claims	1,550.00
6/1/2026 90 Degree Benefits - employee insurance claims	47,637.90
6/1/2026 Pay Plus-Patient Claims Processing Fee	2,276.52
6/1/2026 Health Equity -HSA Contributions	1,042.82

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 787,761.59**

TRANSFERS BETWEEN FUNDS-MMC

6/2/2026 Transfer from Nexbank Money Market to Prosperity Operating Account	300,000.00
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TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

5/29/2026 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	81,750.40
5/29/2026 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	174,722.89

TOTAL TRANSFERS BETWEEN FUNDS **\$ 556,473.29**

NURSING HOME UPL EXPENSES

6/1/2026 Nursing Home UPL-Cantex Transfer	7,363.99
6/1/2026 Nursing Home UPL-Nexion Transfer	125,574.32
6/1/2026 Nursing Home UPL-Tuscany Transfer	282,806.17
6/1/2026 Nursing Home UPL-HSL Transfer	165,971.35

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

6/2/2026 Golden Creek to MMC - Claims owed to MMC	1,632.00
6/2/2026 Broadmoor to MMC - Humana Recoup	1,883.00
6/2/2026 Lavaca Bay to MMC - Humana Recoup	388.86

TOTAL NURSING HOME UPL EXPENSES **\$ 585,619.69**

INTER-GOVERNMENT TRANSFERS

6/1/2026 RAPPS IGT	23,602.59
6/1/2026 CHIRP IGT	47,986.00

TOTAL INTER-GOVERNMENT TRANSFERS **\$ 71,588.59**

GRAND TOTAL DISBURSEMENTS APPROVED June 3, 2026 **\$ 2,001,443.16**

✓	112660136	LAB LEASE	05/27/202	05/13/202	06/07/202		5,016.58	0.00	0.00	5,016.58 ✓	
		HEMATOLOGY BILLING	<i>Hardware & service</i>								
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		B1220 BECKMAN COULTER INC					9,361.56	0.00	0.00	9,361.56	
Vendor#	Vendor Name		Class	Pay Code							
10024	BECTON, DICKINSON & CO (BD)										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	9115705640		05/26/202	05/13/202	06/12/202			753.50	0.00	0.00	753.50 ✓
		SUPPLIES	<i>Safe Step 20Ga</i>								
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		10024 BECTON, DICKINSON & CO (BD)					753.50	0.00	0.00	753.50	
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
✓	052426		05/27/202	05/24/202	05/24/202			169.58	0.00	0.00	169.58 ✓
		FUEL	<i>voyager</i>								
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		C1048 CALHOUN COUNTY					169.58	0.00	0.00	169.58	
Vendor#	Vendor Name		Class	Pay Code							
12768	CHEMAQUA										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	9625404		05/27/202	05/24/202	06/03/202			652.27	0.00	0.00	652.27 ✓
		WATER TREATMENT									
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		12768 CHEMAQUA					652.27	0.00	0.00	652.27	
Vendor#	Vendor Name		Class	Pay Code							
D1145	DEPT OF STATE HEALTH SERVICES		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	052726		05/28/202	05/27/202	05/27/202			8,000.00	0.00	0.00	8,000.00 ✓
		MAMMO INSPECTION	<i>administrative violation</i>								
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		D1145 DEPT OF STATE HEALTH SERVICES					8,000.00	0.00	0.00	8,000.00	
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
✓	8376910		05/27/202	05/19/202	06/13/202			5.12	0.00	0.00	5.12 ✓
		SUPPLIES	<i>paper roll xl</i>								
✓	8380870		05/27/202	05/26/202	05/26/202			461.05	0.00	0.00	461.05 ✓
		SUPPLIES	<i>clips, paper, tape, staples, notes, etc.</i>								
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		10368 DEWITT POTH & SON					466.17	0.00	0.00	466.17	
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
✓	75045		05/27/202	05/26/202	06/01/202			260.00	0.00	0.00	260.00 ✓
		PEST CONTROL	<i>exterior treatment of mosquitoes</i>								
✓	75080		05/27/202	05/26/202	06/01/202			505.00	0.00	0.00	505.00 ✓
		PEST CONTROL	<i>exterior & interior treatment</i>								
✓	75142		05/27/202	05/26/202	06/01/202			160.00	0.00	0.00	160.00 ✓
		PEST CONTROL FOR CLINIC	<i>exterior treatment of mosquitoes</i>								
✓	75146		05/27/202	05/26/202	06/01/202			105.00	0.00	0.00	105.00 ✓
			<i>clinic exterior & interior treatment</i>								
	Vendor Totals:	Number Name					Gross	Discount	No-Pay	Net	
		11291 DOWELL PEST CONTROL					1,030.00	0.00	0.00	1,030.00	
Vendor#	Vendor Name		Class	Pay Code							

11284 EMERGENCY STAFFING SOLUTIONS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 45367		05/27/202	05/31/202	06/10/202			40,062.50	0.00	0.00	40,062.50 ✓
ER PHYS SERVICES MAY 16TH-E										
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
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 8727616		05/26/202	05/13/202	06/07/202			1,163.07	0.00	0.00	1,163.07 ✓
✓ 8758876	SUPPLIES <i>althia GRB Strptstkt x1</i>	05/26/202	05/14/202	06/08/202			76.29	0.00	0.00	76.29 ✓
✓ 8758875	SUPPLIES <i>BBL Colwab amies DBL x2</i>	05/26/202	05/14/202	06/08/202			310.10	0.00	0.00	310.10 ✓
✓ 8787740	SUPPLIES <i>potassium, anaerobic cdc, broth, etc.</i>	05/26/202	05/15/202	06/09/202			1,009.45	0.00	0.00	1,009.45 ✓
✓ 8848346	SUPPLIES <i>primary BCID2 cti panel x2</i>	05/26/202	05/19/202	06/13/202			1,641.43	0.00	0.00	1,641.43 ✓
✓ 8848344	SUPPLIES <i>mitsubishi pak CO2 & Dextrose agar</i>	05/26/202	05/19/202	06/13/202			16.32	0.00	0.00	16.32 ✓
✓ 8848345	SUPPLIES <i>XLD agar</i>	05/26/202	05/19/202	06/13/202			156.89	0.00	0.00	156.89 ✓
	SUPPLIES <i>anaerobic cdc, oxid anaerobic, & blood agar slant</i>									

Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
F1400 FISHER HEALTHCARE							4,373.55	0.00	0.00	4,373.55

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
✓ INV993206		05/27/202	05/16/202	06/10/202			2,637.50	0.00	0.00	2,637.50 ✓
PT TRAVEL TECH / <i>Sarah Wilmore 5/8, 5/9, 5/10, 5/12, 5/13, 5/14</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11078 FUSION MEDICAL STAFFING, LLC							2,637.50	0.00	0.00	2,637.50

Vendor#	Vendor Name	Class	Pay Code
11149	GBS ADMINISTRATORS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 457248510797		05/27/202	05/26/202	05/26/202			4,656.53	0.00	0.00	4,656.53 ✓
APRIL LONG TERM DISABILITY IN										
✓ 432503103121		05/27/202	05/26/202	05/26/202			4,612.06	0.00	0.00	4,612.06 ✓
LONG TERM DISABILITY MAY INV										
✓ 283398812839		05/27/202	05/26/202	05/26/202			4,526.03	0.00	0.00	4,526.03 ✓
LONG TERM DISABILITY JUNE IN										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11149 GBS ADMINISTRATORS, INC							13,794.62	0.00	0.00	13,794.62

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
✓ 7152		05/27/202	05/31/202	06/10/202			23,663.00	0.00	0.00	23,663.00 ✓
PHYS SERVICES MAY 16TH-EOM										
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
18388	IMPERIAL DADE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 41778257		05/26/202	05/20/202	05/26/202			190.08	0.00	0.00	190.08 ✓
✓ 41451697	SUPPLIES <i>janitorial cleaning cart x1</i>	05/27/202	04/23/202	05/27/202			56.80	0.00	0.00	56.80 ✓
<i>all purpose cleaner x4 & yellow clamp mop handle</i>										

~~SUPPLIES~~

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
18388	IMPERIAL DADE	246.88	0.00	0.00	246.88

Vendor#	Vendor Name	Class	Pay Code
14976	INOVALON PROVIDER INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 26M0061689		05/27/202	05/20/202	05/20/202			808.48	0.00	0.00	808.48

SCHEDULER & OSM MODULE ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14976	INOVALON PROVIDER INC.	808.48	0.00	0.00	808.48

Vendor#	Vendor Name	Class	Pay Code
I1260	INTOXIMETERS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 815733		05/26/202	05/19/202	06/13/202			40.00	0.00	0.00	40.00

~~SUPPLIES~~ paper roll x20 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
I1260	INTOXIMETERS INC	40.00	0.00	0.00	40.00

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
✓ 12967		05/28/202	05/28/202	05/28/202			949.43	0.00	0.00	949.43

SMOKE DAMPER DOOR ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
18412	LAMIFLOW TECHNOLOGIES LLC	949.43	0.00	0.00	949.43

Vendor#	Vendor Name	Class	Pay Code
M2178	MCKESSON MEDICAL SURGICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 25562819		05/26/202	05/06/202	05/21/202			2,218.61	0.00	0.00	2,218.61

~~SUPPLIES~~ reagent kit ✓

✓ 25562817		05/26/202	05/06/202	05/21/202			170.90	0.00	0.00	170.90
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~~SUPPLIES~~ applicator & tube ✓

✓ 25579575		05/26/202	05/08/202	05/23/202			139.97	0.00	0.00	139.97
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~~SUPPLIES~~ agar macconkey tryptic plate ✓

✓ 25588318		05/26/202	05/11/202	05/26/202			253.40	0.00	0.00	253.40
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SUPPLY Igloo wound irrigator x2 ✓

✓ 25590298		05/26/202	05/12/202	05/27/202			32.40	0.00	0.00	32.40
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~~SUPPLIES~~ chloraprep new lab applicator ✓

✓ 25605573		05/26/202	05/14/202	05/29/202			83.16	0.00	0.00	83.16
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~~SUPPLIES~~ single chloraprep swabstick ✓

✓ 25615030		05/26/202	05/15/202	05/30/202			252.61	0.00	0.00	252.61
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~~SUPPLIES~~ alethia group B strep control ✓

✓ 25622752		05/26/202	05/18/202	06/02/202			146.01	0.00	0.00	146.01
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chloraprep new lab applicator & sharp red container ✓

✓ 25619050		05/26/202	05/18/202	06/02/202			65.64	0.00	0.00	65.64
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~~SUPPLIES~~ cable/head set ✓

✓ 25633406		05/26/202	05/20/202	06/04/202			281.19	0.00	0.00	281.19
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~~SUPPLIES~~ Compliance gold x3 ✓

✓ 25644221		05/26/202	05/21/202	06/05/202			496.92	0.00	0.00	496.92
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~~SUPPLIES~~ control K, S, P, S, S ✓

✓ 25643992		05/26/202	05/21/202	06/05/202			147.84	0.00	0.00	147.84
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~~SUPPLIES~~ control, urine-check ✓

✓ 25608647		05/27/202	05/14/202	05/29/202			801.17	0.00	0.00	801.17
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~~SUPPLIES~~ QC kit x2 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2178	MCKESSON MEDICAL SURGICAL INC	5,089.82	0.00	0.00	5,089.82

Vendor#	Vendor Name	Class	Pay Code
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11141 MEDICAL DATA SYSTEMS, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 212763		05/28/202	03/31/202	04/25/202			2,593.92	0.00	0.00	2,593.92 ✓
COLLECTION FEES- MARCH INVC										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11141 MEDICAL DATA SYSTEMS, INC.							2,593.92	0.00	0.00	2,593.92

