MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 15, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 1,133,791.28
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED July 15, 2026	$ 1,133,791.28
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	$ 228,651.13
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	$ 697,287.70
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED July 15, 2026	$ 925,938.83
GRAND TOTAL FOR APPROVAL ON July 15, 2026	$ 2,059,730.11

APPROVED

JUL 15 2026

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 15, 2026

PAYABLES AND PAYROLL

7/13/2026	Weekly Payables	226,951.26	
7/10/2026	Patient Refunds	2,922.02	
7/13/2026	Morris & Dickson - MMC Rx	35,020.08	
7/13/2026	McKesson - 340B Prescription Expense	100,283.32	
7/13/2026	Cencora - 340B Prescription Expense	315.46	
7/13/2026	Cencora - 340B Prescription Expense	85.09	
7/13/2026	Payroll Liabilities - Payroll Taxes	129,448.34	
7/13/2026	Payroll	410,614.93	

Prosperity Electronic Bank Payments

7/13/2026	90 Degree Benefits - employee insurance claims	20,358.76	
7/13/2026	90 Degree Benefits - employee insurance claims	13,825.56	
7/13/2026	Sales Tax - June 2026 - Difference	2,227.04	
7/13/2026	TCDRS June 2026 Retirement	178,970.81	
7/13/2026	Pay Plus - Patient Claims Processing Fee	1,417.85	
7/13/2026	Credit Card Lease Fee	610.46	
7/13/2026	Credit Card Processing Fee	9,612.48	
7/13/2026	Health Equity - HSA Contributions	1,127.82	

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	**$**	**1,133,791.28**

GRAND TOTAL DISBURSEMENTS APPROVED July 15, 2026	**$**	**1,133,791.28**

TRANSFERS BETWEEN FUNDS-MMC

1/26/2026	Transfer from Prosperity Lockbox to Prosperity Operating	56,345.12	

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

7/10/2026	MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error	4,792.29	
7/10/2026	MMC Operating to Lavaca Bay - QIPP Y8 IGT Reconciliation Portion	48,135.70	
7/10/2026	MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error	23,159.89	
7/10/2026	MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error	96,218.13	

TOTAL TRANSFERS BETWEEN FUNDS	**$**	**228,651.13**

NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS

7/13/2026	Nursing Home UPL - Cantex Transfer	95,845.82	
7/13/2026	Nursing Home UPL - Nexion Transfer	198,907.37	
7/13/2026	Nursing Home UPL - Tuscany Transfer	343,411.89	
7/13/2026	Nursing Home UPL - HSL Transfer	58,462.83	

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

7/13/2026	Tuscany to MMC - Medicare Withholds for Tuscany	659.79	

TOTAL NURSING HOME UPL EXPENSES	**$**	**697,287.70**

GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED July 15, 2026	**$**	**925,938.83**

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
9173227035		06/30/202	06/24/202	07/19/202			963.50	0.00	0.00	963.50
	OXYGEN									
9173227054		06/30/202	06/25/202	07/20/202			404.42	0.00	0.00	404.42
	OXYGEN									
5525827013		07/08/202	06/30/202	06/30/202			1,307.17	0.00	0.00	1,307.17
	OXYGEN									
5525827217		07/08/202	06/30/202	07/20/202			123.87	0.00	0.00	123.87
	OXYGEN									
9173379915		07/08/202	06/30/202	07/20/202			2,790.97	0.00	0.00	2,790.97
	OXYGEN									
9173420571		07/08/202	07/01/202	07/04/202			403.82	0.00	0.00	403.82
	OXYGEN									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	5,993.75	0.00	0.00	5,993.75

Vendor#	Vendor Name	Class	Pay Code
A1705	ALIMED INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV004603372A		06/30/202	06/30/202	07/15/202			90.86	0.00	0.00	90.86
	~~SUPPLIES~~ electrode valutrode									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	90.86	0.00	0.00	90.86

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
1GKL4TQQ1CPD		07/08/202	07/01/202	07/01/202			1,716.29	0.00	0.00	1,716.29
	~~SUPPLIES~~ temp. humidity meter, lighting x22									
14JFYGWLYXK4		07/08/202	07/01/202	07/01/202			-16.89	0.00	0.00	16.89
	~~SUPPLIES~~ thermal receipt paper rolls									
1967LYRWLQ4W		07/08/202	07/01/202	07/01/202			-21.62	0.00	0.00	-21.62
	~~SUPPLIES~~ return: 8x10 picture frames									
1HR7VRVNPTG7		07/08/202	07/04/202	07/04/202			45.67	0.00	0.00	45.67
	~~SUPPLIES~~ sharpie markers, air dusters, 3" file folders									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	1,757.23	0.00	0.00	1,757.23

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3255996195		07/07/202	07/02/202	07/08/202			56.35	0.00	0.00	56.35
	~~SUPPLIES~~ Gluco to Go 15 Dextrose 40% gel x5									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	56.35	0.00	0.00	56.35

