MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 24, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 1,009,207.53
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED June 24, 2026	$ 1,009,207.53
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	$ 639,333.90
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	$ 1,596,305.43
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED June 24, 2026	$ 2,235,639.33
GRAND TOTAL FOR APPROVAL ON June 24, 2026	$ 3,244,846.86

APPROVED

JUN 24 2026

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 24, 2026

PAYABLES AND PAYROLL			
6/18/2026	Weekly Payables	683,483.35	
6/22/2026	Morris & Dickson-MMC Rx	18,694.19	
6/22/2026	US Bank Credit Card-see attached (Erin)	9,542.99	
6/22/2026	US Bank Credit Card-see attached (Michelle)	486.09	
6/22/2026	McKesson-340B Prescription Expense	2,898.13	
6/22/2026	McKesson-340B Prescription Expense	123,695.27	
6/22/2026	Cencora-340B Prescription Expense	1,986.81	
6/22/2026	Cencora-340B Prescription Expense	1,555.37	
Prosperity Electronic Bank Payments			
6/22/2026	90 Degree Benefits - employee insurance claims	64,966.25	
6/22/2026	90 Degree Benefits - employee insurance claims	5,810.83	
6/22/2026	HPHG - May healh insurance premium payment	80,492.07	
6/22/2026	Pay Plus-Patient Claims Processing Fee	4,691.29	
6/22/2026	Credit Card Bank Fee	166.20	
6/22/2026	Credit Card Lease Fee	45.64	
6/22/2026	Credit Card Processing Fee	10,693.04	
6/22/2026	Trubridge Deposit Test	0.01	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,009,207.53**
GRAND TOTAL DISBURSEMENTS APPROVED June 24, 2026			**$ 1,009,207.53**
TRANSFERS BETWEEN FUNDS-MMC			
6/12/2026	Transfer from Prosperity Operating Account to Broadmoor	1,883.00	
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
6/19/2026	MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	45,630.47	
6/19/2026	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	320,023.89	
6/19/2026	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	177,271.31	
6/19/2026	MMC Operating to Sweeny Hospital District-Correction of insurance payment deposited into MMC Operating in error	94,525.23	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 639,333.90**
NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS			
6/22/2026	Nursing Home UPL-Cantex Transfer	1,861.73	
6/22/2026	Nursing Home UPL-Nexion Transfer	269,805.84	
6/22/2026	Nursing Home UPL-Tuscany Transfer	521,019.11	
6/22/2026	Nursing Home UPL-HSL Transfer	595,359.20	
QIPP CHECKS TO MMC			
6/23/2026	Lavaca Bay-QIPP Y9 Q2 owed to MMC	208,259.55	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,596,305.43**
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED June 24, 2026			**$ 2,235,639.33**

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/02/2026

Vendor#	Vendor Name	Class	Pay Code
10250	4IMPRINT, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
15123204		06/10/202	05/21/202	05/27/202			1,409.25	0.00	0.00	1,409.25
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10250	4IMPRINT, INC.	1,409.25	0.00	0.00	1,409.25

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV2826		06/16/202	06/20/202	06/20/202			1,400.00	0.00	0.00	1,400.00
	RFID FEE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5525153458		06/15/202	05/31/202	06/25/202			681.66	0.00	0.00	681.66
	OXYGEN MAY INVOICE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	681.66	0.00	0.00	681.66

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
13LGXMTCKQLC		06/11/202	05/27/202	06/26/202			397.76	0.00	0.00	397.76
	SUPPLIES									
19X9HYMX93PY		06/11/202	05/28/202	06/27/202			38.45	0.00	0.00	38.45
	SUPPLIES									
1TPL6YQH9QWD		06/11/202	05/28/202	06/27/202			17.06	0.00	0.00	17.06
	SUPPLIES									
1WRK9QD9CMDK		06/11/202	05/28/202	06/27/202			45.56	0.00	0.00	45.56
	SUPPLIES									
1TWXV9VFCGHV		06/11/202	06/02/202	07/02/202			266.98	0.00	0.00	266.98
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	765.81	0.00	0.00	765.81

Vendor#	Vendor Name	Class	Pay Code
A1552	APPLIED MEDICAL DISTRIBUTION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9302009698		06/11/202	06/05/202	06/11/202			1,044.00	0.00	0.00	1,044.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1552	APPLIED MEDICAL DISTRIBUTION	1,044.00	0.00	0.00	1,044.00

Vendor#	Vendor Name	Class	Pay Code
12800	AUTHORITYRX, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7000158911		06/16/202	06/04/202	06/05/202			17,729.89	0.00	0.00	17,729.89
	ADVANCED CLAIMS CAPTURE JL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX, LLC	17,729.89	0.00	0.00	17,729.89

Vendor#	Vendor Name	Class	Pay Code
15912	BAYLOR COLLEGE OF MEDICINE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4809		06/17/202	06/08/202	06/08/202			975.00	0.00	0.00	975.00
	MEDICAL DIRECTORSHIP MAY '2									
4808		06/17/202	06/08/202	06/08/202			300.00	0.00	0.00	300.00
	MEDICAL DIRECTORSHIP APRIL :									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15912	BAYLOR COLLEGE OF MEDICINE					1,275.00	0.00	0.00	1,275.00

Vendor#	Vendor Name	Class	Pay Code
B1220	BECKMAN COULTER INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112694548		06/11/202	06/03/202	06/28/202			896.15	0.00	0.00	896.15
	SUPPLIES									
4620187		06/11/202	06/03/202	06/28/202			1,484.00	0.00	0.00	1,484.00
	MAINT CONTRACT									
112697766		06/11/202	06/03/202	06/28/202			5,219.08	0.00	0.00	5,219.08
	SUPPLIES									
112696165		06/11/202	06/03/202	06/28/202			57.73	0.00	0.00	57.73
	SUPPLIES									
112695806		06/11/202	06/03/202	06/28/202			1,245.99	0.00	0.00	1,245.99
	SUPPLIES									
112697284		06/11/202	06/03/202	06/28/202			17,269.09	0.00	0.00	17,269.09
	SUPPLIES									
112691132		06/16/202	06/02/202	06/27/202			92.83	0.00	0.00	92.83
	SUPPLIES									
112692490		06/16/202	06/02/202	06/27/202			2,309.93	0.00	0.00	2,309.93
	SUPPLIES									
112693978		06/17/202	06/02/202	06/27/202			123.06	0.00	0.00	123.06
	SUPPLIES									
112690894A		06/18/202	06/02/202	06/27/202			2,566.65	0.00	0.00	2,566.65
	LAB SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					31,264.51	0.00	0.00	31,264.51

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
909263018		06/11/202	05/27/202	06/12/202			1,046.57	0.00	0.00	1,046.57
	SUPPLIES									
909278558		06/11/202	06/02/202	06/11/202			554.00	0.00	0.00	554.00
	SUPPLIES									
909278559		06/11/202	06/02/202	06/12/202			1,272.00	0.00	0.00	1,272.00
	SUPPLIES									
909286837A		06/11/202	06/04/202	06/04/202			518.20	0.00	0.00	518.20
	SUPPLIES									
909305723		06/15/202	06/11/202	06/15/202			630.09	0.00	0.00	630.09
	SUPPLIES									
909266795		06/17/202	05/27/202	06/17/202			389.57	0.00	0.00	389.57
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC					4,410.43	0.00	0.00	4,410.43

Vendor#	Vendor Name	Class	Pay Code
B1800	BRIGGS HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B508927		06/11/202	05/29/202	06/12/202			182.25	0.00	0.00	182.25
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE					182.25	0.00	0.00	182.25

Vendor#	Vendor Name				Class	Pay Code				
11224	CABLES AND SENSORS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV212302		06/11/202	05/27/202	06/12/202			158.00	0.00	0.00	158.00
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11224	CABLES AND SENSORS					158.00	0.00	0.00	158.00
Vendor#	Vendor Name				Class	Pay Code				
C1048	CALHOUN COUNTY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	053026E		05/01/202	05/30/202	05/30/202			667.65	0.00	0.00	667.65
		ELECTRICITY CHARGES FOR MA									
	053026C		05/01/202	05/30/202	05/30/202			28,771.40	0.00	0.00	28,771.40
		ELECTRICITY CHARGES FOR MA									
	053026B		05/01/202	05/30/202	05/30/202			17.42	0.00	0.00	17.42
		ELECTRICITY CHARGES FOR MA									
	053026D		05/01/202	05/30/202	05/30/202			2,133.65	0.00	0.00	2,133.65
		ELECTRICITY CHARGES FOR MA									
	053026A		05/01/202	05/30/202	05/30/202			323.19	0.00	0.00	323.19
		ELECTRICITY CHARGES FOR MA									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1048	CALHOUN COUNTY					31,913.31	0.00	0.00	31,913.31
Vendor#	Vendor Name				Class	Pay Code				
14120	CALHOUN COUNTY EMS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	202605		06/16/202	06/03/202	06/28/202			8,360.00	0.00	0.00	8,360.00
		MAY INVOICE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14120	CALHOUN COUNTY EMS					8,360.00	0.00	0.00	8,360.00
Vendor#	Vendor Name				Class	Pay Code				
11295	CALHOUN COUNTY INDIGENT ACCOUN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	060426		06/16/202	06/04/202	06/05/202			10.00	0.00	0.00	10.00
		INDIGENT COPAYS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11295	CALHOUN COUNTY INDIGENT ACCOUN					10.00	0.00	0.00	10.00
Vendor#	Vendor Name				Class	Pay Code				
12768	CHEMAQUA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9654365		06/16/202	06/10/202	06/20/202			635.24	0.00	0.00	635.24
		WATER TREATMENT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12768	CHEMAQUA					635.24	0.00	0.00	635.24
Vendor#	Vendor Name				Class	Pay Code				
C1600	CITIZENS MEDICAL CENTER				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	202645		06/17/202	06/08/202	06/08/202			54,517.68	0.00	0.00	54,517.68
		MAY ANESTHESIA INVOICE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1600	CITIZENS MEDICAL CENTER					54,517.68	0.00	0.00	54,517.68
Vendor#	Vendor Name				Class	Pay Code				
15188	CLARITY ENROLLMENT SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	3028		06/01/202	06/01/202	07/01/202			325.50	0.00	0.00	325.50
		EMPLOYEE NAVIGATOR									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

4/20 - 5/19/26 701 N. Virginia St
" Hospital St.
" Hospital St.
" 101 N. Virginia St.
" 117 W. Ash St.

	15188	CLARITY ENROLLMENT SOLUTIONS				325.50	0.00	0.00	325.50
Vendor#	Vendor Name				Class	Pay Code			
13336	COCA COLA SOUTHWEST BEVERAGES								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	52755235012		06/17/202	05/31/202	06/30/202		717.02	0.00	0.00	717.02
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		13336	COCA COLA SOUTHWEST BEVERAGES				717.02	0.00	0.00	717.02
Vendor#	Vendor Name				Class	Pay Code			
14080	CORROHEALTH, INC.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2035118		06/16/202	05/31/202	06/30/202		669.65	0.00	0.00	669.65
		DIAGNOSIS CODING								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14080	CORROHEALTH, INC.				669.65	0.00	0.00	669.65
Vendor#	Vendor Name				Class	Pay Code			
14400	CULINARY CONCESSIONS LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV310717		06/17/202	05/31/202	06/30/202		34,242.07	0.00	0.00	34,242.07
		LUBYS CAFETERIA INVOICE MAY								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14400	CULINARY CONCESSIONS LLC				34,242.07	0.00	0.00	34,242.07
Vendor#	Vendor Name				Class	Pay Code			
D1200	DETAR HOSPITAL				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	DTR2605017		06/16/202	06/01/202	06/01/202		116.55	0.00	0.00	116.55
		MAY INVOICE FOR LAB DRAWS								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		D1200	DETAR HOSPITAL				116.55	0.00	0.00	116.55
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
	8384330		06/11/202	05/29/202	06/23/202		377.55	0.00	0.00	377.55
		SUPPLIES								
	8385410		06/11/202	06/01/202	06/26/202		561.87	0.00	0.00	561.87
		SUPPLIES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				939.42	0.00	0.00	939.42
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
	MMC053126		05/01/202	05/31/202	05/31/202		131,215.82	0.00	0.00	131,215.82
		PHYS SERVICES FOR 5/16-5/31/2								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10789	DISCOVERY MEDICAL NETWORK INC				131,215.82	0.00	0.00	131,215.82
Vendor#	Vendor Name				Class	Pay Code			
11091	ECOLAB								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	6359502662		06/16/202	06/01/202	06/01/202		258.48	0.00	0.00	258.48
		JUNE DISHWASHER LEASE								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11091	ECOLAB				258.48	0.00	0.00	258.48
Vendor#	Vendor Name				Class	Pay Code			
13240	ELSEVIER INC.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	MSI2300002278		06/16/202	01/06/202	02/05/202		3,349.14	0.00	0.00	3,349.14

DRUG LIBRARY

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13240	ELSEVIER INC.	3,349.14	0.00	0.00	3,349.14

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
45404		06/17/202	06/15/202	06/25/202			40,062.50	0.00	0.00	40,062.50
	ER PHYS SERVICES 1-15TH JUNI									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50

Vendor#	Vendor Name	Class	Pay Code
14136	EPI-EDWARD PLUMBING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
70145		06/15/202	06/02/202	06/02/202			1,529.00	0.00	0.00	1,529.00
	LAB PIPE BACKUP									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14136	EPI-EDWARD PLUMBING	1,529.00	0.00	0.00	1,529.00

Vendor#	Vendor Name	Class	Pay Code
S0501	EVOQUA WATER TECHNOLOGIES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907419612		06/12/202	02/03/202	02/28/202			909.23	0.00	0.00	909.23
	SUPPLIES									
907544632		06/12/202	04/28/202	05/23/202			2,753.31	0.00	0.00	2,753.31
	MAIN CONTRACT									
0507026		06/12/202	05/07/202	06/01/202			-187.20	0.00	0.00	-187.20
	CREDIT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	3,475.34	0.00	0.00	3,475.34

Vendor#	Vendor Name	Class	Pay Code
14996	FACILITIES MGMT SOLUTIONS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
42202		06/15/202	05/31/202	06/15/202			10,655.00	0.00	0.00	10,655.00
	SUPPLIES - Life Safety Plans									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14996	FACILITIES MGMT SOLUTIONS LLC	10,655.00	0.00	0.00	10,655.00

Vendor#	Vendor Name	Class	Pay Code
10689	FASTHEALTH CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
06A26MMC		06/16/202	06/01/202	06/16/202			545.00	0.00	0.00	545.00
	WEBSITE MONTHLY INVOICE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION	545.00	0.00	0.00	545.00

Vendor#	Vendor Name	Class	Pay Code
F1100	FEDERAL EXPRESS CORP.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
929640482		06/15/202	05/14/202	06/08/202			120.18	0.00	0.00	120.18
	FREIGHT									
930582479		06/15/202	05/21/202	06/15/202			87.14	0.00	0.00	87.14
	FREIGHT									
931600280		06/15/202	05/28/202	06/22/202			81.47	0.00	0.00	81.47
	FREIGHT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	288.79	0.00	0.00	288.79

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

SFOINV11374		06/15/202	05/19/202	06/18/202	1,178.00	0.00	0.00	1,178.00
	SMOKE DETECTOR REPLACEME							
SFOINV12290		06/15/202	05/27/202	06/26/202	125.00	0.00	0.00	125.00
	HORN STROBE INSTALL							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14336	FIRETRON, INC	1,303.00	0.00	0.00	1,303.00

Vendor#	Vendor Name	Class	Pay Code
13016	FIRST INSURANCE FUNDING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060126		06/16/202	06/01/202	06/01/202			4,115.32	0.00	0.00	4,115.32
	INSURANCE INSTALLMENT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13016	FIRST INSURANCE FUNDING	4,115.32	0.00	0.00	4,115.32

Vendor#	Vendor Name	Class	Pay Code
17276	FIRST UNITED METHODIST CHURCH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070126		06/17/202	07/01/202	07/01/202			1,450.00	0.00	0.00	1,450.00
	LAND LEASE AGREEMENT July 2026									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17276	FIRST UNITED METHODIST CHURCH	1,450.00	0.00	0.00	1,450.00

