MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 1, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 909,399.60
TOTAL INTER-GOVERNMENT TRANSFERS	$ 237,137.89
GRAND TOTAL DISBURSEMENTS APPROVED July 1, 2026	$ 1,146,537.49
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	$ 440,007.60
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	$ 1,448,150.04
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED July 1, 2026	$ 1,888,157.64
GRAND TOTAL FOR APPROVAL ON July 1, 2026	$ 3,034,695.13

APPROVED

JUL 0 1 2026

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 1, 2026

PAYABLES AND PAYROLL			
6/25/2026	Weekly Payables	247,295.32	
6/25/2026	Critical - Healthcare Advanced Revenue Strategies LLC	10,000.00	
6/26/2026	Patient Refunds	103.58	
6/29/2026	Morris & Dickson - MMC Rx	12,196.24	
6/29/2026	McKesson - 340B Prescription Expense	54,665.24	
6/29/2026	Cencora - 340B Prescription Expense	955.26	
6/29/2026	Cencora - 340B Prescription Expense	275.83	
6/29/2026	Payroll Liabilities - Payroll Taxes	115,261.29	
6/29/2026	Payroll	385,351.23	
Prosperity Electronic Bank Payments			
6/29/2026	90 Degree Benefits - employee insurance claims	79,083.34	
6/29/2026	Pay Plus - Patient Claims Processing Fee	2,962.98	
6/29/2026	Credit Card Lease Fee	120.80	
6/29/2026	Health Equity - HSA Contributions	1,127.82	
6/29/2026	Loyal Health - Deposit Test	0.67	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 909,399.60**
INTER-GOVERNMENT TRANSFERS			
6/29/2026	DSH-IGT	237,137.89	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 237,137.89**
GRAND TOTAL DISBURSEMENTS APPROVED July 1, 2026			**$ 1,146,537.49**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
6/26/2026	MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error	4,270.64	
6/26/2026	MMC Operating to Lavaca Bay - QIPP Y8 IGT Reconciliation Portion	21,271.45	
6/26/2026	MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error	761.99	
6/26/2026	MMC Operating to Golden Creek - QIPP Y8 IGT Reconciliation Portion	43,310.81	
6/26/2026	MMC Operating to Golden Creek - QIPP Y9 Q2 IGT Reconciliation Portion	3,802.25	
6/26/2026	MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error	255,594.70	
6/26/2026	MMC Operating to Tuscany Village - QIPP Y8 IGT Reconciliation Portion	15,152.98	
6/26/2026	MMC Operating to Solera West Houston - Correction of insurance payment deposited into MMC Operating in error	95,842.78	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 440,007.60**
NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS			
6/29/2026	Nursing Home UPL - Cantex Transfer	1,861.73	
6/29/2026	Nursing Home UPL - Nexion Transfer	729,827.51	
6/29/2026	Nursing Home UPL - Tuscany Transfer	342,948.73	
6/29/2026	Nursing Home UPL - HSL Transfer	299,238.41	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
6/29/2026	Tuscany to MMC - Humana Recoup	1,348.37	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
6/29/2026	Tuscany to Golden Creek - Claims owed to Golden Creek	72,925.29	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,448,150.04**
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED July 1, 2026			**$ 1,888,157.64**

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
1Q1YVPLQMJDW		06/10/202	06/10/202	07/09/202			7.47	0.00	0.00	7.47
1TWXV9VFVK47	~~SUPPLIES~~ Calculator tape rolls	06/11/202	06/03/202	07/03/202			101.97	0.00	0.00	101.97
14DMRT7WPGLF	~~SUPPLIES~~ brown paper bags, laminator, lollipops	06/11/202	06/05/202	07/05/202			99.29	0.00	0.00	99.29
1YPWCDHP9YQP	~~SUPPLIES~~ sewer jetter kit for pressure washer	06/11/202	06/08/202	07/08/202			32.02	0.00	0.00	32.02
1HMRPR4HYXJ6	~~SUPPLIES~~ diploma frame, photo frame	06/11/202	06/09/202	07/09/202			26.76	0.00	0.00	26.76
1MMLMLGJJ4YR	~~SUPPLIES~~ earplugs x2	06/22/202	06/15/202	07/01/202			28.57	0.00	0.00	28.57
16LPG9QRRDWD	~~SUPPLIES~~ office chair wheels & chair covers x2	06/22/202	06/17/202	07/09/202			1,234.80	0.00	0.00	1,234.80
1WLTJPTYVP7F	~~SUPPLIES~~ retrofit lighting kit x2	06/22/202	06/18/202	07/09/202			57.89	0.00	0.00	57.89
JCJC3WMP3WJ	~~SUPPLIES~~ aura particulate respirator	06/23/202	06/04/202	07/04/202			223.38	0.00	0.00	223.38
1P1NLNXVWRV1	~~SUPPLIES~~ broom x2, duster x3, outdoor broom x2, cleaningbru	06/23/202	06/05/202	07/05/202			-65.33	0.00	0.00	-65.33
	CREDIT FOR SUPPLIES / lime & rust remover									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	1,746.82	0.00	0.00	1,746.82

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6012562187		06/22/202	06/12/202	06/22/202			877.74	0.00	0.00	877.74
	~~SUPPLIES~~ STLNT, KIT, SYR, CT, DUAL, TCON, SPK, MC, CORE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	877.74	0.00	0.00	877.74

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
112702485		06/17/202	06/08/202	07/03/202			5,425.78	0.00	0.00	5,425.78
	Hardware Billing & Info Systems Billing									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	5,425.78	0.00	0.00	5,425.78

Vendor#	Vendor Name	Class	Pay Code
C1325	CARDINAL HEALTH 414, INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8004222186		06/16/202	06/11/202	07/06/202			212.00	0.00	0.00	212.00
	RAD SUPPLIES / area survey, area wipe collection, Nuctract License Fee									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	212.00	0.00	0.00	212.00

Vendor#	Vendor Name	Class	Pay Code
14260	CAREFUSION SOLUTIONS, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10027780189		06/24/202	06/07/202	06/07/202			1,788.00	0.00	0.00	1,788.00
	PHARMACY SOFTWARE JUNE IN									
10027780197		06/24/202	06/07/202	06/07/202			2.00	0.00	0.00	2.00

PHARMACY SOFTWARE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14260	CAREFUSION SOLUTIONS, LLC	1,790.00	0.00	0.00	1,790.00

Vendor#	Vendor Name	Class	Pay Code
18432	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
293765		06/24/202	06/22/202	06/22/202			61.18	0.00	0.00	61.18
	PT REFUND									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18432	[redacted]	61.18	0.00	0.00	61.18

Vendor#	Vendor Name	Class	Pay Code
C1390	CENTRAL DRUG	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1262		06/23/202	06/22/202	06/22/202			29.10	0.00	0.00	29.10
	DILATIONS x 6									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUG	29.10	0.00	0.00	29.10

Vendor#	Vendor Name	Class	Pay Code
12768	CHEMAQUA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9662259		06/24/202	06/15/202	06/25/202			652.27	0.00	0.00	652.27
	WATER TREATMENT PROGRAM									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12768	CHEMAQUA	652.27	0.00	0.00	652.27

Vendor#	Vendor Name	Class	Pay Code
C1730	CITY OF PORT LAVACA	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061526		06/24/202	06/15/202	06/15/202			3,240.13	0.00	0.00	3,240.13
	JUNE UTILITY BILL / meter #89451895									
061526A		06/24/202	06/15/202	06/15/202			52.01	0.00	0.00	52.01
	JUNE UTILITY BILL / meter #72475607									
061526B		06/24/202	06/15/202	06/15/202			148.90	0.00	0.00	148.90
	JUNE UTILITY BILL FOR CLINIC / meter #001885028									
061526C		06/24/202	06/15/202	06/15/202			79.03	0.00	0.00	79.03
	JUNE UTILITY BILL / meter #86532159									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	3,520.07	0.00	0.00	3,520.07

Vendor#	Vendor Name	Class	Pay Code
10212	CLINICAL PATHOLOGY LABS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17656043026		06/23/202	04/30/202	04/30/202			17,451.63	0.00	0.00	17,451.63
	APRIL INVOICE									
17656053126		06/23/202	05/31/202	05/31/202			14,553.19	0.00	0.00	14,553.19
	MAY INVOICE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS	32,004.82	0.00	0.00	32,004.82

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
49631156006		06/23/202	11/06/202	12/06/202			1,026.09	0.00	0.00	1,026.09
	NOVEMBER INVOICE / beverages for lubys									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES	1,026.09	0.00	0.00	1,026.09

Vendor#	Vendor Name	Class	Pay Code
11107	COURTNE THURLKILL		

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

050726		06/23/202	05/07/202	05/07/202		1,442.05	0.00	0.00	1,442.05
	AANP REGISTRATION FEE / Nurse Practitioners								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11107	COURTNE THURLKILL	1,442.05	0.00	0.00	1,442.05

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
8394040		06/15/202	06/08/202	07/03/202			394.69	0.00	0.00	394.69
	~~PAPER~~ markers, notes, paper, adhesive									
8398990		06/15/202	06/11/202	07/06/202			209.75	0.00	0.00	209.75
	~~PAPER~~ spotpaper - letter									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	604.44	0.00	0.00	604.44

Vendor#	Vendor Name	Class	Pay Code
14800	DIRECTV ENTERTAINMENT HOLDINGS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
260612		06/16/202	07/01/202	07/01/202			511.20	0.00	0.00	511.20
	TV / 6/11 - 7/10									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14800	DIRECTV ENTERTAINMENT HOLDINGS	511.20	0.00	0.00	511.20

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
76988		06/24/202	06/19/202	06/19/202			350.00	0.00	0.00	350.00
	BED BUG TREATMENT - Clinic									
77043		06/24/202	06/22/202	06/22/202			260.00	0.00	0.00	260.00
	MOSQUITO TREATMENT									
77066		06/24/202	06/22/202	06/22/202			505.00	0.00	0.00	505.00
	PEST CONTROL									
77111		06/24/202	06/22/202	06/22/202			105.00	0.00	0.00	105.00
	pest control									
77112		06/24/202	06/22/202	06/22/202			160.00	0.00	0.00	160.00
	MOSQUITO TREATMENT - Clinic									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	1,380.00	0.00	0.00	1,380.00