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV43424V7N9		07/08/202	07/01/202	07/01/202			750.00	0.00	0.00	750.00
	ELEVATOR MAINT JULY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15456	AMERITEX ELEVATOR TEXAS LLC	750.00	0.00	0.00	750.00

Vendor#	Vendor Name	Class	Pay Code

B1220 BECKMAN COULTER INC M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5516690		06/01/202	06/25/202	07/20/202			1,337.05	0.00	0.00	1,337.05
	LAB LEASE JUNE									
112736818		06/30/202	06/26/202	07/21/202			936.05	0.00	0.00	936.05
	~~SUPPLIES~~ INOCS, Dried, prompt inoculation system, & Urine combo									
7406084		07/07/202	06/22/202	07/17/202			9,126.81	0.00	0.00	9,126.81
	LAB SUPPLIES / meter boiling									
112752184		07/08/202	07/01/202	07/20/202			92.83	0.00	0.00	92.83
	LAB SUPPLIES / FP, S Call Calibrator									
112746797		07/08/202	07/01/202	07/20/202			2,680.32	0.00	0.00	2,680.32
	LAB SUPPLIES									
112747035		07/08/202	07/02/202	07/02/202			452.25	0.00	0.00	452.25
	~~SUPPLIES~~ access reaction vessels & access wash buffer II									
112747487		07/08/202	07/02/202	07/02/202			84.39	0.00	0.00	84.39
	~~SUPPLIES~~ Tray lid									
4623433		07/08/202	07/03/202	07/03/202			1,484.00	0.00	0.00	1,484.00
	~~SUPPLIES~~ access 2 immunoassay analyzer-service contract									
112751693		07/08/202	07/06/202	07/06/202			1,556.28	0.00	0.00	1,556.28
	~~SUPPLIES~~ FP, UC Cell control & FP Retic-X Cell control									
112752739		07/08/202	07/06/202	07/20/202			368.64	0.00	0.00	368.64
	~~LAB SUPPLIES~~ FP, DX H Dilvent									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	18,118.62	0.00	0.00	18,118.62

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
909334339		07/08/202	06/23/202	07/08/202			385.68	0.00	0.00	385.68
	~~SUPPLIES~~ ethanol/ammonia									
909361721		07/08/202	07/08/202	07/08/202			915.81	0.00	0.00	915.81
	~~SUPPLIES~~ Diabetes 1 LIQ & Diabetes 3 LIQ									
909361722		07/08/202	07/08/202	07/08/202			2,082.00	0.00	0.00	2,082.00
	~~SUPPLIES~~ multigl prem assay 1, 2, & 3 LIQ									
909361723		07/08/202	07/08/202	07/08/202			1,374.24	0.00	0.00	1,374.24
	~~SUPPLIES~~ Card MKR LT Plus 1B, 2, & 3 LIQ									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	4,757.73	0.00	0.00	4,757.73

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
063026		06/01/202	06/30/202	06/30/202			444.36	0.00	0.00	444.36
	~~ANNEX~~ 117 W Ash St.									
063026A		06/01/202	06/30/202	06/30/202			756.28	0.00	0.00	756.28
	701 N. Virginia St.									
063026B		06/01/202	06/30/202	06/30/202			17.44	0.00	0.00	17.44
	Hospital St. Odlt 122LED									
063026C		06/01/202	06/30/202	06/30/202			29,927.63	0.00	0.00	29,927.63
	hospital St.									
063026D		06/01/202	06/30/202	06/30/202			2,292.14	0.00	0.00	2,292.14
	1016 N. Virginia St.									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	33,437.85	0.00	0.00	33,437.85

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
202606		07/07/202	07/01/202	07/01/202			3,080.00	0.00	0.00	3,080.00

EMS TRANSFERS

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14120	CALHOUN COUNTY EMS	3,080.00	0.00	0.00	3,080.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8004230363		06/30/202	06/25/202	07/20/202			183.22	0.00	0.00	183.22
	~~SUPPLIES~~ Tc-99m Mebrofenin & NaTC04									
8004236788		07/07/202	06/30/202	07/20/202			225.29	0.00	0.00	225.29
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	408.51	0.00	0.00	408.51

Vendor#	Vendor Name	Class	Pay Code
10541	CARESFIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
200033677		06/30/202	06/23/202	07/23/202			338.94	0.00	0.00	338.94
	~~SUPPLIES~~ Blood Transfer Holder Device/Luer butterfly set									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10541	CARESFIELD	338.94	0.00	0.00	338.94

Vendor#	Vendor Name	Class	Pay Code
13264	CERVEY, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43137		07/08/202	07/01/202	07/01/202			2,150.00	0.00	0.00	2,150.00
	340B SplitNAV monthly fee									

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

Vendor#	Vendor Name	Class	Pay Code
11030	CHUBB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CK920260701		07/08/202	07/01/202	07/01/202			457.20	0.00	0.00	457.20
	BENEFIT TERM									

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

Vendor#	Vendor Name	Class	Pay Code
C1600	CITIZENS MEDICAL CENTER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202646		06/01/202	07/06/202	07/06/202			59,585.68	0.00	0.00	59,585.68
	JUNE ANESTHESIA INVOICE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER	59,585.68	0.00	0.00	59,585.68