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
9130988		06/12/202	06/02/202	06/27/202			142.79	0.00	0.00	142.79
	SUPPLIES									
9164494		06/12/202	06/03/202	06/28/202			48.00	0.00	0.00	48.00
	SUPPLIES									
9196908		06/12/202	06/04/202	06/29/202			1,142.18	0.00	0.00	1,142.18
	SUPPLIES									
9227271		06/12/202	06/05/202	06/30/202			707.89	0.00	0.00	707.89
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	2,040.86	0.00	0.00	2,040.86

Vendor#	Vendor Name	Class	Pay Code
13528	FLEX FINANCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
906207518		06/15/202	05/27/202	06/26/202			2,369.80	0.00	0.00	2,369.80
	SURGERY LEASE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13528	FLEX FINANCIAL	2,369.80	0.00	0.00	2,369.80

Vendor#	Vendor Name	Class	Pay Code
10599	FORVIS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2948953		06/16/202	05/28/202	06/22/202			2,100.00	0.00	0.00	2,100.00
	COST REPORT FOR 123125 Medicare									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10599	FORVIS	2,100.00	0.00	0.00	2,100.00

Vendor#	Vendor Name	Class	Pay Code
17244	FREED INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7EB963010006		06/16/202	06/04/202	06/04/202			2,494.80	0.00	0.00	2,494.80
	Freed Legacy Plan 10/4 - 9/4/26									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17244	FREED INC	2,494.80	0.00	0.00	2,494.80

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
INV998857		06/15/202	05/30/202	06/24/202			1,950.00	0.00	0.00	1,950.00
	PT TRAVEL TECH									
INV1001663		06/17/202	06/06/202	07/01/202			2,486.25	0.00	0.00	2,486.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC	4,436.25	0.00	0.00	4,436.25

Vendor#	Vendor Name	Class	Pay Code
12404	GE PRECISION HEALTHCARE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6003227568		06/12/202	06/01/202	07/01/202			13,695.01	0.00	0.00	13,695.01
	RAD MAINT CONTRACT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC	13,695.01	0.00	0.00	13,695.01

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9941719735		06/15/202	06/05/202	06/30/202			66.94	0.00	0.00	66.94
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	66.94	0.00	0.00	66.94

Vendor#	Vendor Name	Class	Pay Code
14476	HAMILTON MEDICAL, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
23517418		06/12/202	05/29/202	06/12/202			1,225.63	0.00	0.00	1,225.63
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14476	HAMILTON MEDICAL, INC.	1,225.63	0.00	0.00	1,225.63

Vendor#	Vendor Name	Class	Pay Code
10334	HEALTH CARE LOGISTICS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
310447708		06/12/202	05/29/202	06/23/202			63.00	0.00	0.00	63.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	63.00	0.00	0.00	63.00

Vendor#	Vendor Name	Class	Pay Code
14916	HEWLETT-PACKARD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100001772890		06/17/202	03/17/202	03/17/202			573.53	0.00	0.00	573.53
	050126-053126 RENTAL LEASE									
100001837683		06/17/202	06/01/202	06/30/202			573.53	0.00	0.00	573.53
	RENTAL LEASE 060126-063026									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14916	HEWLETT-PACKARD	1,147.06	0.00	0.00	1,147.06

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6970		05/01/202	05/31/202	06/20/202			15,180.77	0.00	0.00	15,180.77
	PHARMACIST SALARY MAY INV									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	15,180.77	0.00	0.00	15,180.77

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
42024004		06/12/202	06/10/202	06/12/202			977.13	0.00	0.00	977.13
	SUPPLIES									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	18388	IMPERIAL DADE					977.13	0.00	0.00	977.13
Vendor#	Vendor Name				Class	Pay Code				
L0700	LABCORP OF AMERICA HOLDINGS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	86943668		06/17/202	05/02/202	05/27/202		83.00	0.00	0.00	83.00
		LAB DRAWS								
	87312593		06/17/202	05/30/202	06/24/202		67.00	0.00	0.00	67.00
		DRUG SCREEN								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS					150.00	0.00	0.00	150.00
Vendor#	Vendor Name				Class	Pay Code				
L1001	LANDAUER INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	101415808		06/16/202	05/21/202	06/20/202		1,042.70	0.00	0.00	1,042.70
		DOSIMETRY SERVICE								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	L1001	LANDAUER INC					1,042.70	0.00	0.00	1,042.70
Vendor#	Vendor Name				Class	Pay Code				
14432	LGC CLINICAL DIAGNOSTICS, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	90359334		06/12/202	06/02/202	06/12/202		2,445.00	0.00	0.00	2,445.00
		SUPPLIES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14432	LGC CLINICAL DIAGNOSTICS, INC.					2,445.00	0.00	0.00	2,445.00
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
	061526		06/16/202	06/15/202	06/15/202		895.00	0.00	0.00	895.00
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				
15200	MANAGED CARE PARTNERS INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	7068		06/16/202	07/01/202	07/01/202		530.00	0.00	0.00	530.00
		PROFESSIONAL FEES- JULY								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15200	MANAGED CARE PARTNERS INC.					530.00	0.00	0.00	530.00
Vendor#	Vendor Name				Class	Pay Code				
R1452	MARISSA ALMANZAR				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	060526		06/16/202	06/05/202	06/05/202		399.00	0.00	0.00	399.00
		CODING RECERTIFICATION FEE:								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	R1452	MARISSA ALMANZAR					399.00	0.00	0.00	399.00
Vendor#	Vendor Name				Class	Pay Code				
11612	MEDICAL AIR SERVICES ASSOC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2399456		06/16/202	06/16/202	06/16/202		1,632.00	0.00	0.00	1,632.00
		MEDICAL AIR SERVICE EMPLY DI								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11612	MEDICAL AIR SERVICES ASSOC.					1,632.00	0.00	0.00	1,632.00
Vendor#	Vendor Name				Class	Pay Code				
11141	MEDICAL DATA SYSTEMS, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net

214795		06/16/202 05/31/202 06/25/202			2,000.82	0.00	0.00	2,000.82
	COLLECTION FEES							
214796		06/17/202 05/31/202 06/25/202			543.85	0.00	0.00	543.85
	COLLECTION FEES							
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.			2,544.67	0.00	0.00	2,544.67

Vendor#	Vendor Name	Class	Pay Code
18092	MEDICAL SOLUTIONS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
201395301		06/17/202	06/10/202	06/10/202			2,742.75	0.00	0.00	2,742.75
	LAB TRAVEL NURSE									
201395198		06/17/202	06/10/202	06/10/202			2,725.50	0.00	0.00	2,725.50
	LAB TRAVEL NURSE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	18092	MEDICAL SOLUTIONS LLC					5,468.25	0.00	0.00	5,468.25

Vendor#	Vendor Name	Class	Pay Code
10613	MEDIMPACT HEALTHCARE SYS, INC.	A/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060826		06/15/202	06/08/202	06/08/202			22.19	0.00	0.00	22.19
	EOB CYCLE #51170									
052626		06/16/202	05/26/202	05/26/202			23.55	0.00	0.00	23.55
	EOB CYCLE #51169									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.					45.74	0.00	0.00	45.74

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
2418090609		06/10/202	03/25/202	04/19/202			5,300.50	0.00	0.00	5,300.50
	SUPPLIES									
2427624761		06/12/202	05/26/202	06/20/202			88.62	0.00	0.00	88.62
	SUPPLIES									
2428504536		06/12/202	06/02/202	06/27/202			9.02	0.00	0.00	9.02
	SUPPLIES									
2428504535		06/12/202	06/02/202	06/27/202			123.38	0.00	0.00	123.38
	SUPPLIES									
2428867218		06/12/202	06/03/202	06/28/202			-836.98	0.00	0.00	-836.98
	SUPPLIES									
2428736335		06/15/202	06/03/202	06/28/202			6,797.11	0.00	0.00	6,797.11
	SUPPLIES									
2428736331		06/15/202	06/03/202	06/28/202			522.30	0.00	0.00	522.30
	SUPPLIES									
2428736334		06/15/202	06/03/202	06/28/202			109.18	0.00	0.00	109.18
	SUPPLIES									
2428736338		06/15/202	06/03/202	06/28/202			1,948.88	0.00	0.00	1,948.88
	SUPPLIES									
2428736333		06/15/202	06/03/202	06/28/202			62.56	0.00	0.00	62.56
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC					14,124.57	0.00	0.00	14,124.57

Vendor#	Vendor Name	Class	Pay Code
15224	MUTUAL OF OMAHA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
002105566214		05/01/202	05/01/202	06/01/202			23,931.62	0.00	0.00	23,931.62
	MAY INVOICE - Employee Ins.									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15224	MUTUAL OF OMAHA					23,931.62	0.00	0.00	23,931.62

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
	9061		06/16/202	06/08/202	06/18/202			10.08	0.00	0.00	10.08
		TRANSCRIPTION SERVICE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13548	NACOGDOCHES TRANSCRIPTION					10.08	0.00	0.00	10.08
Vendor#	Vendor Name				Class	Pay Code				
12096	NEOGENOMICS LABORATORIES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	10367143		06/16/202	05/31/202	05/31/202			1,419.00	0.00	0.00	1,419.00
		LAB SPECIMENS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12096	NEOGENOMICS LABORATORIES					1,419.00	0.00	0.00	1,419.00
Vendor#	Vendor Name				Class	Pay Code				
10868	NOVA BIOMEDICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	91678567		06/15/202	06/08/202	06/08/202			77.10	0.00	0.00	77.10
		SUPPLIES									
	91680481		06/15/202	06/09/202	06/15/202			77.10	0.00	0.00	77.10
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10868	NOVA BIOMEDICAL					154.20	0.00	0.00	154.20
Vendor#	Vendor Name				Class	Pay Code				
G0425	ODEFEY WITTE WALL & VILLAFRANC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	7404		06/16/202	06/10/202	06/20/202			2,975.00	0.00	0.00	2,975.00
		LEGAL SERVICES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		G0425	ODEFEY WITTE WALL & VILLAFRANC					2,975.00	0.00	0.00	2,975.00
Vendor#	Vendor Name				Class	Pay Code				
O1500	OLYMPUS AMERICA INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	39080375		06/15/202	01/07/202	02/01/202			1,842.56	0.00	0.00	1,842.56
		SUPPLIES									
	39794032		06/15/202	04/30/202	05/25/202			204.60	0.00	0.00	204.60
		SUPPLIES									
	39920559		06/15/202	05/27/202	06/21/202			153.70	0.00	0.00	153.70
		SUPPLIES									
	66030230		06/15/202	06/03/202	06/28/202			451.87	0.00	0.00	451.87
		SUPPLIES									
	39079331		06/17/202	12/07/202	01/01/202			1,125.00	0.00	0.00	1,125.00
		SURGERY MAINT CONTRACT									
	66051982		06/17/202	06/07/202	07/02/202			1,125.00	0.00	0.00	1,125.00
		SURGERY MAINT CONTRACT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		O1500	OLYMPUS AMERICA INC					4,902.73	0.00	0.00	4,902.73
Vendor#	Vendor Name				Class	Pay Code				
11155	PARAREV									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2035414		06/16/202	06/01/202	07/01/202			3,084.00	0.00	0.00	3,084.00
		REVENUE/PRICING SERVICES									
	2035415		06/16/202	06/01/202	07/01/202			950.00	0.00	0.00	950.00
		HOSPITAL PRICE TRANSPARENC									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11155	PARAREV					4,034.00	0.00	0.00	4,034.00

Vendor#	Vendor Name				Class	Pay Code				
S0905	PERFORMANCE HEALTH SUPPLY LLC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	IN100092484		06/15/202	06/02/202	06/27/202			66.57	0.00	0.00	66.57
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S0905	PERFORMANCE HEALTH SUPPLY LLC					66.57	0.00	0.00	66.57
Vendor#	Vendor Name				Class	Pay Code				
10032	PHILIPS HEALTHCARE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9061404835		06/15/202	06/04/202	06/29/202			96.93	0.00	0.00	96.93
		SUPPLIES									
	9061424837		06/15/202	06/08/202	07/01/202			96.93	0.00	0.00	96.93
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10032	PHILIPS HEALTHCARE					193.86	0.00	0.00	193.86
Vendor#	Vendor Name				Class	Pay Code				
12708	POC ELECTRIC, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	4606		06/15/202	06/15/202	06/15/202			1,175.02	0.00	0.00	1,175.02
		OUTLET INSTALL									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12708	POC ELECTRIC, LLC					1,175.02	0.00	0.00	1,175.02
Vendor#	Vendor Name				Class	Pay Code				
P2200	POWER HARDWARE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	A131158		06/16/202	06/15/202	06/25/202			19.17	0.00	0.00	19.17
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		P2200	POWER HARDWARE					19.17	0.00	0.00	19.17
Vendor#	Vendor Name				Class	Pay Code				
10372	PRECISION DYNAMICS CORP (PDC)									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9362009395		06/15/202	06/02/202	07/02/202			13.34	0.00	0.00	13.34
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)					13.34	0.00	0.00	13.34
Vendor#	Vendor Name				Class	Pay Code				
11932	PRESS GANEY ASSOCIATES, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	IN000761384		05/01/202	05/31/202	06/30/202			3,070.57	0.00	0.00	3,070.57
		MAY INVOICE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11932	PRESS GANEY ASSOCIATES, INC.					3,070.57	0.00	0.00	3,070.57
Vendor#	Vendor Name				Class	Pay Code				
12480	PRO ENERGY PARTNERS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	R36628		05/01/202	06/07/202	06/22/202			1,975.65	0.00	0.00	1,975.65
		NATURAL GAS FOR MAY									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12480	PRO ENERGY PARTNERS LLC					1,975.65	0.00	0.00	1,975.65
Vendor#	Vendor Name				Class	Pay Code				
11240	REMI CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1092853		06/17/202	06/11/202	06/30/202			17,302.55	0.00	0.00	17,302.55
		EQP MAINT AGMT 063026-062927									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11240	REMI CORPORATION					17,302.55	0.00	0.00	17,302.55
Vendor#	Vendor Name				Class	Pay Code				
S1800	SHERWIN WILLIAMS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	053126		06/17/202	05/31/202	06/15/202		495.30	0.00	0.00	495.30
		PAINT								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS					495.30	0.00	0.00	495.30
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
	596Q1		06/03/202	05/01/202	06/30/202		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					10.91	0.00	0.00	~~10.91~~
Vendor#	Vendor Name				Class	Pay Code				
S2694	STANFORD VACUUM SERVICE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	659882		06/16/202	05/30/202	05/30/202		625.00	0.00	0.00	625.00
		GREASE TRAP CLEANING								
	660072		06/16/202	06/01/202	06/01/202		625.00	0.00	0.00	625.00
		GREASE TRAP PUMP OUT								
	659554		06/16/202	06/05/202	06/05/202		400.00	0.00	0.00	400.00
		GREASE TRAP CLEANING								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2694	STANFORD VACUUM SERVICE					1,650.00	0.00	0.00	1,650.00
Vendor#	Vendor Name				Class	Pay Code				
10845	STAPLES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	6065136379		06/15/202	05/31/202	05/31/202		54.78	0.00	0.00	54.78
		SUPPLIES								
	6065136380		06/15/202	05/31/202	06/02/202		79.32	0.00	0.00	79.32
		SUPPLIES								
	6065136381		06/15/202	05/31/202	06/15/202		85.58	0.00	0.00	85.58
		SUPPLIES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10845	STAPLES					219.68	0.00	0.00	219.68
Vendor#	Vendor Name				Class	Pay Code				
12704	TEXAS BURNER & BOILER SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	264231		06/11/202	06/10/202	06/11/202		1,069.00	0.00	0.00	1,069.00
		BOILER SERVICE								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12704	TEXAS BURNER & BOILER SERVICES					1,069.00	0.00	0.00	1,069.00
Vendor#	Vendor Name				Class	Pay Code				
10698	TEXAS DEPT OF STATE HEALTH SRV									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	070126A		06/17/202	07/01/202	07/01/202		1,972.00	0.00	0.00	1,972.00
		RADIATION LICENSE FOR CT 7/1/26 - 6/30/28								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10698	TEXAS DEPT OF STATE HEALTH SRV					1,972.00	0.00	0.00	1,972.00
Vendor#	Vendor Name				Class	Pay Code				
T2204	TEXAS MUTUAL INSURANCE CO				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1008177128		05/01/202	06/05/202	06/25/202		5,329.00	0.00	0.00	5,329.00