Vendor#	Vendor Name	Class	Pay Code
14832	DR JOHN CLINTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061126		06/23/202	06/11/202	06/11/202			2,300.00	0.00	0.00	2,300.00
	OB CALL MAY INVOICE / 5/11 - 5/14 & 5/25 & 5/26 - 5/27									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14832	DR JOHN CLINTON	2,300.00	0.00	0.00	2,300.00

Vendor#	Vendor Name	Class	Pay Code
14924	DR. TIMU KWI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061126		06/23/202	06/11/202	06/11/202			2,700.00	0.00	0.00	2,700.00
	OB CALL MAY INVOICE / 5/4 - 5/7 & 5/8 - 5/10									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14924	DR. TIMU KWI	2,700.00	0.00	0.00	2,700.00

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
45451		06/24/202	06/30/202	06/30/202			40,062.50	0.00	0.00	40,062.50
	ER PHYS SERVICES 16TH-EOM J									

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

Vendor#	Vendor Name	Class	Pay Code
10042	ERBE USA INC SURGICAL SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37293551		06/23/202	06/12/202	06/23/202			169.50	0.00	0.00	169.50
	~~SUPPLIES~~ ERBEFLO 2									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	169.50	0.00	0.00	169.50

Vendor#	Vendor Name	Class	Pay Code
T0383	ERIN CLEVENGER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062326		06/23/202	06/23/202	06/23/202			279.40	0.00	0.00	279.40
	TRAVEL FOR THA CONFERENCE / 6/3 - 6/6									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T0383	ERIN CLEVENGER	279.40	0.00	0.00	279.40

Vendor#	Vendor Name	Class	Pay Code
15832	EVERON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
161064658		06/24/202	06/01/202	07/01/202			63.69	0.00	0.00	63.69
	FIRE MONITORING JUNE INVOICI									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15832	EVERON	63.69	0.00	0.00	63.69

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
932436295		06/23/202	06/04/202	06/29/202			43.10	0.00	0.00	43.10
	FREIGHT - Your Phone Guys & Medline									
933455031		06/23/202	06/11/202	07/06/202			54.75	0.00	0.00	54.75
	FREIGHT - medline, CR Lab Services, & INMAR Rx									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	97.85	0.00	0.00	97.85

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
9256449		06/12/202	06/08/202	07/03/202			512.55	0.00	0.00	512.55
	~~SUPPLIES~~ maine molecular quality control									
9288701		06/12/202	06/09/202	07/04/202			23.85	0.00	0.00	23.85
	~~SUPPLIES~~ TCBS Agar 10/pk x3									
9353180		06/22/202	06/11/202	07/06/202			4,539.96	0.00	0.00	4,539.96
	~~SUPPLIES~~ cell-chx									
9382529		06/23/202	06/12/202	07/07/202			565.29	0.00	0.00	565.29
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	5,641.65	0.00	0.00	5,641.65

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
INV1004469		06/23/202	06/13/202	07/08/202			2,600.00	0.00	0.00	2,600.00
	TRAVEL NURSE 6/5, 6/6, 6/7, 6/9, 6/10, 6/11									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC	2,600.00	0.00	0.00	2,600.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
211688161240		06/23/202	06/19/202	07/01/202			4,800.23	0.00	0.00	4,800.23
	LONG TERM DISABILITY INV JUN									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	11149	GBS ADMINISTRATORS, INC					4,800.23	0.00	0.00	4,800.23
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
✓	100001958519		06/24/202	06/18/202	06/18/202			573.53	0.00	0.00	573.53
		080126-083126 IT RENTAL									✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14916	HEWLETT-PACKARD					573.53	0.00	0.00	573.53
Vendor#	Vendor Name				Class	Pay Code				
H0416	HOLOGIC INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	11795303		06/23/202	06/12/202	06/23/202			253.00	0.00	0.00	253.00
		~~SUPPLIES~~ large mammopad									✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		H0416	HOLOGIC INC					253.00	0.00	0.00	253.00
Vendor#	Vendor Name				Class	Pay Code				
15208	HOSPITAL CARE CONSULTANTS INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	7163		06/23/202	06/15/202	06/25/202			23,663.00	0.00	0.00	23,663.00 ✓
		HOSPITAL PHYS SERVICES 1-15									
✓	7176		06/24/202	06/30/202	06/30/202			23,663.00	0.00	0.00	23,663.00 ✓
		HOSPITAL PHY SERVICES 16-EO									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15208	HOSPITAL CARE CONSULTANTS INC.					47,326.00	0.00	0.00	47,326.00
Vendor#	Vendor Name				Class	Pay Code				
18388	IMPERIAL DADE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	42105059		06/23/202	06/17/202	06/23/202			245.80	0.00	0.00	245.80
		~~SUPPLIES~~ pad high pro, all purpose cleaner, strip pad, pole extention									✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		18388	IMPERIAL DADE					245.80	0.00	0.00	245.80
Vendor#	Vendor Name				Class	Pay Code				
14976	INOVALON PROVIDER INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	26M0074327		06/24/202	06/18/202	06/18/202			808.48	0.00	0.00	808.48
		SCHEDULER & OSM MODULE 6/1 - 6/30									✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14976	INOVALON PROVIDER INC.					808.48	0.00	0.00	808.48
Vendor#	Vendor Name				Class	Pay Code				
W1372	JOHN B WRIGHT LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	061126		06/23/202	06/11/202	06/11/202			6,000.00	0.00	0.00	6,000.00
		OB CALL MAY INVOICE 5/1 - 5/3, 5/18 - 5/21, 5/22 - 5/24, 5/28, 5/29 - 5/31									✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		W1372	JOHN B WRIGHT LLC					6,000.00	0.00	0.00	6,000.00
Vendor#	Vendor Name				Class	Pay Code				
11600	LEGAL SHIELD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	051526		06/24/202	05/15/202	05/15/202			402.85	0.00	0.00	402.85 ✓
		EMPLOYEE PAYROLL DED SERV									
✓	061526		06/24/202	06/15/202	06/15/202			402.85	0.00	0.00	402.85 ✓
		EMPLY PAYROLL DEDUCT SERV									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11600	LEGAL SHIELD					805.70	0.00	0.00	805.70
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
25694892		06/22/202	06/02/202	06/17/202			26.87	0.00	0.00	26.87
	SUPPLIES	Hematology cell auto cleaner								
25694523		06/22/202	06/02/202	06/17/202			187.46	0.00	0.00	187.46
	SUPPLIES	compliance gold x2								
25696453		06/22/202	06/02/202	06/17/202			970.48	0.00	0.00	970.48
	SUPPLIES	MTS Card x2								
25694901		06/22/202	06/02/202	06/17/202			1,481.48	0.00	0.00	1,481.48
	SUPPLIES	reagent kit x4								
25700133		06/22/202	06/03/202	06/18/202			184.94	0.00	0.00	184.94
	SUPPLIES	Alum crutch								
25710144		06/22/202	06/04/202	06/19/202			310.66	0.00	0.00	310.66
	SUPPLIES	C. Tropicalis Control x2								
25719982		06/22/202	06/08/202	06/23/202			1,483.87	0.00	0.00	1,483.87
	SUPPLIES	reagent kit x4								
25743898		06/22/202	06/11/202	06/26/202			74.34	0.00	0.00	74.34
	SUPPLIES	applicator & cellpack diluent								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC					4,720.10	0.00	0.00	4,720.10

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
2429839895		06/10/202	06/10/202	07/05/202			410.72	0.00	0.00	410.72
	SUPPLIES	vaginal delivery pack								
2429839891		06/10/202	06/10/202	07/05/202			71.24	0.00	0.00	71.24
	SUPPLIES	needle								
2429839892		06/10/202	06/10/202	07/05/202			848.45	0.00	0.00	848.45
	SUPPLIES	radial cath kit								
2429839898		06/10/202	06/10/202	07/05/202			91.88	0.00	0.00	91.88
	SUPPLIES	warming fluid								
2429840906		06/10/202	06/10/202	07/05/202			128.32	0.00	0.00	128.32
	SUPPLIES	hot/steam pack x4								
2429839896		06/10/202	06/10/202	07/05/202			112.75	0.00	0.00	112.75
	SUPPLIES	microclave connector								
2429839897		06/10/202	06/10/202	07/05/202			102.60	0.00	0.00	102.60
	SUPPLIES	test steam plus pack								
2429839890		06/10/202	06/10/202	07/05/202			880.57	0.00	0.00	880.57
	SUPPLIES	undercast padding, immobilizer, stat CO_2								
2429840905		06/10/202	06/10/202	07/05/202			608.67	0.00	0.00	608.67
	SUPPLIES	syringe, tape, disinfectant wipes								
2429839894		06/10/202	06/10/202	07/05/202			31.32	0.00	0.00	31.32
	SUPPLIES	convamax dressing								
2429840901		06/10/202	06/10/202	07/05/202			3,546.14	0.00	0.00	3,546.14
	SUPPLIES									
2430137220		06/12/202	06/11/202	07/06/202			-166.81	0.00	0.00	-166.81
	SUPPLIES	Credit: extension set w/ caresites								
2429937936		06/22/202	06/10/202	07/05/202			194.82	0.00	0.00	194.82
	SUPPLIES	S. pyogenes x2								
2430486075		06/22/202	06/15/202	07/09/202			360.52	0.00	0.00	360.52
	SUPPLIES	mask, cuff set, mesh protect pants, razor, syringe								
2430486076		06/22/202	06/15/202	07/09/202			52.74	0.00	0.00	52.74
	SUPPLIES	soft adult trimline cuff								
2430486074		06/22/202	06/15/202	07/09/202			159.67	0.00	0.00	159.67
	SUPPLIES	Cannula & surgical gloves								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC					7,433.60	0.00	0.00	7,433.60

Vendor#	Vendor Name	Class	Pay Code
12496	MELISSA GEE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061826		06/24/202	06/18/202	06/18/202			589.42	0.00	0.00	589.42
	REISSUED PAYROLL CHECK									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12496	MELISSA GEE	589.42	0.00	0.00	589.42