Vendor#	Vendor Name	Class	Pay Code
11029	COASTAL REFRIGERATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063026		07/07/202	06/30/202	06/30/202			552.40	0.00	0.00	552.40
	BLOWER MOTOR SERVICING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11029	COASTAL REFRIGERATION	552.40	0.00	0.00	552.40

Vendor#	Vendor Name	Class	Pay Code
18224	CROSSROADS TIRE SERVICE LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4003149		07/08/202	07/08/202	07/08/202			766.03	0.00	0.00	766.03
	~~SUPPLIES~~ Dorm-help exterior door handle & battery									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18224	CROSSROADS TIRE SERVICE LLC	766.03	0.00	0.00	766.03

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063026		07/08/202	06/30/202	07/22/202			1,247.18	0.00	0.00	1,247.18
	water billing									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12044	CULLIGAN ULTRAPURE INC.					1,247.18	0.00	0.00	1,247.18

Vendor# 10368 DEWITT POTH & SON — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8417400		07/07/202	07/01/202	07/01/202			74.37	0.00	0.00	74.37
	~~SUPPLIES~~ binder x3									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					74.37	0.00	0.00	74.37

Vendor# 11944 EQUIFAX WORKFORCE SOLUTIONS — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2074395292		07/07/202	06/30/202	06/30/202			10.99	0.00	0.00	10.99
	CREDIT REPORTING									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11944	EQUIFAX WORKFORCE SOLUTIONS					10.99	0.00	0.00	10.99

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37298735		07/01/202	06/30/202	06/30/202			169.50	0.00	0.00	169.50
	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# S0501 EVOQUA WATER TECHNOLOGIES LLC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907643369		07/08/202	07/01/202	07/20/202			3,842.94	0.00	0.00	3,842.94
	PM contract & fuel & energy charge									
907643370A		07/09/202	07/01/202	07/01/202			4,014.14	0.00	0.00	4,014.14
	MAINT CONTRACT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC					7,857.08	0.00	0.00	7,857.08

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
935445626		07/07/202	06/25/202	07/20/202			349.88	0.00	0.00	349.88
	FREIGHT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.					349.88	0.00	0.00	349.88

Vendor# 14336 FIRETRON, INC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SFOINV16376		07/08/202	07/07/202	07/07/202			600.00	0.00	0.00	600.00
	FIRE PANEL SERVICING									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14336	FIRETRON, INC					600.00	0.00	0.00	600.00

Vendor# F1400 FISHER HEALTHCARE — Class M — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9593678		06/30/202	06/23/202	07/18/202			734.22	0.00	0.00	734.22
	~~SUPPLIES~~ Cult tube, Fovg petter, bionaz wipe, vacut tube, & vacu 4ml									
9625181		06/30/202	06/24/202	07/19/202			106.52	0.00	0.00	106.52
	~~SUPPLIES~~ BLD BNK (mart temp.									

9625182		06/30/202	06/24/202	07/19/202	3,659.94	0.00	0.00	3,659.94
	SUPPLIES	B-Hydroxybutyrate test & LER Linearity check						
9625180		06/30/202	06/24/202	07/19/202	644.15	0.00	0.00	644.15
	SUPPLIES	Omni-immun pro CTL L1 & L2						
9656053		06/30/202	06/25/202	07/20/202	338.48	0.00	0.00	338.48
	SUPPLIES	ACCRN Torch pos & neg						
9656054		06/30/202	06/25/202	07/20/202	76.95	0.00	0.00	76.95
	SUPPLIES	Prefl statclik NBF						
9686248		06/30/202	06/26/202	07/21/202	320.10	0.00	0.00	320.10
	SUPPLIES	Urine Check 7 strips 25/pk						
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE			5,880.36	0.00	0.00	5,880.36

Vendor#	Vendor Name			Class	Pay Code			
10599	FORVIS							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2968693		07/07/202	06/29/202	07/20/202			12,679.00	0.00	0.00	12,679.00
	ADMINISTRATIVE FEE	Final Bill of the Texas 2023 Medi DSH Survey								
2969706		07/07/202	06/30/202	07/01/202			11,340.00	0.00	0.00	11,340.00
	ADMINISTRATIVE FEES	May 2026 financial assist fees/single audit state awards billing								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10599	FORVIS					24,019.00	0.00	0.00	24,019.00

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
INV1010063		06/30/202	06/27/202	06/27/202			2,583.75	0.00	0.00	2,583.75
	PT TRAVEL TECH	Saran Wilmore 6/19, 6/22, 6/23, 6/24, 6/25								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC					2,583.75	0.00	0.00	2,583.75

Vendor#	Vendor Name			Class	Pay Code			
10653	GLOBAL INDUSTRIAL							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
124563573		06/30/202	06/20/202	07/20/202			912.11	0.00	0.00	912.11
	SUPPLIES	Plastic bulk box truck								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10653	GLOBAL INDUSTRIAL					912.11	0.00	0.00	912.11