PAYROLL REPORT 050126-06012

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	5,329.00	0.00	0.00	5,329.00

Vendor#	Vendor Name	Class	Pay Code
14064	TREVIPAY- WALMART		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7FF6F183		06/16/202	06/02/202	07/01/202			72.56	0.00	0.00	72.56
	SUPPLIES									
89EA53C1		06/17/202	06/03/202	07/02/202			59.75	0.00	0.00	59.75
	SUPPLIES									
EA7008C5		06/17/202	06/04/202	07/01/202			20.55	0.00	0.00	20.55
	SUPPLIES									
DC47B965A		06/17/202	06/17/202	06/17/202			25.41	0.00	0.00	25.41
	SALES TAX AMOUNT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14064	TREVIPAY- WALMART	178.27	0.00	0.00	178.27

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
INV1797313466		06/15/202	05/29/202	06/28/202			2,639.25	0.00	0.00	2,639.25
	LAB TRAVEL TECH									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14372	TRIAGE, LLC	2,639.25	0.00	0.00	2,639.25

Vendor#	Vendor Name	Class	Pay Code
C2510	TRUBRIDGE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
T2606081378		06/16/202	06/08/202	07/01/202			118,208.50	0.00	0.00	118,208.50
	JUNE INVOICE FOR N-TRUST FEI									
A2606081378		06/16/202	06/08/202	07/01/202			341.00	0.00	0.00	341.00
	HARDWARE/SOFTWARE TECH S									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE	118,549.50	0.00	0.00	118,549.50

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
2921088993		06/15/202	05/28/202	06/22/202			333.15	0.00	0.00	333.15
	UNIFORMS									
2921089156		06/15/202	06/01/202	06/26/202			4,605.55	0.00	0.00	4,605.55
	SUPPLIES/ LINENS									
2921089510		06/15/202	06/04/202	06/29/202			372.03	0.00	0.00	372.03
	SUPPLIES/ LINENS									
2921089493		06/15/202	06/04/202	06/29/202			54.89	0.00	0.00	54.89
	SUPPLIES/ LINENS									
2921089559		06/15/202	06/04/202	06/29/202			6,135.31	0.00	0.00	6,135.31
	SUPPLIES/LINENS									
2921089501		06/15/202	06/04/202	06/29/202			333.15	0.00	0.00	333.15
	UNIFORMS									
2921089544		06/15/202	06/04/202	06/29/202			177.94	0.00	0.00	177.94
	SUPPLIES/ LINENS									
2921089517		06/17/202	06/04/202	06/29/202			169.70	0.00	0.00	169.70
	SUPPLIES/LINENS									
2921089523		06/17/202	06/04/202	06/29/202			615.52	0.00	0.00	615.52
	UNIFORMS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	12,797.24	0.00	0.00	12,797.24

Vendor#	Vendor Name	Class	Pay Code

15444 VANDERBILT HEALTH

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CI00147346		06/17/202	06/14/202	06/14/202			704.98	0.00	0.00	704.98
	ANNUL FEES JAN-MARCH 2026									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15444	VANDERBILT HEALTH	704.98	0.00	0.00	704.98

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
0526TR116685		05/01/202	05/01/202	05/01/202			131.25	0.00	0.00	131.25
	HSA/FSA									

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
9112218042		06/15/202	05/27/202	06/21/202			9,093.41	0.00	0.00	9,093.41
	SUPPLIES									
9112228042		06/15/202	06/05/202	06/30/202			1,322.30	0.00	0.00	1,322.30
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	10,415.71	0.00	0.00	10,415.71

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	683,494.26	0.00	0.00	~~683,494.26~~ $683,483.35

APPROVED ON

JUN 19 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#213323-213409

683,494.26
10.91
683,483.35

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	213323	06/24/26	1,409.25	4IMPRINT, INC.
A/P	213324	06/24/26	1,400.00	ACUTE CARE INC
A/P	213325	06/24/26	681.66	AIRGAS USA, LLC - CENTRAL DIV
A/P	213326	06/24/26	765.81	AMAZON CAPITAL SERVICES
A/P	213327	06/24/26	1,044.00	APPLIED MEDICAL DISTRIBUTION
A/P	213328	06/24/26	17,729.89	AUTHORITYRX, LLC
A/P	213329	06/24/26	1,275.00	BAYLOR COLLEGE OF MEDICINE
A/P	213330	06/24/26	.00	VOIDED
A/P	213331	06/24/26	31,264.51	BECKMAN COULTER INC
A/P	213332	06/24/26	4,410.43	BIO-RAD LABORATORIES, INC
A/P	213333	06/24/26	182.25	BRIGGS HEALTHCARE
A/P	213334	06/24/26	158.00	CABLES AND SENSORS
A/P	213335	06/24/26	31,913.31	CALHOUN COUNTY
A/P	213336	06/24/26	8,360.00	CALHOUN COUNTY EMS
A/P	213337	06/24/26	10.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	213338	06/24/26	635.24	CHEMAQUA
A/P	213339	06/24/26	54,517.68	CITIZENS MEDICAL CENTER
A/P	213340	06/24/26	325.50	CLARITY ENROLLMENT SOLUTIONS
A/P	213341	06/24/26	717.02	COCA COLA SOUTHWEST BEVERAGES
A/P	213342	06/24/26	669.65	CORROHEALTH, INC.
A/P	213343	06/24/26	34,242.07	CULINARY CONCESSIONS LLC
A/P	213344	06/24/26	116.55	DETAR HOSPITAL
A/P	213345	06/24/26	939.42	DEWITT POTH & SON
A/P	213346	06/24/26	131,215.82	DISCOVERY MEDICAL NETWORK INC
A/P	213347	06/24/26	258.48	ECOLAB
A/P	213348	06/24/26	3,349.14	ELSEVIER INC.
A/P	213349	06/24/26	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	213350	06/24/26	1,529.00	EPI-EDWARD PLUMBING
A/P	213351	06/24/26	3,475.34	EVOQUA WATER TECHNOLOGIES LLC
A/P	213352	06/24/26	10,655.00	FACILITIES MGMT SOLUTIONS LLC
A/P	213353	06/24/26	545.00	FASTHEALTH CORPORATION
A/P	213354	06/24/26	288.79	FEDERAL EXPRESS CORP.
A/P	213355	06/24/26	1,303.00	FIRETRON, INC
A/P	213356	06/24/26	4,115.32	FIRST INSURANCE FUNDING
A/P	213357	06/24/26	1,450.00	FIRST UNITED METHODIST CHURCH
A/P	213358	06/24/26	2,040.86	FISHER HEALTHCARE
A/P	213359	06/24/26	2,369.80	FLEX FINANCIAL
A/P	213360	06/24/26	2,100.00	FORVIS
A/P	213361	06/24/26	2,494.80	FREED INC
A/P	213362	06/24/26	4,436.25	FUSION MEDICAL STAFFING, LLC
A/P	213363	06/24/26	13,695.01	GE PRECISION HEALTHCARE, LLC
A/P	213364	06/24/26	66.94	GRAINGER
A/P	213365	06/24/26	1,225.63	HAMILTON MEDICAL, INC.
A/P	213366	06/24/26	63.00	HEALTH CARE LOGISTICS INC
A/P	213367	06/24/26	1,147.06	HEWLETT-PACKARD
A/P	213368	06/24/26	15,180.77	HUNTER PHARMACY SERVICES
A/P	213369	06/24/26	977.13	IMPERIAL DADE
A/P	213370	06/24/26	150.00	LABCORP OF AMERICA HOLDINGS
A/P	213371	06/24/26	1,042.70	LANDAUER INC
A/P	213372	06/24/26	2,445.00	LGC CLINICAL DIAGNOSTICS, INC.

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	213373	06/24/26	895.00	M G TRUST
A/P	213374	06/24/26	530.00	MANAGED CARE PARTNERS INC.
A/P	213375	06/24/26	399.00	MARISSA ALMANZAR
A/P	213376	06/24/26	1,632.00	MEDICAL AIR SERVICES ASSOC.
A/P	213377	06/24/26	2,544.67	MEDICAL DATA SYSTEMS, INC.
A/P	213378	06/24/26	5,468.25	MEDICAL SOLUTIONS LLC
A/P	213379	06/24/26	45.74	MEDIMPACT HEALTHCARE SYS, INC.
A/P	213380	06/24/26	.00	VOIDED
A/P	213381	06/24/26	14,124.57	MEDLINE INDUSTRIES INC
A/P	213382	06/24/26	23,931.62	MUTUAL OF OMAHA
A/P	213383	06/24/26	10.08	NACOGDOCHES TRANSCRIPTION
A/P	213384	06/24/26	1,419.00	NEOGENOMICS LABORATORIES
A/P	213385	06/24/26	154.20	NOVA BIOMEDICAL
A/P	213386	06/24/26	2,975.00	ODEFEY WITTE WALL & VILLAFRANC
A/P	213387	06/24/26	4,902.73	OLYMPUS AMERICA INC
A/P	213388	06/24/26	4,034.00	PARAREV
A/P	213389	06/24/26	66.57	PERFORMANCE HEALTH SUPPLY LLC
A/P	213390	06/24/26	193.86	PHILIPS HEALTHCARE
A/P	213391	06/24/26	1,175.02	POC ELECTRIC, LLC
A/P	213392	06/24/26	19.17	POWER HARDWARE
A/P	213393	06/24/26	13.34	PRECISION DYNAMICS CORP (PDC)
A/P	213394	06/24/26	3,070.57	PRESS GANEY ASSOCIATES, INC.
A/P	213395	06/24/26	1,975.65	PRO ENERGY PARTNERS LLC
A/P	213396	06/24/26	17,302.55	REMI CORPORATION
A/P	213397	06/24/26	495.30	SHERWIN WILLIAMS
A/P	213398	06/24/26	1,650.00	STANFORD VACUUM SERVICE
A/P	213399	06/24/26	219.68	STAPLES
A/P	213400	06/24/26	1,069.00	TEXAS BURNER & BOILER SERVICES
A/P	213401	06/24/26	1,972.00	TEXAS DEPT OF STATE HEALTH SRV
A/P	213402	06/24/26	5,329.00	TEXAS MUTUAL INSURANCE CO
A/P	213403	06/24/26	178.27	TREVIPAY- WALMART
A/P	213404	06/24/26	2,639.25	TRIAGE, LLC
A/P	213405	06/24/26	118,549.50	TRUBRIDGE
A/P	213406	06/24/26	12,797.24	UNIFIRST HOLDINGS INC
A/P	213407	06/24/26	704.98	VANDERBILT HEALTH
A/P	213408	06/24/26	131.25	WAGEWORKS, INC
A/P	213409	06/24/26	10,415.71	WERFEN USA LLC
A/P	213410	06/24/26	.00	VOIDED
A/P	213411	06/24/26	320,023.89	GOLDENCREEK HEALTHCARE
A/P	213412	06/24/26	45,630.47	LAVACA BAY NURSING AND REHAB
A/P	213413	06/24/26	94,525.23	SWEENY HOSPITAL DISTRICT
A/P	213414	06/24/26	177,271.31	TUSCANY VILLAGE
TOTALS:			1,320,934.25 ✓	

683,483.35 +— payables
45,630.47 +— lavaca bay
320,023.89 +— golden creek
177,271.31 +— tuscany
94,525.23 +— sweeny
1,320,934.25 =

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount	
9/17/2025	10/10/2025	3863239	4,426.30	
5/26/2026	6/10/2026	SC01375	29.77	
5/28/2026	6/10/2026	210680	1,728.79	
6/4/2026	6/25/2026	4890054	871.98	
6/7/2026	6/25/2026	4897021	45.14	
6/8/2026	6/25/2026	4901255	16.45	
6/9/2026	6/25/2026	4906542	40.91	
6/10/2026	6/25/2026	4912677	428.27	
3/17/2026	4/10/2026	4560339	423.15	
6/4/2026	6/25/2026	4890054	871.98	
6/4/2026	6/25/2026	4890055	470.50	
6/7/2026	6/25/2026	4897022	624.76	
6/7/2026	6/25/2026	4897021	45.14	
6/8/2026	6/25/2026	4901256	243.29	
6/8/2026	6/25/2026	4901255	16.45	
6/9/2026	6/25/2026	4906543	612.35	
6/9/2026	6/25/2026	4906542	40.91	
6/11/2026	6/25/2026	4915912	63.98	
6/11/2026	6/25/2026	4918113	41.37	
6/11/2026	6/25/2026	4918114	16.31	
6/11/2026	6/25/2026	4915910	217.13	
6/16/2026	7/10/2026	4935990	426.00	
6/14/2026	6/14/2026	4926715	253.59	
6/14/2026	6/25/2026	4926714	243.46	
6/16/2026	7/10/2026	4935989	4,325.41	
6/14/2026	6/25/2026	4934176	1,084.50	
6/16/2026	7/10/2026	4934177	846.31	
6/14/2026	6/25/2026	4924174	247.52	APPLY CREDIT TO THIS AMOUNT
6/16/2026		CM28263	(7.53)	
			18,694.19	

Caitlin Clevenger - Controller

APPROVED ON

JUN 22 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Wire Transfer

DWR-04222536 - COUNTY OF CALHOUN TEXAS (COUNT1923)

PROSPERITY BANK®

Wire Details

Transaction Number	[redacted]
Recurring Frequency	One-Time Payment
Template Name	US BANK STATE PRGRM -MMC CARDS
Amount	USD 10,029.08 ✓
Debit Account	*4357 - DDA (MEMORIAL MEDICAL - OPERATING) - Prosperity Bank [redacted]
Notify Initiator Options	Pending Actions: Notify via EMAIL Pending Release: Notify via EMAIL Pending Processing: Notify via EMAIL System Events: Notify via EMAIL Complete - Unsuccessful: Notify via EMAIL Complete - Successful: Notify via EMAIL Early Action Taken: Notify via EMAIL Early Action Removed: Notify via EMAIL Expired: Notify via EMAIL
Payment Date	06/24/2026 ✓

Originator Information

Originator Name	COUNTY OF CALHOUN TEXAS
Originator Address 1	202 S ANN STREET, SUITE A 202 S ANN
Originator Address 2	PORT LAVACA, TX 77979 US
Originator Address 3	

Beneficiary / Payee Information

	Name	U.S. BANK CORPORATE PAYMENT
SYSTEM	**Beneficiary ID Type**	Account Number
	Beneficiary ID	[redacted]
	Address 1	3180 RIDER TRAIL S
	Address 2	DEPARTMENT 790428
	Address 3	EARTH CITY, MO 63045
	Beneficiary Country	US
	Contact Name	
	Phone Number	

Beneficiary Bank Information

Name	U.S. BANK NATIONAL ASSOCIATION
Beneficiary Bank ID Type	Fed ABA
Beneficiary Bank ID	[redacted]
Address 1	
Address 2	
Address 3	
Intl Routing Number	
Beneficiary Bank Country	US

Additional Reference Information

Purpose Of Payment	
Additional Information For Beneficiary	[redacted]

Status History

Timestamp	Status	Initiator	Description
Jun 24, 2026 3:10:04 PM CDT	Created	COUNT1923 / CalCo9275 (RHONDA S. KOKENA)	Wire Created.