Vendor#	Vendor Name	Class	Pay Code
18428	MORGAN R ALEBIS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061826		06/24/202	06/18/202	06/18/202			133.95	0.00	0.00	133.95
	REISSUED PAYROLL CHECK									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18428	MORGAN R ALEBIS	133.95	0.00	0.00	133.95

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
002124198399		06/23/202	06/23/202	07/01/202			25,741.36	0.00	0.00	25,741.36
	JUNE INVOICE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15224	MUTUAL OF OMAHA	25,741.36	0.00	0.00	25,741.36

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
9070		06/24/202	06/22/202	07/02/202			26.32	0.00	0.00	26.32
	TRANSCRIPTION SERVICES / 6/10, 6/11, 6/14, 6/18									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	26.32	0.00	0.00	26.32

Vendor#	Vendor Name	Class	Pay Code
16004	NITOR E LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102003		06/15/202	06/08/202	06/15/202			728.30	0.00	0.00	728.30
	~~SUPPLIES~~ Verkada Desfire EV3 Encrypted Cards									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16004	NITOR E LLC	728.30	0.00	0.00	728.30

Vendor#	Vendor Name	Class	Pay Code
OM425	OWENS & MINOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2117259831		06/11/202	06/03/202	07/03/202			94.86	0.00	0.00	94.86
	~~SUPPLIES~~ glove examine sterile medium									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	94.86	0.00	0.00	94.86

Vendor#	Vendor Name	Class	Pay Code
10152	PARTSSOURCE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
06352506		06/15/202	06/01/202	07/01/202			316.94	0.00	0.00	316.94
	~~SUPPLIES~~ affinity-4 B/S Detent Service Assembly									
06370782A		06/23/202	06/12/202	07/01/202			107.05	0.00	0.00	107.05
	~~SUPPLIES~~ door seal kit & door overide switch									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC	423.99	0.00	0.00	423.99

Vendor#	Vendor Name	Class	Pay Code
14764	PL-CPR, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
475		06/23/202	06/23/202	06/23/202			375.00	0.00	0.00	375.00
	BLS TRAINING x 5									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14764	PL-CPR, LLC					375.00	0.00	0.00	375.00

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9362062527		06/15/202	06/09/202	07/09/202			340.60	0.00	0.00	340.60
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	340.60	0.00	0.00	340.60

Vendor#	Vendor Name	Class	Pay Code
10896	QIAGEN INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1000105093		06/15/202	06/04/202	07/04/202			371.00	0.00	0.00	371.00
	~~SUPPLIES~~ positive & negative controls									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10896	QIAGEN INC	371.00	0.00	0.00	371.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9100460087		06/15/202	06/08/202	07/08/202			1,526.89	0.00	0.00	1,526.89
	~~SUPPLIES~~ Bovine Albumin, AHG BIOCLONE, MTS Round									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1416	QUIDELORTHO SALES COMPANY LLC	1,526.89	0.00	0.00	1,526.89

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PSI010386		06/24/202	06/12/202	07/07/202			2,050.00	0.00	0.00	2,050.00
	SERVICE AGREEMENT - Samsung GL80 Single Dr									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	2,050.00	0.00	0.00	2,050.00

Vendor#	Vendor Name	Class	Pay Code
S1405	SERVICE SUPPLY OF VICTORIA INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
701306529		06/15/202	06/19/202	07/01/202			118.04	0.00	0.00	118.04
	~~SUPPLIES~~ Sloan 1-1/2x21 x2									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY OF VICTORIA INC	118.04	0.00	0.00	118.04

Vendor#	Vendor Name	Class	Pay Code
C1010	SPARKLIGHT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060126		06/24/202	06/01/202	06/02/202			3,596.00	0.00	0.00	3,596.00
	INTERNET - 6/1 - 6/30									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT	3,596.00	0.00	0.00	3,596.00

Vendor#	Vendor Name	Class	Pay Code
14372	TRIAGE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1797314728		06/24/202	06/05/202	07/05/202			2,518.50	0.00	0.00	2,518.50
	TRAVEL NURSE LAB / Farida Harraid 5/22, 5/26, 5/27, 5/28									
INV1797317513A		06/24/202	06/12/202	06/12/202			2,121.75	0.00	0.00	2,121.75
	LAB TRAVEL NURSE / Farida Harraid 5/29, 6/1, 6/3, 6/4									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14372	TRIAGE, LLC	4,640.25	0.00	0.00	4,640.25

Vendor#	Vendor Name	Class	Pay Code
13616	TRIOSE, INC		

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

TRI299574		06/24/202	06/11/202	06/26/202	335.45	0.00	0.00	335.45
FREIGHT - Smith & Nephew Inc., Briggs health care, Health care logistics, Conmed								
TRI299966		06/24/202	06/16/202	07/01/202	74.77	0.00	0.00	74.77
FREIGHT - Nova Biomedical Corporation								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC			410.22	0.00	0.00	410.22

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
1038193		06/24/202	06/22/202	06/22/202			1,441.69	0.00	0.00	1,441.69
AP CHECKS / Custom/gen A/D checks laser										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE					1,441.69	0.00	0.00	1,441.69

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
2921089810		06/15/202	06/08/202	07/03/202			222.82	0.00	0.00	222.82
SUPPLIES/ LINENS										
2921089809		06/15/202	06/08/202	07/03/202			5,226.30	0.00	0.00	5,226.30
SUPPLIES/LINENS										
2921090127		06/15/202	06/11/202	07/06/202			443.04	0.00	0.00	443.04
SUPPLIES/LINENS										
2921090142		06/15/202	06/11/202	07/06/202			4,687.67	0.00	0.00	4,687.67
SUPPLIES/ LINENS										
2921090143		06/15/202	06/11/202	07/06/202			411.74	0.00	0.00	411.74
SUPPLIES/LINENS										
2921090077		06/16/202	06/11/202	07/06/202			54.89	0.00	0.00	54.89
UNIFORMS										
2921090087		06/16/202	06/11/202	07/06/202			333.15	0.00	0.00	333.15
UNIFORMS										
2921090093		06/16/202	06/11/202	07/06/202			371.45	0.00	0.00	371.45
SUPPLIES/LINENS										
2921089560		06/24/202	06/04/202	06/29/202			413.47	0.00	0.00	413.47
SUPPLIES/LINENS										
2921090099		06/24/202	06/11/202	07/06/202			169.70	0.00	0.00	169.70
SUPPLIES/LINENS										
2921090103		06/24/202	06/11/202	07/06/202			579.61	0.00	0.00	579.61
UNIFORMS										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					12,913.84	0.00	0.00	12,913.84

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS00007923		06/16/202	06/10/202	07/04/202			13,439.00	0.00	0.00	13,439.00
MAY INVOICE										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS					13,439.00	0.00	0.00	13,439.00

Vendor#	Vendor Name	Class	Pay Code
Y1000	YOUNG PLUMBING CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
QB6665		06/24/202	05/14/202	06/30/202			170.00	0.00	0.00	170.00
WATER DRAIN FIX / sewer machine										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	Y1000	YOUNG PLUMBING CO					170.00	0.00	0.00	170.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net

247,295.32	0.00	0.00	247,295.32

APPROVED ON

JUN 25 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 213415 - 213471

RECEIVED

JUN 25 2026

Calhoun County Auditor

06/25/2026 MEMORIAL MEDICAL CENTER 0

16:03 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 07/09/2026

Vendor#	Vendor Name	Class	Pay Code
18424	HEALTHCARE ADVANCED REVENUE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5211		06/25/202	06/22/202	07/01/202			10,000.00	0.00	0.00	10,000.00
	STRATEGIC PLANNING / SOW #1 : 1st Billing Benchmark									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18424	HEALTHCARE ADVANCED REVENUE	10,000.00	0.00	0.00	10,000.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,000.00	0.00	0.00	10,000.00

APPROVED ON

JUN 25 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#213441

RECEIVED

JUN 25 2026

Calhoun County Auditor

RUN DATE: 06/24/26 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 18:04 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME		DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
6006051 01	[redacted]		062426	40.00		5	[redacted]	
		TX 77979						
6007220 01			062426	63.58		5		
		TX 77979						
	ARID=0001 TOTAL			103.58				
TOTAL				103.58				

