MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 10, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 1,285,201.20
TOTAL INTER-GOVERNMENT TRANSFERS	$ 1,363,495.00
GRAND TOTAL DISBURSEMENTS APPROVED June 10, 2026	$ 2,648,696.20
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	$ 163,326.26
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	$ 608,608.18
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED June 10, 2026	$ 771,934.44
GRAND TOTAL FOR APPROVAL ON June 10, 2026	$ 3,420,630.64

APPROVED

JUN 10 2026

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 10, 2026

PAYABLES AND PAYROLL			
6/8/2026	Weekly Payables	346,693.44	
6/4/2026	Patient Refunds	134.81	
6/5/2026	Critical- Healthcare Advanced Revenue Strategies LLC	15,000.00	
6/9/2026	Morris & Dickson-MMC Rx	11,125.15	
6/9/2026	McKesson-340B Prescription Expense	6,424.81	
6/9/2026	Cencora-340B Prescription Expense	37.75	
6/9/2026	Cencora-340B Prescription Expense	12.22	
6/8/2026	Payroll Liabilities-Payroll Taxes: Estimate for Approval on 06.17.2026	150,000.00	
6/8/2026	Payroll: Estimate for Approval on 06.17.2026	415,000.00	
Prosperity Electronic Bank Payments			
6/8/2026	90 Degree Benefits - employee insurance claims	76,863.75	
6/8/2026	HPHG - June healh insurance premium payment	79,575.91	
6/8/2026	Sales Tax - May 2026 - Difference	1,938.25	
6/8/2026	TCDRS May 2026 Retirement	178,506.86	
6/8/2026	Pay Plus-Patient Claims Processing Fee	1,125.56	
6/8/2026	Credit Card Lease Fee	610.46	
6/8/2026	Credit Card Processing Fee	627.23	
6/8/2026	Authnet Gateway	25.00	
6/8/2026	Health Equity -HSA Contributions: Estimate for Appoval on 06.17.2026	1,500.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,285,201.20**
INTER-GOVERNMENT TRANSFERS			
6/8/2026	QIPP IGT	1,363,495.00	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 1,363,495.00**
GRAND TOTAL DISBURSEMENTS APPROVED June 10, 2026			**$ 2,648,696.20**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
6/4/2026	MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	3,507.45	
6/4/2026	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	108,525.14	
6/4/2026	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	51,293.67	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 163,326.26**
NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS			
6/8/2026	Nursing Home UPL-Cantex Transfer	1,146.41	
6/8/2026	Nursing Home UPL-Nexion Transfer	237,241.12	
6/8/2026	Nursing Home UPL-Tuscany Transfer	160,769.68	
6/8/2026	Nursing Home UPL-HSL Transfer	135,472.97	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
6/8/2026	Lavaca Bay to MMC - Medicare 2025 Cost Report Withholding	34,574.70	
6/8/2026	Lavaca Bay to MMC - Medicare 2025 Cost Report Withholding	2,276.98	
6/8/2026	Lavaca Bay to MMC - Medicare 2025 Cost Report Withholding	37,126.32	
TOTAL NURSING HOME UPL EXPENSES			**$ 608,608.18**
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED June 10, 2026			**$ 771,934.44**

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
053126		06/02/202	05/31/202	06/25/202			733.25	0.00	0.00	733.25
	~~SUPPLIES~~ hardware, pesticides, drill, & maintance supplies									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521					733.25	0.00	0.00	733.25

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9172466672		06/02/202	05/31/202	06/25/202			2,790.97	0.00	0.00	2,790.97
	OXYGEN									
5525153863		06/02/202	05/31/202	06/25/202			1,436.15	0.00	0.00	1,436.15
	OXYGEN									
5525154082		06/02/202	05/31/202	06/25/202			127.13	0.00	0.00	127.13
	OXYGEN									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV					4,354.25	0.00	0.00	4,354.25

Vendor#	Vendor Name	Class	Pay Code
14028	AMAZON CAPITAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1JYJKQNFXX9L		05/19/202	05/09/202	06/08/202			279.02	0.00	0.00	279.02
	hotair welding nozzles, keypad lock electronic									
1KCWNP9QLL1G		06/01/202	05/20/202	06/19/202			407.56	0.00	0.00	407.56
	~~SUPPLIES~~ absorbent mat roll									
1GGKRKLJHFTY		06/01/202	05/21/202	06/20/202			17.59	0.00	0.00	17.59
	~~SUPPLIES~~ HDMI display port adapter									
1L3W4CNHHY97		06/01/202	05/21/202	06/20/202			623.07	0.00	0.00	623.07
	~~SUPPLIES~~ keypad lock x5 & containers									
1DXVP3JT6CVP		06/01/202	05/26/202	06/25/202			107.13	0.00	0.00	107.13
	~~SUPPLIES~~ clock, picture frames, door hinge, & sticky putty									
1V33WQ3FJWYG		06/01/202	05/26/202	06/25/202			299.88	0.00	0.00	299.88
	~~SUPPLIES~~ exam gloves x6									
194FG9FC6R91		06/03/202	05/26/202	05/26/202			117.42	0.00	0.00	117.42
	~~SUPPLIES~~ Ceiling lights x6									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES					1,851.67	0.00	0.00	1,851.67

Vendor#	Vendor Name	Class	Pay Code
15456	AMERITEX ELEVATOR TEXAS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV37199C1V8		06/02/202	06/01/202	06/01/202			750.00	0.00	0.00	750.00
	MAINTENANCE BILLING FOR JUN									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15456	AMERITEX ELEVATOR TEXAS LLC					750.00	0.00	0.00	750.00

Vendor#	Vendor Name	Class	Pay Code
11247	AVENO NETWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
16889		05/01/202	06/01/202	06/11/202			850.00	0.00	0.00	850.00
	SERVER MAINTENANCE									
16904		05/01/202	06/01/202	06/11/202			4,500.00	0.00	0.00	4,500.00
	SERVER MAINTENANCE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	11247	AVENO NETWORKS					5,350.00	0.00	0.00	5,350.00
Vendor#	Vendor Name				Class	Pay Code				
B1150	BAXTER HEALTHCARE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	85502707		06/04/202	05/26/202	06/20/202		411.39	0.00	0.00	411.39 ✓
		SUPPLIES valves adapter x3								
✓	85506215		06/04/202	05/27/202	06/21/202		92.08	0.00	0.00	92.08 ✓
		SUPPLIES sterile water for irrigation								
✓	85525811		06/04/202	06/01/202	06/01/202		3,071.40	0.00	0.00	3,071.40 ✓
		SUPPLIES lease billing for infusion pumps & software license								
✓	85524229		06/04/202	06/01/202	06/01/202		631.20	0.00	0.00	631.20 ✓
		SUPPLIES spectrum IQ Service standard Contract								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE				4,206.07	0.00	0.00	4,206.07
Vendor#	Vendor Name				Class	Pay Code				
M2485	BAYER HEALTHCARE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	6012538987		06/01/202	05/20/202	06/01/202		1,170.32	0.00	0.00	1,170.32 ✓
		SUPPLIES STLNT, KIT, SYR, CT, DUAL, TCON, SPK, MC, CORE								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		M2485	BAYER HEALTHCARE				1,170.32	0.00	0.00	1,170.32
Vendor#	Vendor Name				Class	Pay Code				
B1220	BECKMAN COULTER INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	5515706		05/01/202	05/25/202	06/19/202		1,337.05	0.00	0.00	1,337.05 ✓
		LAB LEASE								
✓	4618646		06/01/202	05/21/202	06/15/202		1,484.00	0.00	0.00	1,484.00 ✓
		MAINT CONTRACT ACCESS 2 IMI								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				2,821.05	0.00	0.00	2,821.05
Vendor#	Vendor Name				Class	Pay Code				
B1320	BEEKLEY CORPORATION				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	MIN0325222		05/26/202	05/20/202	05/26/202		199.00	0.00	0.00	199.00
		SUPPLIES TomoSPOT for moles x2								✓
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		B1320	BEEKLEY CORPORATION				199.00	0.00	0.00	199.00
Vendor#	Vendor Name				Class	Pay Code				
11072	BIO-RAD LABORATORIES, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	909074473		06/01/202	03/17/202	03/23/202		626.80	0.00	0.00	626.80 ✓
		SUPPLIES IA Plus TRI LIQ 12x5 ML								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11072	BIO-RAD LABORATORIES, INC				626.80	0.00	0.00	626.80
Vendor#	Vendor Name				Class	Pay Code				
C1325	CARDINAL HEALTH 414, INC.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	8004193832		06/02/202	05/21/202	06/15/202		194.31	0.00	0.00	194.31 ✓
		SUPPLIES Tc-99m, area survey, area wipe, weekday delivery								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.				194.31	0.00	0.00	194.31
Vendor#	Vendor Name				Class	Pay Code				
18400	CARDIO PARTNERS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	600312542		05/06/202	04/28/202	05/06/202		131.00	0.00	0.00	131.00 ✓
		SUPPLIES Zoll infant Stat Padz II								

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	18400	CARDIO PARTNERS INC					131.00	0.00	0.00	131.00

Vendor#	Vendor Name	Class	Pay Code
10541	CARESFIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0000188		06/01/202	05/20/202	06/19/202			351.46	0.00	0.00	351.46
	~~SUPPLIES~~ blood transfer holder device, lock butterfly, & holder for blood tubes									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10541	CARESFIELD	351.46	0.00	0.00	351.46

Vendor#	Vendor Name	Class	Pay Code
C1390	CENTRAL DRUG	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1066		06/01/202	05/22/202	05/22/202			24.25	0.00	0.00	24.25
	DILATIONS x5									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUG	24.25	0.00	0.00	24.25

Vendor#	Vendor Name	Class	Pay Code
13264	CERVEY, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
42538		06/02/202	06/01/202	06/01/202			2,150.00	0.00	0.00	2,150.00
	340 B Split NAV monthly fee + for clinic									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13264	CERVEY, LLC	2,150.00	0.00	0.00	2,150.00

Vendor#	Vendor Name	Class	Pay Code
11030	CHUBB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CK920260601		06/02/202	05/22/202	06/01/202			457.20	0.00	0.00	457.20
	BENEFIT TERM									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11030	CHUBB	457.20	0.00	0.00	457.20

Vendor#	Vendor Name	Class	Pay Code
13000	CLEARFLY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV820267		05/01/202	06/01/202	06/01/202			1,236.77	0.00	0.00	1,236.77
	ALLWORX PHONES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13000	CLEARFLY	1,236.77	0.00	0.00	1,236.77

Vendor#	Vendor Name	Class	Pay Code
12044	CULLIGAN ULTRAPURE INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
053126		06/03/202	05/31/202	05/31/202			992.26	0.00	0.00	992.26
	WATER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12044	CULLIGAN ULTRAPURE INC.	992.26	0.00	0.00	992.26

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
8382370		06/01/202	05/27/202	06/21/202			415.50	0.00	0.00	415.50
	~~SUPPLIES~~ paper x2									
8380871		06/01/202	05/27/202	06/21/202			19.92	0.00	0.00	19.92
	~~SUPPLIES~~ fast dry fluid correction									
8382970		06/01/202	05/28/202	06/22/202			12.25	0.00	0.00	12.25
	SUPPLIES/INK / blue ink									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	447.67	0.00	0.00	447.67