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
✓ 2425657252		05/26/202	05/12/202	06/06/202			172.45	0.00	0.00	172.45 ✓
✓ 2425657251	SUPPLIES dry contoured sponge	05/26/202	05/12/202	06/06/202			14.27	0.00	0.00	14.27 ✓
✓ 2425678715	SUPPLIES gloves	05/26/202	05/12/202	06/06/202			871.65	0.00	0.00	871.65 ✓
✓ 2425882582	SUPPLIES transport cart	05/26/202	05/13/202	06/07/202			106.78	0.00	0.00	106.78 ✓
✓ 2425777907	SUPPLIES oxy brass flow meter	05/26/202	05/13/202	06/07/202			157.20	0.00	0.00	157.20 ✓
✓ 2425777910	SUPPLIES syringe, bandage, & jelly	05/26/202	05/13/202	06/07/202			1,442.59	0.00	0.00	1,442.59 ✓
✓ 2425777921	SUPPLIES	05/26/202	05/13/202	06/07/202			5,777.65	0.00	0.00	5,777.65 ✓
✓ 2425777923	SUPPLIES	05/26/202	05/13/202	06/07/202			33.21	0.00	0.00	33.21 ✓
✓ 2426277119	SUPPLIES quick connector	05/26/202	05/15/202	06/09/202			372.77	0.00	0.00	372.77 ✓
✓ 2426305781	SUPPLIES baby scale	05/26/202	05/16/202	06/10/202			3.50	0.00	0.00	3.50 ✓
✓ 2426552419	SUPPLIES prep pad	05/26/202	05/19/202	06/13/202			88.62	0.00	0.00	88.62 ✓
✓ 2426552418	SUPPLIES tourniquet blue	05/26/202	05/19/202	06/13/202			72.12	0.00	0.00	72.12 ✓
✓ 1703698357	SUPPLIES specimen bag	05/27/202	05/23/202	06/15/202			290.90	0.00	0.00	290.90 ✓
INTEREST INVOICE										
✓ 2427569479		05/27/202	05/25/202	06/01/202			502.11	0.00	0.00	502.11 ✓
SUPPLIES digital scale										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
M2470 MEDLINE INDUSTRIES INC							9,905.82	0.00	0.00	9,905.82

Vendor# Vendor Name Class Pay Code

10680 MMC EMPLOYEES ACTIVITIES TEAM

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 052826		05/28/202	05/28/202	05/28/202			4,643.05	0.00	0.00	4,643.05 ✓
REIMB FOR PAYROLL SCRUB SA										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10680 MMC EMPLOYEES ACTIVITIES TEAM							4,643.05	0.00	0.00	4,643.05

Vendor# Vendor Name Class Pay Code

12388 NATIONAL FARM LIFE INSURANCE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 4757590		05/20/202	05/20/202	06/15/202			2,951.26	0.00	0.00	2,951.26 ✓
life insurance										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12388 NATIONAL FARM LIFE INSURANCE							2,951.26	0.00	0.00	2,951.26

Vendor# Vendor Name Class Pay Code

12708 POC ELECTRIC, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
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✓4597		05/27/202	05/24/202	05/27/202			300.00	0.00	0.00	300.00 ✓	
	OUTLET INSTALL	<i>in the lab for a/c</i>									
✓4596		05/27/202	05/24/202	06/01/202			1,600.00	0.00	0.00	1,600.00 ✓	
	ELETRICAL WORK FOR CT ROOM										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	12708	POC ELECTRIC, LLC					1,900.00	0.00	0.00	1,900.00	
Vendor#	Vendor Name		Class	Pay Code							
P2100	PORT LAVACA WAVE		W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓INV0175		05/27/202	05/27/202	05/27/202			26.25	0.00	0.00	26.25 ✓	
	LEGAL NOTICES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	P2100	PORT LAVACA WAVE					26.25	0.00	0.00	26.25	
Vendor#	Vendor Name		Class	Pay Code							
O1416	QUIDELORTHO SALES COMPANY LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓9100431259		05/26/202	05/18/202	06/17/202			837.09	0.00	0.00	837.09 ✓	
	SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	O1416	QUIDELORTHO SALES COMPANY LLC					837.09	0.00	0.00	837.09	
Vendor#	Vendor Name		Class	Pay Code							
12436	SHANNA O'DONNELL, FNP										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓052026		05/27/202	05/20/202	05/20/202			195.00	0.00	0.00	195.00 ✓	
	AANP RECERTIFICATION RENEW										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	12436	SHANNA O'DONNELL, FNP					195.00	0.00	0.00	195.00	
Vendor#	Vendor Name		Class	Pay Code							
S1800	SHERWIN WILLIAMS		W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓043026		05/27/202	04/30/202	04/30/202			749.67	0.00	0.00	749.67 ✓	
	PAINT SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	S1800	SHERWIN WILLIAMS					749.67	0.00	0.00	749.67	
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	
✓985324005		05/26/202	05/19/202	05/26/202			6,650.00	0.00	0.00	6,650.00 ✓	
	SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	S2362	SMITH & NEPHEW, INC.					6,650.00	0.00	0.00	6,650.00	
Vendor#	Vendor Name		Class	Pay Code							
11296	SOUTH TEXAS BLOOD & TISSUE CEN										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓I07060630		05/27/202	05/15/202	06/09/202			4,502.52	0.00	0.00	4,502.52 ✓	
	BLOOD BANK										
✓CM17664		05/27/202	05/15/202	06/09/202			-2,535.00	0.00	0.00	-2,535.00 ✓	
	BLOOD BANK CREDIT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					1,967.52	0.00	0.00	1,967.52	
Vendor#	Vendor Name		Class	Pay Code							
S3960	STERICYCLE, INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓8014337212		05/27/202	05/18/202	05/18/202			564.80	0.00	0.00	564.80 ✓	
	<i>Osha compliance</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	

	S3960	STERICYCLE, INC					564.80	0.00	0.00	564.80	
Vendor#	Vendor Name		Class		Pay Code						
S0504	SURGICAL DIRECT										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 129715		05/26/202	05/14/202	05/26/202			4,345.10	0.00	0.00	4,345.10 ✓
		SUPPLIES	Olympus hysteroscope & hysteroscope sheath								
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		S0504 SURGICAL DIRECT						4,345.10	0.00	0.00	4,345.10
Vendor#	Vendor Name		Class		Pay Code						
14524	SYSMEX AMERICA, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 96508492		05/26/202	05/24/202	05/26/202			527.44	0.00	0.00	527.44 ✓
		SUPPLIES	Beyond Care Remote								
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		14524 SYSMEX AMERICA, INC.						527.44	0.00	0.00	527.44
Vendor#	Vendor Name		Class		Pay Code						
T0420	TELEFLEX MEDICAL										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 9510802253		05/26/202	11/12/202	12/12/202			125.00	0.00	0.00	125.00 ✓
		SUPPLIES	ez-stabilizer								
	✓ 9510834673		05/26/202	11/19/202	12/19/202			12.00	0.00	0.00	12.00 ✓
		SUPPLIES	et tube uncuffed								
	✓ 9511084168		05/26/202	01/20/202	02/19/202			119.50	0.00	0.00	119.50 ✓
		SUPPLIES	LMA Supreme size								
	✓ 9511084170		05/26/202	01/21/202	02/20/202			119.50	0.00	0.00	119.50 ✓
		SUPPLIES	LMA Supreme size								
	✓ 9511278129		05/26/202	03/06/202	04/05/202			2,700.00	0.00	0.00	2,700.00 ✓
		SUPPLIES	needle set								
	✓ 9511389850		05/26/202	04/01/202	05/01/202			29.00	0.00	0.00	29.00 ✓
		SUPPLIES	silicone bite liners								
	✓ 9511057421		05/27/202	01/14/202	05/27/202			119.50	0.00	0.00	119.50 ✓
		SUPPLIES	LMA Supreme size								
	✓ 9511351959		05/27/202	03/24/202	04/23/202			125.00	0.00	0.00	125.00 ✓
		SUPPLIES	ez-stabilizer								
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		T0420 TELEFLEX MEDICAL						3,349.50	0.00	0.00	3,349.50
Vendor#	Vendor Name		Class		Pay Code						
10732	THERACOM, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 226585909		05/27/202	05/13/202	05/13/202			2,773.15	0.00	0.00	2,773.15 ✓
		SUPPLIES	nexplanon b8 MG								
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		10732 THERACOM, LLC						2,773.15	0.00	0.00	2,773.15
Vendor#	Vendor Name		Class		Pay Code						
11908	TMS SOUTH										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ INV225683		05/19/202	05/07/202	06/06/202			529.19	0.00	0.00	529.19 ✓
		SUPPLIES	bedpan washer & alsons								
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		11908 TMS SOUTH						529.19	0.00	0.00	529.19
Vendor#	Vendor Name		Class		Pay Code						
14064	TREVIPAY- WALMART										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ A791941B		05/27/202	05/20/202	06/15/202			19.80	0.00	0.00	19.80 ✓
		SUPPLIES	powdered drink mix x10								
	✓ 442B2B11		05/27/202	05/20/202	06/15/202			19.94	0.00	0.00	19.94 ✓
			hanging file folders								

~~SUPPLIES~~

Vendor#	Vendor Name	Class	Pay Code				Gross	Discount	No-Pay	Net
Vendor Totals: Number Name Gross Discount No-Pay Net										
	14064	TREVI	PAY- WALMART				39.74	0.00	0.00	39.74
Vendor#	Vendor Name	Class	Pay Code							
13616	TRIOSE, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ TRI297127		05/26/202	05/19/202	06/03/202			268.34	0.00	0.00	268.34 ✓
	FREIGHT									✓
Vendor Totals: Number Name Gross Discount No-Pay Net										
	13616	TRIOSE, INC					268.34	0.00	0.00	268.34
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
✓ 2921087910		05/27/202	05/14/202	06/08/202			4,231.69	0.00	0.00	4,231.69 ✓
	SUPPLIES/LINENS									
✓ 2921087952		05/27/202	05/14/202	06/08/202			614.45	0.00	0.00	614.45 ✓
	UNIFORMS									
✓ 2921088226		05/27/202	05/18/202	06/12/202			5,018.76	0.00	0.00	5,018.76 ✓
	SUPPLIES/LINENS/GOWNS									
✓ 2921087948		05/27/202	05/20/202	06/14/202			156.58	0.00	0.00	156.58 ✓
	SUPPLIES/LINENS									
✓ 2921088347		05/27/202	05/21/202	06/01/202			152.96	0.00	0.00	152.96 ✓
	UNIFORMS									
✓ 2921088353		05/27/202	05/21/202	06/01/202			365.10	0.00	0.00	365.10 ✓
	SUPPLIES/LINENS									
✓ 2921088356		05/27/202	05/21/202	06/15/202			174.40	0.00	0.00	174.40 ✓
	SUPPLIES/LINENS									
✓ 2921088359		05/27/202	05/21/202	06/15/202			573.28	0.00	0.00	573.28 ✓
	UNIFORMS									
✓ 2921088344		05/27/202	05/21/202	06/15/202			4,331.66	0.00	0.00	4,331.66 ✓
	SUPPLIES/LINENS									
✓ 2921088351		05/27/202	05/21/202	06/15/202			333.15	0.00	0.00	333.15 ✓
	UNIFORMS									
✓ 2921088601		05/27/202	05/25/202	06/01/202			186.50	0.00	0.00	186.50 ✓
	UNIFORMS									
✓ 2921088694		05/27/202	05/25/202	06/15/202			5,966.93	0.00	0.00	5,966.93 ✓
	SUPPLIES/LINENS									
Vendor Totals: Number Name Gross Discount No-Pay Net										
	U1064	UNIFIRST HOLDINGS INC					22,105.46	0.00	0.00	22,105.46
Vendor#	Vendor Name	Class	Pay Code							
U2000	US POSTAL SERVICE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 052626		05/27/202	05/26/202	05/26/202			2,200.00	0.00	0.00	2,200.00 ✓
	Postage									
Vendor Totals: Number Name Gross Discount No-Pay Net										
	U2000	US POSTAL SERVICE					2,200.00	0.00	0.00	2,200.00
Vendor#	Vendor Name	Class	Pay Code							
I1110	WERFEN USA LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9112207522		05/26/202	05/15/202	06/09/202			1,571.67	0.00	0.00	1,571.67 ✓
	SUPPLIES									
	Contract 5/26									
Vendor Totals: Number Name Gross Discount No-Pay Net										
	I1110	WERFEN USA LLC					1,571.67	0.00	0.00	1,571.67
Vendor#	Vendor Name	Class	Pay Code							
10556	WOUND CARE SPECIALISTS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓ WCS00007890	05/27/202 05/19/202 06/15/202	12,301.00	0.00	0.00	12,301.00 ✓
WOUND CARE SERVICES/ APRIL					
Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10556	WOUND CARE SPECIALISTS	12,301.00	0.00	0.00	12,301.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	197,173.39	0.00	0.00	197,173.39