Account Number : [redacted]
Unique ID: [redacted]
ERIN CLEVENGER
Statement Date : 06-08-2026

Account Summary

Previous Balance	$0.00
Purchases and Other Charges	$9,542.99
Cash Advances	$0.00
Cash Advance Fees	$0.00
Late Payment Charges	$0.00
Credits	$0.00 CR
Payments	$0.00 PY
Total Activity	**$9,542.99**
Disputed Amount	$0.00

General Information

Total Activity $9,542.99

QUESTIONS OR TO REPORT A LOST OR STOLEN CARD, CALL CUSTOMER SERVICE1-800-344-5696

New Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
05-11	05-08	55310206128427292005653	HEALTHMARK INDUSTRIES FRASER MI	11.66
05-11	05-08	55310206128427292005661	HEALTHMARK INDUSTRIES FRASER MI	60.29
05-11	05-08	55310206128427292005745	HEALTHMARK INDUSTRIES FRASER MI	96.00
05-11	05-08	55310206128427292006131	HEALTHMARK INDUSTRIES FRASER MI	119.70
05-11	05-08	55310206128427292006149	HEALTHMARK INDUSTRIES FRASER MI	261.00
05-19	05-18	05134376139600067115470	NPDB NPDB.HRSA.GOV ROCKVILLE MD	22.50
05-22	05-20	55207396141510263256716	DIGICERT LEHI UT	29.53
05-28	05-27	05134376148600113193934	NPDB NPDB.HRSA.GOV ROCKVILLE MD	2.50
05-28	05-27	05134376148600113194015	NPDB NPDB.HRSA.GOV ROCKVILLE MD	2.50
05-28	05-27	05134376148600113194197	NPDB NPDB.HRSA.GOV ROCKVILLE MD	2.50
05-28	05-27	05134376148600113194270	NPDB NPDB.HRSA.GOV ROCKVILLE MD	2.50
05-28	05-28	55432866148207652528381	AMA*CREDENTIALING CHICAGO IL	88.00
06-01	05-29	05134376150600119071303	NPDB NPDB.HRSA.GOV ROCKVILLE MD	2.50
06-01	05-29	05134376150600119071485	NPDB NPDB.HRSA.GOV ROCKVILLE MD	2.50
06-01	05-29	05134376150600119071550	NPDB NPDB.HRSA.GOV ROCKVILLE MD	2.50
06-02	06-01	55457376152317547003855	INTOXIMETERS INC SAINT LOUIS MO	2,025.00
06-03	06-01	55207396153510267090454	DIGICERT LEHI UT	1,536.00
06-08	06-06	52704876158445005666250	GRAND HYATT SAN ANTONI SAN ANTONIO TX	1,151.55
			2563368 ARRIVAL:06-03-26	

(New Activity continued on next page)

40205007
40510090
40605080
40510090
40510090
40510090
40610020
40605080
40610090

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

Account Number: [redacted]
Unique ID:
Amount Due: $0.00

MEMO STATEMENT ONLY
DO NOT REMIT PAYMENT

106481900382060 S

ERIN CLEVENGER
MEMORIAL MEDICAL
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

APPROVED ON
JUN 22 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ERIN CLEVENGER
Account Number : [redacted]
Unique ID: [redacted]
Statement Date : 06-08-2026

New Activity - Continued

Post Date	Tran Date	Reference Number	Transaction Description	Amount
06-08	06-06	527048761584450056674 23	GRAND HYATT SAN ANTONI SAN ANTONIO TX 2562848 ARRIVAL:06-03-26	1,125.57
06-08	06-06	527048761584450056674 31	GRAND HYATT SAN ANTONI SAN ANTONIO TX 2711684 ARRIVAL:06-03-26	1,109.71
06-08	06-06	527048761584450056675 22	GRAND HYATT SAN ANTONI SAN ANTONIO TX 2562604 ARRIVAL:06-03-26	1,013.98
06-08	06-04	554573761563191282558 84	TEXAS HOSPITAL ASSOC AUSTIN TX	375.00

40610090

(1)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: US Bank

Date: 6/10/2026

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Vendor Fax #:

Initiated By:

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 9 Renewals for	2.50		22.50
2			credentialing			
3	—		NPDB - 1 Enrollment (Cred)			2.50
4	—	152.33	Digicert (IT)			29.53
5	—	5,941.01	NPDB - 1 Enrollment (Cred)			2.50
6	—	3,448.62	NPDB - 1 Enrollment (Cred)			2.50
7	—	9,542.9	NPDB - 1 Enrollment (Cred)			2.50
8	—		AMA Credentialing - 2 Providers			88.00
9			Init + Cont. Monitoring (Sandoval monitoring)			
10	—		NPDB - 1 Enrollment (Cred)			2.50

Est. Freight _____ Est. Total Cost _____ TOTAL COST $152.53

NOTES:

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____

(2)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: US Bank

Date: 6/10/2026

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Vendor Fax #:

Initiated By:

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 1 Enrollment (Cred)			2.50
2	—		NPDB - 1 Enrollment (Cred)			2.50
3	—		Digicert - (IT) Basic OVFQDN Basic OV Wildcard			1,536.00
4	—		Grand Hyatt San Antonio Hotel			1,151.5[illegible]
5			THT Conference - Sara Rubio (Board member)			
6	—		Grand Hyatt San Antonio Hotel			1,125.57
7			THT Conference - Vicki Lilly (Board member)			
8	—		Grand Hyatt San Antonio Hotel			1,109.71
9			THT Conference - Kay McPherson (Board member)			
10	—		Grand Hyatt San Antonio Hotel THT Conference - Erin Clevenger			1013.98

Est. Freight _____ Est. Total Cost _____ TOTAL COST $5941.81

NOTES:

Charges made to Erin Clevenger's credit card

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____

(3)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: US Bank ✓

Date: 6/10/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Texas Hospital Assoc. ✓			875.00
2			THT conference Registration			
3			Kay McPherson (Board Member)			
4						
5	—	Healthmark	Tosi Holder Reusable - 6 w/ 3 Tosi only (3)			368.66
6	—		XEN Instrument Spine + Freight			179.99
7						
8	—		Intoximeters - BAT/EBT/CalTech			
9			Instructor course - VDS collector Instructor Course			2025.00
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 3,448.65

NOTES:

charges made to Erin Clevenger's credit car.

875.00
368.66
179.99
2,025.00
3,448.65

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____ ✓

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: ~~Healthmark Industries~~ ✓ Date: 5/8/2026

Vendor Address: _____

_____ P.O. # 50310

Vendor Phone #: _____ Account # _____

Vendor Fax #: _____ Initiated By: _____

Form # 9401

Date Required _____ Expense # _____ Department Surg Deliver To _____

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	3		~~Hea~~ TOSI Holder Reusable			✓ 261.00
2			Rack - Surg			
3	1 pac		TOSI Only			✓ 96.00
4						
5						
6						
7						
8						
9						
10						

Est. Freight 11.66 Est. Total Cost _____ TOTAL COST 368.66

NOTES:

charged to credit card

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____ ✓

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Healthmark ✓

Date: 5/8/2026

Vendor Address: _____

P.O. # 50309

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department Surg | Deliver To CS

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	1		XEN Instrument Shine			119.70 ✓
2			G			
3						
4						
5						
6						
7						
8						
9						
10						

Est. Freight 60.29 ✓ Est. Total Cost _____ TOTAL COST 179.99 ✓

NOTES:

Charged to credit card

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____ ✓

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: INTOXIMETERS

Date: 5.07.26

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: Angela Yeager

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	1	315	MAY 26, 2026: BAT/EBT/Cal Tech Instructor Course			1425.00
2						
3	1	405	MAY 20, 2026: UDS Collector Instructor Course			600.00
4						
5						
6						
7						
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST $2,025.00

NOTES:

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____

Account Number : [redacted]
Unique ID: [redacted]
MICHELLE CUMBERLAND
Statement Date : 06-08-2026

Account Summary	
Previous Balance	$0.00
Purchases and Other Charges	$486.09
Cash Advances	$0.00
Cash Advance Fees	$0.00
Late Payment Charges	$0.00
Credits	$0.00 CR
Payments	$0.00 PY
Total Activity	**$486.09**
Disputed Amount	$0.00

General Information	
Total Activity	$486.09

QUESTIONS OR TO REPORT A LOST OR STOLEN CARD.
CALL CUSTOMER SERVICE1-800-344-5696

New Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
05-29	05-28	02305376149000666645746	USPS PO 4872200979 PORT LAVACA TX	312.00
06-02	06-02	55432866153209592675316	FAXAGE DENVER CO	174.09

4023007G
4051008O

APPROVED ON
JUN 22 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Account Number: [redacted]
Unique ID:
Amount Due: $0.00

MEMO STATEMENT ONLY
DO NOT REMIT PAYMENT

106481900382114 S

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

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: US Bank ✓

Date: 6/10/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Faxage - May Invoice			✓ 174.09
2			Fax lines			
3						
4			U.S Postal services	78.00	Ea	$ 312.00
5			US Flag Coil /100			
6						
7						
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST $ 486.09

NOTES:

Charged to Michelle's credit card ✓

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____ ✓

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: US Postal Service

Vendor Address: 1201 Half League Rd. Port Lavaca, TX 77979

Vendor Phone #: _____

Vendor Fax #: _____

Date: 5/28/2026

P.O. # _____

Account # 40230076

Initiated By: Michelle Cumberland

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1			US Flag Coil /100	78.00	4 ea.	$ 312.00
2						
3		*	waiting on check for			
4			metered postage			
5						
6						
7						
8						
9						
10						

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

NOTES:

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO Michelle Cumberland

Administrator _____

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/19/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 06/20/2026

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

As of: 06/19/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 06/20/2026 **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: 2,957.29 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 06/23/2026,
Pay This Amount: 2,898.13 USD

If Paid After 06/23/2026,
Pay this Amount: 2,957.29 USD

Due If Paid On Time:
USD 2,898.13

Disc lost if paid late: 59.16

Due If Paid Late:
USD 2,957.29

2,737.53 +
160.60 +
2,898.13 =

APPROVED ON
JUN 22 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 06/19/2026 Page: 001

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SuppID:
Territory: 7001

APPROVED ON
JUN 22 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Customer: 256342
Date: 06/20/2026

As of: 06/19/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 06/20/2026 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											
06/13/2026	06/23/2026	7640473939	284413075	115Invoice	5.44	271.76		266.32		7640473939	
06/13/2026	06/23/2026	7640473940	280661756	115Invoice	4.27	213.51		209.24		7640473940	
06/15/2026	06/23/2026	7640725759	276438892	115Invoice	0.02	0.95		0.93		7640725759	
06/15/2026	06/23/2026	7640725760	276504276	115Invoice	0.01	0.32		0.31		7640725760	
06/15/2026	06/23/2026	7640725761	285380939	115Invoice	0.03	1.27		1.24		7640725761	
06/16/2026	06/23/2026	7640977653	285561296	115Invoice	12.49	624.67		612.18		7640977653	
06/16/2026	06/23/2026	7640977654	284493984	115Invoice	5.44	272.02		266.58		7640977654	
06/16/2026	06/23/2026	7640977655	283399889	115Invoice	5.22	260.77		255.55		7640977655	
06/17/2026	06/23/2026	7641235248	281899860	115Invoice	4.45	222.60		218.15		7641235248	
06/18/2026	06/23/2026	7641504629	284741679	115Invoice	4.46	222.82		218.36		7641504629	
06/18/2026	06/23/2026	7641504630	284524840	115Invoice	1.13	56.64		55.51		7641504630	
06/18/2026	06/23/2026	7641504631	285891508	115Invoice	0.02	0.95		0.93		7641504631	
06/18/2026	06/23/2026	7641504632	276504276	115Invoice	0.02	0.95		0.93		7641504632	
06/18/2026	06/23/2026	7641504633	285891508	115Invoice	0.01	0.32		0.31		7641504633	
06/18/2026	06/23/2026	7641504634	284834899	115Invoice	5.22	261.01		255.79		7641504634	
06/19/2026	06/23/2026	7641694014	284670838	115Invoice	5.44	272.02		266.58		7641694014	
06/19/2026	06/23/2026	7641694015	276504276	115Invoice	0.01	0.32		0.31		7641694015	
06/19/2026	06/23/2026	7641694016	277270308	115Invoice	0.01	0.63		0.62		7641694016	
06/19/2026	06/23/2026	7641702611	281632092	115Invoice	2.20	109.89		107.69		7641702611	

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: 2,793.42 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 123,695.27
06/15/2026

If Paid By 06/23/2026,
Pay This Amount: 2,737.53 USD

If Paid After 06/23/2026,
Pay this Amount: 2,793.42 USD

Due If Paid On Time:
USD 2,737.53

Disc lost if paid late:
55.89

Due If Paid Late:
USD 2,793.42

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: 06/19/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 06/20/2026

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

As of: 06/19/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 06/20/2026 **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											
06/15/2026	06/23/2026	7640493954	B2606-055-387751	115Invoice	0.57	28.65		28.08		7640493954	
06/15/2026	06/23/2026	7640493955	B2606-055-387752	115Invoice	1.84	92.24		90.40		7640493955	
06/19/2026	06/23/2026	7641520367	B2606-055-393460	115Invoice	0.86	42.98		42.12		7641520367	

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: 163.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 123,695.27
06/15/2026

If Paid By 06/23/2026,
Pay This Amount: 160.60 USD

If Paid After 06/23/2026,
Pay this Amount: 163.87 USD

Due If Paid On Time:
USD 160.60

Disc lost if paid late:
3.27

Due If Paid Late:
USD 163.87

APPROVED ON

JUN 22 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/12/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 06/13/2026

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

As of: 06/12/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 06/13/2026 **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: 126,219.70 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 06/16/2026, Pay This Amount: 123,695.27 USD

If Paid After 06/16/2026, Pay this Amount: 126,219.70 USD

Due If Paid On Time:
USD 123,695.27

Disc lost if paid late:
2,524.43

Due If Paid Late:
USD 126,219.70

122,545.85 +
1,149.42 +
123,695.27 *

APPROVED ON
JUN 22 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 06/12/2026 Page: 001

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SuppID:
Territory: 7001

APPROVED ON
JUN 22 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Customer: 256342
Date: 06/13/2026

As of: 06/12/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 06/13/2026 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										
06/06/2026	06/16/2026	7639136839	283093899	115Invoice	5.44	271.76		266.32		7639136839	
06/08/2026	06/16/2026	7639372990	283596393	115Invoice	5.44	271.76		266.32		7639372990	
06/08/2026	06/16/2026	7639372991	275941871	115Invoice	1.55	77.30		75.75		7639372991	
06/08/2026	06/16/2026	7639372992	276355365	115Invoice	1.55	77.30		75.75		7639372992	
06/08/2026	06/16/2026	7639372993	280150224	115Invoice	1.32	66.18		64.86		7639372993	
06/08/2026	06/16/2026	7639390080	284557176	115Invoice	1.44	72.13		70.69		7639390080	
06/09/2026	06/16/2026	7639639133	284670838	115Invoice	7.91	395.66		387.75		7639639133	
06/09/2026	06/16/2026	7639639134	283634434	115Invoice	5.44	271.76		266.32		7639639134	
06/10/2026	06/16/2026	7639888006	277106399	115Invoice	1.82	91.06		89.24		7639888006	
06/10/2026	06/16/2026	7639888007	283158575	115Invoice	1.82	91.06		89.24		7639888007	
06/10/2026	06/16/2026	7639888008	284834899	115Invoice	1.48	74.14		72.66		7639888008	
06/10/2026	06/16/2026	7639888010	284834899	115Invoice	10.23	511.31		501.08		7639888010	
06/10/2026	06/16/2026	7639888013	284834899	115Invoice	5.44	272.02		266.58		7639888013	
06/10/2026	06/16/2026	7639888014	283946432	115Invoice	5.44	271.76		266.32		7639888014	
06/10/2026	06/16/2026	7639888015	284009561	115Invoice	5.44	271.76		266.32		7639888015	
06/10/2026	06/16/2026	7639888016	279765515	115Invoice	0.84	41.97		41.13		7639888016	
06/10/2026	06/16/2026	7639896239	284834899	115Invoice	2.89	144.27		141.38		7639896239	
06/10/2026	06/16/2026	7639896240	280898413	115Invoice	0.01	0.63		0.62		7639896240	
06/10/2026	06/16/2026	7639896241	274213063	115Invoice	0.05	2.53		2.48		7639896241	
06/10/2026	06/16/2026	7639896242	274365325	115Invoice	0.03	1.58		1.55		7639896242	
06/10/2026	06/16/2026	7639896243	274672980	115Invoice	0.03	1.58		1.55		7639896243	
06/10/2026	06/16/2026	7639896244	274794072	115Invoice	0.03	1.58		1.55		7639896244	
06/10/2026	06/16/2026	7639896245	275438538	115Invoice	0.03	1.27		1.24		7639896245	
06/10/2026	06/16/2026	7639896246	275480526	115Invoice	0.03	1.27		1.24		7639896246	
06/10/2026	06/16/2026	7639896247	275520862	115Invoice	0.06	3.16		3.10		7639896247	
06/10/2026	06/16/2026	7639896249	276039176	115Invoice	0.06	3.16		3.10		7639896249	
06/10/2026	06/16/2026	7639896250	276112102	115Invoice	0.03	1.58		1.55		7639896250	
06/10/2026	06/16/2026	7639896251	276438892	115Invoice	0.01	0.32		0.31		7639896251	
06/10/2026	06/16/2026	7639896252	275520862	115Invoice	0.01	0.32		0.31		7639896252	
06/10/2026	06/16/2026	7639896253	277946675	115Invoice	0.01	0.32		0.31		7639896253	
06/10/2026	06/16/2026	7639943233	275277178	115Invoice	0.16	7.92		7.76		7639943233	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 06/12/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 06/13/2026