Vendor#	Vendor Name	Class	Pay Code

11011 DIAMOND HEALTHCARE CORP

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20056948		05/01/202	06/01/202	06/01/202			19,166.67	0.00	0.00	19,166.67
	CPR MAY 2026									
IN20056947		05/01/202	06/01/202	06/01/202			32,508.67	0.00	0.00	32,508.67
	MAY BEH HEALTH VAN EXPENSE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP	51,675.34	0.00	0.00	51,675.34

Vendor# Vendor Name Class Pay Code

10789 DISCOVERY MEDICAL NETWORK INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC051526		05/01/202	05/15/202	05/16/202			90,109.93	0.00	0.00	90,109.93
	PHYS SERVICES FOR 0501-0515									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	90,109.93	0.00	0.00	90,109.93

Vendor# Vendor Name Class Pay Code

12484 EL CAMPO REFRIGERATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111922		06/02/202	06/01/202	06/01/202			825.00	0.00	0.00	825.00
	ICE WATER DISP/FILTER LEASE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12484	EL CAMPO REFRIGERATION	825.00	0.00	0.00	825.00

Vendor# Vendor Name Class Pay Code

14136 EPI-EDWARD PLUMBING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
70129		06/02/202	06/01/202	06/01/202			774.00	0.00	0.00	774.00
	REPLACE PUMP AT MMC CLINIC									
70130		06/02/202	06/01/202	06/01/202			567.97	0.00	0.00	567.97
	EMPLOYEE RESTROOM REPAIR									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14136	EPI-EDWARD PLUMBING	1,341.97	0.00	0.00	1,341.97

Vendor# Vendor Name Class Pay Code

11944 EQUIFAX WORKFORCE SOLUTIONS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2073337146		06/03/202	05/31/202	05/31/202			10.99	0.00	0.00	10.99
	CREDIT REPORTING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11944	EQUIFAX WORKFORCE SOLUTIONS	10.99	0.00	0.00	10.99

Vendor# Vendor Name Class Pay Code

14336 FIRETRON, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SFOINV12499		06/02/202	05/28/202	06/20/202			808.00	0.00	0.00	808.00
	McAfee, Charles misc repair, system sensor duct smoke									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14336	FIRETRON, INC	808.00	0.00	0.00	808.00

Vendor# Vendor Name Class Pay Code

F1400 FISHER HEALTHCARE M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8880805		06/01/202	05/20/202	06/14/202			133.75	0.00	0.00	133.75
	~~SUPPLIES~~ vacu 5ML 2 Ser Sep red									
8940884		06/01/202	05/22/202	06/16/202			352.24	0.00	0.00	352.24
	~~SUPPLIES~~ Gram stain, INFLN2, CTRRH									
8969863		06/01/202	05/26/202	06/20/202			10,487.40	0.00	0.00	10,487.40
	~~SUPPLIES~~ IDNOW COVID & CANDIDA ALBICANS									
8912191		06/03/202	05/21/202	06/15/202			773.67	0.00	0.00	773.67
	~~SUPPLIES~~ Kova SLIDE, Paper, Blood bloc wipe, & BIOHAZ Wipe									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					11,747.06	0.00	0.00	11,747.06

Vendor#	Vendor Name	Class	Pay Code
10599	FORVIS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2942982	AUDIT BILLING	06/02/202	05/28/202	06/22/202			20,973.85	0.00	0.00	20,973.85

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10599	FORVIS	20,973.85	0.00	0.00	20,973.85

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052326	FAX LINES	05/01/202	05/23/202	05/23/202			40.17	0.00	0.00	40.17

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	40.17	0.00	0.00	40.17

Vendor#	Vendor Name	Class	Pay Code
14156	FUJI FILM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91801868	SYS/MR/OASIS Open + Vertex II	05/01/202	05/25/202	06/02/202			7,916.67	0.00	0.00	7,916.67

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

Vendor#	Vendor Name	Class	Pay Code
12636	FUSION CONNECT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1029537026	TELEPHONE	05/01/202	05/16/202	06/15/202			588.13	0.00	0.00	588.13

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12636	FUSION CONNECT	588.13	0.00	0.00	588.13

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
INV995565	PT TRAVEL TECH / Sarah Wilmore 5/18, 5/19, 5/20, 5/21	05/01/202	05/23/202	06/17/202			1,982.50	0.00	0.00	1,982.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC	1,982.50	0.00	0.00	1,982.50

Vendor#	Vendor Name	Class	Pay Code
12948	GREAT AMERICA FINANCIAL SVCS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
42125613		06/01/202	05/30/202	06/20/202			10,127.44	0.00	0.00	10,127.44
42125612	Kyocera copiers & printers lease I.T. PRINTER LEASE	06/01/202	05/30/202	06/24/202			66.53	0.00	0.00	66.53

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS	10,193.97	0.00	0.00	10,193.97

Vendor#	Vendor Name	Class	Pay Code
G0401	GULF COAST DELIVERY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052926	LAB REPORT TRANSPORT SERV	06/02/202	05/29/202	05/29/202			25.00	0.00	0.00	25.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY	25.00	0.00	0.00	25.00

Vendor#	Vendor Name	Class	Pay Code
12380	HEALTH SOLUTIONS DIETETICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

050126		05/01/202 05/01/202 05/01/202			4,250.00	0.00	0.00	4,250.00
	MAY CONSULT DIETICIAN REPOF							
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS			4,250.00	0.00	0.00	4,250.00

Vendor#	Vendor Name	Class	Pay Code
H0031	HEB CREDIT RECEIVABLES DEPT308		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052726		05/01/202	05/27/202	05/27/202			239.36	0.00	0.00	239.36
	~~SUPPLIES~~ groceries									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308	239.36	0.00	0.00	239.36

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
41866724		06/01/202	05/28/202	06/01/202			383.10	0.00	0.00	383.10
	~~SUPPLIES~~ can liners									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18388	IMPERIAL DADE	383.10	0.00	0.00	383.10

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC062026		06/01/202	06/01/202	06/21/202			43,087.44	0.00	0.00	43,087.44
	supplemental staffing									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	43,087.44	0.00	0.00	43,087.44

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060226		06/02/202	06/02/202	06/02/202			895.00	0.00	0.00	895.00
	stone water deduction									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	895.00	0.00	0.00	895.00

Vendor#	Vendor Name	Class	Pay Code
M1950	MARTIN PRINTING CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
81091A		06/04/202	05/19/202	05/19/202			115.00	0.00	0.00	115.00
	PRESS PADS FOR MMC CLINIC									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO	115.00	0.00	0.00	115.00

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
25648360		05/26/202	05/22/202	06/06/202			155.88	0.00	0.00	155.88
	~~SUPPLIES~~ Stapler & fuel surcharge									
25672861		06/01/202	05/28/202	06/12/202			56.27	0.00	0.00	56.27
	~~SUPPLIES~~ Cervical collar & fuel surcharge									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	212.15	0.00	0.00	212.15

Vendor#	Vendor Name	Class	Pay Code
M2310	MEDELA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7003493244		06/01/202	05/15/202	06/01/202			307.58	0.00	0.00	307.58
	~~SUPPLIES~~ Symphony Harmony Initiate Kt									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2310	MEDELA INC	307.58	0.00	0.00	307.58

Vendor#	Vendor Name	Class	Pay Code

11203 MEDI-DOSE, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1002336		06/01/202	05/21/202	06/01/202			114.00	0.00	0.00	114.00
	~~SUPPLIES~~ medi-cup plus blisters & blue dot lid-label cover sheets									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11203	MEDI-DOSE, INC	114.00	0.00	0.00	114.00

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
2425777905		05/26/202	05/13/202	06/07/202			179.06	0.00	0.00	179.06
	~~SUPPLIES~~ diapers, ankle supp., post op shoes, splint, & bandage									
2426866207		06/01/202	05/20/202	06/14/202			102.99	0.00	0.00	102.99
	~~SUPPLIES~~ surgical gloves									
2426866211		06/01/202	05/20/202	06/14/202			1.91	0.00	0.00	1.91
	~~SUPPLIES~~ guaze bandage									
2426866213		06/01/202	05/20/202	06/14/202			4,231.22	0.00	0.00	4,231.22
	~~SUPPLIES~~ tube, catheter, syringe, probe, mother baby kit, etc									
2426866209		06/01/202	05/20/202	06/14/202			229.85	0.00	0.00	229.85
	~~SUPPLIES~~ ID band, T- drape, & suture									
2426866214		06/01/202	05/20/202	06/14/202			1.91	0.00	0.00	1.91
	~~SUPPLIES~~ bandage, guaze									
2426866216		06/01/202	05/20/202	06/14/202			715.47	0.00	0.00	715.47
	~~SUPPLIES~~ container, cuff, curette, guaze, strip									
2426866210		06/01/202	05/20/202	06/14/202			358.61	0.00	0.00	358.61
	~~SUPPLIES~~ syringe, connector, guedel airway									
2426866215		06/01/202	05/20/202	06/14/202			510.64	0.00	0.00	510.64
	~~SUPPLIES~~ test									
2426866206		06/01/202	05/20/202	06/14/202			254.21	0.00	0.00	254.21
	~~SUPPLIES~~ blood tubes									
2427520553		06/01/202	05/23/202	06/17/202			4,428.54	0.00	0.00	4,428.54
	~~SUPPLIES~~ sling, armboard, dressing, cleanser, marker, etc.									
2427520546		06/01/202	05/23/202	06/17/202			102.60	0.00	0.00	102.60
	~~SUPPLIES~~ test pack									
2427351695		06/01/202	05/23/202	06/17/202			9.13	0.00	0.00	9.13
	~~SUPPLIES~~ forearm/wrist splint									
2426866208		06/03/202	05/20/202	06/14/202			49.86	0.00	0.00	49.86
	~~SUPPLIES~~ child face masks									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	11,176.00	0.00	0.00	11,176.00

Vendor# Vendor Name — Class — Pay Code

13548 NACOGDOCHES TRANSCRIPTION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9051		05/30/202	06/01/202	06/11/202			33.18	0.00	0.00	33.18
	TRANSCRIPTION SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	33.18	0.00	0.00	33.18

Vendor# Vendor Name — Class — Pay Code

13624 NEXION HEALTH AT NAVASOTA INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
053126		05/01/202	06/05/202	06/05/202			1,000.00	0.00	0.00	1,000.00
	TELEMED REIMBURS MAY 26									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13624	NEXION HEALTH AT NAVASOTA INC	1,000.00	0.00	0.00	1,000.00