APPROVED ON

MAY 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 213177-213223

RECEIVED

MAY 29 2026

RUN DATE: 05/28/26
TIME: 11:00

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

Calhoun County Auditor

PATIENT NUMBER	PAYEE NAME	DATE	PAY AMOUNT	PAT CODE	DESCRIPTION	GL NUM
✓ 1564180	01	052726	100.98 ✓	2		
✓ 1606872	01	TX 77982 052726	33.88 ✓	2		
✓ 1628937	01	TX 77979 052726	140.40 ✓	2		
✓ 1635422	01	TX 77979 052726	598.00 ✓	2		✓
✓ 1636018	01	TX 77982 052726	38.44 ✓	2		✓
✓ 1640681	01	TX 78377 052726	240.00 ✓	2		✓
✓ 1641962	01	TX 76116 052726	252.37 ✓	2		
✓ 1642363	01	TX 77979 052726	135.78 ✓	2		
✓ 1642993	01	TX 77979 052726	130.00 ✓	2		✓
✓ 1647508	01	TX 77979 052726	317.80 ✓	3		
✓ 1655186	01	TX 77983 052726	49.38 ✓	2		
✓ 1656277	01	TX 779794913 052726	121.00 ✓	2		
✓ 1657370	01	TX 77979 052726	240.00 ✓	2		
✓ 1660138	01	TX 77979 052726	180.00 ✓	2		
✓ 1660153	01	TX 77979 052726	50.00 ✓	2		
✓ 1662964	01	TX 77979 052726	28.34 ✓	2		
✓ 1675009	01	TX 77979 052726	295.85 ✓	2		
		TX 77982				

RUN DATE: 05/28/26
TIME: 11:00

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 2
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
✓6000705	01	052726	60.54	✓	5		
		TX 77983					
✓6002295	01	052726	30.08	✓	5		
		TX 77979					
✓6003665	01	052726	63.56	✓	5		
		TX 77983					
✓6004996	01	052726	119.08	✓	5		
		TX 77979					
✓6008091	01	052726	56.00	✓	5		✓
		TX 77979					
✓6018028	01	052726	22.50	✓	5		
		TX 77979					
✓6021699	01	052726	24.00	✓	5		
		TX 77979					

ARID=0001 TOTAL

3327.98

TOTAL

3327.98

APPROVED ON

MAY 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CWC# 213224 -
213249

RUN DATE:06/01/26
TIME:15:49

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/03/26 THRU 06/03/26

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	213177	06/03/26	362.94	ADVANCED STERILIZATION PRODUCT
A/P	213178	06/03/26	98.60	ALCO SALES & SERVICE CO
A/P	213179	06/03/26	.00	VOIDED
A/P	213180	06/03/26	1,160.77	AMAZON CAPITAL SERVICES
A/P	213181	06/03/26	457.25	ASPEN SURGICAL PRODUCTS INC
A/P	213182	06/03/26	9,361.56	BECKMAN COULTER INC
A/P	213183	06/03/26	753.50	BECTON, DICKINSON & CO (BD)
A/P	213184	06/03/26	169.58	CALHOUN COUNTY
A/P	213185	06/03/26	652.27	CHEMAQUA
A/P	213186	06/03/26	8,000.00	DEPT OF STATE HEALTH SERVICES
A/P	213187	06/03/26	466.17	DEWITT POTH & SON
A/P	213188	06/03/26	1,030.00	DOWELL PEST CONTROL
A/P	213189	06/03/26	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	213190	06/03/26	4,373.55	FISHER HEALTHCARE
A/P	213191	06/03/26	2,637.50	FUSION MEDICAL STAFFING, LLC
A/P	213192	06/03/26	13,794.62	GBS ADMINISTRATORS, INC
A/P	213193	06/03/26	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	213194	06/03/26	246.88	IMPERIAL DADE
A/P	213195	06/03/26	808.48	INOVALON PROVIDER INC.
A/P	213196	06/03/26	40.00	INTOXIMETERS INC
A/P	213197	06/03/26	949.43	LAMIFLOW TECHNOLOGIES LLC
A/P	213198	06/03/26	.00	VOIDED
A/P	213199	06/03/26	5,089.82	MCKESSON MEDICAL SURGICAL INC
A/P	213200	06/03/26	2,593.92	MEDICAL DATA SYSTEMS, INC.
A/P	213201	06/03/26	.00	VOIDED
A/P	213202	06/03/26	9,905.82	MEDLINE INDUSTRIES INC
A/P	213203	06/03/26	4,643.05	MMC EMPLOYEES ACTIVITIES TEAM
A/P	213204	06/03/26	2,951.26	NATIONAL FARM LIFE INSURANCE
A/P	213205	06/03/26	1,900.00	POC ELECTRIC, LLC
A/P	213206	06/03/26	26.25	PORT LAVACA WAVE
A/P	213207	06/03/26	837.09	QUIDELORTHO SALES COMPANY LLC
A/P	213208	06/03/26	195.00	SHANNA O'DONNELL, FNP
A/P	213209	06/03/26	749.67	SHERWIN WILLIAMS
A/P	213210	06/03/26	6,650.00	SMITH & NEPHEW, INC.
A/P	213211	06/03/26	1,967.52	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	213212	06/03/26	564.80	STERICYCLE, INC
A/P	213213	06/03/26	4,345.10	SURGICAL DIRECT
A/P	213214	06/03/26	527.44	SYSMEX AMERICA, INC.
A/P	213215	06/03/26	3,349.50	TELEPLEX MEDICAL
A/P	213216	06/03/26	2,773.15	THERACOM, LLC
A/P	213217	06/03/26	529.19	TMS SOUTH
A/P	213218	06/03/26	39.74	TREVIPAY- WALMART
A/P	213219	06/03/26	268.34	TRIOSE, INC
A/P	213220	06/03/26	22,105.46	UNIFIRST HOLDINGS INC
A/P	213221	06/03/26	2,200.00	US POSTAL SERVICE
A/P	213222	06/03/26	1,571.67	WERFEN USA LLC
A/P	213223	06/03/26	12,301.00	WOUND CARE SPECIALISTS
A/P	213224	06/03/26	81,750.40	GOLDENCREEK HEALTHCARE
A/P	213225	06/03/26	174,722.89	TUSCANY VILLAGE
A/P	213226	06/03/26	119.08	[REDACTED]

RUN DATE:06/01/26
TIME:15:49

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/03/26 THRU 06/03/26

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	213227	06/03/26	24.00	
A/P	213228	06/03/26	60.54	
A/P	213229	06/03/26	63.56	
A/P	213230	06/03/26	30.08	
A/P	213231	06/03/26	295.85	
A/P	213232	06/03/26	56.00	
A/P	213233	06/03/26	121.00	
A/P	213234	06/03/26	22.50	
A/P	213235	06/03/26	140.40	
A/P	213236	06/03/26	240.00	
A/P	213237	06/03/26	180.00	
A/P	213238	06/03/26	28.34	
A/P	213239	06/03/26	100.98	
A/P	213240	06/03/26	252.37	
A/P	213241	06/03/26	130.00	
A/P	213242	06/03/26	33.88	
A/P	213243	06/03/26	598.00	
A/P	213244	06/03/26	317.80	
A/P	213245	06/03/26	50.00	
A/P	213246	06/03/26	38.44	
A/P	213247	06/03/26	240.00	
A/P	213248	06/03/26	49.38	
A/P	213249	06/03/26	135.78	

TOTALS:

456,974.66

197,173.39 +- payables
3,327.98 +- patient refunds
81,750.40 +- golden creek
174,722.89 +- tuscany
456,974.66 *

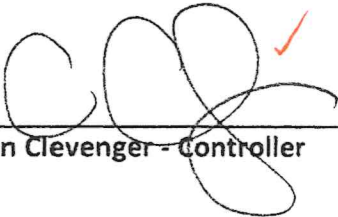
RECEIVED

JUN 01 2026

Morris & Dickson Invoices

Calhoun County Auditor

Invoice Date	Due Date	Invoice Number	Amount
5/25/2026	6/10/2026	✓ 4840193	55.47 ✓
5/25/2026	6/10/2026	✓ 4842646	821.98 ✓
5/25/2026	6/10/2026	✓ 4840192	443.91 ✓
5/25/2026	6/10/2026	✓ 4846520	26.88 ✓
5/25/2026	6/10/2026	✓ 4846522	147.16 ✓
5/25/2026	6/10/2026	✓ 4844879	45.05 ✓
5/25/2026	6/10/2026	✓ 4846523	1,640.13 ✓
5/25/2026	6/10/2026	✓ 4846521	483.08 ✓
5/25/2026	6/10/2026	✓ 4844878	4,001.63 ✓
5/25/2026	6/10/2026	✓ 4844880	3,116.49 ✓
5/28/2026	6/10/2026	✓ 4856519	112.44 ✓
5/28/2026	6/10/2026	✓ 4856520	379.26 ✓
5/28/2026	6/10/2026	✓ 210302	4,846.44 ✓
5/28/2026	6/10/2026	✓ 4858378	568.07 ✓
5/28/2026	6/10/2026	✓ 4858379	978.54 ✓
5/28/2026	6/10/2026	✓ 4851552	3,159.06 ✓
5/28/2026	6/10/2026	✓ 4851417	282.21 ✓
			<u>21,107.80</u>

 ✓
Caitlin Clevenger - Controller

APPROVED ON

JUN 01 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

STATEMENT

As of: 05/29/2026

Page: 001

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

Company: 8000

HEB PHCY WHSE/MEM MED PHS
MEMORIAL MEDICAL CENTER
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: 05/30/2026

As of: 05/29/2026 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
05/26/2026	06/02/2026	7636694141 ✓	B2605-055-367201	115Invoice	0.29	14.32		14.03 ✓		7636694141
05/28/2026	06/02/2026	7637314928 ✓	B2605-055-370576	115Invoice	22.94	1,147.08		1,124.14 ✓		7637314928

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

TOTAL

Future Due:	0.00	Subtotals:	1,161.40	USD	Due If Paid On Time:	1,138.17 ✓
Past Due:	0.00	If Paid By 06/02/2026			USD	23.23
Past Payment:	4,418.48	Pay This Amount:	1,138.17	USD	Disc lost if paid late:	USD 1,161.40
5/25/2026		If Paid After 06/02/2026	1,161.40	USD	Due if paid late:	USD
Total Discount:	23.23	Pay This Amount:				

1,138.17 *
11,006.05 +
12,144.22 *

APPROVED ON
JUN 01 2026
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

STATEMENT

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

Company: 8000

DC: 8115
Customer Inv Supp ID:
Territory: 7001
Customer Location:
Customer: 256342
Date: 05/30/2026

As of: 05/29/2026 Page: 001
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