APPROVED ON
JUN 22 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

As of: 06/12/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 06/13/2026 **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	
06/10/2026	06/16/2026	7639943234	266392672	115Invoice	18.79	939.69		920.90		7639943234	
06/10/2026	06/16/2026	7639947936	265290014	115Invoice	17.74	887.17		869.43		7639947936	
06/10/2026	06/16/2026	7639947937	269239268	115Invoice	35.49	1,774.45		1,738.96		7639947937	
06/10/2026	06/16/2026	7639947938	282931297	115Invoice	104.25	5,212.41		5,108.16		7639947938	
06/10/2026	06/16/2026	7639947939	275027270	115Invoice	17.74	887.11		869.37		7639947939	
06/10/2026	06/16/2026	7639947940	274672980	115Invoice	100.01	5,000.51		4,900.50		7639947940	
06/10/2026	06/16/2026	7639947941	268973029	115Invoice	28.19	1,409.54		1,381.35		7639947941	
06/10/2026	06/16/2026	7639947942	274526454	115Invoice	17.74	887.11		869.37		7639947942	
06/10/2026	06/16/2026	7639947943	274608450	115Invoice	17.74	887.11		869.37		7639947943	
06/10/2026	06/16/2026	7639947944	274365325	115Invoice	17.74	887.11		869.37		7639947944	
06/10/2026	06/16/2026	7639947945	271291764	115Invoice	17.74	887.17		869.43		7639947945	
06/10/2026	06/16/2026	7639947946	268808089	115Invoice	0.08	3.96		3.88		7639947946	
06/10/2026	06/16/2026	7639954873	270173151	115Invoice	21.35	1,067.65		1,046.30		7639954873	
06/10/2026	06/16/2026	7639954874	274213063	115Invoice	32.24	1,611.86		1,579.62		7639954874	
06/10/2026	06/16/2026	7639954875	265622045	115Invoice	0.12	5.94		5.82		7639954875	
06/10/2026	06/16/2026	7639954876	267685059	115Invoice	34.44	1,721.82		1,687.38		7639954876	
06/10/2026	06/16/2026	7639954877	263634027	115Invoice	0.10	4.81		4.71		7639954877	
06/10/2026	06/16/2026	7639954878	268336936	115Invoice	0.16	7.92		7.76		7639954878	
06/10/2026	06/16/2026	7639954879	278188204	115Invoice	173.75	8,687.45		8,513.70		7639954879	
06/10/2026	06/16/2026	7639954880	278023847	115Invoice	312.75	15,637.31		15,324.56		7639954880	
06/10/2026	06/16/2026	7639960861	277707170	115Invoice	104.25	5,212.41		5,108.16		7639960861	
06/10/2026	06/16/2026	7639960862	273193032	115Invoice	3.90	195.10		191.20		7639960862	
06/10/2026	06/16/2026	7639960863	281632092	115Invoice	8.66	432.89		424.23		7639960863	
06/10/2026	06/16/2026	7639960864	276504276	115Invoice	0.40	19.80		19.40		7639960864	
06/10/2026	06/16/2026	7639960865	267044610	115Invoice	0.08	3.96		3.88		7639960865	
06/10/2026	06/16/2026	7639960866	281632092	115Invoice	86.87	4,343.72		4,256.85		7639960866	
06/10/2026	06/16/2026	7639960867	277356336	115Invoice	52.12	2,606.20		2,554.08		7639960867	
06/10/2026	06/16/2026	7639960868	284493984	115Invoice	86.87	4,343.72		4,256.85		7639960868	
06/10/2026	06/16/2026	7639960869	280898413	115Invoice	86.87	4,343.67		4,256.80		7639960869	
06/10/2026	06/16/2026	7639960870	281555204	115Invoice	0.14	6.92		6.78		7639960870	
06/10/2026	06/16/2026	7639960871	266900082	115Invoice	68.87	3,443.63		3,374.76		7639960871	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 06/12/2026 Page: 003

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 06/13/2026

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

APPROVED ON
JUN 22 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 06/12/2026 Page: 003
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 06/13/2026

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	
06/10/2026	06/16/2026	7639965574	282514814	115Invoice	260.62	13,031.11		12,770.49		7639965574	
06/10/2026	06/16/2026	7639965575	283634434	115Invoice	156.37	7,818.61		7,662.24		7639965575	
06/10/2026	06/16/2026	7639965576	284103558	115Invoice	104.25	5,212.41		5,108.16		7639965576	
06/10/2026	06/16/2026	7639965577	279527963	115Invoice	132.74	6,636.83		6,504.09		7639965577	
06/10/2026	06/16/2026	7639968896	279178564	115Invoice	104.25	5,212.41		5,108.16		7639968896	
06/10/2026	06/16/2026	7639968897	278857513	115Invoice	52.12	2,606.23		2,554.11		7639968897	
06/10/2026	06/16/2026	7639968898	278935740	115Invoice	104.25	5,212.41		5,108.16		7639968898	
06/11/2026	06/16/2026	7640161264	284991931	115Invoice	0.01	0.63		0.62		7640161264	
06/11/2026	06/16/2026	7640161265	274962180	115Invoice	1.44	71.88		70.44		7640161265	
06/11/2026	06/16/2026	7640161266	275181812	115Invoice	2.88	143.76		140.88		7640161266	
06/11/2026	06/16/2026	7640161268	285063832	115Invoice	0.01	0.63		0.62		7640161268	
06/11/2026	06/16/2026	7640161269	276438892	115Invoice	0.01	0.32		0.31		7640161269	
06/11/2026	06/16/2026	7640161270	284991931	115Invoice	5.44	272.02		266.58		7640161270	
06/12/2026	06/16/2026	7640383568	285139340	115Invoice	5.44	272.02		266.58		7640383568	
06/12/2026	06/16/2026	7640383569	284322369	115Invoice	8.14	406.87		398.73		7640383569	
06/12/2026	06/16/2026	7640383570	284991931	115Invoice	8.15	407.27		399.12		7640383570	
06/12/2026	06/16/2026	7640383571	280150224	115Invoice	1.32	66.18		64.86		7640383571	
06/12/2026	06/16/2026	7640383572	282931297	115Invoice	2.65	132.37		129.72		7640383572	
06/12/2026	06/16/2026	7640396461	285139340	115Invoice	17.65	882.32		864.67		7640396461	

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: 125,046.82 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,424.81
06/08/2026

If Paid By 06/16/2026,
Pay This Amount: 122,545.85 USD

If Paid After 06/16/2026,
Pay this Amount: 125,046.82 USD

Due If Paid On Time:
USD 122,545.85

Disc lost if paid late:
2,500.97

Due If Paid Late:
USD 125,046.82

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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: 06/12/2026 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 06/13/2026

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

As of: 06/12/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 06/13/2026 **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											
06/08/2026	06/16/2026	7639150309	B2606-055-380188	115Invoice	0.81	40.40		39.59		7639150309	
06/11/2026	06/16/2026	7639987424	B2606-055-384638	115Invoice	22.65	1,132.48		1,109.83		7639987424	

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: 1,172.88 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,424.81
06/08/2026

If Paid By 06/16/2026,
Pay This Amount: 1,149.42 USD

If Paid After 06/16/2026,
Pay this Amount: 1,172.88 USD

Due If Paid On Time:
USD 1,149.42

Disc lost if paid late:
23.46

Due If Paid Late:
USD 1,172.88

APPROVED ON
JUN 22 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 72307580
Date: 06-19-2026

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:	113.79
Past Due:	1,873.02
Total Due:	1,986.81
Account Balance:	1,986.81

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-08-2026	06-19-2026	3253555969	7012084527	Invoice	5.06		0.00	5.06
06-08-2026	06-19-2026	3253556210	7012090519	Invoice	94.01		0.00	94.01
06-12-2026	06-19-2026	3254096415	7012110668	Invoice	1,500.96		0.00	1,500.96
06-12-2026	06-19-2026	3254096416	7012112011	Invoice	272.99		0.00	272.99
06-15-2026	06-26-2026	3254262803	7012116253	Invoice	108.13		0.00	108.13
06-18-2026	06-26-2026	3254678454	7012133533	Invoice	2.64		0.00	2.64
06-19-2026	06-26-2026	3254804967	7012138399	Invoice	3.02		0.00	3.02

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
113.79	1,873.02	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
06-19-2026	1,873.02
06-26-2026	113.79
Total Due:	1,986.81

APPROVED ON

JUN 22 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: [illegible] Document Type: Customer Statement [illegible]

cencora

STATEMENT

Statement Number: 72322385
Date: 06-19-2026

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:	6.23
Past Due:	1,549.14
Total Due:	1,555.37
Account Balance:	1,555.37

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-08-2026	06-19-2026	3253532020	7012095149	Invoice	4.11		0.00	4.11
06-10-2026	06-19-2026	3253876000	7012105421	Invoice	1,545.03		0.00	1,545.03
06-15-2026	06-26-2026	3254235993	7012115102	Invoice	6.23		0.00	6.23

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
6.23	1,549.14	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
06-19-2026	1,549.14
06-26-2026	6.23
Total Due:	1,555.37

APPROVED ON
JUN 22 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Processing Number: 000000701135373I Document Type: Customer Statement 20260620014432