Vendor# Vendor Name — Class — Pay Code

14764 PL-CPR, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

472	05/01/202	06/01/202	06/01/202		1,050.00	0.00	0.00	1,050.00
PALS RECERTIFICATION								
Vendor Totals: Number	Name				Gross	Discount	No-Pay	Net
14764	PL-CPR, LLC				1,050.00	0.00	0.00	1,050.00
Vendor# Vendor Name				Class Pay Code				
10554 REPUBLIC SERVICES #847								
Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
0847001453877	06/02/202	05/26/202	05/26/202		2,401.46	0.00	0.00	2,401.46
WASTE SERVICES								
Vendor Totals: Number	Name				Gross	Discount	No-Pay	Net
10554	REPUBLIC SERVICES #847				2,401.46	0.00	0.00	2,401.46
Vendor# Vendor Name				Class Pay Code				
S2001 SIEMENS MEDICAL SOLUTIONS INC				M				
Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
116913898	06/02/202	05/25/202	06/19/202		3,612.95	0.00	0.00	3,612.95
RAD CONTRACT 052426-062326								
Vendor Totals: Number	Name				Gross	Discount	No-Pay	Net
S2001	SIEMENS MEDICAL SOLUTIONS INC				3,612.95	0.00	0.00	3,612.95
Vendor# Vendor Name				Class Pay Code				
10699 SIGN AD, LTD.								
Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
326935	06/02/202	06/01/202	06/11/202		950.00	0.00	0.00	950.00
ADVERTISING LEASE SPACE JUN								
Vendor Totals: Number	Name				Gross	Discount	No-Pay	Net
10699	SIGN AD, LTD.				950.00	0.00	0.00	950.00
Vendor# Vendor Name				Class Pay Code				
10681 SIMMLER, INC.								
Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
197848	05/26/202	05/12/202	05/26/202		258.00	0.00	0.00	258.00
~~SUPPLIES~~ fetal cell stain kit								
Vendor Totals: Number	Name				Gross	Discount	No-Pay	Net
10681	SIMMLER, INC.				258.00	0.00	0.00	258.00
Vendor# Vendor Name				Class Pay Code				
17852 SINGLETON ASSOCIATES PA								
Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
246053126001	05/01/202	06/01/202	06/01/202		7,721.88	0.00	0.00	7,721.88
MONTHLY ONSITE RAD SERVICE								
~~596Q1~~	06/03/202	05/01/202	05/01/202		10.91	0.00	0.00	~~10.91~~
~~RAD READING FEES~~						* removed		
Vendor Totals: Number	Name				Gross	Discount	No-Pay	Net
17852	SINGLETON ASSOCIATES PA				7,732.79	0.00	0.00	7,732.79
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
I07060901	05/01/202	05/31/202	06/20/202		5,628.44	0.00	0.00	5,628.44
BLOOD BANK								
CM17758	05/01/202	05/31/202	06/20/202		-2,666.20	0.00	0.00	-2,666.20
BLOOD BANK / credit								
Vendor Totals: Number	Name				Gross	Discount	No-Pay	Net
11296	SOUTH TEXAS BLOOD & TISSUE CEN				2,962.24	0.00	0.00	2,962.24
Vendor# Vendor Name				Class Pay Code				
12288 SPBS CLINICAL EQUIPMENT SRVC								
Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
INV050000626	06/01/202	06/01/202	06/02/202		10,230.40	0.00	0.00	10,230.40
full service contract								
Vendor Totals: Number	Name				Gross	Discount	No-Pay	Net

	12288	SPBS CLINICAL EQUIPMENT SRVC					10,230.40	0.00	0.00	10,230.40
Vendor#	Vendor Name				Class	Pay Code				
10094	ST DAVIDS HEALTHCARE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	MMCPL202604		05/30/202	05/29/202	05/29/202		375.00	0.00	0.00	375.00 ✓
		CONNECTIVITY FEE APRIL								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10094	ST DAVIDS HEALTHCARE				375.00	0.00	0.00	375.00
Vendor#	Vendor Name				Class	Pay Code				
14212	SURGICAL DIRECT SOUTH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	9384		05/01/202	05/26/202	06/22/202		3,000.00	0.00	0.00	3,000.00 ✓
		SURGICAL SUPPLIES MAY INVOI								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14212	SURGICAL DIRECT SOUTH				3,000.00	0.00	0.00	3,000.00
Vendor#	Vendor Name				Class	Pay Code				
T2539	T-SYSTEM, INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	2034770		05/01/202	05/31/202	05/31/202		6,276.42	0.00	0.00	6,276.42 ✓
		PHY/NURSE TRACKING SOFTWA								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC				6,276.42	0.00	0.00	6,276.42
Vendor#	Vendor Name				Class	Pay Code				
B1941	THE BACK OFFICE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	0250393		06/02/202	06/01/202	06/01/202		1,673.75	0.00	0.00	1,673.75 ✓
		SHRED SERVICES 050126-05312(								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		B1941	THE BACK OFFICE				1,673.75	0.00	0.00	1,673.75
Vendor#	Vendor Name				Class	Pay Code				
15396	THIRD COAST DISTRIBUTING LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	053026		06/02/202	05/30/202	05/30/202		180.03	0.00	0.00	180.03 ✓
		~~SUPPLIES~~ H I Power INDV-BELT = INDBELT								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		15396	THIRD COAST DISTRIBUTING LLC				180.03	0.00	0.00	180.03
Vendor#	Vendor Name				Class	Pay Code				
14372	TRIAGE, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	INV1797301519		05/30/202	05/08/202	05/08/202		2,837.63	0.00	0.00	2,837.63 ✓
		LAB TRAVEL TECH / Farida Harraid 4/24, 4/27, 4/28, 4/29, 4/30								
✓	INV1797305141		05/30/202	05/15/202	06/14/202		2,242.50	0.00	0.00	2,242.50 ✓
		LAB TRAVEL TECH / Farida Harraid 5/1, 5/4, 5/5, 5/7								
✓	INV1797308669		05/30/202	05/22/202	06/21/202		2,785.88	0.00	0.00	2,785.88 ✓
		LAB TRAVEL TECH / Farida Harraid 5/8, 5/11, 5/12, 5/13, 5/14								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14372	TRIAGE, LLC				7,866.01	0.00	0.00	7,866.01
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
✓	TRI297936		06/01/202	05/28/202	06/12/202		73.27	0.00	0.00	73.27 ✓
		FREIGHT								
✓	TRI298634		06/03/202	06/02/202	06/17/202		195.56	0.00	0.00	195.56 ✓
		FREIGHT								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		13616	TRIOSE, INC				268.83	0.00	0.00	268.83

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
	2921088963		05/01/202	05/28/202	06/22/202			4,258.80	0.00	0.00	4,258.80
		SUPPLIES/LINENS									
	2921088361		06/02/202	05/21/202	06/15/202			174.90	0.00	0.00	174.90
		SUPPLIES/LINENS									
	2921088998		06/02/202	05/28/202	06/22/202			343.73	0.00	0.00	343.73
		SUPPLIES/LINENS									
	2921089003		06/02/202	05/28/202	06/22/202			169.70	0.00	0.00	169.70
		SUPPLIES/LINENS									
	2921089032		06/02/202	05/28/202	06/22/202			407.01	0.00	0.00	407.01
		SUPPLIES/LINENS									
	2921089009		06/02/202	05/28/202	06/22/202			536.74	0.00	0.00	536.74
		UNIFORMS									
	2921088972		06/02/202	05/28/202	06/22/202			54.89	0.00	0.00	54.89
		UNIFORMS									
	2921089020		06/02/202	05/28/202	06/22/202			167.97	0.00	0.00	167.97
		SUPPLIES/LINENS									
	2921089229		06/02/202	06/01/202	06/20/202			191.04	0.00	0.00	191.04
		UNIFORMS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC					6,304.78	0.00	0.00	6,304.78
Vendor#	Vendor Name				Class	Pay Code				
11280	VICTORIA ADVOCATE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0361808		06/01/202	05/01/202	05/31/202			30.50	0.00	0.00	30.50
		NEWS PAPER									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11280	VICTORIA ADVOCATE					30.50	0.00	0.00	30.50
Vendor#	Vendor Name				Class	Pay Code				
12548	WAGEWORKS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0426TR116685		05/01/202	05/31/202	05/31/202			131.25	0.00	0.00	131.25
		HSA/FSA APRIL INVOICE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12548	WAGEWORKS, INC					131.25	0.00	0.00	131.25
Vendor#	Vendor Name				Class	Pay Code				
I1110	WERFEN USA LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9112212571		06/01/202	05/20/202	06/14/202			1,816.50	0.00	0.00	1,816.50
		~~SUPPLIES~~ 5K BG/ISE/GL/COO X 150 pak 31d									
	9112176363		06/04/202	04/13/202	05/08/202			484.72	0.00	0.00	484.72
		~~SUPPLIES~~ Hemosil Thrombin									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC					2,301.22	0.00	0.00	2,301.22
Vendor#	Vendor Name				Class	Pay Code				
17880	YOUR PHONE GUYS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	22890		05/01/202	06/01/202	06/01/202			1,000.00	0.00	0.00	1,000.00
		ALLWORX MNTHLY SERVICE AGI									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17880	YOUR PHONE GUYS LLC					1,000.00	0.00	0.00	1,000.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	346,704.35	0.00	0.00	~~346,704.35~~ $346,693.44

346,704.55 +
10.91 -— removed invoice
346,693.44 *— new total

APPROVED ON

JUN 08 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 213250 - 213316

RECEIVED

JUN 05 2026

Calhoun County Auditor

06/05/2026 MEMORIAL MEDICAL CENTER
11:49 AP Open Invoice List
Invoice Dates Through: 06/03/2026
Class Pay Code

0
ap_open_invoice.template

Vendor#	Vendor Name									
18424	HEALTHCARE ADVANCED REVENUE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	5194		06/05/202	06/03/202	06/03/202			15,000.00	0.00	0.00	15,000.00
		STRATEGIC PLAN									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		18424	HEALTHCARE ADVANCED REVENUE					15,000.00	0.00	0.00	15,000.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	15,000.00	0.00	0.00	15,000.00

APPROVED ON

JUN 05 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 213284

RUN DATE: 06/04/26 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 08:43 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1645687 01	[redacted]	060326	41.41	2		[redacted]	
6019950 01	[redacted] TN 37422	060326	39.60	5			
6021417 01	[redacted] TN 372410836	060326	53.80	5			
	[redacted] TN 372410836						
	ARID=0001 TOTAL		134.81				
TOTAL			134.81				