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

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
05/23/2026	06/02/2026	7636640619 ✓	278935740	115Invoice	5.44	271.76		266.32 ✓		7636640619
05/23/2026	06/02/2026	7636640620 ✓	281632092	115Invoice	1.52	76.20		74.68 ✓		7636640620
05/25/2026	06/02/2026	7636688334 ✓	282754030	115Invoice	0.02	0.95		0.93 ✓		7636688334
05/25/2026	06/02/2026	7636688335 ✓	280737433	115Invoice	2.36	118.22		115.86 ✓		7636688335
05/25/2026	06/02/2026	7636688336 ✓	282754030	115Invoice	0.02	0.95		0.93 ✓		7636688336
05/25/2026	06/02/2026	7636688337 ✓	282754030	115Invoice	60.59	3,029.44		2,968.85 ✓		7636688337
05/25/2026	06/02/2026	7636688338 ✓	282714682	115Invoice	50.06	2,503.19		2,453.13 ✓		7636688338
05/25/2026	06/02/2026	7636688339 ✓	281899860	115Invoice	1.37	68.44		67.07 ✓		7636688339
05/25/2026	06/02/2026	7636688340 ✓	282754030	115Invoice	1.48	74.12		72.64 ✓		7636688340
05/25/2026	06/02/2026	7636688341 ✓	279912126	115Invoice	4.45	222.60		218.15 ✓		7636688341
05/26/2026	06/02/2026	7636981478 ✓	279692648	115Invoice	2.20	109.89		107.69 ✓		7636981478
05/26/2026	06/02/2026	7636981479 ✓	281932027	115Invoice	1.37	68.44		67.07 ✓		7636981479
05/26/2026	06/02/2026	7636981480 ✓	277775692	115Invoice	0.74	37.08		36.34 ✓		7636981480
05/26/2026	06/02/2026	7636981481 ✓	282931297	115Invoice	0.02	0.95		0.93 ✓		7636981481
05/26/2026	06/02/2026	7636981482 ✓	283000929	115Invoice	0.01	0.32		0.31 ✓		7636981482
05/26/2026	06/02/2026	7636981483 ✓	272371458	115Invoice	1.44	71.88		70.44 ✓		7636981483

APPROVED ON

JUN 01 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

STATEMENT

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

As of: 05/29/2026 Page: 002

Mail to: Comp: 8000

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

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: 05/30/2026

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
05/26/2026	06/02/2026	7636981484 ✓	272687368	115Invoice	2.88	143.76		140.88 ✓		7636981484
05/27/2026	06/02/2026	7637237650 ✓	283093899	115Invoice	32.44	1,621.98		1,589.54 ✓		7637237650
05/27/2026	06/02/2026	7637237651 ✓	283093899	115Invoice	17.57	878.53		860.96 ✓		7637237651
05/27/2026	06/02/2026	7637237652 ✓	283176416	115Invoice	2.67	133.53		130.86 ✓		7637237652
05/27/2026	06/02/2026	7637237653 ✓	283093899	115Invoice	0.01	0.32		0.31 ✓		7637237653
05/27/2026	06/02/2026	7637237654 ✓	283093899	115Invoice	0.03	1.27		1.24 ✓		7637237654
05/28/2026	06/02/2026	7637489277 ✓	283322469	115Invoice	0.01	0.32		0.31 ✓		7637489277
05/28/2026	06/02/2026	7637489278 ✓	283250761	115Invoice	1.48	74.12		72.64 ✓		7637489278
05/28/2026	06/02/2026	7637489279 ✓	272687368	115Invoice	1.44	71.88		70.44 ✓		7637489279
05/28/2026	06/02/2026	7637489280 ✓	283250761	115Invoice	0.01	0.32		0.31 ✓		7637489280
05/28/2026	06/02/2026	7637489281 ✓	283250761	115Invoice	0.04	1.90		1.86 ✓		7637489281
05/29/2026	06/02/2026	7637717448 ✓	276192034	115Invoice	0.01	0.63		0.62 ✓		7637717448
05/29/2026	06/02/2026	7637717449 ✓	280263187	115Invoice	0.03	1.27		1.24 ✓		7637717449
05/29/2026	06/02/2026	7637717450 ✓	279430269	115Invoice	5.44	271.76		266.32 ✓		7637717450
05/29/2026	06/02/2026	7637717451 ✓	280087278	115Invoice	5.44	271.76		266.32 ✓		7637717451
05/29/2026	06/02/2026	7637717452 ✓	280263187	115Invoice	5.44	271.76		266.32 ✓		7637717452

APPROVED ON

JUN 01 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 05/30/2026

As of: 05/29/2026 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
05/29/2026	06/02/2026	7637717453 ✓	280333235	115Invoice	5.44	271.76		266.32 ✓		7637717453
05/29/2026	06/02/2026	7637728335 ✓	283399889	115Invoice	0.02	0.95		0.93 ✓		7637728335
05/29/2026	06/02/2026	7637728336 ✓	281160900	115Invoice	2.36	118.22		115.86 ✓		7637728336
05/29/2026	06/02/2026	7637728337 ✓	282366778	115Invoice	2.36	118.22		115.86 ✓		7637728337
05/29/2026	06/02/2026	7637728338 ✓	283399889	115Invoice	0.03	1.27		1.24 ✓		7637728338
05/29/2026	06/02/2026	7637728339 ✓	280737433	115Invoice	2.20	109.89		107.69 ✓		7637728339
05/29/2026	06/02/2026	7637728340 ✓	277106399	115Invoice	1.39	69.49		68.10 ✓		7637728340
05/29/2026	06/02/2026	7637728341 ✓	279843948	115Invoice	1.39	69.49		68.10 ✓		7637728341
05/29/2026	06/02/2026	7637728342 ✓	274672980	115Invoice	1.44	71.88		70.44 ✓		7637728342

APPROVED ON

JUN 01 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 05/30/2026

As of: 05/29/2026 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
--------------	----------	-------------------	-----------------	-------------	---------------	----------------	--------	--------------	--------	-------------------

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

OTAL

uture Due:	0.00	Subtotals:	11,230.71	USD
ast Due:	0.00	If Paid By 06/02/2026		
ast Payment:	4,418.48	Pay This Amount:	11,006.05	USD
5/25/2026		If Paid After 06/02/2026	11,230.71	USD
otal Discount:	224.66	Pay This Amount:		

Due If Paid On Time:	11,006.05
USD	
Disc lost if paid late:	224.66
USD	
Due if paid late:	11,230.71
USD	

APPROVED ON

JUN 01 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Serviced By:	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER ✓ 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number	100135284 / 037028186
	DEA: RA0289276 866-451-9655			Terms	Sat - Fri Due in 7 days
		Remit To:	AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	Summary	Not Yet Due: 0.00 Current: 111.21 Past Due: 0.00 Total Due: 111.21 Account Balance: 111.21

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
05-26-2026	06-05-2026	3252204289 ✓	7012012889	Invoice	8.87		0.00	8.87 ✓
05-26-2026	06-05-2026	3252205030 ✓	7012030705	Invoice	6.21		0.00	6.21 ✓
05-28-2026	06-05-2026	3252532674 ✓	7012039094	Invoice	64.90		0.00	64.90 ✓
05-29-2026	06-05-2026	3252674002 ✓	7012044282	Invoice	31.23		0.00	31.23 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
111.21	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
05-29-2026	(1,686.77)

APPROVED ON
JUN 01 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders	
Due Date	Amount
06-05-2026	111.21 ✓
Total Due:	111.21

✓ *[Handwritten Signature]*

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

Served By:
AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

Customer:
WALGREENS CENTRAL FILL #21373 340B
MEMORIAL MEDICAL CENTER
4100 DALE EARNHARDT WAY 200 ✓
NORTHLAKE TX 76262-2389

Remit To:
AMERISOURCEBERGEN
PO Box 978740
DALLAS TX 75397-8740

Customer Number	
100566356 / 100566356	
Terms	
Sat - Fri Due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	191.15
Past Due:	0.00
Total Due:	191.15
Account Balance:	191.15

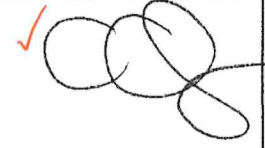
Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
05-26-2026	06-05-2026	3252221908 ✓	7012020067	Invoice	147.22		0.00	147.22 ✓
05-26-2026	06-05-2026	3252221909 ✓	7012025917	Invoice	17.10		0.00	17.10 ✓
05-28-2026	06-05-2026	3252581939 ✓	7012044510	Invoice	18.10		0.00	18.10 ✓
05-29-2026	06-05-2026	3252720120 ✓	7012050916	Invoice	8.73		0.00	8.73 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
191.15	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
JUN 01 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders	
Due Date	Amount
06-05-2026	191.15
Total Due:	191.15



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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	<input type="text"/>
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		<input type="text"/>
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		<input type="text" value="941"/> #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		<input type="text" value="26"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		<input type="text" value="06"/>
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		<input type="text" value="\$ 115,079.38"/> #
	"1 TO CONFIRM"			<input type="text" value="1"/>
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		<input type="text" value="\$ 63,189.82"/> #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			<input type="text" value="\$ 14,778.28"/> #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			<input type="text" value="\$ 37,111.28"/> #
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		<input type="text"/>
	"1 TO CONFIRM"			<input type="text" value="1"/>
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			<input type="text"/>

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	5/15/2026	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	5/28/2026					
PAY DATE:	6/5/2026					
GROSS PAY:	\$ 545,867.83			\$ -		\$ 545,867.83
DEDUCTIONS:						
A/R	\$ 480.00					\$ 480.00
ADVANC						\$ -
BOOTS						\$ -
MUTUAL-CRITICAL-ILLNESS						\$ -
MUTUAL-ACCIDENT						\$ -
IRS TAX						\$ -
MUTUAL-SHORT-TERM-DIS						\$ -
MUTUAL VISION	\$ 798.56					\$ 798.56
CAFÉ-D	\$ 1,319.90					\$ 1,319.90
CAFÉ-H	\$ 28,935.23					\$ 28,935.23
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ -					\$ -
CLINIC						\$ -
COMBIN	\$ 204.25					\$ 204.25
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF						\$ -
MUTUAL TERM LIFE	\$ 1,189.42					\$ 1,189.42
MUTUAL HOSP INDEM	\$ 725.00					\$ 725.00
FED TAX	\$ 37,111.28					\$ 37,111.28
FICA-M	\$ 7,389.14					\$ 7,389.14
FICA-O	\$ 31,594.91					\$ 31,594.91
FICA-M ADDITIONAL						\$ -
FIRST C						\$ -
FLEX S	\$ 4,324.58					\$ 4,324.58
FLX-FE	\$ -					\$ -
GIFT S	\$ 227.12					\$ 227.12
MUTUAL CRITICAL ILLNESS	\$ 918.25					\$ 918.25
MUTUAL ACCIDENT	\$ 668.56					\$ 668.56
MUTUAL SHORT TERM DIS	\$ 1,932.98					\$ 1,932.98
LEGAL	\$ 1,049.93					\$ 1,049.93
OTHER	\$ 3,780.90					\$ 3,780.90
NATIONAL FARM LIFE	\$ 1,415.42					\$ 1,415.42
MED SURCHARGE						\$ -
Blank						\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 895.00					\$ 895.00
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 35,899.04					\$ 35,899.04
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 160,859.47	\$ -	\$ -	\$ -	\$ -	\$ 160,859.47
NET PAY:	\$ 385,008.36	\$ -	\$ -	\$ -	\$ -	\$ 385,008.36
TOTAL CAFÉ 125 PLAN:	\$ 36,273.27					

TAXABLE PAY: \$ 509,594.56 Less Exempt: \$ 509,594.56 Exempt Amt:

	%	"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 7,389.12		
FICA - MED (EE)	1.45%	\$ 7,389.12	\$ 7,389.14	\$ (0.02)
FICA - SOC SEC (ER)	6.20%	\$ 31,594.86		
FICA - SOC SEC (EE)	6.20%	\$ 31,594.86	\$ 31,594.91	\$ (0.05)
FED WITHHOLDING		\$ 37,111.28	\$ 37,111.28	

Employees over FICA-SS Cap:
Paycode S - Employee Reimb.:

TAX DEPOSIT:	\$ 115,079.24	\$ 115,079.38		
FICA - MEDICARE	2.90%	\$ 14,778.24	\$14,778.28	
FICA - SOCIAL SECURITY	12.40%	\$ 63,189.72	\$63,189.82	
FED WITHHOLDING		\$ 37,111.28	\$37,111.28	
TOTAL TAX:	\$ 115,079.24	\$115,079.38	\$ (0.14)	