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
9964680905		06/30/202	06/24/202	07/19/202			49.80	0.00	0.00	49.80
	SUPPLIES	Candelabra screw								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	W1300	GRAINGER					49.80	0.00	0.00	49.80

Vendor#	Vendor Name			Class	Pay Code			
H0032	H + H SYSTEM, INC.							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050561		07/08/202	07/08/202	07/08/202			46.50	0.00	0.00	46.50
	SUPPLIES	Security bag								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	H0032	H + H SYSTEM, INC.					46.50	0.00	0.00	46.50

Vendor#	Vendor Name			Class	Pay Code			
12380	HEALTH SOLUTIONS DIETETICS							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060126		06/01/202	06/01/202	06/01/202			3,400.00	0.00	0.00	3,400.00
	JUNE DIETICIAN REPORT	6/5, 6/12, 6/19, 6/26								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS					3,400.00	0.00	0.00	3,400.00

Vendor#	Vendor Name				Class	Pay Code				
H0031	HEB CREDIT RECEIVABLES DEPT308									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	062926	groceries for kitchen	07/07/202	06/29/202	06/29/202			233.40	0.00	0.00	233.40
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		H0031	HEB CREDIT RECEIVABLES DEPT308					233.40	0.00	0.00	233.40
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
	42267880	~~SUPPLIES~~ Pad high pro 3m 20 in black x5	07/07/202	07/01/202	07/07/202			140.02	0.00	0.00	140.02
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		18388	IMPERIAL DADE					140.02	0.00	0.00	140.02
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
	25823965	~~SUPPLIES~~ crutch alum & hematology reagent	07/08/202	06/29/202	07/14/202			611.03	0.00	0.00	611.03
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC					611.03	0.00	0.00	611.03
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
	216612		07/07/202	06/30/202	06/30/202			1,901.49	0.00	0.00	1,901.49
	216613	COLLECTION FEES	07/07/202	06/30/202	07/20/202			897.30	0.00	0.00	897.30
		COLLECTION FEES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11141	MEDICAL DATA SYSTEMS, INC.					2,798.79	0.00	0.00	2,798.79
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
	062226	EOB Cycle #51171	07/07/202	06/22/202	06/22/202			5.35	0.00	0.00	5.35
	070626	EOB Cycle #51172	07/07/202	07/06/202	07/06/202			9.21	0.00	0.00	9.21
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10613	MEDIMPACT HEALTHCARE SYS, INC.					14.56	0.00	0.00	14.56
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
	2431856749		06/30/202	06/24/202	07/19/202			169.16	0.00	0.00	169.16
	2431856751	~~SUPPLIES~~ catheter, MBO-cover, baby diaper	06/30/202	06/24/202	07/19/202			80.88	0.00	0.00	80.88
	2431856750	~~SUPPLIES~~ Hot pack tongs x3	06/30/202	06/24/202	07/19/202			22.43	0.00	0.00	22.43
	2432395215	~~SUPPLIES~~ MBO-needle & probe cover	06/30/202	06/30/202	07/20/202			28.25	0.00	0.00	28.25
	2433574588	~~SUPPLIES~~ fetal scalp electrode x5	07/08/202	07/03/202	07/03/202			-176.76	0.00	0.00	~~-176.76~~
	2433769905	~~SUPPLY CREDIT~~ easy III stain set	07/08/202	07/06/202	07/06/202			-58.92	0.00	0.00	-58.92
	2433769904	~~SUPPLIES~~ easy III stain set	07/08/202	07/06/202	07/06/202			-117.84	0.00	0.00	~~-117.84~~
		SUPPLIES									

*removed

*removed

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC					-52.80	0.00	0.00	~~-52.80~~ $213.55

Vendor#	Vendor Name	Class	Pay Code
M2621	MMC AUXILIARY GIFT SHOP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070726		07/07/202	07/07/202	07/07/202			312.78	0.00	0.00	312.78
	EMPLOYEE PAYROLL DED									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	312.78	0.00	0.00	312.78

Vendor#	Vendor Name	Class	Pay Code
13624	NEXION HEALTH AT NAVASOTA INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063126		06/01/202	07/04/202	07/04/202			1,000.00	0.00	0.00	1,000.00
	JUNE TELEMED REIMBURSEMEN									

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

Vendor#	Vendor Name	Class	Pay Code
G0425	ODEFEY WITTE WALL & VILLAFRANC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7632		07/08/202	06/30/202	07/10/202			2,012.50	0.00	0.00	2,012.50
	LEGAL SERVICES / 5hrs.									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ODEFEY WITTE WALL & VILLAFRANC	2,012.50	0.00	0.00	2,012.50

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
66171748		07/08/202	06/30/202	06/30/202			451.87	0.00	0.00	451.87
	~~SUPPLIES~~ SnareMaster Plus Hot/Cold									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	451.87	0.00	0.00	451.87