APPROVED ON

JUN 25 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#213476-213477

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	213415	07/01/26	.00	VOIDED
A/P	213416	07/01/26	1,746.82	AMAZON CAPITAL SERVICES
A/P	213417	07/01/26	877.74	BAYER HEALTHCARE
A/P	213418	07/01/26	5,425.78	BECKMAN COULTER INC
A/P	213419	07/01/26	212.00	CARDINAL HEALTH 414, INC.
A/P	213420	07/01/26	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	213421	07/01/26	61.18	[redacted]
A/P	213422	07/01/26	29.10	CENTRAL DRUG
A/P	213423	07/01/26	652.27	CHEMAQUA
A/P	213424	07/01/26	3,520.07	CITY OF PORT LAVACA
A/P	213425	07/01/26	32,004.82	CLINICAL PATHOLOGY LABS
A/P	213426	07/01/26	1,026.09	COCA COLA SOUTHWEST BEVERAGES
A/P	213427	07/01/26	1,442.05	COURTNE THURLKILL
A/P	213428	07/01/26	604.44	DEWITT POTH & SON
A/P	213429	07/01/26	511.20	DIRECTV ENTERTAINMENT HOLDINGS
A/P	213430	07/01/26	1,380.00	DOWELL PEST CONTROL
A/P	213431	07/01/26	2,300.00	DR JOHN CLINTON
A/P	213432	07/01/26	2,700.00	DR. TIMU KWI
A/P	213433	07/01/26	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	213434	07/01/26	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	213435	07/01/26	279.40	ERIN CLEVENGER
A/P	213436	07/01/26	63.69	EVERON
A/P	213437	07/01/26	97.85	FEDERAL EXPRESS CORP.
A/P	213438	07/01/26	5,641.65	FISHER HEALTHCARE
A/P	213439	07/01/26	2,600.00	FUSION MEDICAL STAFFING, LLC
A/P	213440	07/01/26	4,800.23	GBS ADMINISTRATORS, INC
A/P	213441	07/01/26	10,000.00	HEALTHCARE ADVANCED REVENUE
A/P	213442	07/01/26	573.53	HEWLETT-PACKARD
A/P	213443	07/01/26	253.00	HOLOGIC INC
A/P	213444	07/01/26	47,326.00	HOSPITAL CARE CONSULTANTS INC.
A/P	213445	07/01/26	245.80	IMPERIAL DADE
A/P	213446	07/01/26	808.48	INOVALON PROVIDER INC.
A/P	213447	07/01/26	6,000.00	JOHN B WRIGHT LLC
A/P	213448	07/01/26	805.70	LEGAL SHIELD
A/P	213449	07/01/26	4,720.10	MCKESSON MEDICAL SURGICAL INC
A/P	213450	07/01/26	.00	VOIDED
A/P	213451	07/01/26	7,433.60	MEDLINE INDUSTRIES INC
A/P	213452	07/01/26	589.42	MELISSA GEE
A/P	213453	07/01/26	133.95	MORGAN R ALEBIS
A/P	213454	07/01/26	25,741.36	MUTUAL OF OMAHA
A/P	213455	07/01/26	26.32	NACOGDOCHES TRANSCRIPTION
A/P	213456	07/01/26	728.30	NITOR E LLC
A/P	213457	07/01/26	94.86	OWENS & MINOR
A/P	213458	07/01/26	423.99	PARTSSOURCE, LLC
A/P	213459	07/01/26	375.00	PL-CPR, LLC
A/P	213460	07/01/26	340.60	PRECISION DYNAMICS CORP (PDC)
A/P	213461	07/01/26	371.00	QIAGEN INC
A/P	213462	07/01/26	1,526.89	QUIDELORTHO SALES COMPANY LLC
A/P	213463	07/01/26	2,050.00	RADSOURCE
A/P	213464	07/01/26	118.04	SERVICE SUPPLY OF VICTORIA INC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	213465	07/01/26	3,596.00	SPARKLIGHT
A/P	213466	07/01/26	4,640.25	TRIAGE, LLC
A/P	213467	07/01/26	410.22	TRIOSE, INC
A/P	213468	07/01/26	1,441.69	TRUBRIDGE
A/P	213469	07/01/26	12,913.84	UNIFIRST HOLDINGS INC
A/P	213470	07/01/26	13,439.00	WOUND CARE SPECIALISTS
A/P	213471	07/01/26	170.00	YOUNG PLUMBING CO
A/P	213472	07/01/26	47,875.05	GOLDENCREEK HEALTHCARE
A/P	213473	07/01/26	25,542.09	LAVACA BAY NURSING AND REHAB
A/P	213474	07/01/26	95,842.78	SOLERA WEST HOUSTON
A/P	213475	07/01/26	270,747.68	TUSCANY VILLAGE
A/P	213476	07/01/26	40.00	[redacted]
A/P	213477	07/01/26	63.58	
TOTALS:			697,406.50	

247,295.32 — payables
10,000.00 — health care Advanced Revenue
103.58 — pt. refunds
25,542.09 — lavaca bay
47,875.05 — golden creek
270,747.68 — tuscany
95,842.78 — solera
697,406.50 =

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
6/23/2026	7/10/2026	0215670	3,091.81
6/18/2026	7/10/2026	4946929	43.60
6/18/2026	7/10/2026	4946930	1,410.30
6/19/2026	7/10/2026	4949621	2,131.06
6/19/2026	7/10/2026	4949649	304.38
6/21/2026	7/10/2026	4954002	429.79
6/21/2026	7/10/2026	4954003	383.17
6/22/2026	7/10/2026	4958332	71.71
6/22/2026	7/10/2026	4958333	311.68
6/23/2026	7/10/2026	4963850	158.54
6/23/2026	7/10/2026	4963851	384.46
6/23/2026	7/10/2026	4964960	842.71
6/23/2026	7/10/2026	4964961	66.35
6/24/2026	7/10/2026	4968048	214.53
6/24/2026	7/10/2026	4968049	55.47
6/24/2026	7/10/2026	4968050	25.95
6/24/2026	7/10/2026	4968051	233.06
6/24/2026	7/10/2026	4968052	0.02
6/24/2026	7/10/2026	4969988	540.65
6/25/2026	7/10/2026	4969989	943.18
6/24/2026	7/10/2026	4970446	60.38
6/25/2026	7/10/2026	4975525	39.71
6/25/2026	7/10/2026	4975526	18.28
6/25/2026	7/10/2026	4975527	393.78
6/25/2026	7/10/2026	4975528	41.67
			12,196.24

Caitlin Clevenger - Controller

APPROVED ON

JUN 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 06/26/2026 Page: 004

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 06/27/2026

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

As of: 06/26/2026 Page: 004
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 06/27/2026

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	

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 55,780.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 06/30/2026,
Pay This Amount: 54,665.24 USD

If Paid After 06/30/2026,
Pay this Amount: 55,780.87 USD

Due If Paid On Time:
USD 54,665.24

Disc lost if paid late:
1,115.63

Due If Paid Late:
USD 55,780.87

APPROVED ON
JUN 29 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/26/2026 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 06/27/2026

APPROVED ON
JUN 29 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 06/26/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 06/27/2026 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									
06/20/2026	06/30/2026	7641775200	280898413	115Invoice	0.01	0.63		0.62		7641775200	
06/20/2026	06/30/2026	7641775201	284252645	115Invoice	2.20	109.89		107.69		7641775201	
06/22/2026	06/30/2026	7642009459	275714908	163Invoice	22.95	1,147.45		1,124.50		7642009459	
06/22/2026	06/30/2026	7642009460	275714908	163Invoice	14.51	725.30		710.79		7642009460	
06/22/2026	06/30/2026	7642009461	275714908	163Invoice	2.68	133.93		131.25		7642009461	
06/22/2026	06/30/2026	7642009462	275882549	195Invoice	78.17	3,908.45		3,830.28		7642009462	
06/22/2026	06/30/2026	7642009463	276046621	195Invoice	23.23	1,161.51		1,138.28		7642009463	
06/22/2026	06/30/2026	7642019179	286282358	115Invoice	0.03	1.27		1.24		7642019179	
06/22/2026	06/30/2026	7642019180	275882549	195Invoice	230.65	11,532.43		11,301.78		7642019180	
06/22/2026	06/30/2026	7642019181	275886935	115Invoice	6.33	316.38		310.05		7642019181	
06/22/2026	06/30/2026	7642019182	275882549	195Invoice	12.68	633.88		621.20		7642019182	
06/22/2026	06/30/2026	7642019183	275882548	120Invoice	11.41	570.49		559.08		7642019183	
06/22/2026	06/30/2026	7642019184	275882549	195Invoice	173.68	8,683.88		8,510.20		7642019184	
06/22/2026	06/30/2026	7642019185	275882548	120Invoice	35.76	1,787.86		1,752.10		7642019185	
06/22/2026	06/30/2026	7642019186	276046623	163Invoice	0.84	42.06		41.22		7642019186	
06/22/2026	06/30/2026	7642019187	275597205	115Invoice	5.05	252.61		247.56		7642019187	
06/22/2026	06/30/2026	7642019188	276203834	115Invoice	0.84	42.10		41.26		7642019188	
06/22/2026	06/30/2026	7642019189	284524840	115Invoice	1.13	56.64		55.51		7642019189	
06/22/2026	06/30/2026	7642019190	275714908	163Invoice	0.28	13.92		13.64		7642019190	
06/22/2026	06/30/2026	7642019191	275714908	163Invoice	2.46	122.97		120.51		7642019191	
06/22/2026	06/30/2026	7642019192	275597205	115Invoice	0.61	30.68		30.07		7642019192	
06/22/2026	06/30/2026	7642019193	275882548	120Invoice	0.12	6.01		5.89		7642019193	
06/22/2026	06/30/2026	7642019194	275597205	115Invoice	0.03	1.58		1.55		7642019194	
06/22/2026	06/30/2026	7642019195	276444954	195Invoice	360.16	18,007.96		17,647.80		7642019195	
06/23/2026	06/30/2026	7642265282	275875166	115Invoice	0.02	1.02		1.00		7642265282	
06/23/2026	06/30/2026	7642265283	276039176	115Invoice	6.72	335.83		329.11		7642265283	
06/23/2026	06/30/2026	7642265284	276039176	115Invoice	2.13	106.74		104.61		7642265284	
06/23/2026	06/30/2026	7642265285	275882549	195Invoice	0.55	27.33		26.78		7642265285	
06/23/2026	06/30/2026	7642265286	275875166	115Invoice	13.43	671.65		658.22		7642265286	
06/23/2026	06/30/2026	7642276871	286522652	115Invoice	0.02	0.95		0.93		7642276871	
06/23/2026	06/30/2026	7642276872	277270308	115Invoice	0.02	0.95		0.93		7642276872	

< >

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/26/2026 Page: 002

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 06/27/2026

APPROVED ON
JUN 29 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 06/26/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 06/27/2026