PREPARED BY: Andrie Flores
PREPARED DATE: 6/1/2026

Run Date: 05/29/26
Time: 16:31

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 05/15/26 - 05/28/26 Run# 1

Page 112
P2REG

Final Summary

*-- Pay Code Summary						*-- Deductions Summary				
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount
1	REGULAR PAY-S1	8838.25	N	N	N			220099.51	A/R	330.00
1	REGULAR PAY-S1	1578.75	N	N	N	N		82052.18	ADVANC	AWARDS
1	REGULAR PAY-S1	240.50	N	N	Y			9400.59	BCBSVI	BOOTS
1	REGULAR PAY-S1	2.00	N	2	N	N		68.52	CAFE-1	CAFE-2
1	REGULAR PAY-S1	125.50	Y	N	N			5064.51	CAFE-4	CAFE-5
1	REGULAR PAY-S1	8.50	Y	1	N	N		191.25	CAFE-D	CAFE-F
2	REGULAR PAY-S2	2197.50	N	N	N			64165.92	CAFE-I	CAFE-L
2	REGULAR PAY-S2	155.25	N	N	Y			7226.50	CANCER	CHILD
2	REGULAR PAY-S2	133.75	Y	N	N			4670.87	COMBIN	204.25
3	REGULAR PAY-S3	1432.75	N	N	N			51203.68	DENTAL	DEP-LF
3	REGULAR PAY-S3	123.50	N	N	Y			6738.89	EAT	EATCSH
3	REGULAR PAY-S3	78.00	Y	N	N			3746.45	FICA-M	7389.14
4	CALL BACK PAY	18.25	N	1	N	N	Y	877.18	FLEX S	3756.76
4	CALL BACK PAY	8.00	N	2	N	N	Y	264.00	FUTA	GIFT S
C	CALL PAY	2631.00	N	1	N	N		5262.00	GRP-IN	GTL
E	EXTRA WAGES		N	1	N	N	N	2710.50	HSA	567.82
I	INSERVICE	11.25	N	1	N	N		260.12	LEAF	LEGAL
J	JURY LEAVE	1.00	N	1	N	N		39.87	MEALS	3780.96
K	EXTENDED-ILLNESS-BANK	66.00	N	1	N	N		2423.76	MISC/	MMCSHR
P	PAID-TIME-OFF	123.81	N	N	N	N		2259.98	MOOILL	918.25
P	PAID-TIME-OFF	2325.95	N	1	N	N		73799.43	MOOSTD	1932.96
X	CALL PAY 2	128.00	N	1	N	N		256.00	OTHER	PHI
Z	CALL PAY 3	128.00	N	1	N	N		384.00	PR FIN	RELAY
p	PAID TIME OFF - PROBATION	48.00	N	1	N	N		987.12	SAMS	SCRUBS
t	PHONE & DATA		N	N	N	N		1715.00	ST-TX	STONDF
									STONE2	STUDEN
									SUNILL	SUNIND
									SUNSTD	SUNVIS
									TSA-1	TSA-2
									TSA-P	TSA-R
									UNIFOR	UN/HOS

----- Grand Totals: 20403.51 ----- (Gross: 545867.83 ✓ Deductions: 160859.47 ✓ Net: 385008.36 ✓
 | Checks Count: - FT 203 PT 13 Other 46 Female 238 Male 23 Credit OverAmt 19 ZeroNet Term Total: 261 |

MSC ✓

8549	76351	2	5	0	2026	135001311	0	5/22/2026	\$193.75	1	HPCMS LLC	P	604	0	CASE	F	4/17/2026	4/28/2026	271837628
8550	76351	2	33	0	2026	135001355	0	5/22/2026	\$310.00	1	HPCMS LLC	P	604	0	CASE	F	4/28/2026	4/30/2026	271837628
8551	76351	3	79	0	2026	135001313	0	5/22/2026	\$348.75	1	HPCMS LLC	P	604	0	CASE	F	4/28/2026	4/30/2026	271837628
8552	76351	3	43	0	2026	135001375	0	5/22/2026	\$465.00	1	HPCMS LLC	P	604	0	CASE	F	4/28/2026	4/29/2026	271837628
8553	76360	3	111	1	2026	135001426	0	5/22/2026	\$77.50	1	HPCMS LLC	P	604	0	CASE	F	4/6/2026	4/6/2026	271837628
8554	76360	3	111	1	2026	135001332	0	5/22/2026	\$155.00	1	HPCMS LLC	P	604	0	CASE	F	4/28/2026	4/28/2026	271837628

\$1,550.00 ✓

APPROVED ON

JUN 01 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

8445	76351	1	1	0	2026	127001475	0	5/11/2026	\$35,491.44	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	PCS	F	4/20/2026	5/3/2026	464334244
8447	76351	2	33	0	2026	125001732	0	5/11/2026	\$215.80	1	BLUEGRASS HEALTH SOLUTIONS LLC	P	738	0	DMII	F	4/16/2026	4/16/2026	384251369
8448	76351	2	5	0	2026	111001077	0	5/11/2026	\$527.85	1	PHYSICIANS REFERRAL SERVICE	P	177	0	OV	F	4/16/2026	4/16/2026	760273984
8449	76351	2	33	0	2026	124001425	0	5/11/2026	\$823.08	1	BLUEGRASS HEALTH SOLUTIONS LLC	P	738	0	DMII	F	4/21/2026	4/21/2026	384251369
8450	76351	2	5	0	2026	119001447	0	5/11/2026	\$1,108.40	1	PHYSICIANS REFERRAL SERVICE	P	188	0	HV	F	4/17/2026	4/17/2026	760273984
8453	76351	3	12	0	2026	118001029	0	5/11/2026	\$38.30	1	MEDICAL DIAGNOSTIC LABORATORIES, LLC	P	185	0	LAB	F	4/22/2026	4/22/2026	223510467
8454	76351	3	93	0	2026	120000946	0	5/11/2026	\$39.62	1	CAHRMC, LLC	P	177	0	OV	F	4/22/2026	4/22/2026	270565499
8455	76351	3	69	1	2026	113000735	0	5/11/2026	\$40.33	1	SINGLETON ASSOCIATES PA	P	181	0	XRAY	F	4/13/2026	4/13/2026	741680498
8456	76351	3	69	1	2026	119000392	0	5/11/2026	\$43.05	1	HOUSTON RADIOLOGY ASSOCIATED	P	181	0	XRAY	F	3/3/2026	3/3/2026	741688740
8457	76351	3	79	0	2026	112000611	0	5/11/2026	\$43.21	1	MHK FAMILY PRACTICE PLLC	P	177	0	OV	F	3/27/2026	3/27/2026	994807850
8458	76351	3	79	0	2026	112000705	0	5/11/2026	\$70.39	1	CLEAR LAKE SPECIALTIES	P	457	0	OVS	F	2/17/2026	2/17/2026	202798379
8459	76351	3	12	0	2026	120000996	0	5/11/2026	\$81.99	1	LABORATORY CORPORATION OF AMERICA	P	172	0	AB	F	4/22/2026	4/22/2026	840611484
8460	76351	3	9	1	2026	117000873	0	5/11/2026	\$107.51	1	CHRISTUS TRINITY CLINIC TEXAS	P	457	0	OVS	F	4/23/2026	4/23/2026	752616977
8462	76351	3	76	0	2026	125000140	0	5/11/2026	\$241.29	1	SINGLETON ASSOCIATES PA	P	172	0	AB	F	4/17/2026	4/17/2026	741680498
8463	76351	3	72	0	2026	114000026	0	5/11/2026	\$250.11	1	PROFICIO SURGICAL ASSISTANTS LLC	P	432	0	TO	F	12/21/2025	12/22/2025	471208933
8465	76351	3	79	0	2026	118000592	0	5/11/2026	\$1,159.04	1	CITIZENS MEDICAL CENTER	P	406	0	ER	F	4/17/2026	4/17/2026	741698143
8466	76351	3	79	0	2026	120001694	0	5/11/2026	\$2,050.49	1	CITIZENS MEDICAL CENTER	P	406	0	ER	F	4/18/2026	4/18/2026	741698143
8467	76360	2	16	0	2026	113001150	0	5/11/2026	\$49.02	1	JACKSON COUNTY HOSPITAL DISTRICT	P	172	0	AB	F	4/9/2026	4/9/2026	741738475
8468	76360	2	16	0	2026	125000214	0	5/11/2026	\$127.23	1	JACKSON MEDICAL CLINIC EDNA	P	172	0	AB	F	4/9/2026	4/9/2026	741738475
8470	76360	3	46	0	2026	113000725	0	5/11/2026	\$31.84	1	CITIZENS MEDICAL PROFESSIONALS	P	457	0	OVS	F	4/14/2026	4/14/2026	471158090
8472	76360	3	94	0	2026	114000921	0	5/11/2026	\$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0	OVS	F	4/22/2026	4/22/2026	273335355
8477	76360	3	59	1	2026	120000998	0	5/11/2026	\$76.50	1	FAMILY CARE CENTER	P	728	0	TELM	F	4/22/2026	4/22/2026	810970561
8483	76360	3	54	0	2026	113000686	0	5/11/2026	\$149.26	1	VICTORIA EP PLLC	P	189	0	ERD	F	4/14/2026	4/14/2026	474741110
8484	76360	3	54	0	2026	118001066	0	5/11/2026	\$157.55	1	VICTORIA EP PLLC	P	189	0	ERD	F	4/16/2026	4/16/2026	474741110
8487	76360	3	143	0	2026	120000897	0	5/11/2026	\$241.28	1	SINGLETON ASSOCIATES PA	P	321	0	MRIIO	F	4/14/2026	4/14/2026	741680498
8488	76360	3	30	1	2026	124000613	0	5/11/2026	\$444.30	1	THE PHIA GROUP, LLC	P	846	0	INVC	F	4/7/2026	4/7/2026	43504115
8489	76360	3	90	0	2026	118001102	0	5/11/2026	\$508.87	1	EXACT SCIENCES LABORATORIES, LLC	P	704	0	AB7	F	4/18/2026	4/18/2026	463095174
8490	76360	3	54	0	2026	119001451	0	5/11/2026	\$698.11	1	VICTORIA EP PLLC	P	189	0	ERD	F	4/17/2026	4/17/2026	474741110
8491	76360	3	54	0	2026	113001196	0	5/11/2026	\$724.33	1	VICTORIA ED LLC	P	406	0	ER	F	4/14/2026	4/14/2026	473152225
8492	76360	3	30	1	2026	124000547	0	5/11/2026	\$789.43	1	US ANES PARTNERS OF TX PA	P	176	0	AO	F	10/21/2025	10/21/2025	760482007
8494	76360	3	54	0	2026	119000920	0	5/11/2026	\$1,257.54	1	VICTORIA ED LLC	P	406	0	ER	F	4/16/2026	4/16/2026	473152225

\$47,637.90 ✓

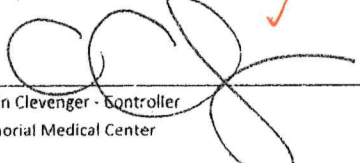
APPROVED ON

JUN 01 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 22, 2026 - May 31, 2026**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten Check" #</u>	<u>GL number</u>
5/22/2026	IRS - USATAXPYMT 270654262856905	- Payroll Taxes	117,427.28	**	902432 FWT:20200000 FICA:20210000
5/22/2026	MEMORIAL MEDICAL - PAYROLL	- Payroll	378,331.43	**	
5/22/2026	HEALTH EQUITY INC - HealthEqui	- EmpDeduct/Employer Contribut	1,075.82	**	902433 PAYROLL- 20280000
5/22/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#140146532 139840334	- 3rd Party Payor Fee	1,687.44	**	902434 40440076
5/22/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	130.87	**	902435 60310000
5/22/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	16,328.52	**	902436 10450000
5/26/2026	MCKESSON DRUG - AUTO ACH ACH07064574	- 340B Drug Program Expense	4,418.48	**	902437 60310000
5/26/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#140519732 140314906	- 3rd Party Payor Fee	283.49	**	902438 40440076
5/27/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#140782214 140686580	- 3rd Party Payor Fee	36.89	**	902439 40440076
5/27/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	13,261.05	*	902440 10450000
5/28/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#141365422 141065439	- 3rd Party Payor Fee	130.50	**	902441 40440076
5/28/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 3.18.26 MemMedCtr PtLav	- Health Insurance Claim Payments	13,825.56	**	902442 60320000
5/29/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#141808050 141543364	- 3rd Party Payor Fee	138.20	**	902443 40440076
5/29/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 4.23.26 MemMedCtr PtLav	- Health Insurance Claim Payments	69,820.24	*	902444 60320000
5/29/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 4/24/26 MemMedCtr PtLav	- Health Insurance Claim Payments	13,825.56	*	902445 60320000
5/29/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 5.18.26 MemMedCtr PtLav	- Health Insurance Claim Payments	70,167.63	*	902446 60320000
5/29/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	1,686.77	*	902447 60310000
			<u>702,575.73</u>		