7293	76351	3	72	0	2026	21000323	1000	6/12/2026	-$2,080.97	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	[redacted]	INVC	T	12/22/2025	12/22/2025	591031071
8656	76351	1	1	0	2026	156001635	0	6/12/2026	$31,436.03	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517		PCS	F	5/18/2026	5/31/2026	464334244
8657	76351	2	58	3	2026	146000941	0	6/12/2026	$28.70	1	PALACIOS MEDICAL CLINIC	P	360		POV	F	4/8/2026	4/8/2026	760698013
8659	76351	2	71	0	2026	142000586	0	6/12/2026	$64.10	1	VICTORIA ORTHOPEDIC CENTER LLP	P	457		OVS	F	5/12/2026	5/12/2026	260151734
8664	76351	2	86	0	2026	146002595	0	6/12/2026	$96.83	1	SUGAR LAND ENDOCRINE AND THYROID PLLC	P	752		TELS	F	5/20/2026	5/20/2026	472183230
8666	76351	2	86	0	2026	156000898	0	6/12/2026	$136.02	1	SUGAR LAND ENDOCRINE & THYROID, PLLC	P	457		OVS	F	6/2/2026	6/2/2026	472183230
8668	76351	2	5	0	2026	135000770	0	6/12/2026	$214.20	1	PHYSICIANS REFERRAL SERVICE	P	188		HV	F	5/12/2026	5/12/2026	760273984
8669	76351	2	5	0	2026	154000772	0	6/12/2026	$270.30	1	PHYSICIANS REFERRAL SERVICE	P	188		HV	F	5/30/2026	5/30/2026	760273984
8670	76351	2	5	0	2026	154000825	0	6/12/2026	$270.30	1	PHYSICIANS REFERRAL SERVICE	P	188		HV	F	5/31/2026	5/31/2026	760273984
8671	76351	2	5	0	2026	155000777	0	6/12/2026	$270.30	1	PHYSICIANS REFERRAL SERVICE	P	188		HV	F	6/1/2026	6/1/2026	760273984
8672	76351	2	5	0	2026	159001387	0	6/12/2026	$270.30	1	PHYSICIANS REFERRAL SERVICE	P	188		HV	F	6/2/2026	6/2/2026	760273984
8673	76351	2	5	0	2026	139000437	0	6/12/2026	$310.25	1	PHYSICIANS REFERRAL SERVICE	P	188		HV	F	4/22/2026	4/22/2026	760273984
8674	76351	2	5	0	2026	160001114	0	6/12/2026	$310.25	1	PHYSICIANS REFERRAL SERVICE	P	188		HV	F	6/3/2026	6/3/2026	760273984
8675	76351	2	5	0	2026	135000779	0	6/12/2026	$422.45	1	PHYSICIANS REFERRAL SERVICE	P	482		DX	F	5/8/2026	5/8/2026	760273984
8676	76351	2	5	0	2026	153001263	0	6/12/2026	$527.85	1	PHYSICIANS REFERRAL SERVICE	P	177		OV	F	5/28/2026	5/28/2026	760273984
8677	76351	2	5	0	2026	153001266	0	6/12/2026	$567.80	1	PHYSICIANS REFERRAL SERVICE	P	188		HV	F	5/29/2026	5/29/2026	760273984
8679	76351	3	83	0	2026	153000863	0	6/12/2026	$8,447.64	1	CITIZENS MEDICAL CENTER	P	423		IMC	F	5/12/2026	5/14/2026	741698143
8680	76351	3	83	0	2026	133001285	0	6/12/2026	$10.25	1	BRUCE WHEELER MD	P	481		OPDX	F	4/28/2026	4/28/2026	471158090
8681	76351	3	83	0	2026	146002566	0	6/12/2026	$10.25	1	CITIZENS MEDICAL PROFESSIONALS	P	482		DX	F	5/14/2026	5/14/2026	471158090
8682	76351	3	83	0	2026	146002602	0	6/12/2026	$10.25	1	CITIZENS MEDICAL PROFESSIONALS	P	179		SI	F	5/13/2026	5/13/2026	471158090
8683	76351	3	69	1	2026	159001405	0	6/12/2026	$19.10	1	NOE R OLVERA MD PA	P	457		OVS	F	6/4/2026	6/4/2026	262712038
8684	76351	3	83	0	2026	138001244	0	6/12/2026	$20.50	1	BRUCE WHEELER MD	P	481		OPDX	F	4/27/2026	4/27/2026	471158090
8685	76351	3	83	0	2026	154000775	0	6/12/2026	$25.62	1	BRUCE BAUKNIGHT	P	482		DX	F	5/12/2026	5/12/2026	471158090
8686	76351	3	21	1	2026	148001038	0	6/12/2026	$29.10	1	PORT LAVACA CLINIC	P	177		OV	F	5/18/2026	5/18/2026	742605670
8687	76351	3	62	0	2026	138001275	0	6/12/2026	$41.28	1	CITIZENS MEDICAL PROFESSIONALS	P	188		HV	F	1/21/2026	1/21/2026	471158090
8688	76351	3	62	0	2026	140000519	0	6/12/2026	$41.28	1	CITIZENS MEDICAL PROFESSIONALS	P	188		HV	F	1/20/2026	1/20/2026	471158090
8689	76351	3	62	0	2026	140000525	0	6/12/2026	$41.28	1	CITIZENS MEDICAL PROFESSIONALS	P	188		HV	F	1/24/2026	1/24/2026	471158090
8690	76351	3	62	0	2026	140000544	0	6/12/2026	$41.28	1	CITIZENS MEDICAL PROFESSIONALS	P	188		HV	F	1/25/2026	1/25/2026	471158090
8691	76351	3	62	0	2026	140000555	0	6/12/2026	$41.28	1	CITIZENS MEDICAL PROFESSIONALS	P	188		HV	F	1/23/2026	1/23/2026	471158090
8692	76351	3	62	0	2026	140000632	0	6/12/2026	$41.28	1	CITIZENS MEDICAL PROFESSIONALS	P	188		HV	F	1/22/2026	1/22/2026	471158090
8693	76351	3	79	4	2026	142000919	0	6/12/2026	$42.61	1	CHILDREN'S PSYCHIATRIC SERVICE OF SOUTH	P	728		TELM	F	3/3/2026	3/3/2026	811543405
8694	76351	3	92	0	2026	148001082	0	6/12/2026	$43.21	1	KERRI A PILLAR	P	177		OV	F	5/18/2026	5/18/2026	844203672
8696	76351	3	14	0	2026	161000491	0	6/12/2026	$51.15	1	SINGLETON ASSOCIATES PA	P	181		XRAY	F	5/28/2026	5/28/2026	741680498
8697	76351	3	48	0	2026	141001450	0	6/12/2026	$55.89	1	SCOTT P. STEIN, D.O., P.A.	P	457		OVS	F	5/18/2026	5/18/2026	742861393
8700	76351	3	69	1	2026	147000888	0	6/12/2026	$62.42	1	WILSON A ALMONTE MD PLLC	P	457		OVS	F	5/21/2026	5/21/2026	474898361
8701	76351	3	57	0	2026	146002558	0	6/12/2026	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	360		POV	F	5/20/2026	5/20/2026	742605670
8702	76351	3	36	0	2026	147000905	0	6/12/2026	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177		OV	F	5/21/2026	5/21/2026	742605670
8703	76351	3	62	0	2026	140000505	0	6/12/2026	$66.68	1	CITIZENS MEDICAL PROFESSIONALS	P	188		HV	F	1/19/2026	1/19/2026	471158090
8704	76351	3	79	0	2026	132001185	0	6/12/2026	$68.24	1	CITIZENS MEDICAL PROFESSIONALS	P	457		OVS	F	4/23/2026	4/23/2026	471158090
8706	76351	3	29	2	2026	138001280	0	6/12/2026	$84.22	1	PORT LAVACA CLINIC	P	177		OV	F	5/13/2026	5/13/2026	742605670
8709	76351	3	62	0	2026	140000600	0	6/12/2026	$96.39	1	CITIZENS MEDICAL PROFESSIONALS	P	188		HV	F	1/26/2026	1/26/2026	471158090
8710	76351	3	39	0	2026	153000658	0	6/12/2026	$97.95	1	DIAGNOSTIC IMAGING ASSOCIATES PA	P	172		AB	F	5/27/2026	5/27/2026	760686474
8712	76351	3	83	0	2026	154000863	0	6/12/2026	$100.89	1	RICHARD H LEGGETT DO	P	728		TELM	F	5/28/2026	5/28/2026	742800212
8714	76351	3	48	0	2026	155000298	0	6/12/2026	$116.50	1	PHYSICIANS REFERRAL SERVICE	P	457		OVS	F	5/28/2026	5/28/2026	760273984
8715	76351	3	87	0	2026	142000908	0	6/12/2026	$121.03	1	SINGLETON ASSOCIATES PA	P	603		US	F	5/7/2026	5/7/2026	741680498
8716	76351	3	83	0	2026	142000899	0	6/12/2026	$121.34	1	ALMA	P	728		TELM	F	5/20/2026	5/20/2026	841856765
8717	76351	3	69	1	2026	149000823	0	6/12/2026	$127.35	1	HOUSTON METHODIST SPECIALTY PHYSICIANS	P	457		OVS	F	5/14/2026	5/14/2026	332241086
8718	76351	3	83	0	2026	147000991	0	6/12/2026	$128.05	1	CITIZENS MEDICAL PROFESSIONALS	P	188		HV	F	4/27/2026	4/27/2026	471158090
8721	76351	3	83	0	2026	138001719	0	6/12/2026	$148.37	1	CITIZENS MEDICAL CENTER	P	421		HOBS	F	4/27/2026	4/28/2026	741698143
8722	76351	3	83	0	2026	160000240	0	6/12/2026	$149.26	1	ESS OF PORT LAVACA LLC	P	189		ERD	F	5/1/2026	5/1/2026	815248556
8723	76351	3	55	0	2026	161000552	0	6/12/2026	$149.26	1	ESS OF PORT LAVACA LLC	P	189		ERD	F	5/23/2026	5/23/2026	815248556
8724	76351	3	73	2	2026	140000507	0	6/12/2026	$155.00	1	INTEGRITY URGENT CARE	P	487		URG	F	10/17/2025	10/17/2025	812117336
8725	76351	3	27	0	2026	138001271	0	6/12/2026	$156.54	1	VICTORIA ORTHOPEDIC CENTER PLLC	P	457		OVS	F	5/13/2026	5/13/2026	260151734
8726	76351	3	83	0	2026	155000735	0	6/12/2026	$160.06	1	CITIZENS MEDICAL PROFESSIONALS	P	188		HV	F	5/12/2026	5/12/2026	471158090
8730	76351	3	12	0	2026	147000940	0	6/12/2026	$167.54	1	CITIZENS MEDICAL PROFESSIONALS	P	178		SO	F	4/30/2026	4/30/2026	471158090
8731	76351	3	9	0	2026	153001204	0	6/12/2026	$176.76	1	CITIZENS MEDICAL PROFESSIONALS	P	457		OVS	F	5/20/2026	5/20/2026	471158090
8732	76351	3	55	0	2026	159001408	0	6/12/2026	$183.30	1	SINGLETON ASSOCIATES PA	P	189		ERD	F	5/23/2026	5/23/2026	741680498
8734	76351	3	43	0	2026	141001424	0	6/12/2026	$216.48	1	ESS OF PORT LAVACA LLC	P	189		ERD	F	7/23/2025	7/23/2025	815248556
8735	76351	3	43	0	2026	141001471	0	6/12/2026	$216.48	1	ESS OF PORT LAVACA LLC	P	189		ERD	F	12/9/2025	12/9/2025	815248556
8737	76351	3	83	0	2026	154000867	0	6/12/2026	$226.41	1	ESS OF PORT LAVACA LLC	P	189		ERD	F	4/27/2026	4/27/2026	815248556
8739	76351	3	87	0	2026	140000624	0	6/12/2026	$241.29	1	SINGLETON ASSOCIATES PA	P	172		AB	F	5/7/2026	5/7/2026	741680498
8740	76351	3	83	0	2026	146002580	0	6/12/2026	$266.07	1	CITIZENS MEDICAL PROFESSIONALS	P	188		HV	F	5/12/2026	5/12/2026	471158090
8741	76351	3	79	0	2026	133000945	0	6/12/2026	$275.66	1	SACRED HEART MEDICAL SERVICES	P	412		AMB	F	4/18/2026	4/18/2026	263835980
8742	76351	3	83	0	2026	148001069	0	6/12/2026	$277.76	1	RICHARD H LEGGETT DO	P	684		RPTO	F	5/19/2026	5/19/2026	742800212
8743	76351	3	29	0	2026	148000310	0	6/12/2026	$279.66	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	456		INJS	F	1/5/2026	1/5/2026	300520570
8744	76351	3	69	1	2026	159001368	0	6/12/2026	$279.89	1	PORT LAVACA CLINIC ASSOCIATES	P	172		AB	F	6/3/2026	6/3/2026	742605670
8747	76351	3	8	0	2026	141001381	0	6/12/2026	$361.92	1	SINGLETON ASSOCIATES PA	P	321		MRIO	F	5/4/2026	5/4/2026	741680498
8748	76351	3	83	0	2026	140000548	0	6/12/2026	$377.31	1	CITIZENS MEDICAL PROFESSIONALS	P	179		SI	F	5/13/2026	5/13/2026	471158090
8750	76351	3	79	0	2026	159001430	0	6/12/2026	$434.52	1	SPECIALTY ASSOCIATES OF WEST HOUSTON	P	431		SFS	F	5/28/2026	5/28/2026	452298151
8752	76351	3	79	0	2026	161000584	0	6/12/2026	$479.40	1	OLEANDER EMERGENCY MED ASSOC PA	P	189		ERD	F	4/17/2026	4/17/2026	454288136
8753	76351	3	39	0	2026	155001190	0	6/12/2026	$512.13	1	DETAR HEALTHCARE SYSTEM	P	172		AB	F	5/26/2026	5/26/2026	621754940
8754	76351	3	81	0	2026	139000735	0	6/12/2026	$554.95	1	CITIZENS MEDICAL CENTER	P	406		ER	F	4/22/2026	4/22/2026	741698143
8756	76351	3	79	0	2026	149000272	0	6/12/2026	$698.17	1	OLEANDER EMERGENCY MEDICINE ASSOCIATES	P	189		ERD	F	4/2/2026	4/2/2026	454288136

8757	76351	3	79	0	2026	161000541	0	6/12/2026	$698.17	1	OLEANDER EMERGENCY MED ASSOC PA	P	189	[redacted]		ERD	F	4/18/2026	4/18/2026	454288136
8759	76351	3	93	0	2026	147001407	0	6/12/2026	$1,021.87	1	CITIZENS MEDICAL CENTER	P	406			ER	F	5/2/2026	5/2/2026	741698143
8761	76351	3	12	0	2026	138001720	0	6/12/2026	$2,025.60	1	CITIZENS MEDICAL CENTER	P	434			OHS	F	4/30/2026	4/30/2026	741698143
8762	76351	3	72	0	2026	160001457	0	6/12/2026	$2,080.97	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846			INVC	F	12/22/2025	12/22/2025	591031071
8764	76360	3	119	0	2026	147000928	0	6/12/2026	$19.10	1	NOE R OLVERA MD PA	P	457			OVS	F	4/15/2026	4/15/2026	262712038
8765	76360	3	65	0	2026	142000881	0	6/12/2026	$20.37	1	CLINICAL PATHOLOGY LABORATORIES INC	P	172			AB	F	5/13/2026	5/13/2026	742554159
8766	76360	3	82	0	2026	154000876	0	6/12/2026	$30.36	1	SINGLETON ASSOCIATES PA	P	181			XRAY	F	5/20/2026	5/20/2026	741680498
8767	76360	3	2	1	2026	141001425	0	6/12/2026	$31.61	1	SINGLETON ASSOCIATES PA	P	181			XRAY	F	5/5/2026	5/5/2026	741680498
8769	76360	3	66	0	2026	152001191	0	6/12/2026	$34.10	1	SINGLETON ASSOCIATES PA	P	181			XRAY	F	5/18/2026	5/18/2026	741680498
8770	76360	3	111	1	2026	161000073	0	6/12/2026	$39.09	1	SINGLETON ASSOCIATES PA	P	189			ERD	F	5/26/2026	5/26/2026	741680498
8771	76360	3	47	0	2026	148001061	0	6/12/2026	$40.34	1	SINGLETON ASSOCIATES PA	P	181			XRAY	F	5/14/2026	5/14/2026	741680498
8776	76360	3	94	0	2026	142000904	0	6/12/2026	$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457			OVS	F	5/20/2026	5/20/2026	273335355
8777	76360	3	74	0	2026	149000787	0	6/12/2026	$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457			OVS	F	5/27/2026	5/27/2026	273335355
8778	76360	3	74	2	2026	149000801	0	6/12/2026	$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457			OVS	F	5/27/2026	5/27/2026	273335355
8779	76360	3	157	0	2026	155000710	0	6/12/2026	$55.89	1	SCOTT P. STEIN, D.O., P.A.	P	457			OVS	F	6/2/2026	6/2/2026	742861393
8786	76360	3	91	0	2026	152001169	0	6/12/2026	$59.68	1	CLINICAL PATHOLOGY LABORATORIES INC	P	172			AB	F	1/30/2026	1/30/2026	742554159
8788	76360	3	65	0	2026	142000915	0	6/12/2026	$71.00	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172			AB	F	5/13/2026	5/13/2026	741831291
8792	76360	3	138	2	2026	141001438	0	6/12/2026	$87.00	1	COUNSELING4LIFE LLC	P	360			POV	F	5/15/2026	5/15/2026	455131564
8793	76360	3	138	2	2026	152001217	0	6/12/2026	$87.00	1	COUNSELING4LIFE LLC	P	360			POV	F	5/27/2026	5/27/2026	455131564
8794	76360	3	138	2	2026	161000495	0	6/12/2026	$87.00	1	COUNSELING4LIFE LLC	P	360			POV	F	6/5/2026	6/5/2026	455131564
8799	76360	3	128	0	2026	147000988	0	6/12/2026	$93.33	1	AARON M MCGUIRE OD	P	457			OVS	F	5/20/2026	5/20/2026	742208337
8800	76360	3	59	1	2026	154000801	0	6/12/2026	$99.14	1	SEVA FAMILY MEDICINE LLC	P	177			OV	F	11/25/2025	11/25/2025	874006167
8803	76360	3	71	2	2026	154000792	0	6/12/2026	$114.80	1	SINGLETON ASSOCIATES PA	P	183			RAD	F	5/18/2026	5/18/2026	741680498
8804	76360	3	60	1	2026	156000889	0	6/12/2026	$117.96	1	STEPHEN M. DENTLER, DO, PA	P	172			AB	F	6/2/2026	6/2/2026	742872709
8806	76360	3	128	1	2026	153001251	0	6/12/2026	$124.18	1	NOE R OLVERA MD PA	P	457			OVS	F	5/28/2026	5/28/2026	262712038
8807	76360	3	59	1	2026	147000862	0	6/12/2026	$127.79	1	FAMILY CARE CENTER	P	728			TELM	F	5/18/2026	5/18/2026	810970561
8810	76360	3	136	0	2026	141001391	0	6/12/2026	$149.26	1	ESS OF PORT LAVACA LLC	P	189			ERD	F	4/16/2026	4/16/2026	815248556
8811	76360	3	107	1	2026	138001236	0	6/12/2026	$176.85	1	RETINA CONSULTANTS OF HOUSTON	P	457			OVS	F	5/7/2026	5/7/2026	742109903
8813	76360	3	41	2	2026	148001076	0	6/12/2026	$201.40	1	ESS OF PORT LAVACA LLC	P	189			ERD	F	4/22/2026	4/22/2026	815248556
8816	76360	3	60	1	2026	155000699	0	6/12/2026	$211.82	1	PHSYICIAN MANAGEMENT SERVICES OF TEXAS	P	172			AB	F	6/2/2026	6/2/2026	842167725
8818	76360	3	60	0	2026	128000721	0	6/12/2026	$216.48	1	ESS OF PORT LAVACA LLC	P	189			ERD	F	4/3/2026	4/3/2026	815248556
8819	76360	3	128	0	2026	141001383	0	6/12/2026	$216.60	1	PHYSICIANS REFERRAL SERVICE	P	177			OV	F	4/28/2026	4/28/2026	760273984
8820	76360	3	105	0	2026	159001402	0	6/12/2026	$226.41	1	ESS OF PORT LAVACA LLC	P	189			ERD	F	5/2/2026	5/2/2026	815248556
8821	76360	3	54	0	2026	135000739	0	6/12/2026	$241.29	1	SINGLETON ASSOCIATES PA	P	172			AB	F	5/4/2026	5/4/2026	741680498
8822	76360	3	59	0	2026	135000764	0	6/12/2026	$241.29	1	SINGLETON ASSOCIATES PA	P	172			AB	F	5/5/2026	5/5/2026	741680498
8823	76360	3	66	0	2026	152001205	0	6/12/2026	$241.29	1	SINGLETON ASSOCIATES PA	P	172			AB	F	5/19/2026	5/19/2026	741680498
8824	76360	3	40	0	2026	154000824	0	6/12/2026	$241.29	1	SINGLETON ASSOCIATES PA	P	172			AB	F	5/22/2026	5/22/2026	741680498
8826	76360	3	59	1	2026	146000624	0	6/12/2026	$252.88	1	ADVENTHEALTH MEDICAL GROUP	P	684			RPTO	F	5/13/2026	5/13/2026	840438224
8831	76360	3	83	0	2026	142000920	0	6/12/2026	$308.28	1	SINGLETON ASSOCIATES PA	P	324			CAT	F	5/13/2026	5/13/2026	741680498
8835	76360	3	26	1	2026	152000175	0	6/12/2026	$321.98	1	SINGLETON ASSOCIATES PA	P	324			CAT	F	5/14/2026	5/14/2026	741680498
8838	76360	3	58	0	2026	146002603	0	6/12/2026	$409.88	1	WILLIAM J CROWLEY	P	178			SO	F	4/21/2026	4/21/2026	515764512
8840	76360	3	58	0	2026	159001391	0	6/12/2026	$508.87	1	EXACT SCIENCES LABORATORIES, LLC	P	704			AB7	F	3/22/2026	3/22/2026	463095174
8841	76360	3	80	0	2026	132001248	0	6/12/2026	$514.66	1	CALHOUN COUNTY EMS	P	412			AMB	F	6/28/2025	6/28/2025	746001923
8847	76370	3	48	0	2026	152000419	0	6/12/2026	$140.88	1	DIAGNOSTIC IMAGING ASSOCIATES PA	P	189			ERD	F	5/18/2026	5/18/2026	760686474
8848	76370	3	24	0	2026	148000548	0	6/12/2026	$152.71	1	COMMUNITY PATHOLOGY ASSOCIATES	P	185			LAB	F	5/11/2026	5/11/2026	760421006
									$64,966.25												