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	
06/23/2026	06/30/2026	7642276873	277707170	115Invoice	0.01	0.32		0.31		7642276873	
06/23/2026	06/30/2026	7642276874	279097854	115Invoice	0.01	0.63		0.62		7642276874	
06/23/2026	06/30/2026	7642276875	283695726	115Invoice	2.65	132.37		129.72		7642276875	
06/23/2026	06/30/2026	7642276876	285380939	115Invoice	1.32	66.24		64.92		7642276876	
06/23/2026	06/30/2026	7642276877	283634434	115Invoice	2.36	118.22		115.86		7642276877	
06/23/2026	06/30/2026	7642276878	275882547	163Invoice	4.27	213.49		209.22		7642276878	
06/23/2026	06/30/2026	7642276879	275875166	115Invoice	24.68	1,233.96		1,209.28		7642276879	
06/23/2026	06/30/2026	7642276880	275941871	115Invoice	6.17	308.49		302.32		7642276880	
06/23/2026	06/30/2026	7642276881	286450869	115Invoice	5.44	272.02		266.58		7642276881	
06/23/2026	06/30/2026	7642276882	275882549	195Invoice	0.01	0.32		0.31		7642276882	
06/23/2026	06/30/2026	7642276883	275882549	195Invoice	0.02	0.95		0.93		7642276883	
06/23/2026	06/30/2026	7642276884	275882549	195Invoice	0.04	2.21		2.17		7642276884	
06/23/2026	06/30/2026	7642276885	278687299	115Invoice	8.03	401.27		393.24		7642276885	
06/24/2026	06/30/2026	7642519925	285380939	115Invoice	3.97	198.73		194.76		7642519925	
06/24/2026	06/30/2026	7642519926	285063832	115Invoice	1.13	56.64		55.51		7642519926	
06/24/2026	06/30/2026	7642519927	286108629	115Invoice	2.27	113.29		111.02		7642519927	
06/24/2026	06/30/2026	7642519928	284670838	115Invoice	29.22	1,461.02		1,431.80		7642519928	
06/24/2026	06/30/2026	7642519929	286612746	115Invoice	0.01	0.63		0.62		7642519929	
06/24/2026	06/30/2026	7642519930	277775692	115Invoice	0.01	0.32		0.31		7642519930	
06/24/2026	06/30/2026	7642519931	276051421	115Invoice	0.02	0.95		0.93		7642519931	
06/24/2026	06/30/2026	7642519932	276051422	165Invoice	2.13	106.74		104.61		7642519932	
06/24/2026	06/30/2026	7642519933	285641663	115Invoice	12.41	620.32		607.91		7642519933	
06/26/2026	06/30/2026	7643006389	284834899	115Invoice	0.74	37.07		36.33		7643006389	
06/26/2026	06/30/2026	7643006390	277775692	115Invoice	0.01	0.32		0.31		7643006390	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/26/2026 Page: 003

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 06/27/2026

APPROVED ON
JUN 29 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 06/26/2026 Page: 003
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 06/27/2026 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 55,780.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,898.13
06/22/2026

If Paid By 06/30/2026,
Pay This Amount: 54,665.24 USD

If Paid After 06/30/2026,
Pay this Amount: 55,780.87 USD

Due If Paid On Time:
USD 54,665.24

Disc lost if paid late:
1,115.63

Due If Paid Late:
USD 55,780.87

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 72335984
Date: 06-26-2026

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:	955.26
Past Due:	0.00
Total Due:	955.26
Account Balance:	955.26

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-22-2026	07-03-2026	3254862557	7012144167	Invoice	157.92		0.00	157.92
06-22-2026	07-03-2026	3254862558	7012149590	Invoice	7.10		0.00	7.10
06-22-2026	07-03-2026	3254947448	7012155917	Invoice	38.44		0.00	38.44
06-22-2026	07-03-2026	3254947449	7012156488	Invoice	1.64		0.00	1.64
06-23-2026	07-03-2026	3255099148	7012162560	Invoice	19.36		0.00	19.36
06-24-2026	07-03-2026	3255243052	7012168744	Invoice	30.27		0.00	30.27
06-25-2026	07-03-2026	3255375821	7012174631	Invoice	2.64		0.00	2.64
06-26-2026	07-03-2026	3255500188	7012180299	Invoice	697.89		0.00	697.89

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
955.26	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
06-22-2026	(3,422.16)
06-26-2026	(120.02)

APPROVED ON
JUN 29 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
07-03-2026	955.26
Total Due:	955.26

Processing Number: 0000007625490459 Document Type: Customer Statement 20260627015237

cencora

STATEMENT

Statement Number: 72350429
Date: 06-26-2026

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:	275.83
Past Due:	0.00
Total Due:	275.83
Account Balance:	275.83

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-22-2026	07-03-2026	3254934367	7012150358	Invoice	5.29		0.00	5.29
06-22-2026	07-03-2026	3254934368	7012155854	Invoice	84.45		0.00	84.45
06-22-2026	07-03-2026	3255000006	7012162431	Invoice	3.54		0.00	3.54
06-25-2026	07-03-2026	3255406842	7012180022	Invoice	161.25		0.00	161.25
06-26-2026	07-03-2026	3255538312	7012185944	Invoice	21.30		0.00	21.30

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
275.83	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
JUN 29 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
07-03-2026	275.83
Total Due:	275.83

Processing Number 0000007825490545 Document Type: Customer Statement 20260627015746

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

	####	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	26	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	09	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 115,261.29	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 63,318.20	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14,808.26	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 37,134.83	#
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	6/12/2026					
PAY PERIOD: END	6/25/2026					
PAY DATE:	**7/2/2026**					
GROSS PAY:	$ 547,280.27			$ -		$ 547,280.27
DEDUCTIONS:						
A/R	$ 535.00					$ 535.00
ADVANC						$ -
BOOTS						$ -
~~MUTUAL CRITICAL ILLNESS~~						$ -
~~MUTUAL ACCIDENT~~						$ -
IRS TAX						$ -
~~MUTUAL SHORT TERM DIS~~						$ -
MUTUAL VISION	$ 831.04					$ 831.04
CAFÉ-D	$ 1,338.35					$ 1,338.35
CAFÉ-H	$ 29,275.79					$ 29,275.79
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ -					$ -
CLINIC						$ -
COMBIN	$ 204.25					$ 204.25
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE	$ 1,165.77					$ 1,165.77
MUTUAL HOSP INDEM	$ 661.00					$ 661.00
FED TAX	$ 37,134.83					$ 37,134.83
FICA-M	$ 7,404.13					$ 7,404.13
FICA-O	$ 31,659.10					$ 31,659.10
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 4,308.39					$ 4,308.39
FLX-FE	$ -					$ -
GIFT S	$ 58.76					$ 58.76
MUTUAL CRITICAL ILLNESS	$ 864.43					$ 864.43
MUTUAL ACCIDENT	$ 637.66					$ 637.66
MUTUAL SHORT TERM DIS	$ 2,109.96					$ 2,109.96
LEGAL	$ 994.03					$ 994.03
OTHER	$ 3,820.47					$ 3,820.47
NATIONAL FARM LIFE	$ 1,415.42					$ 1,415.42
MED SURCHARGE						$ -
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 895.00					$ 895.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 36,615.66					$ 36,615.66
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 161,929.04	$ -	$ -	$ -	$ -	$ 161,929.04
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	**$ 385,351.23**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 385,351.23**
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 36,648.57	**Less Exempt:**				
TAXABLE PAY:	**$ 510,631.70**	**$ 510,631.70**				**Exempt Amt:**

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,404.16		
FICA - MED (EE)	1.45%	$ 7,404.16	$ 7,404.13	$ 0.03
FICA - SOC SEC (ER)	6.20%	$ 31,659.17		
FICA - SOC SEC (EE)	6.20%	$ 31,659.17	$ 31,659.10	$ 0.07
FED WITHHOLDING		$ 37,134.83	$ 37,134.83	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL:

TAX DEPOSIT:	$ 115,261.49	$ 115,261.29	
FICA - MEDICARE	2.90%	$ 14,808.32	$14,808.26
FICA - SOCIAL SECURITY	12.40%	$ 63,318.34	$63,318.20
FED WITHHOLDING		**$ 37,134.83**	$37,134.83
TOTAL TAX:		**$ 115,261.49**	**$115,261.29**

PREPARED BY: Andrie Flores

PREPARED DATE: 6/29/2026

$ 0.20

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9875.50	N		N	N		246505.61
1	REGULAR PAY-S1	1671.00	N		N	N	N	85562.69
1	REGULAR PAY-S1	160.25	Y		N	N		6721.95
2	REGULAR PAY-S2	2571.25	N		N	N		74875.47
2	REGULAR PAY-S2	82.75	Y		N	N		2855.62
3	REGULAR PAY-S3	1718.50	N		N	N		61081.27
3	REGULAR PAY-S3	73.75	Y		N	N		3162.97
4	CALL BACK PAY	18.25	N	1	N	N	Y	756.65
4	CALL BACK PAY	12.75	N	2	N	N	Y	482.65
C	CALL PAY	2522.00	N	1	N	N		5044.00
E	EXTRA WAGES		N	1	N	N	N	2091.50
I	INSERVICE	75.25	N	1	N	N		5241.31
K	EXTENDED-ILLNESS-BANK	122.00	N	1	N	N		4094.46
P	PAID-TIME-OFF	140.00	N		N	N	N	5051.00
P	PAID-TIME-OFF	1288.00	N	1	N	N		41394.12
X	CALL PAY 2	144.00	N	1	N	N		288.00
Z	CALL PAY 3	112.00	N	1	N	N		336.00
t	PHONE & DATA		N		N	N	N	1735.00

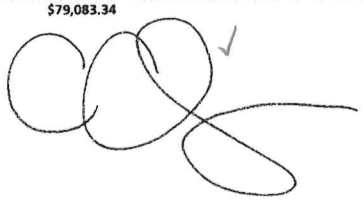
Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	370.00	A/R2	165.00	A/R3	
ADVANC		AWARDS		BADGE	
BCBSVI		BOOTS		CAFE H	
CAFE-1		CAFE-2		CAFE-3	
CAFE-4		CAFE-5		CAFE-C	
CAFE-D	1338.35	CAFE-F		CAFE-H	29275.79
CAFE-I		CAFE-L		CAFE-P	
CANCER		CHILD		CLINIC	
COMBIN	204.25	CREDUN		DD ADV	
DENTAL		DEP-LF		DIS-LF	
EAT		EATCSH		FEDTAX	37134.83
FICA-M	7404.13	FICA-O	31659.10	FIRSTC	
FLEX S	3730.57	FLX FE		FORT D	
FUTA		GIFT S	58.76	GRANT	
GRP-IN		GTL		HOSP-I	
HSA	577.82	ID TFT		IRSTAX	
LEAF		LEGAL	185.03	MASA	809.00
MEALS	3820.47	METVIS		MISC	
MISC/		MMCSHR		MOOACC	637.66
MOOILL	864.43	MOOIND	661.00	MOOLIF	1165.77
MOOSTD	2109.96	MOOVIS	831.04	NATFML	1415.42
OTHER		PHI		PHI***	
PR FIN		RELAY		REPAY	
SAMS		SCRUBS		SIGNON	
ST-TX		STONDF	895.00	STONE	
STONE2		STUDEN		SUNACC	
SUNILL		SUNIND		SUNLIF	
SUNSTD		SUNVIS		SURCHG	
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	36615.66	TUTION	
UNIFOR		UW/HOS			