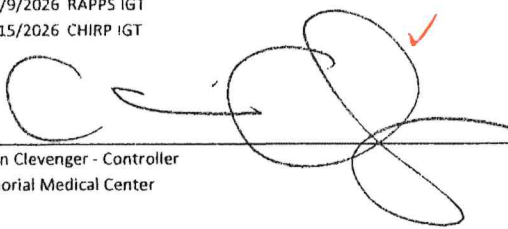

Caitlin Clevenger - Controller
Memorial Medical Center

June 1, 2026

* approved on 5-27-21 cc
** approved on 5-20-26 cc

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
6/9/2026	RAPPS IGT	- Prepaid Expenses	23,602.59
6/15/2026	CHIRP IGT	- Prepaid Expenses	47,986.00
			<u>71,588.59</u>


Caitlin Clevenger - Controller
Memorial Medical Center

June 1, 2026

APPROVED ON

JUN 01 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

702,575.73	+	1,687.44	+
117,427.28	-	283.49	+
378,331.43	-	36.89	+
1,075.82	-	130.50	+
130.87	-	138.20	+
16,328.52	-	2,276.52	●
4,418.48	-		
13,261.05	-		
13,825.56	-		
69,820.24	-		
13,825.56	-		
70,167.63	-		
1,686.77	-		
2,276.52	●		
0.00	*		

pay plus

RAPPS ICT

Transaction Summary

Transaction Complete
Trace # [REDACTED]

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

Payment Total	\$23,602.59
Bank Routing and Account Number	[REDACTED]
Settlement Date	6/9/2026
RAPPS Amount	\$23,602.59 ✓
Entered By	Caitlin Clevenger

CHIRP IAT



Transaction Summary

Transaction Complete
Trace #: [REDACTED]

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

[REDACTED]

Payment Total	\$47,986.00
Bank Routing and Account Number	[REDACTED]
Settlement Date	6/15/2026
CHIRP Amount	\$47,986.00 ✓
Entered By	Caitlin Clevenger

Plan	Start Date	EE Per Pay Cost	ER Per Pay Cost
2026 Heath Equity Health Savings Account	1/1/2026	\$ 40.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 25.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 30.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 5.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 137.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 3.33	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 25.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 25.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 4.16	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 100.00	\$ 25.00
2026 Heath Equity Health Savings Account	2/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 5.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 158.33	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 10.00	\$ 25.00
		\$ 567.82	\$ 475.00
Total		\$ 1,042.82	

APPROVED ON

JUN 01 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Transfer Request

Amount: \$300,000.00

Date: 6/1/2026

From Account: NexBank Money Market [REDACTED]

To Account: Prosperity Operating Account [REDACTED]

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

Explanation:

Transfer money from NexBank Money Market to Memorial Medical Hospital Operating Account

Requested by: Michelle Cumberland ✓

Date: 6/1/2026

Authorized by: *[Signature]* ✓

Date: 6/1/2026

RECEIVED

MAY 29 2026

05/28/2026

11:03

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 06/19/2026

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 052126	ius. pay. dep. into mmc. opt. correction	05/27/202	05/21/202	06/19/202			62,007.19	0.00	0.00	62,007.19 ✓
✓ 052226	"	05/27/202	05/22/202	06/19/202			19,743.21	0.00	0.00	19,743.21 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	81,750.40	0.00	0.00	81,750.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	81,750.40	0.00	0.00	81,750.40 ✓

APPROVED ON

MAY 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 213224

RECEIVED

MAY 29 2026

05/28/2026

11:03

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 06/19/2026

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
✓ 051926B		05/27/202	05/19/202	06/19/202			7,293.00	0.00	0.00	7,293.00 ✓
✓ 051926	ins. pay dep into mmc opt. correction	05/27/202	05/19/202	06/19/202			4,661.63	0.00	0.00	4,661.63 ✓
✓ 051926A	"	05/27/202	05/19/202	06/19/202			4,991.00	0.00	0.00	4,991.00 ✓
✓ 052026B	"	05/27/202	05/20/202	06/19/202			16,320.30	0.00	0.00	16,320.30 ✓
✓ 052026D	"	05/27/202	05/20/202	06/19/202			18,639.06	0.00	0.00	18,639.06 ✓
✓ 052026A	"	05/27/202	05/20/202	06/19/202			12,240.00	0.00	0.00	12,240.00 ✓
✓ 052026	"	05/27/202	05/20/202	06/19/202			32,913.57	0.00	0.00	32,913.57 ✓
✓ 052026C	"	05/27/202	05/20/202	06/19/202			7,652.00	0.00	0.00	7,652.00 ✓
✓ 052126	"	05/27/202	05/21/202	06/19/202			870.75	0.00	0.00	870.75 ✓
✓ 052126A	"	05/27/202	05/21/202	06/19/202			27,581.62	0.00	0.00	27,581.62 ✓
✓ 052226A	"	05/27/202	05/22/202	06/19/202			2,170.00	0.00	0.00	2,170.00 ✓
✓ 052226	"	05/27/202	05/22/202	06/19/202			25,214.96	0.00	0.00	25,214.96 ✓
✓ 052226B	"	05/27/202	05/22/202	06/19/202			14,175.00	0.00	0.00	14,175.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	174,722.89	0.00	0.00	174,722.89 ✓

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	174,722.89	0.00	0.00	174,722.89

APPROVED ON



MAY 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 213225



Ashford Gardens

5/29/2026 Credit Interest

 Transfer-Out	 Transfer-In	MMC PORTION	NH PORTION
-	0.66		0.66
		-	-
		-	-
-	0.66	-	0.66



Broadmoor

5/29/2026 Credit Interest

 Transfer-Out	 Transfer-In	MMC PORTION	NH PORTION
-	0.13		0.13
		-	-
		-	-
-	0.13	-	0.13



Crescent

5/29/2026 Credit Interest

 Transfer-Out	 Transfer-In	MMC PORTION	NH PORTION
-	0.98		0.98
		-	-
		-	-
-	0.98	-	0.98

Fort Bend



5/29/2026 Credit Interest

 Transfer-Out	 Transfer-In	MMC PORTION	NH PORTION
-	0.13		0.13
		-	-
		-	-
-	0.13	-	0.13

Solera at West Houston

5/29/2026 Credit Interest

5/22/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1245392463*13 41858379\ 746003411

 Transfer-Out	 Transfer-In	MMC PORTION	NH PORTION
-	5.81		5.81
-	9,261.94		9,261.94
		-	-
		-	-
-	9,267.75	-	9,267.75

TOTALS

-	9,269.65	-	9,269.65
---	----------	---	----------

Balances Overview



COUNTY OF CALHOUN TEXAS
 AGIBSON
 as of Jun 1, 2026 8:48:42 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	\$1,588,326.01	\$1,588,326.01
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	\$855,874.93	\$855,874.93
*4381 MEMORIAL MEDICAL / NH ASHFORD	✓ \$105.65 ✓	\$105.65
*4403 MEMORIAL MEDICAL / NH BROADMOOR	✓ \$100.56 ✓	\$100.56
*4411 MEMORIAL MEDICAL / NH CRESCENT	✓ \$1,246.41 ✓	\$1,246.41
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	✓ \$9,346.99 ✓	\$9,346.99
*4446 MEMORIAL MEDICAL / NH FORT BEND	✓ \$100.41 ✓	\$100.41
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$128,991.58	\$128,991.58
*4551 CAL CO INDIGENT HEALTHCARE	\$4,867.73	\$4,867.73
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$140.05	\$140.05
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$102.35	\$102.35
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$169,975.89	\$169,975.89
*3407 MMC -NH TUSCANY VILLAGE	\$303,401.57	\$303,401.57
*2998 MMC -MONEY MARKET FUND	\$75,162.40	\$75,162.40
*7168 MEMORIAL MEDICAL LOCK BOX	\$38,909.49	\$38,909.49
Total Balance	\$1,588,326.01	\$1,588,326.01

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 6/1/2026

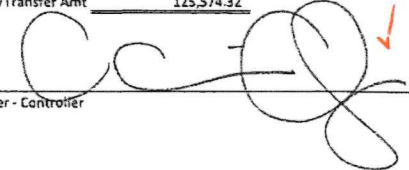
APPROVED ON
 JUN 01 2026
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

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		46,201.79	46,101.79	127,206.32		127,306.32	125,574.32
						Bank Balance 127,306.32	
						Variance	
						Leave in Balance 100.00	
						Claims owed to MMC 1,632.00	

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

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

Adjust Balance/Transfer Amt 125,574.32

Approved: 
 Caitlin Clevenger - Controller 6/1/2026

Golden Creek

	✓ <u>Transfer-Out</u>	✓ <u>Transfer-In</u>	MMC <u>PORTION</u>	<u>NH PORTION</u>
5/29/2026 Credit Interest	0	143.82		143.82
5/29/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 052926 543684555876917	0	1888.06		1,888.06
5/29/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	0	2075		2,075.00
5/28/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1245957805*13 41858379\ 746003411	0	234.8		234.80
5/27/2026 Deposit	0	32507.02		32,507.02
5/27/2026 Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	46101.79	0		-
5/27/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 052726 543684555876917	0	1430		1,430.00
5/26/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 052626 543684555876917	0	1846		1,846.00
5/22/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7816639*1205296137*000004011~ 676097	0	87081.62		87,081.62
	46,101.79	127,206.32	-	127,206.32

Transaction Report



Transaction Report for account [REDACTED]

Reported on Mon Jun 01 14:04:00 GMT 2026

Current Balance \$128,991.58
 Interest Accrued \$0.00
 Available Balance \$128,991.58

Date	Description	Credit	Debit	Running Balance
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
05/29/2026	Credit Interest Credit Interest	143.82		✓ 127306.32 ✓
05/29/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 052926 543684555876917	1888.06		127162.50
05/29/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	2075.00		125274.44
05/28/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN**1245857805*13 418583791 746003411	234.80		123199.44
05/27/2026	178661472653641 Deposit Deposit	32507.02		122964.64
05/27/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		46101.79	90457.62
05/27/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 052726 543684555876917	1430.00		136559.41
05/26/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 052626 543684555876917	1846.00		135129.41
05/22/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN**1*EF T7816639*1205296137*000004011~ 676097	67081.62		133283.41
05/21/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		19566.26	46201.79

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 6/1/2026

APPROVED ON

JUN 01 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	-	0.18	-		140.05	No
						Bank Balance Variance	140.05	Transfer (Holding due to pending claims requests)
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 40.05

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	-	0.13	-		102.35	NO TRANSFER
						Bank Balance Variance	102.35	
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 2.35

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 6/1/2026



Gulf Pointe Plaza-Private Pay

5/29/2026 Credit Interest

 <u>Transfer-Out</u>	 <u>Transfer-In</u>	MMC <u>PORTION</u>	<u>NH PORTION</u>
-	0.18	-	0.18
-	-	-	-
-	-	-	-
-	0.18	-	0.18

Gulf Pointe Plaza-Medicare/Medicaid

5/29/2026 Credit Interest

 <u>Transfer-Out</u>	 <u>Transfer-In</u>	MMC <u>PORTION</u>	<u>NH PORTION</u>
-	0.13	-	0.13
-	-	-	-
-	-	-	-
-	0.13	-	0.13
-	0.31	-	0.31