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
A131657		07/08/202	07/02/202	07/12/202			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
9362228250		07/08/202	06/29/202	06/29/202			3.01	0.00	0.00	3.01
	~~SUPPLIES~~ Rm. No. Patient Doc									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	3.01	0.00	0.00	3.01

Vendor#	Vendor Name	Class	Pay Code
11251	RAPID PRINTING LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070726		07/08/202	07/07/202	07/07/202			70.60	0.00	0.00	70.60
	FILE SET UP FOR PRINTING / Blueprint & Color Copies									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	70.60	0.00	0.00	70.60

Vendor#	Vendor Name	Class	Pay Code
14920	REPUBLIC SERVICES, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0847001458720		07/07/202	06/26/202	06/20/202			2,341.21	0.00	0.00	2,341.21
	TRASH SERVICE									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14920	REPUBLIC SERVICES, INC.					2,341.21	0.00	0.00	2,341.21
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
✓	701307360		06/30/202	06/30/202	06/30/202		398.96	0.00	0.00	398.96 ✓
		~~SUPPLIES~~ Sloan Regal, Wats, & Zurn repair kit								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY OF VICTORIA INC					398.96	0.00	0.00	398.96
Vendor#	Vendor Name			Class	Pay Code					
S2001	SIEMENS MEDICAL SOLUTIONS INC			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	116929123		07/07/202	06/25/202	07/20/202		3,612.95	0.00	0.00	3,612.95 ✓
		RAD CONTRACT 062426 072326 / Luminos Agile Max								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC					3,612.95	0.00	0.00	3,612.95
Vendor#	Vendor Name			Class	Pay Code					
10699	SIGN AD, LTD.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	328053		07/07/202	07/01/202	07/11/202		950.00	0.00	0.00	950.00 ✓
		ADVERTISING LEASE SPACE JUL								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.					950.00	0.00	0.00	950.00
Vendor#	Vendor Name			Class	Pay Code					
17852	SINGLETON ASSOCIATES PA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	246063026001		06/01/202	07/01/202	07/01/202		9,688.78	0.00	0.00	9,688.78 ✓
		ONSITE SERVICES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	17852	SINGLETON ASSOCIATES PA					9,688.78	0.00	0.00	9,688.78
Vendor#	Vendor Name			Class	Pay Code					
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	CM17998		06/30/202	06/30/202	06/30/202		-2,702.60	0.00	0.00	-2,702.60 ✓
		Blood Bank								
✓	I07061825		06/30/202	06/30/202	06/30/202		4,543.72	0.00	0.00	4,543.72 ✓
		Blood Bank								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					1,841.12	0.00	0.00	1,841.12
Vendor#	Vendor Name			Class	Pay Code					
10845	STAPLES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	6067603625		07/08/202	06/30/202	07/08/202		67.89	0.00	0.00	67.89 ✓
		~~SUPPLIES~~ Black Toner								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10845	STAPLES					67.89	0.00	0.00	67.89
Vendor#	Vendor Name			Class	Pay Code					
T1450	TEXAS ASSOCIATION OF COUNTIES			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	063026		07/07/202	06/30/202			1,647.69	0.00	0.00	1,647.69 ✓
		2ND QTR UNEMPLYMNT CONTRI								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T1450	TEXAS ASSOCIATION OF COUNTIES					1,647.69	0.00	0.00	1,647.69
Vendor#	Vendor Name			Class	Pay Code					
B1941	THE BACK OFFICE			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net

0251433		07/08/202	07/01/202	07/01/202		1,673.75	0.00	0.00	1,673.75
	SHRED SERVICES 060126-06302(							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1941	THE BACK OFFICE	1,673.75	0.00	0.00	1,673.75

Vendor# 11039 Vendor Name: THE BRATTON FIRM — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070726		07/07/202	07/07/202	07/07/202			359.58	0.00	0.00	359.58

personal injury attorneys/fees for collection

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11039	THE BRATTON FIRM	359.58	0.00	0.00	359.58

Vendor# 10985 Vendor Name: THE COMPLIANCE TEAM, INC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00056143		07/07/202	07/07/202	07/07/202			2,025.00	0.00	0.00	2,025.00

Healthcare Accreditation

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10985	THE COMPLIANCE TEAM, INC	2,025.00	0.00	0.00	2,025.00