Grand Totals: 20587.25 ------- { Gross: 547280.27 Deductions: 161929.04 Net: 385351.23

Checks Count:- FT 205 PT 11 Other 44 Female 236 Male 23 Credit OverAmt 18 ZeroNet Term Total: 259

CHKNO	CHKNO	LOCNO	BSTNO	BSTAC	CENTRE	CLKNO	CLKSUF	CHKDT	AMT	CANTP	PAYEE	PAYTO	EVGCD	EVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	CHVOID
8555	76351	2	5	0	2026	142001382	0	5/28/2026	$79,083.34	1	MD ANDERSON CANCER CENT	P	423	0	[redacted]		IMC	F	5/7/2026	5/13/2026	746001118
									$79,083.34												



MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- June 22, 2026 - June 28, 2026

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
6/22/2026	IRS - USATAXPYMT 270657303163144	- Payroll Taxes	117,819.36**	902500	FWT:20200000 FICA:20210000
6/22/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#147920687 147646459	- 3rd Party Payor Fee	451.52	902501	40440076
6/22/2026	HEALTHEQUITY INC - HealthEqui	- EmpDeduct/Employer Contribut	1,127.82**	902502	PAYROLL- 20280000
6/22/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	3,422.16*	902503	60310000
6/22/2026	WEBFILE TAX PYMT CPA TAX PAYMENTS - DD 902/8 2989694	- Sales Tax	1,938.25**	902504	BEFORE:20300000
6/23/2026	MCKESSON DRUG - AUTO ACH ACH07103021	- 340B Drug Program Expense	2,898.13*	902505	60310000
6/23/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#148299455 148111406	- 3rd Party Payor Fee	145.71	902506	40440076
6/24/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#148648927 148496486	- 3rd Party Payor Fee	515.34	902507	40440076
6/24/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	18,694.19*	902508	10450000
6/24/2026	Domestic Wire Withdrawal WIRE OUT U.S. BANK C ORPORATE PAYMENT SYSTEM	-US Bank Credit Card Payment	10,029.08*	902509	20050000
6/25/2026	FDMS 00000000000000008013 - FDMS PYMT 52-160 1830-000	- Credit Card Machine Lease Fee	30.20	902510	40440076
6/25/2026	FDMS 00000000000000008013 - FDMS PYMT 52-210 0911-000	- Credit Card Machine Lease Fee	30.20	902511	40440076
6/25/2026	FDMS 00000000000000008013 - FDMS PYMT 52-218 2545-000	- Credit Card Machine Lease Fee	30.20	902512	40440076
6/25/2026	FDMS 00000000000000008013 - FDMS PYMT 52-218 2557-000	- Credit Card Machine Lease Fee	30.20	902513	40440076
6/25/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#149280545 148948755	- 3rd Party Payor Fee	1,188.85	902514	40440076
6/26/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#149808892 149484705	- 3rd Party Payor Fee	661.56	902515	40440076
6/26/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 5.22.26 MemMedCtr PtLav	- Health Insurance Claim Payments	1,550.00***	902516	60320000
6/26/2026	LOYALEHLTH SVST 2647311084822 - 8886407815	- Withdrawl of initial account deposit test	0.67	902517	10255000
6/26/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 6.12.26 MemMedCtr PtLav	- Health Insurance Claim Payments	64,966.25*	902518	60320000
6/26/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 6.18.26 MemMedCtr PtLav	- Health Insurance Claim Payments	5,810.83*	902519	60320000
6/26/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	120.02*	902520	60310000
			231,460.54		

Caitlin Clevenger - Controller
Memorial Medical Center

June 22, 2026

*approved on 06.24.26 cc
**approved on 06.10.26 cc
***approved on 06.03.26 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
7/6/2026	- STATE COMTRLR TEXNET	-IGT DSH	237,137.89
			237,137.89

Caitlin Clevenger - Controller
Memorial Medical Center

June 22, 2026

APPROVED ON
JUN 29 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

231,460.54 +
117,819.36 -
451.52 + 1,127.82 -
145.71 + 3,422.16 -
515.34 + 1,938.25 -
1,188.85 + 2,898.13 -
661.56 + 18,694.19 -
2,962.98 * pay plus 10,029.08 -
1,550.00 -
30.20 + 64,966.25 -
30.20 + 5,810.83 -
30.20 + leasing fee 120.02 -
30.20 + 2,962.98 -
120.80 * 120.80 -
0.67 -
0.67 + 0.00 *
0.67 * deposit test

TEXNET Electronic Payment Network | Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete
Trace # [redacted]

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

Payment Total	$237,137.89
Bank Routing and Account Number	[redacted]
Settlement Date	7/6/2026
DSH Amount	$237,137.89
Entered By	Caitlin Clevenger

Accounts

Quick View Transaction Search Account Groups

Transaction Search

Account Number	Date From	Date To	Amount From	Amount To
*4357 - DDA (MEMORIAL MEDICAL - OPERATING)	06/22/2026	06/29/2026	.67	.67

Posting Date	Deposits	Description	Credit	Debit	Balance
06/26/2026		External Withdrawal LOYALEHLTH SV9T 2647311084822 - 8886407815		$0.67	$2,225,358.88
06/24/2026		External Deposit LOYALEHLTH SV9T 2647275767628 - 8886407815	$0.67		$2,088,411.87

Showing 2 transactions

Plan	Start Date	EE Per Pay Cost	ER Per Pay Cost
2026 Heath Equity Health Savings Account	6/1/2026	$ -	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 40.00	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 25.00	$ 25.00
2026 Heath Equity Health Savings Account	6/1/2026	$ -	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ -	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 30.00	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ -	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 5.00	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 137.00	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 3.33	$ 25.00
2026 Heath Equity Health Savings Account	6/1/2026	$ 10.00	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 25.00	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ -	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 25.00	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 4.16	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 100.00	$ 25.00
2026 Heath Equity Health Savings Account	2/1/2026	$ -	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 5.00	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ -	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 158.33	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ -	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 10.00	$ 25.00
		$ 577.82	$ 550.00
	Total	$ 1,127.82 ✓	

APPROVED ON

JUN 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

JUN 26 2026

Calhoun County Auditor

06/25/2026 MEMORIAL MEDICAL CENTER 0

08:33 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 07/10/2026

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
061926	QIPP Y8 IGT Reconciliation	06/24/202	06/19/202	07/10/202			21,271.45	0.00	0.00	21,271.45
062226	ins. pay. dep. into mmc Correction	06/24/202	06/22/202	07/10/202			4,270.64	0.00	0.00	4,270.64

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	25,542.09	0.00	0.00	25,542.09

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	25,542.09	0.00	0.00	25,542.09

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JUN 26 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 213473

RECEIVED

JUN 26 2026

Calhoun County Auditor

06/25/2026 MEMORIAL MEDICAL CENTER 0

08:33 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 07/10/2026

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
061526		06/24/202	06/15/202	07/10/202			631.99	0.00	0.00	631.99
061926	ins. pay. dep. into mmc opt. Correction Q1PP Y8 IGT Reconciliation	06/24/202	06/19/202	07/10/202			43,310.81	0.00	0.00	43,310.81
062226		06/24/202	06/22/202	07/10/202			130.00	0.00	0.00	130.00
062426	ins. pay. dep. into mmc opt. correction Q1PP Y9 Q2 IGT Portion	06/24/202	06/24/202	07/10/202			3,802.25	0.00	0.00	3,802.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	47,875.05	0.00	0.00	47,875.05

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	47,875.05	0.00	0.00	47,875.05

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JUN 26 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 213472

RECEIVED

JUN 26 2026

Calhoun County Auditor

06/25/2026 MEMORIAL MEDICAL CENTER 0

08:34 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 07/10/2026

Vendor# Vendor Name Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061526	ins. pay. dep. into mmc opt. correction	06/24/202	06/15/202	07/10/202			35,445.17	0.00	0.00	35,445.17
061726A	"	06/24/202	06/17/202	07/10/202			5,220.00	0.00	0.00	5,220.00
061726	"	06/24/202	06/17/202	07/10/202			58.58	0.00	0.00	58.58
061726B	"	06/24/202	06/17/202	07/10/202			6,182.70	0.00	0.00	6,182.70
061826	"	06/24/202	06/18/202	07/10/202			16,120.00	0.00	0.00	16,120.00
061826B	"	06/24/202	06/18/202	07/10/202			6,675.33	0.00	0.00	6,675.33
061826C	"	06/24/202	06/18/202	07/10/202			54,950.30	0.00	0.00	54,950.30
061826A	"	06/24/202	06/18/202	07/10/202			12,877.49	0.00	0.00	12,877.49
061926	QIPP 48 IGT Reconciliation	06/24/202	06/19/202	07/10/202			15,152.98	0.00	0.00	15,152.98
062226	ins. pay. dep. into mmc opt. correction	06/24/202	06/22/202	07/10/202			14,144.66	0.00	0.00	14,144.66
062326D	"	06/24/202	06/23/202	07/10/202			13,520.17	0.00	0.00	13,520.17
062326B	"	06/24/202	06/23/202	07/10/202			144.18	0.00	0.00	144.18
062326A	"	06/24/202	06/23/202	07/10/202			11,520.00	0.00	0.00	11,520.00
062326C	"	06/24/202	06/23/202	07/10/202			15,487.20	0.00	0.00	15,487.20
062326	"	06/24/202	06/23/202	07/10/202			63,248.92	0.00	0.00	63,248.92

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	270,747.68	0.00	0.00	270,747.68

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	270,747.68	0.00	0.00	270,747.68

APPROVED ON

JUN 26 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 213475

RECEIVED

JUN 26 2026

Calhoun County Auditor

06/25/2026 MEMORIAL MEDICAL CENTER 0
08:39 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 07/10/2026