Balances Overview



COUNTY OF CALHOUN TEXAS
 AGIBSON
 as of Jun 1, 2026 8:48:56 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	\$1,588,326.01	\$1,588,326.01
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	\$855,874.93	\$855,874.93
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$105.65	\$105.65
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$100.56	\$100.56
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$1,246.41	\$1,246.41
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$9,346.99	\$9,346.99
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.41	\$100.41
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$128,991.58	\$128,991.58
*4551 CAL CO INDIGENT HEALTHCARE	\$4,867.73	\$4,867.73
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	✓ \$140.05 ✓	\$140.05
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	✓ \$102.35 ✓	\$102.35
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$169,975.89	\$169,975.89
*3407 MMC -NH TUSCANY VILLAGE	\$303,401.57	\$303,401.57
*2998 MMC -MONEY MARKET FUND	\$75,162.40	\$75,162.40
*7168 MEMORIAL MEDICAL LOCK BOX	\$38,909.49	\$38,909.49
Total Balance	\$1,588,326.01	\$1,588,326.01

APPROVED ON

JUN 01 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
6/1/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		280,543.75	280,443.75	282,806.17			282,906.17	282,806.17
						Bank Balance Variance	282,906.17	
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 282,806.17

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 Cleveland - Controller 6/1/2026

Tuscany Village

	✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
5/29/2026 Credit Interest	-	283.97		283.97
5/28/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1246563045*13 41858379\ 746003411	-	51,736.54		51,736.54
5/28/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1246023889*13 41858379\ 746003411	-	9,967.38		9,967.38
5/28/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7822589*1205296137*000004011~ 676201	-	212.87		212.87
5/27/2026 Deposit	-	122,836.51		122,836.51
5/27/2026 Deposit	-	553.88		553.88
5/27/2026 Deposit	-	23,952.72		23,952.72
5/27/2026 Deposit	-	5,614.08		5,614.08
5/27/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	280,443.75	-		-
5/27/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7821365*1205296137*000004011~ 676201	-	15,637.95		15,637.95
5/26/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1245603789*13 41858379\ 746003411	-	20,377.59		20,377.59
5/26/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7819095*1205296137*000004011~ 676201	-	18,142.78		18,142.78
5/22/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1245326451*13 41858379\ 746003411	-	13,489.90		13,489.90
	<u>280,443.75</u>	<u>282,806.17</u>	-	<u>282,806.17</u>

Transaction Report



Transaction Report for account [REDACTED]

Reported on Mon Jun 01 14:33:00 GMT 2026

Current Balance \$303,401.57
 Interest Accrued \$0.00
 Available Balance \$303,401.57

Date	Description	Credit	Debit	Running Balance
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
05/29/2026	Credit Interest Credit Interest	283.97		✓ 282906.17 ✓
05/28/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN**1*1246563045*13 41858379, 746003411	51736.54		282622.20
05/26/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN**1*1246023889*13 41858379, 746003411	9967.38		230855.66
05/28/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN**1*EF T7822589*1205296137*000004011-- 676201	212.87		220918.28
05/27/2026	178661472653591 Deposit Deposit	122836.51		220705.41
05/27/2026	178661472653554 Deposit Deposit	553.68		97868.90
05/27/2026	178661472653504 Deposit Deposit	23952.72		97315.02
05/27/2026	178661472653265 Deposit Deposit	5614.08		73362.30
05/27/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		280443.75	67748.22
05/27/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN**1*EF T7821365*1205296137*000004011-- 676201	15637.95		348191.97
05/26/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN**1*1245603789*13 41858379, 746003411	20377.59		332554.02

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 6/1/2026

APPROVED ON

JUN 01 2026

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Lavaca Bay Nursing and Rehab		111,455.48	111,355.48	166,360.21			166,460.21	165,971.35
						Bank Balance	166,460.21	
						Variance	166,460.21	
						Leave in Balance	100.00	
						Transfer Recoup Payment	388.86	
						Adjust Balance/Transfer Amt	165,971.35	

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
 6/1/2026

Lavaca Bay Nursing and Rehab

	✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
5/29/2026 Credit Interest	-	191.79		191.79
5/29/2026 Deposit	-	31,365.57		31,365.57
5/29/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*05Z670901538719836*1746000156~ 17460034113016	-	1,286.29		1,286.29
5/29/2026 HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	-	2,774.66		2,774.66
5/28/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7823078*1205296137*000004011~ 676481	-	6,998.84		6,998.84
5/27/2026 Deposit	-	8,730.78		8,730.78
5/27/2026 Over Counter Check	553.88	-		-
5/27/2026 Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	110,801.60	-		-
5/27/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0913185469* 1742770542\	-	6,223.26		6,223.26
5/27/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0913181912* 1742770542\	-	97,201.78		97,201.78
5/27/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7821458*1205296137*000004011~ 676481	-	62.82		62.82
5/22/2026 HOSPICE OF SOUTH - Payments Lavaca Bay N&R NF	-	2,774.66		2,774.66
5/22/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0SZ587761538719836*1746000156~ 17460034113016	-	8,534.44		8,534.44
5/22/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0913173485* 1742770542\	-	8.47		8.47
5/22/2026 HUMANA INS CO 459852 - HCCLAIMPMT TRN*1*1881 42287260520*1391263473\ 105075617	-	206.85		206.85
	111,355.48	166,360.21	-	166,360.21

Transaction Report



Transaction Report for account [REDACTED]

Reported on Mon Jun 01 14:51:00 GMT 2026

Current Balance \$169,975.89
 Interest Accrued \$0.00
 Available Balance \$169,975.89

Date	Description	Credit	Debit	Running Balance
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
05/29/2026	Credit Interest Credit Interest	191.79		✓ 166460.21 ✓
05/29/2026	123671492640740 Deposit Deposit	31365.57		166268.42
05/29/2026	External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S2670901538719836*1746000156- 17460034113016	1266.29		134902.85
05/29/2026	External Deposit HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	2774.66		133616.56
05/28/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7823078*1205296137*000004011- 676481	6998.84		130841.90
05/27/2026	178661472653676 Deposit Deposit	8730.78		123843.06
05/27/2026	1180 Over Counter Check Over Counter Check		553.88	115112.28
05/27/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		110801.60	115666.16
05/27/2026	External Deposit CENTENE CORP - HCCLAIMPMT TRN*1*0913185469* 17427705421	6223.26		226467.76
05/27/2026	External Deposit CENTENE CORP - HCCLAIMPMT TRN*1*0913181912* 17427705421	97201.76		220244.50
05/27/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7821458*1205296137*000004011- 675481	62.82		123042.72

✓ Golden Creek

MEMORIAL MEDICAL CENTER CHECK REQUEST

mmc ✓

Date Requested: 5-27-26

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APPROVED ON
JUN 02 2026

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

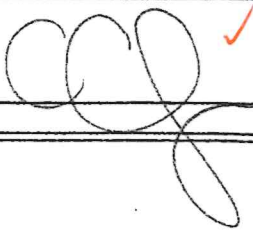
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

chk# 000261

AMOUNT 41632.00 ✓ G/L NUMBER: 20653000

EXPLANATION: Mmc money that was sent to Golden Creek

REQUESTED BY: K. Pokluda

AUTHORIZED BY:  ✓

Omaha Supplemental Insurance Company
3300 Mutual of Omaha Plaza
Omaha NE 68175

320833040



(EP-EP)

Forwarding Service Requested

If you have any questions, call (800) 775-1000

Direct Inquiries to:
Omaha Supplemental Insurance Company
3300 Mutual of Omaha Plaza
Omaha, NE 68175

Payment Date: 04/30/2026
Payment Reference Number: [REDACTED]
Payment Amount: \$1,632.00

JBC2 649,366
MEMORIAL MEDICAL CENTER
2100 DOVE CROSSING LN
NAVASOTA TX 77868

Golden Creek

Did you know there is an estimated \$760 billion in healthcare waste each year?
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Providers choose the payment option that works best for their organization.

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With paperless payments, access your funds without unnecessary printing and mailing.

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Add enhanced visibility into your payments and claims information all in one location.

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Payment Summary

Patient Acct #	Date of Service	Claim Amount	Total Reduction	Paid Amount
[REDACTED]	12/01/2025	\$8,160.00	\$6,528.00	\$1,632.00

Payer: Omaha Supplemental Insurance Company
 3300 Mutual of Omaha Plaza
 Omaha, NE 68175

Payment Reference Number: [REDACTED]
 Payment Date: 04/30/2026

Provider: MEMORIAL MEDICAL CENTER
 2100 DOVE CROSSING LN
 NAVASOTA, TX 77868



Omaha Supplemental
 Insurance Company
 A Mutual of Omaha Company
 3300 Mutual of Omaha Plaza | Omaha, NE 68175

Provider ID: [REDACTED]
 Billing NPI: [REDACTED]
 Tax ID: [REDACTED]

Claim #: [REDACTED]	Patient Acct #: [REDACTED]	Member #: [REDACTED]
Patient: [REDACTED]	Adjudication Date: 04/23/2026	Date Received: 04/21/2026
Insured: [REDACTED]	Rendering Provider: MEMORIAL MEDICAL CENTER	EICN: [REDACTED]
Dates of Service: 12/01/2025 - 12/31/2025	Rendering Provider No: [REDACTED]	Zelis Ref: [REDACTED]
	Rendering NPI: [REDACTED]	

	Claim Amount	Adjustment Amount	Other Writeoff	Eligible	Adj COB	Patient Responsibility				Paid Amount	Adjustment Reason
						Co-Pay	Co-Ins	Ded	Oth		
Claim Adjustments:	\$8,160.00	\$0.00	\$6,528.00	\$1,632.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,632.00	OA:23
	\$8,160.00	\$0.00	\$6,528.00	\$1,632.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,632.00	

Explanation of Adjustment Reason Codes:

Code	Description
OA23	The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)



✓ Broadmoor - withhold from

Solera

MEMORIAL MEDICAL CENTER CHECK REQUEST

mmc ✓

Date Requested: 5-13-26

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APPROVED ON
JUN 02 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

CHK # 000302

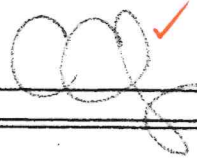
AMOUNT \$1883.00 ✓

G/L NUMBER: 20652000

EXPLANATION: Humana recouped - Broadmoor, (4-3-25)

Check/EFT Trace # [REDACTED]

REQUESTED BY: K. Pokluda

AUTHORIZED BY:  ✓

Check Summary

Transaction Date: April 03, 2025

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 APPS.HUMANA.COM/MARKETING/DOCUMENTS .ASP?FILE=2859948	Payee Tax ID: Payee ID: Check/EFT Trace Number: Payment Amount: \$690.55 Check/EFT Date: 04/03/2025 Production End Cycle Date: 04/03/2025	Payee Name: MEMORIAL MEDICAL CENTER Payee Address: 815 N VIRGINIA ST PORT LAVACA, TX 779793025
--	--	--

Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
WO		-\$1,883.00

REMARK CODE(S):

WO = Overpayment Recovery

Patient Information

Patient Name
Patient Date of Birth
Patient Account Number
Subscriber Member ID

Humana

Claim Information

Claim Number
Received Date
Effective Date
Service Dates
Claim Status
Line of Business
Adjustment Amount
Allowed Amount
Billed Amount
Copay Amount
Deductible Amount
Interest or Penalty Amount
Paid Amount
Patient Responsibility Amount

08/29/2024
08/01/2024
08/01/2024 - 08/25/2024
Medicare Advantage
\$0.00
\$9,277.00
\$11,160.00
\$812.00
\$0.00
\$0.00
\$8,465.00
\$0.00

Broadmoor

Payment Information

Check Number
Check Date
Provider Name
Billing Provider Tax ID
Billing Provider NPI

08/31/2024
MEMORIAL MEDICAL CENTER

Line Level Information

Status	Service Dates	Procedure Code	Revenue Code	Paid	Billed	HIPAA Codes	Modifier	Quantity
ADJUSTED	08/01/2024 08/25/2024	NDCD1	022	\$0.00	\$0.00			24
ADJUSTED	08/01/2024 08/25/2024	-	192	\$8,465.00	\$11,160.00			24
PAID	08/01/2024 08/25/2024	NDCD1	022	\$0.00	\$0.00	F1: 65		-24
PAID	08/01/2024 08/25/2024	-	192	-\$10,348.00	-\$11,160.00	F1: 65		-24
PAID	08/01/2024 08/25/2024	NDCD1	022	\$0.00	\$0.00	F1: 65		24
PAID	08/01/2024 08/25/2024	-	192	\$10,348.00	\$11,160.00	F1: 65		24

1 of 1

Page 1 of 1

10 Rows

1 of 1

Codes

Type	Code	Description
Category	F1	Finalized/Payment-The claim/line has been paid.
Revenue	022	-
Revenue	192	-
Status	65	Claim/line has been paid.