Vendor# U1064 Vendor Name: UNIFIRST HOLDINGS INC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921090939		06/24/202	06/22/202	07/17/202			6,283.36	0.00	0.00	6,283.36
	SUPPLIES/LINENS									
2921090940		06/24/202	06/22/202	07/17/202			171.16	0.00	0.00	171.16
	UNIFORMS									
2921091283		06/30/202	06/25/202	07/20/202			177.01	0.00	0.00	177.01
	SUPPLIES/LINENS									
2921091317		06/30/202	06/25/202	07/20/202			5,627.75	0.00	0.00	5,627.75
	SUPPLIES/LINENS									
2921091260		06/30/202	06/25/202	07/20/202			377.96	0.00	0.00	377.96
	SUPPLIES/LINENS									
2921091254		06/30/202	06/25/202	07/20/202			333.15	0.00	0.00	333.15
	UNIFORMS									
2921091243		06/30/202	06/25/202	07/20/202			54.89	0.00	0.00	54.89
	UNIFORMS									
2921091318		06/30/202	06/25/202	07/20/202			426.88	0.00	0.00	426.88
	SUPPLIES/LINENS									
2921091268		07/07/202	06/25/202	07/20/202			561.56	0.00	0.00	561.56
	UNIFORMS									
2921091262		07/07/202	06/25/202	07/20/202			169.70	0.00	0.00	169.70
	SUPPLIES/LINENS									
2921091754		07/07/202	07/02/202	07/02/202			167.72	0.00	0.00	167.72
	SUPPLIES/UNIFORMS									
2921091442		07/08/202	06/29/202	07/20/202			134.84	0.00	0.00	134.84
	UNIFORMS									
2921091713		07/08/202	07/02/202	07/02/202			366.26	0.00	0.00	366.26
	SUPPLIES/LINENS									
2921091691		07/08/202	07/02/202	07/02/202			54.89	0.00	0.00	54.89
	SUPPLIES/LINENS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	14,907.13	0.00	0.00	14,907.13

Vendor# 11280 Vendor Name: VICTORIA ADVOCATE — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0363502		07/07/202	07/07/202	07/07/202			26.00	0.00	0.00	26.00

paper

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11280	VICTORIA ADVOCATE	26.00	0.00	0.00	26.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	226,656.66	0.00	0.00	~~226,656.66~~ $226,951.26

226,656.66
176.76- — removed invoice
117.84- — removed invoice
226,951.26 * — new total

APPROVED ON

JUL 14 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 213556 - 213611

PATIENT NUMBER	PAYEE NAME		DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1625339	01 [redacted]	TY DI	070826	1107.35		3	[redacted]	
1632411	01 [redacted]	KY 400310589	070926	10.00		2		
1662462	01 [redacted]	TX 77979	070826	890.60		3		
1679121	01 [redacted]	TX 79120	070826	218.00		3		
6003367	01 [redacted]	TN 372410836	070826	75.00		5		
6004066	01 [redacted]	TX 77465	070826	15.59		5		
6010730	01 [redacted]	TX 77983	070826	35.00		5		
6013425	01 [redacted]	TX 79120	070826	58.41		5		
6016020	01 [redacted]	TX 79120	070826	15.59		5		
6016976	01 [redacted]	TX 77983	070826	75.00		5		
6018436	01 [redacted]	TX 77583	070826	30.80		5		
6019422	01 [redacted]	TN 372410836	070826	44.00		5		
6020043	01 [redacted]	TX 791210	070826	44.00		5		
6021347	01 [redacted]	TX 79120	070826	44.00		5		
6023676	01 [redacted]	TX 79120	070826	42.50		5		
6027458	01 [redacted]	TX 77978	070826	15.59		5		
6027951	01 [redacted]	TX 77979	070826	40.00		5		
	[redacted]	TX 77979						

PATIENT NUMBER		PAYEE NAME		DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
6030121	01	[redacted]		070826	15.59	5		[redacted]	
			TX 77979						
6031972	01			070826	30.00	5			
			TX 77979						
6033528	01			070826	40.00	5			
			TX 77901						
6034857	01			070826	75.00	5			
			TX 77465						
		ARID=0001 TOTAL			2922.02				
TOTAL					2922.02				