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	062326		06/24/202	06/23/202	07/10/202			19,749.70	0.00	0.00	19,749.70 ✓
✓	062326A	ins. pay. dep. into mmc opt. Correction "	06/24/202	06/23/202	07/10/202			76,093.08	0.00	0.00	76,093.08 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	95,842.78	0.00	0.00	95,842.78

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	95,842.78	0.00	0.00	95,842.78

APPROVED ON

JUN 26 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#213474

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/29/2026

APPROVED ON
JUN 29 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		85.19	-	-			85.19	0
						Bank Balance	85.19	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Ashford Gardens:

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

						Adjust Balance/Transfer Amt	**(14.81)**	
Broadmoor		100.56	-	-		-	100.56	0
						Bank Balance	100.56	
						Variance	-	
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	**0.56**	
Crescent		100.00	-	-			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		1,961.73	-	-			1,961.73	1,861.73
						Bank Balance	1,961.73	
						Variance	-	
						Leave in Balance	100.00	

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

Adjust Balance/Transfer Amt	**1,861.73**
TOTAL TRANSFERS	**1,861.73**

Approved:
Caitlin Clevenger - Controller **6/29/2026**

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

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

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

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

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

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
No Activity				-
				-
				-
				-
	-	-	-	-
TOTALS	-	-	-	-

Balances Overview

PROSPERITY BANK

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Jun 29, 2026 8:19:09 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$3,921,063.11	$3,921,063.11
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$2,330,392.14	$2,330,392.14
*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	$735,417.36	$735,417.36
*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	$299,338.41	$299,338.41
*3407 MMC -NH TUSCANY VILLAGE	$423,031.48	$423,031.48
*2998 MMC -MONEY MARKET FUND	$75,162.40	$75,162.40
*7168 MEMORIAL MEDICAL LOCK BOX	$50,271.93	$50,271.93
Total Balance	**$3,921,063.11**	**$3,921,063.11**

APPROVED ON

JUN 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/29/2026

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		558,214.60	269,805.84	441,$18.75		-	729,927.51	729,827.51
						Bank Balance	729,927.51	
						Variance	-	
						Leave in Balance	100.00	

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

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

Adjust Balance/Transfer Amt 729,827.51

Approved:
Caitlin Clevenger - Controller 6/29/2026

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
6/26/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 062626 543684555876917	-	2,140.00		2,140.00
6/26/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1251474611*13 41858379\ 746003411	-	1,640.69		1,640.69
6/25/2026	Deposit	-	320,023.89		320,023.89
6/25/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,304.90		1,304.90
6/25/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1251059801*13 41858379\ 746003411	-	176.42		176.42
6/24/2026	Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	269,805.84	-		-
6/24/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 062426 543684555876917	-	3,115.26		3,115.26
6/24/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	2,624.50		2,624.50
6/23/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7848465*1205296137*000004011~ 676097	-	96,233.20		96,233.20
6/22/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 062226 543684555876917	-	8,596.00		8,596.00
6/22/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0SZ930141588075964*1746000156~ 17460034113011	-	4,566.89		4,566.89
6/22/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1250363863*13 41858379\ 746003411	-	1,097.00		1,097.00
		269,805.84	**441,518.75**	**-**	**441,518.75**

Transaction Report

PROSPERITY BANK

Transaction Report for account *4454

Reported on Mon Jun 29 15:20:00 GMT 2026

Current Balance $735,417.36
Interest Accrued $438.56
Available Balance $735,417.36

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
06/26/2026		External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 062626 543684555876917	2140.00		729927.51
06/26/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1251474611*13 41858379\ 746003411	1640.69		727787.51
06/25/2026	178661762646706	Deposit Deposit	320023.89		726146.82
06/25/2026		External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	1304.90		406122.93
06/25/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1251059801*13 41858379\ 746003411	176.42		404818.03
06/24/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		269805.84	404641.61
06/24/2026		External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 062426 543684555876917	3115.26		674447.45
06/24/2026		External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	2624.50		671332.19
06/23/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7848465*1205296137*000004011~ 676097	96233.20		668707.69

APPROVED ON

JUN 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
6/29/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		140.05	-	-	-		-	140.05	No Transfer(Holding due to pending claims requests)
							Bank Balance	140.05	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	40.05	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		102.35	-	-		-		102.35	NO TRANSFER
							Bank Balance	102.35	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	2.35	
							TOTAL TRANSFERS	-	

Routing Information for Gulf Pointe Plaza:

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

Approved:
Caitlin Clevenger - Controller 6/29/2026

Gulf Pointe Plaza-Private Pay

No Activity

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

Gulf Pointe Plaza-Medicare/Medicaid

No Activity

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

Balances Overview

PROSPERITY BANK®

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Jun 29, 2026 8:19:09 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$3,921,063.11	$3,921,063.11
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$2,330,392.14	$2,330,392.14
*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	$735,417.36	$735,417.36
*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	$299,338.41	$299,338.41
*3407 MMC -NH TUSCANY VILLAGE	$423,031.48	$423,031.48
*2998 MMC -MONEY MARKET FUND	$75,162.40	$75,162.40
*7168 MEMORIAL MEDICAL LOCK BOX	$50,271.93	$50,271.93
Total Balance	**$3,921,063.11**	**$3,921,063.11**

APPROVED ON

JUN 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
6/29/2026

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	[redacted]	614,738.83	521,019.11	323,602.67	-	-	-	417,322.39	342,948.73
							Bank Balance	417,322.39	
							Variance	-	
							Leave in Balance	100.00	
							Claims owed to Golden Creek	72,925.29	
							Humana Recoup	1,348.37	
							Adjust Balance/Transfer Amt	342,948.73	

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 6/29/2026

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
6/25/2026	Merchant Capture Deposit	-	35,071.65		35,071.65
6/25/2026	Deposit	-	177,271.31		177,271.31
6/25/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1250994567*13 41858379\ 746003411	-	10,644.21		10,644.21
6/25/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1251059799*13 41858379\ 746003411	-	27,545.98		27,545.98
6/25/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7852557*1205296137*000004011~ 676201	-	7,068.38		7,068.38
6/24/2026	Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	521,019.11	-		-
6/24/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1251474610*13 41858379\ 746003411	-	4,824.05		4,824.05
6/23/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1250741004*13 41858379\ 746003411	-	19,670.74		19,670.74
6/23/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1251209926*13 41858379\ 746003411	-	211.70		211.70
6/23/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1251059800*13 41858379\ 746003411	-	1,511.31		1,511.31
6/23/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7849397*1205296137*000004011~ 676201	-	36,346.24		36,346.24
6/22/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1250363862*13 41858379\ 746003411	-	3,437.10		
		521,019.11	**323,602.67**	**-**	**320,165.57**

Transaction Report

PROSPERITY BANK

Transaction Report for account *3407

Reported on Mon Jun 29 15:59:00 GMT 2026

Current Balance $423,031.48
Interest Accrued $384.95
Available Balance $423,031.48

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
06/25/2026	9074304057	Descriptive Deposit Merchant Capture Deposit	35071.65		417322.39
06/25/2026	1786617626646780	Deposit Deposit	177271.31		382250.74
06/25/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1250994567*13 41858379\ 746003411	10644.21		204979.43
06/25/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1251059799*13 41858379\ 746003411	27545.98		194335.22
06/25/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7852557*1205295137*000004011~ 676201	7068.38		166789.24
06/24/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		521019.11	159720.86
06/24/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1251474610*13 41858379\ 746003411	4824.05		680739.97
06/23/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1250741004*13 41858379\ 746003411	19670.74		675915.92
06/23/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1251209926*13 41858379\ 746003411	211.70		656245.18

APPROVED ON

JUN 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
6/29/2026

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		669,440.20	590,749.20	220,647.41			-	299,338.41	299,238.41
							Bank Balance	299,338.41	
							Variance	-	
							Leave in Balance	100.00	

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 299,238.41

Approved:
Caitlin Clevenger - Controller 6/29/2026

Lavaca Bay Nursing and Rehab	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
6/26/2026 HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	-	5,701.48		5,701.48
6/26/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S0001591538719836*1746000156~ 17460034113016	-	2,784.22		2,784.22
6/26/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7854814*1205296137*000004011~ 676481	-	1.13		1.13
6/25/2026 Deposit	-	45,630.47		45,630.47
6/25/2026 Over Counter Check	208,259.55	-		-
6/25/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0SZ98247153871983 6*1746000156~ 17460034113016	-	7,385.34		7,385.34
6/24/2026 Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	308,511.65	-		-
6/24/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0913287188* 1742770542\	-	109,724.34		109,724.34
6/23/2026 NDC SWEEP SWEEP FR 00974300029 - FAC 02330	-	1,452.03		1,452.03
6/23/2026 Deposit	-	19,327.90		19,327.90
6/23/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0913274907* 1742770542\	-	851.98		851.98
6/23/2026 HUMANA INS CO 460454 - HCCLAIMPMT TRN*1*1914 04703260621*1391263473\ 108167007	-	5,307.84		5,307.84
6/23/2026 HUMANA INS CO 460454 - HCCLAIMPMT TRN*1*1912 66242260620*1391263473\ 108166998	-	5,689.36		5,689.36
6/22/2026 NDC SWEEP SWEEP FR 00974300029 - FAC 02330	-	4,792.33		4,792.33
6/22/2026 Deposit	-	4,169.76		4,169.76
6/22/2026 Deposit	-	22.34		22.34
6/22/2026 Over Counter Check	73,978.00	-		-
6/22/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1250421839*13 41858379\ 746003411	-	4,269.04		4,269.04
6/22/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0SZ914191538719836*1746000156~ 17460034113016	-	775.37		775.37
6/22/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0913271017* 1742770542\	-	104.42		104.42
6/22/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7846724*1205296137*000004011~ 676481	-	2,658.06		2,658.06
	590,749.20	**220,647.41**	**-**	**220,647.41**

Balances Overview

PROSPERITY BANK®

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Jun 29, 2026 8:19:09 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$3,921,063.11	$3,921,063.11
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$2,330,392.14	$2,330,392.14
*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	$735,417.36	$735,417.36
*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	$299,338.41	$299,338.41
*3407 MMC -NH TUSCANY VILLAGE	$423,031.48	$423,031.48
*2998 MMC -MONEY MARKET FUND	$75,162.40	$75,162.40
*7168 MEMORIAL MEDICAL LOCK BOX	$50,271.93	$50,271.93
Total Balance	**$3,921,063.11**	**$3,921,063.11**