TOTAL CHECKS	$64,966.25
TOTAL VOIDS	($2,080.97)
TOTAL TO FUND	$64,966.25 ✓

APPROVED ON

JUN 22 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

8850	76351	1	1	0	2026	166002435	0	6/18/2026	$251.22	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0	[redacted]	INVC	F	12/1/2025	12/31/2025	591031071
8851	76351	1	1	0	2026	167001822	0	6/18/2026	$274.66	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0	[redacted]	INVC	F	11/1/2025	11/30/2025	591031071
8853	76351	2	58	1	2026	162000160	0	6/18/2026	$160.31	1	HOUSTON METHODIST SPECIALTY PHYSICIANS	P	457	0	[redacted]	OVS	F	6/1/2026	6/1/2026	332241086
8854	76351	2	5	0	2026	163001357	0	6/18/2026	$232.50	1	HPCMS LLC	P	604	0	[redacted]	CASE	F	5/8/2026	5/29/2026	271837628
8855	76351	2	33	0	2026	163001378	0	6/18/2026	$232.50	1	HPCMS LLC	P	604	0	[redacted]	CASE	F	5/20/2026	5/25/2026	271837628
8860	76351	3	72	0	2026	166002410	0	6/18/2026	$115.00	1	CAPCOST/CAPROCK HEALTHPLANS	P	933	0	[redacted]	DISP	F	12/22/2025	12/22/2025	261569907
8861	76351	3	79	0	2026	163001384	0	6/18/2026	$348.75	1	HPCMS LLC	P	604	0	[redacted]	CASE	F	5/15/2026	5/26/2026	271837628
8862	76351	3	43	0	2026	163001380	0	6/18/2026	$426.25	1	HPCMS LLC	P	604	0	[redacted]	CASE	F	5/5/2026	5/26/2026	271837628
8863	76351	3	72	0	2026	162001431	0	6/18/2026	$804.09	1	THE PHIA GROUP, LLC	P	846	0	[redacted]	INVC	F	5/29/2026	5/29/2026	43504115
8865	76360	3	127	0	2026	162000681	0	6/18/2026	$78.70	1	SINGLETON ASSOCIATES PA	P	481	0	[redacted]	OPDX	F	5/28/2026	5/28/2026	741680498
8868	76360	3	125	0	2026	163000687	0	6/18/2026	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]	ERD	F	5/13/2026	5/13/2026	815248556
8869	76360	3	91	1	2026	166000233	0	6/18/2026	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]	ERD	F	5/24/2026	5/24/2026	815248556
8870	76360	3	66	0	2026	162000705	0	6/18/2026	$241.28	1	SINGLETON ASSOCIATES PA	P	321	0	[redacted]	MRIO	F	5/29/2026	5/29/2026	741680498
8872	76360	3	111	1	2026	163001361	0	6/18/2026	$387.50	1	HPCMS LLC	P	604	0	[redacted]	CASE	F	5/5/2026	5/31/2026	271837628
8873	76360	3	54	0	2026	162000341	0	6/18/2026	$439.69	1	MCCD FL PSYCHIATRY SERVICES PA	P	728	0	[redacted]	TELM	F	6/1/2026	6/1/2026	882577235
8874	76360	3	21	1	2026	163001404	0	6/18/2026	$813.75	1	HPCMS LLC	P	604	0	[redacted]	CASE	F	5/11/2026	5/20/2026	271837628
8875	76370	3	48	0	2026	162000350	0	6/18/2026	$706.11	1	EMERGENCHEALTH PLLC	P	189	0	[redacted]	ERD	F	5/19/2026	5/19/2026	821391429
									$5,810.83											

APPROVED ON

JUN 22 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

mary

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 5/1/2026

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

Master Group Totals

			Total Due
SPEC AGG	169	$68,646.52	$68,646.52
ADMIN FEES	169	$7,520.50	$7,520.50
PPO UR	169	$3,625.05	$3,625.05
CHIC FEE		$700.00	$700.00

Balance Forward:		$77,742.93
Payments:	-	$77,742.93
Adjustments:	+	$0.00
Beginning Balance:		$0.00
Current Amount Due:	+	$80,492.07
Current Adjustments:	+	$0.00
Total Amount Due:		**$80,492.07**

Description	Medical
EE	102
ES	15
EF	15
EC	37
Mst Total	169

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

APPROVED ON
JUN 22 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 22 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — June 8, 2026 - June 21, 2026

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number	
6/8/2026	IRS - USATAXPYMT 270655920357333	- Payroll Taxes	115,079.38	*	902468	FWT:20200000 FICA:20210000
6/8/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#144300685 144133600	- 3rd Party Payor Fee	300.82		902469	40440076
6/9/2026	STATE COMPTRLR - TEXNET 9221929/60608	- IGT Payment	23,602.59	**	902470	60500000
6/9/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#144630073 144453164	- 3rd Party Payor Fee	52.87		902471	40440076
6/9/2026	MCKESSON DRUG - AUTO ACH ACH07079008	- 340B Drug Program Expense	6,424.81	*	902472	60310000
6/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332385	- Credit Card Processing Fee	259.51		902473	40440076
6/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332393	- Credit Card Processing Fee	1,157.80		902474	40440076
6/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332401	- Credit Card Processing Fee	885.34		902475	40440076
6/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332419	- Credit Card Processing Fee	45.85		902476	40440076
6/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801368397	- Credit Card Processing Fee	204.22		902477	40440076
6/10/2026	TSYS/TRANSFIRST - MERCH FEES 39300982541616	- Credit Card Processing Fee	8,140.32		902478	40440076
6/10/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#145126668 144920098	- 3rd Party Payor Fee	529.86		902479	40440076
6/10/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DICKSON LLC	- Pharmacy Inventory Invoices	11,125.15	*	902480	10450000
6/11/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#145589813 145348050	- 3rd Party Payor Fee	1,423.26		902481	40440076
6/11/2026	Withdrawal xfer from 4357 to 4403 - TRNSFR TO CORRECT DEPOSIT ERROR per	- Emergency transfer to Broadmoor	1,883.00		902482	20652000
6/12/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 5.8.26 MemMedCtr PtLav	- Health Insurance Claim Payments	76,863.75	*	902483	60320000
6/12/2026	HPHG LLC 90 DB PREMIUM - MEMOR PREM MEMORIAL MEDICAL PREMIUM PORT LAVACA JUNE MemMedCtr PtLav	- Health Insurance Premium Payments	79,575.91	*	902484	60320000
6/12/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	49.97	*	902485	60310000
6/12/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#146008086 145734983	- 3rd Party Payor Fee	199.84		902486	40440076
6/15/2026	TEXAS COUNTY DRS DYNAMICS EFT DEPOSIT - RECEIVABLE 419	- Retirement Funding	178,506.86	*	902487	20260000
6/15/2026	FDMS 0000000000000007928 - FDMS PYMT 52-210 0911-000	Credit Card Machine Lease Fee	45.64		902488	40440076
6/15/2026	HPHG LLC 90 DB PREMIUM - MEMOR PREM Memorial Medical Port Lavaca Prem 2026-05 MemMedCtr PtLav	- Health Insurance Premium Payments	80,492.07		902489	60320000
6/15/2026	STATE COMPTRLR - TEXNET 9219097/60612	- CHIRP IGT Payment	47,986.00	**	902490	60500000
6/15/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#146301680 146208921	- 3rd Party Payor Fee	720.75		902491	40440076
6/15/2026	Enhance Analysis Service Charge	-Bank Fees	166.20		902492	40910090
6/15/2026	HPHG LLC - ACH 90 DEGREE BENEFITS CLAIMS RF F 05/11/26 MemMedCtr PtLav	- Health Insurance Claim Payments	47,637.90	**	902493	60320000
6/16/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#146682810 146561238	- 3rd Party Payor Fee	632.08		902494	40440076
6/16/2026	MCKESSON DRUG - AUTO ACH ACH07095925	- 340B Drug Program Expense	123,695.27		902495	60310000
6/17/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#147081195 146835243	- 3rd Party Payor Fee	778.25		902496	40440076
6/18/2026	MEMORIAL MEDICAL - PAYROLL		387,872.82	*		
6/18/2026	LOYALT LLC TRUBRIDGE9828 - ACCTVERIFY 8704	- Withdrawal of initial account deposit test	0.01		902497	10255000
6/18/2026	STATE COMPTRLR - TEXNET 9230412/60617	- QJPP IGT Payment	1,363,495.00	*	902498	20310040
6/18/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#147507898 147213618	- 3rd Party Payor Fee	53.56			
			2,559,886.66			

June 22, 2026

Caitlin Clevenger - Controller
Memorial Medical Center

* approved 6.10.26 cc
** approved 6.3.26 cc

2,559,886.66 +
115,079.38 -
23,602.59 -
6,424.81 -
11,125.15 -
76,863.75 -
79,575.91 -
49.97 -
178,506.86 -
47,986.00 -
47,637.90 -
387,872.82 -
1,363,495.00 -
4,691.29 -
10,693.04 -
45.64 -
166.20 -
206,070.55 -

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
			-
			-

June 22, 2026

pay Plus

300.82 +
52.87 +
529.86 +
1,423.26 +
199.84 +
720.75 +
632.08 +
778.25 +
53.56 +
4,691.29

Processing Fee

259.51 +
1,157.80 +
885.34 +
45.85 +
204.22 +
8,140.32 +
10,693.04

Lease Fee

45.64 +
45.64

Bank Fee

166.20 +
166.20

For approval 6.24.26

1,883.00 +
80,492.07 +
123,695.27 +
0.01 +
206,070.55

PROSPERITY BANK

Menu

FDIC FDIC-Insured - Backed by the full faith and credit of the U.S. Government

Dashboard | *4357 (MEMORIAL ... | *4357 (MEMORIAL ... | Transaction Search ×

Accounts

Quick View | Transaction Search | Account Groups

Transaction Search

Account Number	Date From	Date To	Amount From	Amount To
*4357 - DDA (MEMORIAL MEDICAL - OPERATING)	06/18/2026	06/18/2026	.01	

Posting Date	Deposits	Description	Credit	Debit	Balance
06/18/2026		External Withdrawal LOYALE LLC TRUBRIDGE9828 - ACCTVERIFY 8704		$0.01	$2,888,913.79
06/18/2026		External Deposit LOYALE LLC TRUBRIDGE9828 - ACCTVERIFY 8704	$0.01		$2,869,177.97

Showing 2 transactions

Memorial Medical Center
Transfer Request

Amount: 1,883.00 ✓ Date: 6/11/2026

From Account: Prosperity Operating *4357 ✓

To Account: MMC- Broadmoor *4403 ✓

APPROVED ON
JUN 12 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

Emergency Transfer due to deposit error between Broadmoor and Solera

Requested by: Caitlin Clevenger ✓ **Date:** 6/11/2026

Authorized by: Michelle Ansbro ✓ **Date:** 6/11/26

RECEIVED BY THE COUNTY AUDITOR ON

JUN 18 2026

CALHOUN COUNTY, TEXAS

06/17/2026 MEMORIAL MEDICAL CENTER 0

17:52 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 07/03/2026

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
060426		06/16/202	06/04/202	07/03/202			900.97	0.00	0.00	900.97
061226		06/16/202	06/12/202	07/03/202			30,019.52	0.00	0.00	30,019.52
061226A		06/16/202	06/12/202	07/03/202			14,709.98	0.00	0.00	14,709.98

INS. Pay. Clap. into MMC Opt. Correction

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	45,630.47	0.00	0.00	45,630.47

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	45,630.47	0.00	0.00	45,630.47

APPROVED ON

JUN 19 2026

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CWC# 213412

RECEIVED BY THE COUNTY AUDITOR ON

JUN 18 2026

CALHOUN COUNTY, TEXAS

06/17/2026 MEMORIAL MEDICAL CENTER 0

17:51 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 07/03/2026

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
060426		06/16/202	06/04/202	07/03/202			3,850.00	0.00	0.00	3,850.00
060526A		06/16/202	06/05/202	07/03/202			1,100.00	0.00	0.00	1,100.00
060526		06/16/202	06/05/202	07/03/202			32.00	0.00	0.00	32.00
060826		06/16/202	06/08/202	07/03/202			15,000.00	0.00	0.00	15,000.00
060926B		06/16/202	06/09/202	07/03/202			44,276.17	0.00	0.00	44,276.17
060926D		06/16/202	06/09/202	07/03/202			8,659.25	0.00	0.00	8,659.25
060926E		06/16/202	06/09/202	07/03/202			2,765.00	0.00	0.00	2,765.00
060926F		06/16/202	06/09/202	07/03/202			4,895.11	0.00	0.00	4,895.11
060926		06/16/202	06/09/202	07/03/202			350.00	0.00	0.00	350.00
060926A		06/16/202	06/09/202	07/03/202			12,011.40	0.00	0.00	12,011.40
060926C		06/16/202	06/09/202	07/03/202			750.00	0.00	0.00	750.00
061026A		06/16/202	06/10/202	07/03/202			105,464.69	0.00	0.00	105,464.69
061026B		06/16/202	06/10/202	07/03/202			80,500.49	0.00	0.00	80,500.49
061026		06/16/202	06/10/202	07/03/202			34,013.94	0.00	0.00	34,013.94
061226A		06/16/202	06/12/202	07/03/202			759.01	0.00	0.00	759.01
061226		06/16/202	06/12/202	07/03/202			4,096.83	0.00	0.00	4,096.83
061626		06/17/202	06/16/202	07/03/202			1,500.00	0.00	0.00	1,500.00

INS. pay clap. into mmc opt. Correction

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	320,023.89	0.00	0.00	320,023.89

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	320,023.89	0.00	0.00	320,023.89

APPROVED ON

JUN 19 2026

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 213411

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 18 2026

CALHOUN COUNTY, TEXAS

06/17/2026
17:55

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/03/2026

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060226		06/16/202	06/02/202	07/03/202			5,200.00	0.00	0.00	5,200.00
060326		06/16/202	06/03/202	07/03/202			868.00	0.00	0.00	868.00
060326A		06/16/202	06/03/202	07/03/202			4,952.39	0.00	0.00	4,952.39
060426		06/16/202	06/04/202	07/03/202			27,697.79	0.00	0.00	27,697.79
060526		06/16/202	06/05/202	07/03/202			10,199.00	0.00	0.00	10,199.00
060526A		06/16/202	06/05/202	07/03/202			6,510.00	0.00	0.00	6,510.00
060826		06/16/202	06/08/202	07/03/202			242.85	0.00	0.00	242.85
060826A		06/16/202	06/08/202	07/03/202			20,470.00	0.00	0.00	20,470.00
060826B		06/16/202	06/08/202	07/03/202			8,840.00	0.00	0.00	8,840.00
061026		06/16/202	06/10/202	07/03/202			53.03	0.00	0.00	53.03
061226A		06/16/202	06/12/202	07/03/202			35,537.01	0.00	0.00	35,537.01
061226		06/16/202	06/12/202	07/03/202			13,920.00	0.00	0.00	13,920.00
061626		06/17/202	06/16/202	07/03/202			42,781.24	0.00	0.00	42,781.24

Ins. pmt dep. into MMC opt. Correction

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	177,271.31	0.00	0.00	177,271.31

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	177,271.31	0.00	0.00	177,271.31

APPROVED ON

JUN 19 2026

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 213414

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 18 2026

CALHOUN COUNTY, TEXAS

06/17/2026
17:53

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/03/2026

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
17824	SWEENY HOSPITAL DISTRICT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060926		06/17/202	06/09/202	07/03/202			94,525.23	0.00	0.00	94,525.23

DIPP 48 IGT Recon

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17824	SWEENY HOSPITAL DISTRICT	94,525.23	0.00	0.00	94,525.23

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	94,525.23	0.00	0.00	94,525.23

APPROVED ON

JUN 19 2026

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk#213413

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/22/2026

APPROVED ON
JUN 22 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		105.65	20.46	-			85.19	0
						Bank Balance	85.19	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**(14.81)**	
Broadmoor		100.56	1,883.00	1,883.00			100.56	0
						Bank Balance	100.56	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**0.56**	
Crescent		1,245.41	1,145.41	-			100.00	0
						Bank Balance	100.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	-	
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		1,983.00	21.27	-			1,961.73	**1,861.73**
						Bank Balance	1,961.73	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**1,861.73**	
						TOTAL TRANSFERS		**1,861.73**

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:

Approved:
Caitlin Clevenger - Controller **6/22/2026**

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.