Check/EFT Trace Number: [REDACTED]

Transaction Date: 04/03/2025

Claim Summary

Payer Name:	HUMANA INC.	Patient Name:	[REDACTED]	Claim Charge Amount:	\$6,157.00
Claim Number:	[REDACTED]	Patient ID:	[REDACTED]	Claim Payment Amount:	\$1,558.27
Claim Date:	03/12/2025 - 03/12/2025	Patient Control Number:	[REDACTED]	Patient Responsibility:	\$0.00
Payee Name:	MEMORIAL MEDICAL CENTER	Group/Policy:	[REDACTED]	Claim Received Date:	03/26/2025
Check/EFT Trace Number:	[REDACTED]	Contract Header:	MEDICARE ADVANTAGE PPO		
Check/EFT Date:	04/03/2025	Original Ref Number:			
Rendering Provider Name:	MEMORIAL MEDICAL CENTER	Facility Type:	85		
Rendering Provider ID:	[REDACTED]	Claim Frequency:	1		
Claim Status Code:	1	DRG:			

Line Details

Line Ctrl Nbr	Dates of Service	Render Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adj (Qty)	Adj Amount	Results: 6 Payment
[REDACTED]	03/12/2025 - 03/12/2025		0450				\$1,568.00 (B6)	\$1,568.00	CO-253	\$31.36	\$1,536.64
[REDACTED]	03/12/2025 - 03/12/2025		0351				\$22.07 (B6)	\$1,976.00	CO-253 CO-45	\$0.44 \$1,953.93	\$21.63
[REDACTED]	03/12/2025 - 03/12/2025		0352					\$2,233.00	CO-45	\$2,233.00	\$0.00
[REDACTED]	03/12/2025 - 03/12/2025		0307					\$87.00	CO-45	\$87.00	\$0.00
[REDACTED]	03/12/2025 - 03/12/2025		0730					\$269.00	CO-45	\$269.00	\$0.00
[REDACTED]	03/12/2025 - 03/12/2025		0981					\$24.00	CO-45	\$24.00	\$0.00

Code Descriptions

AMT CODE(S):

B6 = Allowed - Actual

GROUP CODE(S):

CO = Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

253 = Sequestration - reduction in federal payment

45 = Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

CLAIM STATUS CODE(S):

1 = Processed as Primary

Check/EFT Trace Number: [REDACTED]

Transaction Date: 04/03/2025

Claim Summary

Payer Name:	HUMANA INC.	Patient Name:	[REDACTED]	Claim Charge Amount:	\$3,700.00
Claim Number:	[REDACTED]	Patient ID:	[REDACTED]	Claim Payment Amount:	\$1,015.28
Claim Date:	01/30/2025 - 01/30/2025	Patient Control Number:	[REDACTED]	Patient Responsibility:	\$0.00
Payee Name:	MEMORIAL MEDICAL CENTER	Group/Policy:	MEDICARE ADVANTAGE PPO	Claim Received Date:	03/12/2025
Check/EFT Trace Number:	[REDACTED]	Contract Header:			
Check/EFT Date:	04/03/2025	Original Ref Number:			
Rendering Provider Name:	MEMORIAL MEDICAL CENTER	Facility Type:	85		
Rendering Provider ID:	[REDACTED]	Claim Frequency:	1		
Claim Status Code:	1	DRG:			

Line Details

Line Ctr1 Nmbr	Dates of Service	Render Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc /	Remark / Payer Code	Supp Info (AMT)	Charge	Adj (Qty)	Adj Amount	Results: 7 Payment
	01/30/2025 - 01/30/2025		0920				\$1,036.00 (B6)	\$318.00	CO-45	\$318.00	\$0.00
	01/30/2025 - 01/30/2025							\$46.00	CO-45	\$46.00	\$0.00
	01/30/2025 - 01/30/2025		0360					\$0.00			\$0.00
	01/30/2025 - 01/30/2025		0360					\$2,614.00	CO-253 CO-45	\$20.72 \$1,578.00	\$1,015.28
	01/30/2025 - 01/30/2025		0636					\$15.00	CO-45	\$15.00	\$0.00
	01/30/2025 - 01/30/2025		0636					\$71.00	CO-45	\$71.00	\$0.00
	01/30/2025 - 01/30/2025							\$636.00	CO-45	\$636.00	\$0.00

Code Descriptions

AMT CODE(S):

B6 = Allowed - Actual

GROUP CODE(S):

CO = Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

253 = Sequestration - reduction in federal payment

45 = Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

CLAIM STATUS CODE(S):

1 = Processed as Primary

✓ Lavaca Bay

MEMORIAL MEDICAL CENTER CHECK REQUEST

mmc ✓

Date Requested: 5-18-26

P
A
Y
E
E

APPROVED ON

JUN 02 2026

BY COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

CHK # 001181

FOR ACCT. USE ONLY

- Imprest Cash
- A/P Check
- Voucher Check

AMOUNT #38886 ✓

G/L NUMBER: 20656000

EXPLANATION: Humana recoup from our pmt - Lavaca Bay (8-20-25)

EFT Trace # No-pay- [REDACTED]

REQUESTED BY: K. Pokluda

AUTHORIZED BY: [Signature] ✓

Check Summary

Transaction Date: August 20, 2025

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 APPS.HUMANA.COM/MARKETING/DOCUMENTS .ASP?FILE=2859948	Payee Tax ID:		Payee Name:	MEMORIAL MEDICAL CENTER
	Payee ID:		Payee Address:	815 N VIRGINIA ST
	Check/EFT Trace Number:			PORT LAVACA, TX 779793025
	Payment Amount:	\$0.00		
	Check/EFT Date:	08/20/2025		
	Production End Cycle Date:	08/20/2025		

Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
WO		-\$388.86

Lavaca Bay

Patient Name:		Claim Number:		Claim Date: 05/24/2025 - 05/24/2025	Claim Status Code: 1
Patient ID:		Group / Policy:		Facility Type: 85	Claim Charge: \$2,243.00
Patient Ctrl Nbr:		Contract Hdr:	MEDICARE ADVANTAGE PPO	Claim Frequency: 1	Claim Payment: \$388.86
Rendering Prvd:	MEMORIAL MEDICAL CENTER,	Rendering Prv ID:		Claim Received Date: 08/14/2025	Patient Resp: \$110.00
Original Ref Nbr:					

Line Details

Results: 6

Line Ctrl Nbr	Dates of Service	Render Prov ID	Rev	Sub Proc /	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adj (Qty)	Adj Amount	Payment
	05/24/2025 - 05/24/2025		0450				\$294.00 (B6)	\$294.00	PR-3	\$110.00	\$180.32
	05/24/2025 - 05/24/2025		0450				\$212.80 (B6)	\$1,090.00	CO-253	\$3.68	\$208.54
	05/24/2025 - 05/24/2025		0320					\$293.00	CO-186	\$877.20	\$0.00
	05/24/2025 - 05/24/2025		0320					\$355.00	CO-45	\$293.00	\$0.00
	05/24/2025 - 05/24/2025		0636					\$36.00	CO-45	\$355.00	\$0.00
	05/24/2025 - 05/24/2025		0921					\$175.00	CO-45	\$36.00	\$0.00
	05/24/2025 - 05/24/2025								CO-45	\$175.00	\$0.00

Code Descriptions

AMT CODE(S):
B6 = Allowed - Actual

Payer: HUMANA INC.	Check/EFT Trace Number: NO-PAY-	Check/EFT Date: 08/20/2025	Total Paid: \$0.00
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GROUP CODE(S):

PR = Patient Responsibility
CO = Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

3 = Co-payment Amount
253 = Sequestration - reduction in federal payment
186 = Level of care change adjustment.
45 = Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

CLAIM STATUS CODE(S):

1 = Processed as Primary



Patient Information

Patient Name
Patient Date of Birth
Patient Account Number
Subscriber Member ID



Humana

Claim Information

Claim Number
Received Date
Effective Date
Service Dates
Claim Status
Line of Business
Adjustment Amount
Allowed Amount
Billed Amount
Copay Amount
Deductible Amount
Interest or Penalty Amount
Paid Amount
Patient Responsibility Amount

12/09/2024
11/01/2024
11/01/2024 - 11/30/2024
Medicare Advantage
\$19,763.81
\$16,209.79
\$22,576.42
\$0.00
\$0.00
\$0.00
\$16,209.79
\$0.00

Payment Information

Check Number
Check Date
Provider Name
Billing Provider Tax ID
Billing Provider NPI

12/23/2024
MEMORIAL MEDICAL CENTER

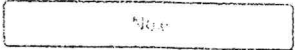
Line Level Information

Status	Service Dates	Procedure Code	Revenue Code	Paid	Billed	HIPAA Codes	Modifier	Quantity
Finalized	11/01/2024 11/30/2024	--	430	\$0.00	\$1,975.16			21
Finalized	11/01/2024 11/30/2024	--	434	\$0.00	\$67.81			1
Finalized	11/01/2024 11/30/2024	--	440	\$0.00	\$1,345.68			18
Finalized	11/01/2024 11/30/2024	FFXF1	022	\$13,397.18	\$0.00			30
Finalized	11/01/2024 11/08/2024	--	120	\$2,812.61	\$3,328.20			6
Finalized	11/07/2024 11/13/2024	--	120	\$0.00	\$3,913.07			7
Finalized	11/14/2024 11/20/2024	--	120	\$0.00	\$3,943.24			7
Finalized	11/21/2024 11/27/2024	--	120	\$0.00	\$3,973.41			7
Finalized	11/28/2024 11/30/2024	--	120	\$0.00	\$1,715.79			3
Finalized	11/01/2024 11/30/2024	--	250	\$0.00	\$195.74			1



Page 1 of 4

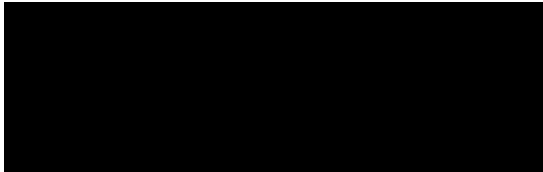
10 Rows



Codes

Type	Code	Description
Category	F1	Finalized/Payment-The claim/line has been paid.
Remark	21Q	Information not available
Revenue	022	--
Revenue	120	--

Type	Code	Description
Revenue	250	--
Revenue	420	--
Revenue	430	--
Revenue	434	--
Revenue	440	--
Status	65	Claimline has been paid.



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MEMORIAL MEDICAL CENTER

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

000261

Date 6-3-26

88-2265/1131

PAY TO THE ORDER OF

mmc Operating

\$ 1,632.00

One thousand six hundred thirty two & 00/100

DOLLARS



FOR _____

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

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

001181

Date 6-3-26

88-2265/1131

PAY TO THE ORDER OF

mmc Operating

\$ 388.86

Three hundred eighty eight & 86/100

DOLLARS



FOR Humana Recoup

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000302

Date 6-3-26

88-2265/1131

PAY TO THE ORDER OF

mmc Operating

\$ 1,883.00

one thousand eight hundred eighty three & 00/100

DOLLARS



FOR Humana Recoup

Security features are included. Details on back.

RUN DATE:06/03/26
TIME:10:40

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/03/26 THRU 06/03/26

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG * 000261 06/03/26 1,632.00 MMC OPERATING
NHB * 000302 06/03/26 1,883.00 MMC OPERATING
BSL * 001181 06/03/26 388.86 MMC OPERATING