Tuscany ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC ✓

Date Requested: 6-22-26

APPROVED ON JUN 29 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

CHK#00201

AMOUNT $1348.37 ✓

G/L NUMBER: 20655000

EXPLANATION: Humana recoups for Tuscany 6-16-26

EFT Trace#191008190260617

REQUESTED BY: K. Pdeluda

AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

Check Summary

Transaction Date: June 16, 2026

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 ASSETS.HUMANA.COM/IS/CONTENT/HUMANA/INFORMATION%20FOR%20NON%20PARTICIPATING%20PROVIDERSPDF	**Payee Tax ID:** [redacted] **Payee ID:** **Check/EFT Trace Number:** **Payment Amount:** $3,900.16 **Check/EFT Date:** 06/16/2026 **Production End Cycle Date:** 06/16/2026	**Payee Name:** MEMORIAL MEDICAL CENTER **Payee Address:** 815 N VIRGINIA ST PORT LAVACA, TX 779793025

Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
WO	[redacted]	-$1,348.37

Tuscany

Patient Name: [redacted] **Claim Number:** [redacted] **Claim Date:** 05/27/2026 - 05/27/2026 **Claim Status Code:** 1

Patient ID: [redacted]		**Group / Policy:** [redacted]		**Facility Type:**	85	**Claim Charge:**	$5,951.00
Patient Ctrl Nmbr: [redacted]		**Contract Hdr:**	MEDICARE ADVANTAGE PPO	**Claim Frequency:**	1	**Claim Payment:**	$1,513.12
Rendering Prvd:	MEMORIAL MEDICAL CENTER,	**Rendering Prv ID:**	[redacted]	**Claim Received Date:**	06/05/2026	**Patient Resp:**	$141.00
Original Ref Nmbr:							

Line Details

Results: 15

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adj (Qty)	Adj Amount	Payment
[redacted]	05/27/2026 - 05/27/2026				NU:0637 / / 3	N426		$26.00	PR-96	$26.00	$0.00
	05/27/2026 - 05/27/2026				NU:0250 / / 1			$31.00	CO-45	$31.00	$0.00
	05/27/2026 - 05/27/2026				NU:0258 / / 1			$24.00	CO-45	$24.00	$0.00
	05/27/2026 - 05/27/2026		0301		HC:80053 / / 1			$268.00	CO-45	$268.00	$0.00
	05/27/2026 - 05/27/2026		0305		HC:85025 / / 1		$132.00 (B6)	$132.00	CO-253	$2.64	$129.36
	05/27/2026 - 05/27/2026		0350		HC:70490 / / 1		$530.00 (B6)	$2,101.00	CO-253 CO-45	$10.60 $1,571.00	$519.40
	05/27/2026 - 05/27/2026		0450		HC:96361 / / 1		$115.00 (B6)	$115.00	PR-3	$115.00	$0.00
	05/27/2026 - 05/27/2026		0450		HC:96374 / / 1		$318.00 (B6)	$318.00	CO-253	$6.36	$311.64
	05/27/2026 - 05/27/2026		0450		HC:96375 / / 4		$564.00 (B6)	$564.00	CO-253	$11.28	$552.72
	05/27/2026 - 05/27/2026		0450		HC:99285 / 25 / 1			$1,568.00	CO-45	$1,568.00	$0.00
	05/27/2026 - 05/27/2026		0636	HC:J1611 / JZ /	N4:63323059303 / / 1			$759.00	CO-45	$759.00	$0.00

Transaction ID [redacted] Customer ID [redacted] Exchange Date June 23, 2026 9:30 AM

Humana

Dispute Claim | View Remittance Advice | Remittance Viewer | Verify Eligibility | Correct this Claim

Patient Information

Patient Name	[redacted]	Subscriber Member ID	[redacted]
Patient Date of Birth			
Patient Account Number			

Claim Information

Claim Number	[redacted]	Claim Status	PAID
Received Date	12/17/2025	Line of Business	Medicare Supplement
Effective Date	11/01/2025	Adjustment Amount	$7,080.00
Service Dates	11/01/2025 - 11/09/2025	Allowed Amount	$0.00
		Billed Amount	$5,265.00
		Copay Amount	$0.00
		Deductible Amount	$0.00
		Interest or Penalty Amount	$0.00
		Paid Amount	$0.00
		Patient Responsibility Amount	$0.00

Payment Information

Check Number	[redacted]	Provider Name	Memorial Medical Center
Check Date	12/19/2025	Billing Provider Tax ID	[redacted]
		Billing Provider NPI	

Line Level Information

Expand All	Status	Service Dates	Procedure Code	Revenue Code	Paid	Billed	HIPAA Codes	Modifier	Quantity
⌄	PAID	11/01/2025 11/09/2025	--	120	-$1,676.00	-$1,676.00	F1: 65		-8
⌄	DENIED	11/01/2025 11/09/2025	NGEF1	022	$0.00	$0.00	F2: 1		8
⌄	PAID	11/01/2025 11/09/2025	--	120	$1,676.00	$1,676.00	F1: 65		8
⌄	DENIED	11/01/2025 11/09/2025	--	120	$0.00	$60.00	F2: 1		8
⌄	DENIED	11/01/2025 11/09/2025	--	250	$0.00	$1,755.00	F2: 1		1
⌄	DENIED	11/01/2025 11/09/2025	--	420	$0.00	$1,755.00	F2: 1		1
⌄	DENIED	11/01/2025 11/09/2025	--	430	$0.00	$152.34	F2: 1		1
⌄	DENIED	11/01/2025 11/09/2025	--	430	$0.00	$1,602.66	F2: 1		1
⌄	DENIED	11/01/2025 11/09/2025	--	440	$0.00	$1,755.00	F2: 1		1

1

Codes

Type	Code	Description
Category	F1	Finalized/Payment-The claim/line has been paid.
Category	F2	Finalized/Denial-The claim/line has been denied.
Remark	097	THIS AMOUNT EXCEEDS ACCEPTED MEDICARE ASSIGNMENT. THE MEMBER IS NOT RESPONSIBLE FOR THIS AMOUNT.
Remark	09M	PAYMENT IS NOT ALLOWED FOR THIS SERVICE BECAUSE OUR RECORDS SHOW THIS CHARGE WAS PREVIOUSLY PAID BY THE MEMBER'S MEDICARE PLAN. THE MEMBER IS NOT RESP Show more...
Remark	09Q	SERVICES NOT COVERED BY MEDICARE ARE NOT COVERED BY THIS MEMBER'S MEDICARE SUPPLEMENT PLAN.
Revenue	022	--
Revenue	120	--
Revenue	250	--
Revenue	420	--
Revenue	430	--
Revenue	440	--
Status	1	For more detailed information, see remittance advice.
Status	65	Claim/line has been paid.

Claim Status Version 3.0

Tuscany ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Golden Creek Healthcare ✓

Date Requested: 6/24/2026

APPROVED ON
JUN 29 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 001200

FOR ACCT USE ONLY

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

AMOUNT: $72,925.29 ✓

G/L NUMBER: 20653000

EXPLANATION: Tuscany to Golden Creek Healthcare

REQUESTED BY: Autumn Wilson

AUTHORIZED BY: ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

INV# 050726

PAYEE: Tuscany Village ✓
2750 Miller Ranch Rd.
Pearland, Tx 77584-9763

Date Requested: 5-7-26

APPROVED ON MAY 14 2026
BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Voucher Check

AMOUNT $72,925.29 ✓ G/L NUMBER: 20655000 ✓

EXPLANATION: Payment was addressed to Tuscany Village

REQUESTED BY: Katrina Poklada AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

POSTED

superior healthplan
Superior HealthPlan
5900 E. Ben White Blvd
Austin, TX 78741

[EP-EP]

Payment Date: 05/05/2026
Check/ACH#: [redacted]
Payment Amount: $72,925.29

Forwarding Service Requested

J90F 14,696
GOLDEN CREEK HEALTHCARE AND REHABILI
815 N VIRGINIA ST
PORT LAVACA TX 77979

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

MP

MEMORIAL MEDICAL CENTER
TUSCANY VILLAGE
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001201

Date 7-6-26 88-2265/1131

PAY TO THE ORDER OF Mmc Operating $ 1,348.37

One thousand three hundred forty eight 37/xx DOLLARS

PROSPERITY BANK®

MP

FOR Humana Recoup

Security features are included. Details on back.

[redacted]

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

MP

MEMORIAL MEDICAL CENTER
TUSCANY VILLAGE
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001200

Date 7-6-26 88-2265/1131

PAY TO THE ORDER OF Golden Creek Healthcare $ 72,925.29

Seventy two thousand nine hundred twenty five 29/xx DOLLARS

PROSPERITY BANK®

MP

FOR Claims owed to Golden Creek

Security features are included. Details on back.

[redacted]

Balances Overview

PROSPERITY BANK®

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Jul 6, 2026 8:44:49 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$2,824,371.78	$2,824,371.78
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$2,422,627.26	$2,422,627.26
*4381 MEMORIAL MEDICAL / NH ASHFORD	$85.31	$85.31
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.68	$100.68
*4411 MEMORIAL MEDICAL / NH CRESCENT	$5,748.29	$5,748.29
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$103.04	$103.04
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.53	$100.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$42,029.12	$42,029.12
*4551 CAL CO INDIGENT HEALTHCARE	$5,127.46	$5,127.46
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$140.22	$140.22
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$102.48	$102.48
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$94,483.41	$94,483.41
*3407 MMC -NH TUSCANY VILLAGE	$123,254.81	$123,254.81
*2998 MMC -MONEY MARKET FUND	$75,255.07	$75,255.07
*7168 MEMORIAL MEDICAL LOCK BOX	$55,214.10	$55,214.10
Total Balance	**$2,824,371.78**	**$2,824,371.78**

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
TUS	001200	07/06/26	72,925.29	GOLDEN CREEK HEALTHCARE
TUS	001201	07/06/26	1,348.37	MMC OPERATING
TOTALS:			74,273.66	