APPROVED ON

JUL 10 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CWK# 213615 - 213635

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	213556	07/15/26	5,993.75	AIRGAS USA, LLC - CENTRAL DIV
A/P	213557	07/15/26	90.86	ALIMED INC.
A/P	213558	07/15/26	1,757.23	AMAZON CAPITAL SERVICES
A/P	213559	07/15/26	56.35	AMERISOURCEBERGEN DRUG CORP
A/P	213560	07/15/26	750.00	AMERITEX ELEVATOR TEXAS LLC
A/P	213561	07/15/26	18,118.62	BECKMAN COULTER INC
A/P	213562	07/15/26	4,757.73	BIO-RAD LABORATORIES, INC
A/P	213563	07/15/26	33,437.85	CALHOUN COUNTY
A/P	213564	07/15/26	3,080.00	CALHOUN COUNTY EMS
A/P	213565	07/15/26	408.51	CARDINAL HEALTH 414, INC.
A/P	213566	07/15/26	338.94	CARESFIELD
A/P	213567	07/15/26	2,150.00	CERVEY, LLC
A/P	213568	07/15/26	457.20	CHUBB
A/P	213569	07/15/26	59,585.68	CITIZENS MEDICAL CENTER
A/P	213570	07/15/26	552.40	COASTAL REFRIGERATION
A/P	213571	07/15/26	766.03	CROSSROADS TIRE SERVICE LLC
A/P	213572	07/15/26	1,247.18	CULLIGAN ULTRAPURE INC.
A/P	213573	07/15/26	74.37	DEWITT POTH & SON
A/P	213574	07/15/26	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	213575	07/15/26	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	213576	07/15/26	7,857.08	EVOQUA WATER TECHNOLOGIES LLC
A/P	213577	07/15/26	349.88	FEDERAL EXPRESS CORP.
A/P	213578	07/15/26	600.00	FIRETRON, INC
A/P	213579	07/15/26	5,880.36	FISHER HEALTHCARE
A/P	213580	07/15/26	24,019.00	FORVIS
A/P	213581	07/15/26	2,583.75	FUSION MEDICAL STAFFING, LLC
A/P	213582	07/15/26	912.11	GLOBAL INDUSTRIAL
A/P	213583	07/15/26	49.80	GRAINGER
A/P	213584	07/15/26	46.50	H + H SYSTEM, INC.
A/P	213585	07/15/26	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	213586	07/15/26	233.40	HEB CREDIT RECEIVABLES DEPT308
A/P	213587	07/15/26	140.02	IMPERIAL DADE
A/P	213588	07/15/26	611.03	MCKESSON MEDICAL SURGICAL INC
A/P	213589	07/15/26	2,798.79	MEDICAL DATA SYSTEMS, INC.
A/P	213590	07/15/26	14.56	MEDIMPACT HEALTHCARE SYS, INC.
A/P	213591	07/15/26	241.80	MEDLINE INDUSTRIES INC
A/P	213592	07/15/26	312.78	MMC AUXILIARY GIFT SHOP
A/P	213593	07/15/26	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	213594	07/15/26	2,012.50	ODEFEY WITTE WALL & VILLAFRANC
A/P	213595	07/15/26	451.87	OLYMPUS AMERICA INC
A/P	213596	07/15/26	19.17	POWER HARDWARE
A/P	213597	07/15/26	3.01	PRECISION DYNAMICS CORP (PDC)
A/P	213598	07/15/26	70.60	RAPID PRINTING LLC
A/P	213599	07/15/26	2,341.21	REPUBLIC SERVICES, INC.
A/P	213600	07/15/26	398.96	SERVICE SUPPLY OF VICTORIA INC
A/P	213601	07/15/26	3,612.95	SIEMENS MEDICAL SOLUTIONS INC
A/P	213602	07/15/26	950.00	SIGN AD, LTD.
A/P	213603	07/15/26	9,688.78	SINGLETON ASSOCIATES PA
A/P	213604	07/15/26	1,841.12	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	213605	07/15/26	67.89	STAPLES

BANK--CHECK	NUMBER	DATE	AMOUNT	PAYEE
A/P	213606	07/15/26	1,647.69	TEXAS ASSOCIATION OF COUNTIES
A/P	213607	07/15/26	1,673.75	THE BACK OFFICE
A/P	213608	07/15/26	359.58	THE BRATTON FIRM
A/P	213609	07/15/26	2,025.00	THE COMPLIANCE TEAM, INC
A/P	213610	07/15/26	14,907.13	UNIFIRST HOLDINGS INC
A/P	213611	07/15/26	26.00	VICTORIA ADVOCATE
A/P	213612	07/15/26	23,159.89	GOLDENCREEK HEALTHCARE
A/P	213613	07/15/26	52,927.99	LAVACA BAY NURSING AND REHAB
A/P	213614	07/15/26	96,218.13	TUSCANY VILLAGE
A/P	213615	07/15/26	890.60	[redacted]
A/P	213616	07/15/26	35.00	
A/P	213617	07/15/26	58.41	
A/P	213618	07/15/26	44.00	
A/P	213619	07/15/26	44.00	
A/P	213620	07/15/26	44.00	
A/P	213621	07/15/26	15.59	
A/P	213622	07/15/26	15.59	
A/P	213623	07/15/26	42.50	
A/P	213624	07/15/26	40.00	
A/P	213625	07/15/26	15.59	
A/P	213626	07/15/26	15.59	
A/P	213627	07/15/26	10.00	
A/P	213628	07/15/26	30.00	
A/P	213629	07/15/26	75.00	
A/P	213630	07/15/26	75.00	
A/P	213631	07/15/26	75.00	
A/P	213632	07/15/26	40.00	
A/P	213633	07/15/26	1,107.35	
A/P	213634	07/15/26	218.00	
A/P	213635	07/15/26	30.80	
TOTALS:			402,179.29	

226,951.26 + payables
52,927.99 + lavaca bay
23,159.89 + golden creek
96,218.13 + tuscany
2,922.02 + pt. refunds
402,179.29