I:\NH Weekly Transfers\NH UPL Transfer Summary\2026\NH UPL Transfer Summary 6.22.26

Ashford Gardens		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
6/15/2026	Enhance Analysis Service Charge	20.46	-		-
					-
					-
					-
		20.46	-	-	-

Broadmoor		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
6/11/2026	Deposit xfer from 4357 to 4403 - TRNSFR TO CO RRECT DEPOSIT ERROR per	-	1,883.00		1,883.00
6/10/2026	Over Counter Check	1,883.00	-		-
					-
					-
		1,883.00	1,883.00	-	1,883.00

Crescent		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
6/10/2026	Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III	1,146.41	-		-
					-
					-
					-
		1,146.41	-	-	-

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

Solera at West Houston		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
6/15/2026	Enhance Analysis Service Charge	21.27	-		-
					-
					-
					-
		21.27	-	-	-

TOTALS		3,071.14	1,883.00	-	1,883.00

Balances Overview

PROSPERITY BANK®

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Jun 22, 2026 8:24:14 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$3,382,326.05	$3,382,326.05
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$1,383,282.81	$1,383,282.81
*4381 MEMORIAL MEDICAL / NH ASHFORD	$85.19	$85.19
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.56	$100.56
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$1,961.73	$1,961.73
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.41	$100.41
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$572,474.49	$572,474.49
*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	$677,247.09	$677,247.09
*3407 MMC -NH TUSCANY VILLAGE	$618,175.93	$618,175.93
*2998 MMC -MONEY MARKET FUND	$75,162.40	$75,162.40
*7168 MEMORIAL MEDICAL LOCK BOX	$48,390.94	$48,390.94
Total Balance	**$3,382,326.05**	**$3,382,326.05**

APPROVED ON

JUN 23 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/22/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		238,973.12	238,873.12	558,114.60		-	558,214.60	269,805.84
						Bank Balance	558,214.60	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Y9 Q2	288,308.76	

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

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

Adjust Balance/Transfer Amt 269,805.84

Approved:
Caitlin Clevenger - Controller 6/22/2026

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
6/18/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1250155929*13 41858379\ 746003411	-	5,715.68		5,715.68
6/18/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1250155928*13 41858379\ 746003411	-	16,948.10		16,948.10
6/17/2026	Centene Manageme 0000330078 - ACH QIPP Y9 Q2 Pmt 6.10.26**\ 8765433514	-	288,308.76		288,308.76
6/16/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	4,950.00		4,950.00
6/16/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1249732314*13 41858379\ 746003411	-	2,026.91		2,026.91
6/15/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1249526449*13 41858379\ 746003411	-	13,183.26		13,183.26
6/15/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 061526 543684555876917	-	1,591.90		1,591.90
6/15/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,467.06		1,467.06
6/15/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 061526 543684555876917	-	530.50		530.50
6/15/2026	AETNA AS01 - HCCLAIMPMT TRN*1*8826160010165 99*1066033492\ 1588075964	-	5,850.00		5,850.00
6/12/2026	Deposit	-	108,525.14		108,525.14
6/12/2026	Deposit	-	81,750.40		81,750.40
6/12/2026	AETNA AS01 - HCCLAIMPMT TRN*1*8826159010110 82*1066033492\ 1588075964	-	851.06		851.06
6/11/2026	AETNA AS01 - HCCLAIMPMT TRN*1*8826157010338 37*1066033492\ 1588075964	-	1,950.00		1,950.00
6/10/2026	Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	237,241.12	-		-
6/10/2026	Over Counter Check	1,632.00	-		-
6/10/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 061026 543684555876917	-	1,692.53		1,692.53
6/10/2026	HEALTH HUMAN SVC 5291742638006 - HCCLAIMPMT TRN*1*0SZ791671588075964*1746000156~ 17460034113011	-	9,669.50		9,669.50
6/9/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,100.00		1,100.00
6/8/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 060826 543684555876917	-	1,584.00		1,584.00
6/8/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 060826 543684555876917	-	4,150.80		4,150.80
6/8/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	3,769.00		3,769.00
6/8/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 060826 543684555876917	-	2,500.00		2,500.00
		238,873.12	**558,114.60**	**-**	**558,114.60**

Transaction Report

PROSPERITY BANK

Transaction Report for account *4454

Reported on Mon Jun 22 15:19:00 GMT 2026

Current Balance $572,474.49
Interest Accrued $251.09
Available Balance $572,474.49

Date	Description	Credit	Debit	Running Balance
[redacted]	[redacted]	[redacted]		[redacted]
[redacted]	[redacted]	[redacted]		[redacted]
[redacted]	[redacted]	[redacted]		[redacted]
06/18/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1250155929*13 41858379\ 746003411	5715.68		558214.60
06/18/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1250155928*13 41858379\ 746003411	16946.10		552498.92
06/17/2026	External Deposit Centene Manageme 0000330078 - ACH QIPP Y9 Q2 Pmt 6.10.26**\ 8765433514	288308.76		535550.82
06/16/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	4950.00		247242.06
06/16/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1249732314*13 41858379\ 746003411	2026.91		242292.06
06/15/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1249526449*13 41858379\ 746003411	13163.26		240265.15
06/15/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 061526 543684555876917	1591.90		227081.89
06/15/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	1467.06		225489.99

Report generated on 06/22/2026 10:36:19 AM CDT

APPROVED ON

JUN 22 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
6/22/2026

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	
Routing Information for Gulf Pointe Plaza:						TOTAL TRANSFERS		-	

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

Approved:
Caitlin Clevenger - Controller 6/22/2026

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 22, 2026 8:24:11 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$3,382,326.05	$3,382,326.05
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$1,383,282.81	$1,383,282.81
*4381 MEMORIAL MEDICAL / NH ASHFORD	$85.19	$85.19
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.56	$100.56
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$1,961.73	$1,961.73
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.41	$100.41
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$572,474.49	$572,474.49
*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	$677,247.09	$677,247.09
*3407 MMC -NH TUSCANY VILLAGE	$618,175.93	$618,175.93
*2998 MMC -MONEY MARKET FUND	$75,162.40	$75,162.40
*7168 MEMORIAL MEDICAL LOCK BOX	$48,390.94	$48,390.94
Total Balance	**$3,382,326.05**	**$3,382,326.05**

APPROVED ON

JUN 23 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
6/22/2026

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	-	160,869.68	160,769.68	614,638.83	-	-	-	614,738.83	521,019.11
							Bank Balance	614,738.83	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Y9 Q2	93,619.72	
							Adjust Balance/Transfer Amt	521,019.11	

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 6/22/2026

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
6/18/2026	Merchant Capture Deposit	-	17,007.69		17,007.69
6/18/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7844968*1205296137*000004011~ 676201	-	175,056.50		175,056.50
6/17/2026	MOLINA HEALTHCAR - MOLINAACH ISA* * * * *ZZ* *ZZ* *260616*124 5*U*00200*000	-	93,619.72		93,619.72
6/17/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1250421838*13 41858379\ 746003411	-	35,348.21		35,348.21
6/16/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1249732313*13 41858379\ 746003411	-	23,697.38		23,697.38
6/12/2026	Deposit	-	51,293.67		51,293.67
6/12/2026	Deposit	-	174,722.89		174,722.89
6/10/2026	Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	160,769.68	-		-
6/10/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1249302743*13 41858379\ 746003411	-	36,347.99		36,347.99
6/9/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1247891360*13 41858379\ 746003411	-	2,101.20		2,101.20
6/9/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7834047*1205296137*000004011~ 676201	-	5,443.58		5,443.58
		160,769.68	**614,638.83**	**-**	**614,638.83**

Transaction Report

PROSPERITY BANK

Transaction Report for account *3407

Reported on Mon Jun 22 15:45:00 GMT 2026

Current Balance $618,175.93
Interest Accrued $256.61
Available Balance $618,175.93

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
06/18/2026	9074277434	Descriptive Deposit Merchant Capture Deposit	17007.69		614738.83
06/18/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7644968*1205296137*000004011~ 676201	175056.50		597731.14
06/17/2026		External Deposit MOLINA HEALTHCAR - MOLINAACH ISA* * * *ZZ* *ZZ* *260616*124 5*U*00200*000	93619.72		422674.64
06/17/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1250421838*13 41858379\ 746003411	35348.21		329054.92
06/16/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1249732313*13 41858379\ 746003411	23697.38		293706.71
06/12/2026	27311632650100	Deposit Deposit	51293.67		270009.33
06/12/2026	27311632650056	Deposit Deposit	174722.89		218715.66
06/10/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		160769.68	43992.77
06/10/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1249302743*13 41858379\ 746003411	36347.99		204762.45
06/09/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1247891360*13 41858379\ 746003411	2101.20		168414.46

APPROVED ON

JUN 23 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
6/22/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Lavaca Bay Nursing and Rehab		209,942.83	135,861.83	595,359.20				669,440.20	308,511.65
							Bank Balance	669,440.20	
							Variance	-	
							Leave in Balance	100.00	

Cost Report Recoups	73,981.00
QIPP YS Q2	172,956.18
QIPP YS Q3	113,891.37
Adjust Balance/Transfer Amt	308,511.65

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 6/22/2026

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
6/18/2026	HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	-	2,742.11		2,742.11
6/18/2026	Deposit	-	15,182.80		15,182.80
6/18/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7844998*1205296137*000004011~ 676481	-	68,706.53		68,706.53
6/17/2026	Centene Manageme 0000330078 - ACH QIPP Y9 Q2 Pmt 6.10.26**\ 8765433514	-	172,956.18		172,956.18
6/17/2026	HEALTH HUMAN SVC 5291742638006 - HCCLAIMPMT TRN*1*0SZ877831538719836*1746000156~ 17460034113016	-	258.16		258.16
6/17/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7843138*1205296137*000004011~ 676481	-	6,947.21		6,947.21
6/16/2026	NDC SWEEP SWEEP FR 00974300029 - FAC 02330	-	237.90		237.90
6/15/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1249526450*13 41858379\ 746003411	-	333.73		333.73
6/12/2026	Deposit	-	3,507.45		3,507.45
6/12/2026	WELLPOINT CO AP - E-PAYMENT ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG *260610*233 1*U*00401*0004	-	113,891.37		113,891.37
6/12/2026	HEALTH HUMAN SVC 5291745000156 - HCCLAIMPMT TRN*1*0SZ833021538719836*1746000156~ 17460034113016	-	21,340.54		21,340.54
6/12/2026	HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	-	5,757.24		5,757.24
6/12/2026	CENTENE CORP - HCCLAIMPMT TRN*1*0913241273* 1742770542\	-	125,415.44		125,415.44
6/11/2026	NDC SWEEP SWEEP FR 00974300029 - FAC 02330	-	3,072.88		3,072.88
6/11/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7836989*1205296137*000004011~ 676481	-	6,540.03		6,540.03
6/10/2026	Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	135,472.97	-		-
6/10/2026	Over Counter Check	388.86	-		-
6/10/2026	Deposit	-	22,041.46		22,041.46
6/10/2026	HEALTH HUMAN SVC 5291742638006 - HCCLAIMPMT TRN*1*0SZ793731538719836*1746000156~ 17460034113016	-	20,505.29		20,505.29
6/10/2026	HUMANA INS CO 460226 - HCCLAIMPMT TRN*1*1901 04146260608*1391263473\ 107053936	-	397.28		397.28
6/8/2026	BCBS ILLINOIS PAYABLE - HCCLAIMPMT TRN*1*M26 155ES7841900*1731350270*MA20260604E578419000-1538719836\ M26155E578	-	5,525.60		5,525.60
		135,861.83	**595,359.20**	**-**	**595,359.20**

Transaction Report

PROSPERITY BANK

Transaction Report for account *5506

Reported on Mon Jun 22 15:35:00 GMT 2026

Current Balance $677,247.09
Interest Accrued $305.04
Available Balance $677,247.09

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
06/18/2026		External Deposit HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	2742.11		669440.20
06/18/2026	123871692628788	Deposit Deposit	15182.80		666698.09
06/18/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7844998*1205296137*000004011~ 676481	68706.53		651515.29
06/17/2026		External Deposit Centene Manageme 0000330078 - ACH QIPP Y9 Q2 Pmt 6.10.26**\ 8765433514	172956.18		582808.76
06/17/2026		External Deposit HEALTH HUMAN SVC 5291742636006 - HCCLAIMPMT TRN*1*0SZ8778315387198&6*1748000156~ 174600341130 16	256.16		409852.58
06/17/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7843138*1205296137*000004011~ 676481	6947.21		409594.42
06/16/2026		External Deposit NDC SWEEP SWEEP FR 00374300029 - FAC 02330	237.90		402647.21

Lavaca Bay

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center ✓

Date Requested: 6/23/2026

APPROVED ON
JUN 23 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CW# 001183

FOR ACCT USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: $ 208,259.55 ✓

G/L NUMBER:

EXPLANATION: QIPP Y9 Q2 MMC Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓

QIPP Y9 Q2 Reconciliation

		Y8	
LAVACA BAY	Wellpoint/Elevance	172,956.18	
	Centene	113,891.37	
	Total all payments received	286,847.55	
	Less IGT paid	(165,942.93)	
	Net federal share received	120,904.62	
	times manager %	0.65	NH Split percentage
	amount due NH	78,588.00	this will be swept automatically from joint account
	Less amount paid for Y7 to NH so far	286,847.55	amount deposited to NH bank account
	Final due to/from NH	(208,259.55)	The NH Owes MMC
	MMC Portion(includes IGT)	**208,259.55**	✓
	NH Portion	78,588.00	

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

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

001183

Date 6-24-26

88-2265/1131

PAY TO THE ORDER OF mmc Operating $ 208,259.55

Two hundred & eight thousand two hundred fifty nine & 55/xx DOLLARS

PROSPERITY BANK®

FOR QIPP Y9 Q2 mmc Portion

Security features are included. Details on back.

[redacted]

Balances Overview

PROSPERITY BANK

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Jun 24, 2026 10:02:56 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$4,563,706.99	$4,563,706.99
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$2,321,098.87	$2,321,098.87
*4381 MEMORIAL MEDICAL / NH ASHFORD	$85.19	$85.19
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.56	$100.56
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$1,961.73	$1,961.73
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.41	$100.41
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$674,447.45	$674,447.45
*4551 CAL CO INDIGENT HEALTHCARE	$4,859.10	$4,859.10
*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	$754,606.97	$754,606.97
*3407 MMC -NH TUSCANY VILLAGE	$680,739.97	$680,739.97
*2998 MMC -MONEY MARKET FUND	$75,162.40	$75,162.40
*7168 MEMORIAL MEDICAL LOCK BOX	$50,201.94	$50,201.94
Total Balance	**$4,563,706.99**	**$4,563,706.99**

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
BSL	001183	06/24/26	208,259.55	MMC OPERATING
TOTALS:			208,259.55	