CWK# 213320 - 213322

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	213250	06/10/26	733.25	ACE HARDWARE 15521
A/P	213251	06/10/26	4,354.25	AIRGAS USA, LLC - CENTRAL DIV
A/P	213252	06/10/26	1,851.67	AMAZON CAPITAL SERVICES
A/P	213253	06/10/26	750.00	AMERITEX ELEVATOR TEXAS LLC
A/P	213254	06/10/26	5,350.00	AVENO NETWORKS
A/P	213255	06/10/26	4,206.07	BAXTER HEALTHCARE
A/P	213256	06/10/26	1,170.32	BAYER HEALTHCARE
A/P	213257	06/10/26	2,821.05	BECKMAN COULTER INC
A/P	213258	06/10/26	199.00	BEEKLEY CORPORATION
A/P	213259	06/10/26	626.80	BIO-RAD LABORATORIES, INC
A/P	213260	06/10/26	194.31	CARDINAL HEALTH 414, INC.
A/P	213261	06/10/26	131.00	CARDIO PARTNERS INC
A/P	213262	06/10/26	351.46	CARESFIELD
A/P	213263	06/10/26	24.25	CENTRAL DRUG
A/P	213264	06/10/26	2,150.00	CERVEY, LLC
A/P	213265	06/10/26	457.20	CHUBB
A/P	213266	06/10/26	1,236.77	CLEARFLY
A/P	213267	06/10/26	992.26	CULLIGAN ULTRAPURE INC.
A/P	213268	06/10/26	447.67	DEWITT POTH & SON
A/P	213269	06/10/26	51,675.34	DIAMOND HEALTHCARE CORP
A/P	213270	06/10/26	90,109.93	DISCOVERY MEDICAL NETWORK INC
A/P	213271	06/10/26	825.00	EL CAMPO REFRIGERATION
A/P	213272	06/10/26	1,341.97	EPI-EDWARD PLUMBING
A/P	213273	06/10/26	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	213274	06/10/26	808.00	FIRETRON, INC
A/P	213275	06/10/26	11,747.06	FISHER HEALTHCARE
A/P	213276	06/10/26	20,973.85	FORVIS
A/P	213277	06/10/26	40.17	FRONTIER
A/P	213278	06/10/26	7,916.67	FUJI FILM
A/P	213279	06/10/26	588.13	FUSION CONNECT
A/P	213280	06/10/26	1,982.50	FUSION MEDICAL STAFFING, LLC
A/P	213281	06/10/26	10,193.97	GREAT AMERICA FINANCIAL SVCS
A/P	213282	06/10/26	25.00	GULF COAST DELIVERY
A/P	213283	06/10/26	4,250.00	HEALTH SOLUTIONS DIETETICS
A/P	213284	06/10/26	15,000.00	HEALTHCARE ADVANCED REVENUE
A/P	213285	06/10/26	239.36	HEB CREDIT RECEIVABLES DEPT308
A/P	213286	06/10/26	383.10	IMPERIAL DADE
A/P	213287	06/10/26	43,087.44	ITA RESOURCES INC
A/P	213288	06/10/26	895.00	M G TRUST
A/P	213289	06/10/26	115.00	MARTIN PRINTING CO
A/P	213290	06/10/26	212.15	MCKESSON MEDICAL SURGICAL INC
A/P	213291	06/10/26	307.58	MEDELA INC
A/P	213292	06/10/26	114.00	MEDI-DOSE, INC
A/P	213293	06/10/26	.00	VOIDED
A/P	213294	06/10/26	11,176.00	MEDLINE INDUSTRIES INC
A/P	213295	06/10/26	33.18	NACOGDOCHES TRANSCRIPTION
A/P	213296	06/10/26	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	213297	06/10/26	1,050.00	PL-CPR, LLC
A/P	213298	06/10/26	2,401.46	REPUBLIC SERVICES #847
A/P	213299	06/10/26	3,612.95	SIEMENS MEDICAL SOLUTIONS INC

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	213300	06/10/26	950.00	SIGN AD, LTD.
A/P	213301	06/10/26	258.00	SIMMLER, INC.
A/P	213302	06/10/26	7,721.88	SINGLETON ASSOCIATES PA
A/P	213303	06/10/26	2,962.24	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	213304	06/10/26	10,230.40	SPBS CLINICAL EQUIPMENT SRVC
A/P	213305	06/10/26	375.00	ST DAVIDS HEALTHCARE
A/P	213306	06/10/26	3,000.00	SURGICAL DIRECT SOUTH
A/P	213307	06/10/26	6,276.42	T-SYSTEM, INC
A/P	213308	06/10/26	1,673.75	THE BACK OFFICE
A/P	213309	06/10/26	180.03	THIRD COAST DISTRIBUTING LLC
A/P	213310	06/10/26	7,866.01	TRIAGE, LLC
A/P	213311	06/10/26	268.83	TRIOSE, INC
A/P	213312	06/10/26	6,304.78	UNIFIRST HOLDINGS INC
A/P	213313	06/10/26	30.50	VICTORIA ADVOCATE
A/P	213314	06/10/26	131.25	WAGEWORKS, INC
A/P	213315	06/10/26	2,301.22	WERFEN USA LLC
A/P	213316	06/10/26	1,000.00	YOUR PHONE GUYS LLC
A/P	213317	06/10/26	108,525.14	GOLDENCREEK HEALTHCARE
A/P	213318	06/10/26	3,507.45	LAVACA BAY NURSING AND REHAB
A/P	213319	06/10/26	51,293.67	TUSCANY VILLAGE
A/P	213320	06/10/26	41.41	[redacted]
A/P	213321	06/10/26	39.60	
A/P	213322	06/10/26	53.80	
TOTALS:			525,154.51	✓

346,693.44 +— payables
134.81 +— pt. refunds
15,000.00 +— critical invoice
3,507.45 +— lavaca bay
108,525.14 +— golden creek
51,293.67 +— tuscany village
525,154.51 *

RECEIVED

JUN 09 2026

Calhoun County Auditor

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
5/29/2026		CM23195	(52.24)
5/29/2026	6/10/2026	4861699	2,177.37
5/31/2026	6/10/2026	4867390	78.71
5/31/2026	6/10/2026	4867391	187.45
6/1/2026	6/25/2026	4870274	1,044.38
6/1/2026	6/25/2026	4876278	31.92
6/2/2026	6/25/2026	4875294	493.54
6/2/2026	6/25/2026	4875293	60.31
6/2/2026	6/25/2026	4877601	559.44
6/2/2026	6/25/2026	4877600	480.88
6/2/2026	6/25/2026	4877602	552.16
6/3/2026	6/25/2026	4880888	55.47
6/3/2026	6/25/2026	4884035	4,949.41
6/3/2026	6/25/2026	4884036	175.79
6/3/2026		CM24603	(1.51)
6/3/2026	6/25/2026	4882612	118.57
6/3/2026	6/25/2026	4882613	213.50
			11,125.15

Caitlin Clevenger - Controller

APPROVED ON

JUN 09 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 06/05/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 06/06/2026

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 06/05/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 06/06/2026 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 6,555.97 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 06/09/2026,
Pay This Amount: 6,424.81 USD

If Paid After 06/09/2026,
Pay this Amount: 6,555.97 USD

Due If Paid On Time:
USD 6,424.81

Disc lost if paid late: 131.16

Due If Paid Late:
USD 6,555.97

APPROVED ON
JUN 09 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

6,306.14 +
116.08 +
2.59 +
6,424.81 =

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 06/05/2026 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 06/06/2026

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

As of: 06/05/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 06/06/2026 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342	**WALMART 1098/MEM MED PHS**										
05/30/2026	06/09/2026	7637811440	277946675	115Invoice	0.74	37.08		36.34		7637811440	
05/30/2026	06/09/2026	7637811441	280590435	115Invoice	10.87	543.51		532.64		7637811441	
05/30/2026	06/09/2026	7637811442	281046533	115Invoice	5.44	271.76		266.32		7637811442	
05/30/2026	06/09/2026	7637811443	275651211	115Invoice	9.02	450.86		441.84		7637811443	
06/01/2026	06/09/2026	7638038929	282673457	115Invoice	2.36	118.22		115.86		7638038929	
06/01/2026	06/09/2026	7638038930	281787252	115Invoice	10.87	543.51		532.64		7638038930	
06/01/2026	06/09/2026	7638038931	282208109	115Invoice	5.44	271.76		266.32		7638038931	
06/01/2026	06/09/2026	7638038932	273193032	115Invoice	0.02	0.95		0.93		7638038932	
06/01/2026	06/09/2026	7638038933	274962180	115Invoice	1.86	92.77		90.91		7638038933	
06/01/2026	06/09/2026	7638038934	277424267	115Invoice	1.91	95.51		93.60		7638038934	
06/01/2026	06/09/2026	7638038935	280898413	115Invoice	0.01	0.63		0.62		7638038935	
06/01/2026	06/09/2026	7638051507	281389518	115Invoice	1.47	73.52		72.05		7638051507	
06/01/2026	06/09/2026	7638051508	274672980	115Invoice	2.88	143.76		140.88		7638051508	
06/01/2026	06/09/2026	7638051509	283093899	115Invoice	16.69	834.40		817.71		7638051509	
06/02/2026	06/09/2026	7638320279	283664705	115Invoice	4.98	248.78		243.80		7638320279	
06/02/2026	06/09/2026	7638320280	283634434	115Invoice	0.01	0.63		0.62		7638320280	
06/02/2026	06/09/2026	7638320281	283695726	115Invoice	1.13	56.59		55.46		7638320281	
06/02/2026	06/09/2026	7638320282	283555757	115Invoice	0.02	0.95		0.93		7638320282	
06/02/2026	06/09/2026	7638320283	283555757	115Invoice	0.04	1.90		1.86		7638320283	
06/03/2026	06/09/2026	7638565791	283946432	115Invoice	5.11	255.41		250.30		7638565791	
06/03/2026	06/09/2026	7638565792	282673457	115Invoice	5.44	271.76		266.32		7638565792	
06/04/2026	06/09/2026	7638834430	275707794	115Invoice	9.02	450.86		441.84		7638834430	
06/05/2026	06/09/2026	7639058467	283093899	115Invoice	0.02	0.95		0.93		7639058467	
06/05/2026	06/09/2026	7639058468	284252645	115Invoice	33.38	1,668.80		1,635.42		7639058468	

APPROVED ON
JUN 09 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/05/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 06/06/2026

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

As of: 06/05/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 06/06/2026 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 6,434.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12,144.22
06/01/2026

If Paid By 06/09/2026,
Pay This Amount: 6,306.14 USD

If Paid After 06/09/2026,
Pay this Amount: 6,434.87 USD

Due If Paid On Time:
USD 6,306.14

Disc lost if paid late:
128.73

Due If Paid Late:
USD 6,434.87

APPROVED ON
JUN 09 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/05/2026 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 06/06/2026

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

As of: 06/05/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 06/06/2026 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
06/01/2026	06/09/2026	7637818259	B2605-055-373656	115Invoice	0.44	21.80		21.36		7637818259	
06/04/2026	06/09/2026	7638626280	B2606-055-377695	115Invoice	0.21	10.34		10.13		7638626280	
06/05/2026	06/09/2026	7638887306	B2606-055-379002	115Invoice	1.73	86.32		84.59		7638887306	

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

TOTAL: Customer Number 820405 HEB PHCY WHSE/MEM MED PHS

Subtotals: 118.46 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12,144.22
06/01/2026

If Paid By 06/09/2026,
Pay This Amount: 116.08 USD

If Paid After 06/09/2026,
Pay this Amount: 118.46 USD

Due If Paid On Time:
USD 116.08

Disc lost if paid late:
2.38

Due If Paid Late:
USD 118.46

APPROVED ON
JUN 09 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 06/05/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 190813
Date: 06/06/2026

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

As of: 06/05/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 06/06/2026

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
06/05/2026	06/09/2026	7638959761	5037795	115Invoice	0.05	2.64		2.59		7638959761	

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

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

Subtotals: 2.64 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,913.49
05/04/2026

If Paid By 06/09/2026, Pay This Amount: 2.59 USD

If Paid After 06/09/2026, Pay this Amount: 2.64 USD

Due If Paid On Time: USD 2.59

Disc lost if paid late: 0.05

Due If Paid Late: USD 2.64

APPROVED ON
JUN 09 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 72225906
Date: 06-05-2026

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	37.75
Past Due:	0.00
Total Due:	37.75
Account Balance:	37.75

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-01-2026	06-12-2026	3252834427	7012051838	Invoice	10.82		0.00	10.82
06-01-2026	06-12-2026	3252834428	7012062811	Invoice	2.84		0.00	2.84
06-04-2026	06-12-2026	3253265943	7012075240	Invoice	24.09		0.00	24.09

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
37.75	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
06-05-2026	(302.36)

Reminders

Due Date	Amount
06-12-2026	37.75
Total Due:	37.75

APPROVED ON

JUN 09 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Processing Number: 0000007584272597 Document Type: Customer Statement 20260930014659

cencora

STATEMENT

Statement Number: 72240621
Date: 06-05-2026

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

DEA: RA0316958
866-451-9655

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

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:	12.22
Past Due:	0.00
Total Due:	12.22
Account Balance:	12.22

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-02-2026	06-12-2026	3253031853	7012071064	Invoice	1.93		0.00	1.93
06-03-2026	06-12-2026	3253169817	7012075247	Invoice	10.29		0.00	10.29

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
12.22	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
06-12-2026	12.22
Total Due:	12.22

APPROVED ON
JUN 09 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

	####	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###	[redacted]	
☐ "ENTER YOUR 4-DIGIT PIN"		[redacted]	
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	26	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	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			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 117,819.36	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 64,304.06	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 15,038.94	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 38,476.36	#
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

Updated

CALLED IN BY:	
CALLED IN DATE:	
CALLED IN TIME:	

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	5/29/2026					
PAY PERIOD: END	6/11/2026					
PAY DATE:	6/18/2026					
GROSS PAY:	$ 555,484.69			$ -		$ 555,484.69
DEDUCTIONS:						
A/R	$ 387.70					$ 387.70
ADVANC						$ -
BOOTS						$ -
~~MUTUAL CRITICAL ILLNESS~~						$ -
~~MUTUAL ACCIDENT~~						$ -
IRS TAX						$ -
~~MUTUAL SHORT TERM DIS~~						$ -
MUTUAL VISION	$ 827.68					$ 827.68
CAFÉ-D	$ 1,338.41					$ 1,338.41
CAFÉ-H	$ 29,499.69					$ 29,499.69
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ -					$ -
CLINIC						$ -
COMBIN	$ 204.25					$ 204.25
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE	$ 1,186.05					$ 1,186.05
MUTUAL HOSP INDEM	$ 691.00					$ 691.00
FED TAX	$ 38,476.36					$ 38,476.36
FICA-M	$ 7,519.47					$ 7,519.47
FICA-O	$ 32,152.03					$ 32,152.03
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 4,341.72					$ 4,341.72
FLX-FE	$ -					$ -
GIFT S	$ -					$ -
MUTUAL CRITICAL ILLNESS	$ 910.23					$ 910.23
MUTUAL ACCIDENT	$ 653.76					$ 653.76
MUTUAL SHORT TERM DIS	$ 1,932.00					$ 1,932.00
LEGAL	$ 1,017.48					$ 1,017.48
OTHER	$ 3,931.15					$ 3,931.15
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	$ 37,235.67					$ 37,235.67
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 164,615.07	$ -	$ -	$ -	$ -	$ 164,615.07
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 390,869.62	$ -	$ -	$ -	$ -	$ 390,869.62
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 36,902.50	**Less Exempt:**				
TAXABLE PAY:	$ 518,582.19	$ 518,582.19				

Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,519.44		
FICA - MED (EE)	1.45%	$ 7,519.44	$ 7,519.47	$ (0.03)
FICA - SOC SEC (ER)	6.20%	$ 32,152.10		
FICA - SOC SEC (EE)	6.20%	$ 32,152.10	$ 32,152.03	$ 0.07
FED WITHHOLDING		$ 38,476.36	$ 38,476.36	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL:

TAX DEPOSIT:		$ 117,819.44	$ 117,819.36	
FICA - MEDICARE	2.90%	$ 15,038.88	$15,038.94	
FICA - SOCIAL SECURITY	12.40%	$ 64,304.20	$64,304.06	**PREPARED BY:**
FED WITHHOLDING		$ 38,476.36	$38,476.36	**PREPARED DATE:**
TOTAL TAX:		$ 117,819.44	$117,819.36	$ 0.08

Sariah Rubio

6/15/2026

Final Summary

-- PayCode Summary --

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9882.25	N		N	N		241889.99
1	REGULAR PAY-S1	1833.00	N		N	N	N	94587.36
1	REGULAR PAY-S1	167.00	Y		N	N		6346.20
2	REGULAR PAY-S2	2558.00	N		N	N		74737.94
2	REGULAR PAY-S2	75.00	Y		N	N		2759.17
3	REGULAR PAY-S3	1694.25	N		N	N		60982.01
3	REGULAR PAY-S3	91.75	Y		N	N		4193.00
4	CALL BACK PAY	20.00	N	1	N	N	Y	756.46
4	CALL BACK PAY	6.00	N	2	N	N	Y	207.50
4	CALL BACK PAY	2.00	N	3	N	N	Y	77.50
C	CALL PAY	2572.50	N	1	N	N		5145.00
E	EXTRA WAGES		N		N	N	N	7500.00
E	EXTRA WAGES		N	1	N	N	N	2649.00
F	FUNERAL LEAVE	16.00	N	1	N	N		660.96
I	INSERVICE	31.25	N	1	N	N		1439.16
K	EXTENDED-ILLNESS-BANK	118.00	N	1	N	N		4590.04
P	PAID-TIME-OFF	214.00	N		N	N	N	3907.95
P	PAID-TIME-OFF	1266.00	N	1	N	N		42447.45
X	CALL PAY 2	160.00	N	1	N	N		320.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00

-- Deductions Summary --

Code	Amount	Code	Amount	Code	Amount
A/R	102.70	A/R2	285.00	A/R3	
ADVANC		AWARDS		BADGE	
BCBSVI		BOOTS		CAFE H	
CAFE-1		CAFE-2		CAFE-3	
CAFE-4		CAFE-5		CAFE-C	
CAFE-D	1338.41	CAFE-F		CAFE-H	29499.69
CAFE-I		CAFE-L		CAFE-P	
CANCER		CHILD		CLINIC	
COMBIN	204.25	CREDUN		DD ADV	
DENTAL		DEP-LF		DIS-LF	
EAT		EATCSH		FEDTAX	38476.36
FICA-M	7519.47	FICA-O	32152.03	FIRSTC	
FLEX S	3763.90	FLX FE		FORT D	
FUTA		GIFT S		GRANT	
GRP-IN		GTL		HOSP-I	
HSA	577.82	ID TFT		IRSTAX	
LEAF		LEGAL	201.48	MASA	816.00
MEALS	3931.15	METVIS		MISC	
MISC/		MMCSHR		MOOACC	653.76
MOOILL	910.23	MOOIND	691.00	MOOLIF	1186.05
MOOSTD	1932.00	MOOVIS	827.68	NATFML	1415.42
OTHER		PHI		PHI***	
PR FIN		RELAY		REPAY	
SAMS		SCRUBS		SIGNON	
ST-TX		STONDF	895.00	STONE	
STONE2		STUDEN		SUNACC	
SUNILL		SUNIND		SUNLIF	
SUNSTD		SUNVIS		SURCHG	
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	37235.67	TUTION	
UNIFOR		UW/HOS			

Grand Totals: 20803.00 ------- (Gross: 555484.69 Deductions: 164615.07 Net: 390869.62

Checks Count:- FT 204 PT 12 Other 46 Female 237 Male 24 Credit OverAmt 15 ZeroNet Term Total: 261

MEMORIAL MEDICAL CENTER BI-WEEKLY

**** Check Register ****

Pay Period 05/29/26--06/11/26 Run: 1

Type=NET 10000001 OPERATING - PROSPERITY

Num.	Name	Amount	CHECK NUM	DATE
[redacted]		465.16	00063590	06/18/26
		783.12	00063591	06/18/26
		1116.69	00063592	06/18/26
		631.83	00063593	06/18/26
		845.04	DD	06/18/26
		968.39	DD	06/18/26
		966.70	DD	06/18/26
		1473.35	DD	06/18/26
		2076.01	DD	06/18/26
		1136.89	DD	06/18/26
		2117.78	DD	06/18/26
		1899.39	DD	06/18/26
		1555.46	DD	06/18/26
		1556.10	DD	06/18/26
		1783.60	DD	06/18/26
		944.24	DD	06/18/26
		2040.84	DD	06/18/26
		1098.00	DD	06/18/26
		837.59	DD	06/18/26
		521.90	DD	06/18/26
		2695.47	DD	06/18/26
		1888.54	DD	06/18/26
		422.91	DD	06/18/26
		889.50	DD	06/18/26
		2117.69	DD	06/18/26
		4879.16	DD	06/18/26
		1326.79	DD	06/18/26
		1908.86	DD	06/18/26
		2920.47	DD	06/18/26
		1751.73	DD	06/18/26
		3788.42	DD	06/18/26
		444.15	DD	06/18/26
		2998.62	DD	06/18/26
		1303.73	DD	06/18/26
		2042.78	DD	06/18/26
		2371.47	DD	06/18/26
		1343.59	DD	06/18/26
		2462.67	DD	06/18/26
		1631.92	DD	06/18/26
		2182.79	DD	06/18/26
		2895.92	DD	06/18/26
		2028.61	DD	06/18/26
		1940.82	DD	06/18/26
		943.59	DD	06/18/26
		740.25	DD	06/18/26
		1988.91	DD	06/18/26
		106.10	DD	06/18/26
		377.11	DD	06/18/26
		1975.09	DD	06/18/26
		946.20	DD	06/18/26
		1970.15	DD	06/18/26
		2519.13	DD	06/18/26
		381.83	DD	06/18/26

Num.	Name	Amount	CHECK NUM	DATE
[redacted]		933.40	DD	06/18/26
		1495.26	DD	06/18/26
		2370.09	DD	06/18/26
		1330.19	DD	06/18/26
		2427.03	DD	06/18/26
		1847.84	DD	06/18/26
		2893.62	DD	06/18/26
		662.52	DD	06/18/26
		1749.32	DD	06/18/26
		2106.15	DD	06/18/26
		1868.99	DD	06/18/26
		797.17	DD	06/18/26
		1723.20	DD	06/18/26
		3850.32	DD	06/18/26
		1508.31	DD	06/18/26
		3590.05	DD	06/18/26
		1782.76	DD	06/18/26
		3773.43	DD	06/18/26
		1874.36	DD	06/18/26
		1883.65	DD	06/18/26
		1152.27	DD	06/18/26
		2283.61	DD	06/18/26
		2520.93	DD	06/18/26
		1968.92	DD	06/18/26
		2503.62	DD	06/18/26
		1063.96	DD	06/18/26
		1049.77	DD	06/18/26
		791.62	DD	06/18/26
		3021.95	DD	06/18/26
		1690.89	DD	06/18/26
		1162.47	DD	06/18/26
		1841.37	DD	06/18/26
		2232.21	DD	06/18/26
		204.44	DD	06/18/26
		1719.34	DD	06/18/26
		1861.11	DD	06/18/26
		2761.98	DD	06/18/26
		363.15	DD	06/18/26
		6707.42	DD	06/18/26
		425.33	DD	06/18/26
		827.23	DD	06/18/26
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		1740.94	DD	06/18/26
		765.32	DD	06/18/26
		2595.58	DD	06/18/26
		1977.95	DD	06/18/26
		2100.80	DD	06/18/26
		422.49	DD	06/18/26
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		1365.84	DD	06/18/26
		2244.68	DD	06/18/26
		890.44	DD	06/18/26
		2238.66	DD	06/18/26
		3234.44	DD	06/18/26

Num.	Name	Amount	CHECK NUM	DATE
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		434.15	DD	06/18/26
		1159.90	DD	06/18/26
		1691.21	DD	06/18/26
		1004.92	DD	06/18/26
		2145.44	DD	06/18/26
		1571.06	DD	06/18/26
		647.16	DD	06/18/26
		814.03	DD	06/18/26
		1856.62	DD	06/18/26
		999.41	DD	06/18/26
		1818.91	DD	06/18/26
		2074.35	DD	06/18/26
		798.60	DD	06/18/26
		1041.48	DD	06/18/26
		1533.65	DD	06/18/26
		2240.59	DD	06/18/26
		1088.00	DD	06/18/26
		607.17	DD	06/18/26
		1997.79	DD	06/18/26
		214.26	DD	06/18/26
		2257.34	DD	06/18/26
		1982.05	DD	06/18/26
		1659.24	DD	06/18/26
		2860.34	DD	06/18/26
		2871.77	DD	06/18/26
		391.56	DD	06/18/26
		323.09	DD	06/18/26
		1865.65	DD	06/18/26
		1132.98	DD	06/18/26
		1139.02	DD	06/18/26
		634.70	DD	06/18/26
		964.79	DD	06/18/26
		1540.54	DD	06/18/26
		762.99	DD	06/18/26
		759.04	DD	06/18/26
		890.19	DD	06/18/26
		1059.98	DD	06/18/26
		840.49	DD	06/18/26
		791.29	DD	06/18/26
		864.14	DD	06/18/26
		3436.62	DD	06/18/26
		893.95	DD	06/18/26
		808.66	DD	06/18/26
		50.42	DD	06/18/26
		1029.89	DD	06/18/26
		582.44	DD	06/18/26
		1232.78	DD	06/18/26
		1074.35	DD	06/18/26
		925.95	DD	06/18/26
		1780.23	DD	06/18/26

Num.	Name	Amount	CHECK NUM	DATE
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		1002.98	DD	06/18/26
		801.43	DD	06/18/26
		895.05	DD	06/18/26
		3734.88	DD	06/18/26
		774.76	DD	06/18/26
		775.46	DD	06/18/26
		259.10	DD	06/18/26
		4169.72	DD	06/18/26
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		1635.71	DD	06/18/26
		3185.62	DD	06/18/26
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		898.26	DD	06/18/26
		2126.29	DD	06/18/26
		613.02	DD	06/18/26
		2028.79	DD	06/18/26
		1524.53	DD	06/18/26
		3456.18	DD	06/18/26
		390.43	DD	06/18/26
		907.97	DD	06/18/26
		876.37	DD	06/18/26
		1205.39	DD	06/18/26
		2902.56	DD	06/18/26
		511.25	DD	06/18/26
		1266.08	DD	06/18/26
		1065.74	DD	06/18/26
		367.77	DD	06/18/26
		1158.19	DD	06/18/26
		1366.39	DD	06/18/26
		924.82	DD	06/18/26
		640.59	DD	06/18/26
		1423.65	DD	06/18/26
		1487.06	DD	06/18/26
		1539.31	DD	06/18/26
		1383.13	DD	06/18/26
		1106.74	DD	06/18/26
		659.86	DD	06/18/26
		837.78	DD	06/18/26
		2033.99	DD	06/18/26
		408.83	DD	06/18/26
		1579.83	DD	06/18/26
		1194.51	DD	06/18/26
		677.82	DD	06/18/26
		1597.23	DD	06/18/26
		981.31	DD	06/18/26
		1225.00	DD	06/18/26
		965.93	DD	06/18/26
		1127.37	DD	06/18/26
		777.80	DD	06/18/26

Num.	Name	Amount	CHECK NUM	DATE
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		796.21	DD	06/18/26
		1583.60	DD	06/18/26
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		965.61	DD	06/18/26
		762.95	DD	06/18/26
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		2521.38	DD	06/18/26
		1934.64	DD	06/18/26
		1059.44	DD	06/18/26
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		697.97	DD	06/18/26
		936.65	DD	06/18/26
		932.16	DD	06/18/26
		1262.10	DD	06/18/26
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		1696.37	DD	06/18/26
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		1906.09	DD	06/18/26
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		822.02	DD	06/18/26
		2298.62	DD	06/18/26
		1957.46	DD	06/18/26
		325.99	DD	06/18/26
		894.16	DD	06/18/26
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		1010.28	DD	06/18/26
		580.85	DD	06/18/26
		3928.81	DD	06/18/26
		1599.68	DD	06/18/26
		1784.16	DD	06/18/26
		2201.22	DD	06/18/26
		2049.51	DD	06/18/26
		390869.62		

Plan	Start Date	EE Per Pay C	ER Per Pay Cost
2026 Heath Equity Health Savings Account	6/1/2026	$0.00	$25.00
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	6/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$30.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$5.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$137.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$3.33	$25.00
2026 Heath Equity Health Savings Account	6/1/2026	$10.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$25.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$25.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$4.16	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$100.00	$25.00
2026 Heath Equity Health Savings Account	2/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$5.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$158.33	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$10.00	$25.00
		$577.82	$550.00
	Total	$1,127.82	

8442	76351	2	5	0	2026	120001690	0	5/8/2026	$13,825.56	1	MD ANDERSON CANCER CENT	P	459	0	[redacted]		HCT	F	4/23/2026	4/23/2026	746001118
8443	76351	2	5	0	2026	120001668	0	5/8/2026	$60,266.59	1	MD ANDERSON CANCER CENTER	P	423	0	[redacted]		IMC	F	4/16/2026	4/22/2026	746001118
8444	76351	2	5	0	2026	118000333	0	5/8/2026	$2,771.60	1	PATHOLOGISTS BIOMEDICAL LABORATORIES LLP	P	185	0	[redacted]		LAB	F	1/13/2026	1/13/2026	751049190
									$76,863.75												

APPROVED ON

JUN 08 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

June

PPO UR	168	$3,603.60	Adjustments	3	($21.45)	$3,582.15
CHIC FEE		$700.00				$700.00

Balance Forward:		$80,492.07
Payments:	-	$0.00
Adjustments:	+	$0.00
Beginning Balance:		$80,492.07
Current Amount Due:	+	$79,927.54
Current Adjustments:	+	($351.63)
Total Amount Due:		$160,067.98
May Amount Due		**$80,492.07**
June Amount Due		**$79,575.91**

Description	Medical
EE	102
ES	15
EF	15
EC	36
Mst Total	168

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

APPROVED ON
JUN 08 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

APPROVED ON

JUN 08 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT –- June 1, 2026 - June 7, 2026

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
6/5/2026	FDMS 0000000000000000007870 - FDMS PYMT 52-160 1830-000	- Credit Card Machine Lease Fee	32.45	902448	40440076
6/5/2026	FDMS 0000000000000000007870 - FDMS PYMT 52-218 2557-000	- Credit Card Machine Lease Fee	181.77	902449	40440076
6/5/2026	FDMS 0000000000000000007870 - FDMS PYMT 52-218 2545-000	- Credit Card Machine Lease Fee	45.64	902450	40440076
6/5/2026	FDMS 0000000000000000007870 - FDMS PYMT 52-239 6182-000	- Credit Card Machine Lease Fee	175.29	902451	40440076
6/5/2026	FDMS 0000000000000000007870 - FDMS PYMT 52-239 6181-000	- Credit Card Machine Lease Fee	116.87	902452	40440076
6/5/2026	FDMS 0000000000000000007870 - FDMS PYMT 52-239 6180-000	- Credit Card Machine Lease Fee	58.44	902453	40440076
6/5/2026	MEMORIAL MEDICAL - PAYROLL		381,250.58 *		
6/5/2026	HEALTHEQUITY INC - HealthEqui	- EmpDeduct/Employer Contribut	1,042.82 *	902454	PAYROLL- 20280000
6/5/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#143955520 143542671	- 3rd Party Payor Fee	438.93	902455	40440076
6/5/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	302.36 *	902456	60310000
6/4/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#143357981 143120367	- 3rd Party Payor Fee	216.17	902457	40440076
6/3/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#142919805 142697337	- 3rd Party Payor Fee	9.64	902458	40440076
6/3/2026	MERCHANT BANKCD - DISCOUNT 971160913887	- Credit Card Processing Fee	317.99	902459	40440060
6/3/2026	MERCHANT BANKCD - INTERCHNG 971160913887	- Credit Card Processing Fee	148.09	902460	40440060
6/3/2026	MERCHANT BANKCD - FEE 971160913887	- Credit Card Processing Fee	161.15	902461	40440060
6/3/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	21,107.80 *	902462	10450000
6/2/2026	AUTHNET GATEWAY - BILLING 148672315	- 3rd Party Payor Fee	25.00	902463	40440076
6/2/2026	MCKESSON DRUG - AUTO ACH ACH07072245	- 340B Drug Program Expense	12,144.22 *	902464	60310000
6/2/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#142485847 142277710	- 3rd Party Payor Fee	133.15	902465	40440076
6/2/2026	Withdrawal xfer from 4357 to 4551 - ck was de posited into MMC Oper & sh	- Transfer to Indigent Account by Mellisa M	7,352.97 ***	902466	
6/1/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#142119422 142024245	- 3rd Party Payor Fee	327.67	902467	40440076
			425,589.00		

Caitlin Clevenger - Controller
Memorial Medical Center

June 8, 2026

* approved on 06.03.26 cc

** approved on 05.20.26 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
6/18/2026	QIPP IGT	- Prepaid Expenses	1,363,495.00
6/20/2026	Webfile Tax Pymt CPA Tax Payments	- Sales Tax	1,938.25
6/15/2026	Texas County DRS	- Retirement Funding	178,506.86
			1,543,940.11

Caitlin Clevenger - Controller
Memorial Medical Center

June 8, 2026

425.589.00 +
381.250.58 -
1.042.82 -
302.36 -
21.107.80 -
12.144.22 -
7.352.97 -
610.46 +
1.125.56
627.23
25.00
0.00 *

32.45 +
181.77 +
45.64 +
175.29 +
116.87 +
58.44 +
610.46 * lease fee

438.93 +
216.17 +
9.64 +
133.15 +
327.67 +
1.125.56 pay plvs

317.99 +
148.09 +
161.15 +
627.23 processing fee

25.00 +
25.00 authnet gateway

QIPP IGT

TEXNET Electronic Payment Network | Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete
Trace # [redacted]

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

Payment Total	$1,363,495.00
Bank Routing and Account Number	[redacted]
Settlement Date	6/18/2026
QIPP Amount	$1,363,495.00
Entered By	Caitlin Clevenger

COMPTROLLER.TEXAS.GOV

Menu

Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 05/31/2026 (2605)

Taxpayer ID: [redacted]
User ID: [redacted]
Reference Number: [redacted]
Date and Time of Filing:
06/05/2026, 11:50:29 AM

Taxpayer Name:
MEMORIAL MEDICAL CENTER
Taxpayer Address:
815 N VIRGINIA ST PORT LAVACA , TX 77979-3025
IP Address: [redacted]

Entered By: Caitlin Clevenger
Email Address:
cclevenger@mmcportlavaca.com
Telephone Number: (361) 552-0272

PAYMENT SUMMARY

Electronic Check
State Amount: $1,468.37
Local Amount: $469.88
Amount to Pay: $1,938.25
Electronic Check: $1,938.25

Payment Reference Number: [redacted]
Trace Number [redacted]

Type of Bank Account: Checking
Accountholder Name: Prosperity
Bank Routing Number: [redacted]
Bank Account Number [redacted]
Payment Effective Date: 06/19/2026

CREDIT SUMMARY

Credits Taken

Are you taking credit to reduce taxes due on this return?	No
Are you taking credit to reduce taxable sales on this return for the purchase of Texas farm-raised oysters?	No
Amount of credit being taken on this return for the purchase of Texas farm-raised oysters	$0.00
Are you taking credit to reduce taxable sales on this return for participation in a qualified oyster shell recycling program?	No
Amount of credit being taken on this return for participation in a qualified oyster shell recycling program	$0.00

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	23,612	23,612	0.00	23,612	1,475.75	23,612	0.02	472.24
SubTotal	**23,612**	**23,612**	**0**	**23,612**	**1,475.75**	**23,612**		**472.24**

Total Tax for Locations 1,947.99

Total Tax Due:	$1,947.99
Timely Filing Discount:	- $9.74
Balance Due:	$1,938.25
Pending Payments:	- $0.00

Total Amount Due and Payable: $1,938.25

(State amount due is $1,468.37) (Local amount due is $469.88)

Date/Time	06-05-2026 / 01:59 PM
Submitted By	agibson419
Pay Date	05-31-2026
Employee Deposits	$72,947.03
Employer Contributions	$105,559.83
Group Term Life Premiums	$0.00
Total	$178,506.86 ✓
Comments	
Payroll File	May 2026.xlsx

CLOSE PRINT

Retirement

RECEIVED

JUN 04 2026

Calhoun County Auditor

06/04/2026 MEMORIAL MEDICAL CENTER 0

08:27 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 06/26/2026

Vendor# Vendor Name Class Pay Code

12792 LAVACA BAY NURSING AND REHAB

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052626 ✓		05/01/202	05/26/202	06/26/202			3,345.44	0.00	0.00	3,345.44 ✓
052926 ✓	"	05/01/202	05/29/202	06/26/202			162.01	0.00	0.00	162.01 ✓

ins. pay. dep. into mmc opt. correction

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	3,507.45	0.00	0.00	3,507.45

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,507.45	0.00	0.00	3,507.45 ✓

APPROVED ON

JUN 04 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 213318

06/04/2026
08:27

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/26/2026

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
052626	ins. pay. dep. into mmc opt. correction	05/01/202	05/26/202	06/26/202			105,984.34	0.00	0.00	105,984.34
052826	"	05/01/202	05/28/202	06/26/202			2,193.73	0.00	0.00	2,193.73
052826A	"	05/01/202	05/28/202	06/26/202			347.07	0.00	0.00	347.07

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	108,525.14	0.00	0.00	108,525.14

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	108,525.14	0.00	0.00	108,525.14

chk #213317

RECEIVED

JUN 04 2026

Calhoun County Auditor

06/04/2026 MEMORIAL MEDICAL CENTER 0

08:26 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 06/26/2026

Vendor# Vendor Name Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052626A	ins. pay. dep. into nmmc opt. correction	05/01/202	05/26/202	06/26/202			4.28	0.00	0.00	4.28
052626B	"	05/01/202	05/26/202	06/26/202			24,640.20	0.00	0.00	24,640.20
052626	"	05/01/202	05/26/202	06/26/202			5,200.00	0.00	0.00	5,200.00
052926	"	05/01/202	05/29/202	06/26/202			12,609.19	0.00	0.00	12,609.19
060126	"	06/01/202	06/01/202	06/26/202			8,840.00	0.00	0.00	8,840.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	51,293.67	0.00	0.00	51,293.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	51,293.67	0.00	0.00	51,293.67

APPROVED ON

JUN 04 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 213319

APPROVED ON

JUN 0 8 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/8/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		105.65	-	-			105.65	0
						Bank Balance	105.65	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**5.65**	
Broadmoor		100.56	-	-		-	100.56	0
						Bank Balance	100.56	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**0.56**	
Crescent		1,246.41	-	-			1,246.41	1,146.41
						Bank Balance	1,246.41	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**1,146.41**	
Fort Bend		100.41	-	-			100.41	-
						Bank Balance	100.41	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**0.41**	
Solera at W Houston		9,346.99	7,363.99	-			1,983.00	0
						Bank Balance	1,983.00	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Ashford Gardens:

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

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 111000614
Account

Claims owed for Broadmoor 1,883.00

* have not cashed

Adjust Balance/Transfer Amt -

TOTAL TRANSFERS	**1,146.41**

Approved:
Caitlin Clevenger - Controller **6/8/2026**

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

Ashford Gardens	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
No Activity				-
				-
				-
				-
	-	-	-	-

Broadmoor	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
No Activity				-
				-
				-
				-
	-	-	-	-

Crescent	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
No Activity				-
				-
				-
				-
	-	-	-	-

Fort Bend	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
No Activity				-
				-
				-
				-
	-	-	-	-

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
6/3/2026 Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III	7,363.99	-		-
				-
				-
				-
	7,363.99	-	-	-

TOTALS	7,363.99	-	-	-

Balances Overview

PROSPERITY BANK®

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Jun 8, 2026 8:55:44 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$1,622,507.24	$1,622,507.24
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$869,236.96	$869,236.96
*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	$1,983.00	$1,983.00
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.41	$100.41
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$250,976.92	$250,976.92
*4551 CAL CO INDIGENT HEALTHCARE	$5,002.10	$5,002.10
*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	$215,468.43	$215,468.43
*3407 MMC -NH TUSCANY VILLAGE	$160,869.68	$160,869.68
*2998 MMC -MONEY MARKET FUND	$75,162.40	$75,162.40
*7168 MEMORIAL MEDICAL LOCK BOX	$42,012.32	$42,012.32
Total Balance	**$1,622,507.24**	**$1,622,507.24**

APPROVED ON

JUN 08 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/8/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		127,306.32	125,574.32	237,241.12		-	238,973.12	237,241.12
						Bank Balance	238,973.12	
						Variance	-	
						Leave in Balance	100.00	

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.

Claims owed to MMC 1,632.00

*Still have not cashed

Adjust Balance/Transfer Amt 237,241.12

Approved:
Caitlin Clevenger - Controller 6/8/2026

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
6/5/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	4,320.30		4,320.30
6/5/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 060526 543684555876917	-	1,213.90		1,213.90
6/5/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0SZ743631588075964*1746000156~ 17460034113011	-	42,777.08		42,777.08
6/4/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,717.90		1,717.90
6/4/2026	Am Health TX - PAYMENT 21531	-	9,500.00		9,500.00
6/3/2026	Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	125,574.32	-		-
6/3/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	9,900.00		9,900.00
6/3/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 060326 543684555876917	-	14,251.00		14,251.00
6/2/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,771.00		1,771.00
6/1/2026	Deposit	-	150,104.68		150,104.68
6/1/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 060126 543684555876917	-	1,685.26		1,685.26
		125,574.32	**237,241.12**	**-**	**237,241.12**

Transaction Report

PROSPERITY BANK

Transaction Report for account *4454

Reported on Mon Jun 08 14:14:00 GMT 2026

Current Balance $250,976.92
Interest Accrued $67.68
Available Balance $250,976.92

Date	Description	Credit	Debit	Running Balance
[redacted]	[redacted]	[redacted]		[redacted]
[redacted]	[redacted]	[redacted]		[redacted]
[redacted]	[redacted]	[redacted]		[redacted]
[redacted]	[redacted]	[redacted]		[redacted]
06/05/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	4320.30		238973.12
06/05/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 060526 543684555876917	1213.90		234652.82
06/05/2026	External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0SZ743631588075964*1746000156~ 17460034113011	42777.08		233438.92
06/04/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	1717.90		190661.84
06/04/2026	External Deposit Am Health TX - PAYMENT 21531	9500.00		188943.94
06/03/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		125674.32	179443.94
06/03/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	9900.00		305018.26

APPROVED ON

JUN 08 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
6/8/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		140.05	-	-	-		-	140.05	No Transfer(Holding due to pending claims requests)
							Bank Balance	140.05	
							Variance	-	
							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		102.35	-	-		-		102.35	NO TRANSFER
							Bank Balance	102.35	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	2.35	
						TOTAL TRANSFERS		-	

Routing Information for Gulf Pointe Plaza:

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

Approved:
Caitlin Clevenger - Controller

6/8/2026

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
No Activity				-
				-
				-
				-
	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
No Activity				-
				-
				-
				-
	-	-	-	-
	-	-	-	-

Balances Overview

PROSPERITY BANK

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Jun 8, 2026 9:49:44 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$1,622,507.24	$1,622,507.24
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$869,236.96	$869,236.96
*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	$1,983.00	$1,983.00
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.41	$100.41
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$250,976.92	$250,976.92
*4551 CAL CO INDIGENT HEALTHCARE	$5,002.10	$5,002.10
*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	$215,468.43	$215,468.43
*3407 MMC -NH TUSCANY VILLAGE	$160,869.68	$160,869.68
*2998 MMC -MONEY MARKET FUND	$75,162.40	$75,162.40
*7168 MEMORIAL MEDICAL LOCK BOX	$42,012.32	$42,012.32
Total Balance	**$1,622,507.24**	**$1,622,507.24**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
6/8/2026

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		282,906.17	282,806.17	160,769.68	-	-	-	160,869.68	160,769.68
							Bank Balance	160,869.68	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 160,769.68

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 6/8/2026

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
6/5/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EFT7832056*1205296137*000004011~ 676201	-	13,866.60		13,866.60
6/3/2026	Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	282,806.17	-		-
6/3/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EFT7829281*1205296137*000004011~ 676201	-	13,434.56		13,434.56
6/2/2026	Deposit	-	19,649.28		19,649.28
6/2/2026	Merchant Capture Deposit	-	18,231.00		18,231.00
6/1/2026	Deposit	-	75,092.84		75,092.84
6/1/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1246563044*13 41858379\ 746003411	-	20,495.40		20,495.40
		282,806.17	160,769.68	-	160,769.68

Balances Overview

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Jun 8, 2026 9:50:20 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$1,622,507.24	$1,622,507.24
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$869,236.96	$869,236.96
*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	$1,983.00	$1,983.00
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.41	$100.41
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$250,976.92	$250,976.92
*4551 CAL CO INDIGENT HEALTHCARE	$5,002.10	$5,002.10
*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	$215,468.43	$215,468.43
*3407 MMC -NH TUSCANY VILLAGE	$160,869.68	$160,869.68
*2998 MMC -MONEY MARKET FUND	$75,162.40	$75,162.40
*7168 MEMORIAL MEDICAL LOCK BOX	$42,012.32	$42,012.32
Total Balance	**$1,622,507.24**	**$1,622,507.24**

APPROVED ON

JUN 08 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
6/8/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Laveca Bay Nursing and Rehab		166,460.21	165,971.35	209,453.97			-	209,942.83	135,472.97
							Bank Balance	209,942.83	
							Variance	-	
							Leave in Balance	100.00	

Cost Report Recoups	73,981.00
Transfer Recoup Psyment	388.86
Adjust Balance/Transfer Amt	135,472.97

* Still have not cashed

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 6/8/2026

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
6/5/2026	NDC SWEEP SWEEP FR 00974300029 - FAC 02330	-	26,410.33		26,410.33
6/5/2026	Deposit	-	35,621.46		35,621.46
6/5/2026	HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	-	1,585.52		1,585.52
6/5/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7832080*1205296137*000004011~ 676481	-	1,567.93		1,567.93
6/4/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7830718*1205296137*000004011~ 676481	-	21,295.22		21,295.22
6/3/2026	Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	165,971.35	-		-
6/3/2026	CENTENE CORP - HCCLAIMPMT TRN*1*0913215081* 1742770542\	-	632.97		632.97
6/3/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7829309*1205296137*000004011~ 676481	-	3,266.85		3,266.85
6/2/2026	CURO HEALTH SERV DYNAMICS EFT DEPOSIT - PAYAB LES MEMORI034	-	3,910.80		3,910.80
6/1/2026	NDC SWEEP SWEEP FR 00974300029 - FAC 02330	-	2,759.06		2,759.06
6/1/2026	Deposit	-	108,888.15		108,888.15
6/1/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1246563048*13 41858379\ 746003411	-	3,515.68		3,515.68
		165,971.35	209,453.97	-	209,453.97

Transaction Report

PROSPERITY BANK

Transaction Report for account *5506

Reported on Mon Jun 08 14:38:00 GMT 2026

Current Balance $215,468.43
Interest Accrued $60.21
Available Balance $215,468.43

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
06/05/2026		External Deposit NDC SWEEP SWEEP FR 00974300029 - FAC 02330	26410.33		209942.83
06/05/2026	178661562629901	Deposit Deposit	35621.46		183532.50
06/05/2026		External Deposit HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	1585.52		147911.04
06/05/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7832080*1205296137*000004011~ 676481	1567.93		146325.52
06/04/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7830718*1205296137*000004011~ 676481	21295.22		144757.59
06/03/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		165971.35	123462.37
06/03/2026		External Deposit CENTENE CORP - HCCLAIMPMT TRN*1*0913215081* 1742770542\	632.97		289433.72
06/03/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7829309*1205296137*000004011~ 676481	3266.85		288800.75
06/02/2026		External Deposit CURO HEALTH SERV DYNAMICS EFT DEPOSIT - PAYAB LES MEMORI034	3910.80		285533.90
06/01/2026		External Deposit NDC SWEEP SWEEP FR 00974300029 - FAC 02330	2759.06		281623.10

✓Lavaca Bay

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: mmc ✓

Date Requested: 6-3-26

APPROVED ON
JUN 08 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK #001182

FOR ACCT. USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Voucher Check

AMOUNT #345747.70 ✓

G/L NUMBER: 20656000

EXPLANATION: Medicare 2025 cost report withholding Lavaca Bay 6-1-26 Remit # 04511

REQUESTED BY: K. Pokluda

AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA, TX 779793025

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

[redacted]

FISCAL PERIOD: 12/31/2026
PAYMENT: $0.00

PATIENT NAME PATIENT ID CODE FROM DT THRU DT CLM STAT TOB	PAT CNTRL NUM MED REC NUM ICN NUMBER INSURED ID CODE	COST COVD NCOVD	TOTAL CHGS OTHER PAY COST OUTLIER MSP PAYMENT	DRG NUM DRG AMOUNT DRG OPR AMT DRG CAP AMT	COVD CHGS NCOVD CHGS DENIED CHGS MISC ADJ	COINSURANCE COPAYMENT DEDUCTIBLE PAT OTHER RESP	CONTRACT ADJ REIMB RATE HCPCS AMOUNT PAYMENT AMT
REPORT SUMMARY		9 9 0	74,989.52 0.00 0.00 0.00	 0.00 0.00 0.00	69,141.52 4,475.00 3,183.00 0.00	6,848.61 0.00 1,810.94 0.00	24,097.27 0.00 291.95 34,574.70

PAID DATE	FISCAL PERIOD	PROVIDER #	TOB	CLAIMS	CHARGES	PAYMENT	CONTRACT	PAY+CONT
6/1/2026	12/31/2025	[redacted]	11	1	1,810.00	0.00	0.00	0.00
6/1/2026	12/31/2025		85	4	-247.00	391.29	1,034.71	1,426.00
6/1/2026	12/31/2026		11	1	22,812.00	29,204.00	-8,128.00	21,076.00
6/1/2026	12/31/2026		14	1	119.00	16.76	102.24	119.00
6/1/2026	12/31/2026		85	25	50,495.52	4,962.65	31,088.32	36,050.97
				32	74,989.52	34,574.70	24,097.27	58,671.97

PROVIDER LEVEL ADJUSTMENTS

PROVIDER #	FISCAL PERIOD	REASON CODE	DESCRIPTION	AMOUNT
[redacted]	12/31/2026	OB AFFILIATE WITHHOLDINGS - SETTLEM	Offset for Affiliated Providers	34,574.70
(Positive Amounts Decrease Payment)				34,574.70

Lavaca Bay 2025 cost report

✓Lavaca Bay

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: mmc ✓

Date Requested: 6-3-26

APPROVED ON JUN 08 2026 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CHK# 001182

FOR ACCT. USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Voucher Check

AMOUNT $2276.98 ✓

G/L NUMBER: 20656000

EXPLANATION: Medicare 2025 cost report withhold - Lavaca Bay 6-1-26

Remit # EFT 7827660

REQUESTED BY: K. Pokluda

AUTHORIZED BY: CQ ✓

CAT # 10303 / FM 1600

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

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

[redacted]
FISCAL PERIOD: 12/31/2026
PAYMENT: $720.14

PATIENT NAME PATIENT ID CODE FROM DT THRU DT CLM STAT TOB	PAT CNTRL NUM MED REC NUM ICN NUMBER INSURED ID CODE	COST COVD NCOVD	TOTAL CHGS OTHER PAY COST OUTLIER MSP PAYMENT	DRG NUM DRG AMOUNT DRG OPR AMT DRG CAP AMT	COVD CHGS NCOVD CHGS DENIED CHGS MISC ADJ	COINSURANCE COPAYMENT DEDUCTIBLE PAT OTHER RESP	CONTRACT ADJ REIMB RATE HCPCS AMOUNT PAYMENT AMT
REPORT SUMMARY		0 0 0	2,107.12 0.00 0.00 0.00	 0.00 0.00 0.00	2,107.12 0.00 0.00 0.00	319.01 0.00 217.53 0.00	-1,426.54 0.00 97.53 2,997.12

PAID DATE	FISCAL PERIOD	PROVIDER #	TOB	CLAIMS	CHARGES	PAYMENT	CONTRACT	PAY+CONT
6/1/2026	12/31/2025	[redacted]	71	1	120.00	179.20	-83.20	96.00
6/1/2026	12/31/2026		71	17	1,987.12	2,817.92	-1,343.34	1,474.58
				18	2,107.12	2,997.12	-1,426.54	1,570.58

PROVIDER LEVEL ADJUSTMENTS

PROVIDER #	FISCAL PERIOD	REASON CODE	DESCRIPTION	AMOUNT
[redacted]	12/31/2026	OB AFFILIATE WITHHOLDINGS - SETTLEMO	Offset for Affiliated Providers	2,276.98
(Positive Amounts Decrease Payment)				2,276.98

Lavaca Bay 2025 cost report

✓Lavaca Bay

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: mmc ✓

Date Requested: 6-3-26

APPROVED ON
JUN 08 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CWK#001182

FOR ACCT. USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Voucher Check

AMOUNT #37,126.32 ✓ G/L NUMBER: 20656000

EXPLANATION: Medicare 2025 cost report withholding Lavaca Bay 6-1-26 Remit#00938

REQUESTED BY: K. Pokluda

AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA, TX 779793025

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

[redacted]
FISCAL PERIOD: 12/31/2026
PAYMENT: $0.00

PATIENT NAME PATIENT ID CODE FROM DT THRU DT CLM STAT TOB	PAT CNTRL NUM MED REC NUM ICN NUMBER INSURED ID CODE	COST COVD NCOVD	TOTAL CHGS OTHER PAY COST OUTLIER MSP PAYMENT	DRG NUM DRG AMOUNT DRG OPR AMT DRG CAP AMT	COVD CHGS NCOVD CHGS DENIED CHGS MISC ADJ	COINSURANCE COPAYMENT DEDUCTIBLE PAT OTHER RESP	CONTRACT ADJ REIMB RATE HCPCS AMOUNT PAYMENT AMT
REPORT SUMMARY		34 34 0	89,409.01 0.00 0.00 0.00	 0.00 0.00 	89,409.01 0.00 64,365.00 0.00	0.00 0.00 0.00 0.00	-12,082.31 0.00 0.00 37,126.32

PAID DATE	FISCAL PERIOD	PROVIDER #	TOB	CLAIMS	CHARGES	PAYMENT	CONTRACT	PAY+CONT
6/1/2026	12/31/2026	[redacted]	18	2	89,409.01	37,126.32	-12,082.31	25,044.01
				2	89,409.01	37,126.32	-12,082.31	25,044.01

PROVIDER LEVEL ADJUSTMENTS

PROVIDER #	FISCAL PERIOD	REASON CODE	DESCRIPTION	AMOUNT
[redacted]	12/31/2026	OB AFFILIATE WITHHOLDINGS - SETTLEMO	ffset for Affiliated Providers	37,126.32
(Positive Amounts Decrease Payment)				✓ 37,126.32

Lavaca Bay 2025 cost report

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

MP

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

001182

Date 6.10.26

88-2265/1131

PAY
TO THE
ORDER OF mmc operating

$ 73,978.00

Seventy three thousand nine hundred Seventy Eight $ 00/100 DOLLARS

PROSPERITY BANK®

MP

FOR Cost Report Recoup

Security features are included. Details on back.

[redacted]

Balances Overview

PROSPERITY BANK®

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Jun 11, 2026 1:30:41 PM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$2,009,364.12	$2,009,364.12
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$1,686,104.66	$1,686,104.66
*4381 MEMORIAL MEDICAL / NH ASHFORD	$105.65	$105.65
*4403 MEMORIAL MEDICAL / NH BROADMOOR	-$1,782.44	-$1,782.44
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$1,983.00	$1,983.00
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.41	$100.41
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$26,515.83	$26,515.83
*4551 CAL CO INDIGENT HEALTHCARE	$5,002.10	$5,002.10
*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	$129,090.66	$129,090.66
*3407 MMC -NH TUSCANY VILLAGE	$43,992.77	$43,992.77
*2998 MMC -MONEY MARKET FUND	$75,162.40	$75,162.40
*7168 MEMORIAL MEDICAL LOCK BOX	$42,746.68	$42,746.68
Total Balance	**$2,009,364.12**	**$2,009,364.12**

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
BSL	001182	06/10/26	73,978.00	MMC OPERATING
TOTALS:			73,978.00	

34,574.70 +
2,276.98 +
37,126.32 +
73,978.00