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount			
7/5/2026	7/25/2026	5007559	246.12	Apply credit	SC1605	(12.32)
7/7/2026	7/25/2026	5019789	87.90			
7/7/2026	7/25/2026	5019787	456.54			
7/7/2026	7/25/2026	0218198	9,837.04			
7/7/2026	7/25/2026	5019788	242.26			
7/6/2026	7/25/2026	5013501	6,795.12			
7/6/2026	7/25/2026	5013500	12,053.00			
7/6/2026	7/25/2026	5013021	20.36			
7/6/2026	7/25/2026	5013022	90.55			
7/6/2026	7/25/2026	5013020	204.39			
7/6/2026	7/25/2026	5012343	221.37			
7/6/2026	7/25/2026	5012344	393.43			
7/6/2026	7/25/2026	5016358	15.32			
7/6/2026	7/25/2026	5016357	242.09			
7/5/2026	7/25/2026	5010365	186.19			
7/5/2026	7/25/2026	5010366	224.26			
7/25/2026	7/25/2026	5023109	2,141.36			
7/25/2026	7/25/2026	5026018	116.97			
7/25/2026	7/25/2026	5026019	129.18			
7/25/2026	7/25/2026	5023703	1,316.63			
			35,020.08			

APPROVED ON

JUL 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michelle Cumberland mc

Michelle Cumberland, CFO

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: 07/10/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 07/11/2026

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

As of: 07/10/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 07/11/2026 **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: 102,329.89 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 07/14/2026,
Pay This Amount: 100,283.32 USD

If Paid After 07/14/2026,
Pay this Amount: 102,329.89 USD

Due If Paid On Time:
USD 100,283.32

Disc lost if paid late:
2,046.57

Due If Paid Late:
USD 102,329.89

100•268•19 +
15•13 +
100•283•32 *

APPROVED ON
JUL 13 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 07/10/2026 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 07/11/2026

APPROVED ON
JUL 13 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 07/10/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 07/11/2026 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										
07/04/2026	07/14/2026	7644347187	278023847	115Invoice	0.01	0.32		0.31		7644347187	
07/04/2026	07/14/2026	7644347188	278270882	115Invoice	0.02	0.95		0.93		7644347188	
07/04/2026	07/14/2026	7644347189	286342888	115Invoice	5.44	272.02		266.58		7644347189	
07/04/2026	07/14/2026	7644347190	286450869	115Invoice	5.44	272.02		266.58		7644347190	
07/04/2026	07/14/2026	7644349848	279097854	115Invoice	2.97	148.31		145.34		7644349848	
07/06/2026	07/14/2026	7644599239	288062126	115Invoice	0.01	0.63		0.62		7644599239	
07/06/2026	07/14/2026	7644599240	280590435	115Invoice	0.01	0.32		0.31		7644599240	
07/06/2026	07/14/2026	7644599241	285561296	115Invoice	0.01	0.63		0.62		7644599241	
07/06/2026	07/14/2026	7644599242	280263187	115Invoice	0.01	0.63		0.62		7644599242	
07/07/2026	07/14/2026	7644826301	288199224	115Invoice	1.48	74.19		72.71		7644826301	
07/08/2026	07/14/2026	7645055106	286772068	115Invoice	5.44	272.02		266.58		7645055106	
07/08/2026	07/14/2026	7645055107	287322621	115Invoice	5.44	272.02		266.58		7645055107	
07/08/2026	07/14/2026	7645094411	287156464	115Invoice	364.87	18,243.46		17,878.59		7645094411	
07/08/2026	07/14/2026	7645094907	288199224	115Invoice	104.25	5,212.41		5,108.16		7645094907	
07/08/2026	07/14/2026	7645094908	284103558	115Invoice	104.25	5,212.41		5,108.16		7645094908	
07/08/2026	07/14/2026	7645094909	287485211	115Invoice	104.25	5,212.41		5,108.16		7645094909	
07/08/2026	07/14/2026	7645097404	283465407	115Invoice	28.49	1,424.33		1,395.84		7645097404	
07/08/2026	07/14/2026	7645098007	286040182	115Invoice	104.25	5,212.41		5,108.16		7645098007	
07/08/2026	07/14/2026	7645098008	286198099	115Invoice	104.25	5,212.41		5,108.16		7645098008	
07/08/2026	07/14/2026	7645098009	286282358	115Invoice	104.25	5,212.41		5,108.16		7645098009	
07/08/2026	07/14/2026	7645098010	286342888	115Invoice	52.12	2,606.23		2,554.11		7645098010	
07/08/2026	07/14/2026	7645100867	282438112	115Invoice	52.12	2,606.23		2,554.11		7645100867	
07/08/2026	07/14/2026	7645100868	282366778	115Invoice	0.18	9.18		9.00		7645100868	
07/08/2026	07/14/2026	7645100869	282514814	115Invoice	104.25	5,212.41		5,108.16		7645100869	
07/08/2026	07/14/2026	7645101098	273431674	115Invoice	17.74	887.17		869.43		7645101098	
07/08/2026	07/14/2026	7645101099	273126067	115Invoice	17.74	887.17		869.43		7645101099	
07/08/2026	07/14/2026	7645102848	276192034	115Invoice	17.74	887.11		869.37		7645102848	
07/08/2026	07/14/2026	7645102849	274672980	115Invoice	17.74	887.17		869.43		7645102849	
07/08/2026	07/14/2026	7645102850	275277178	115Invoice	17.74	887.11		869.37		7645102850	
07/08/2026	07/14/2026	7645107247	279097854	115Invoice	104.25	5,212.47		5,108.22		7645107247	
07/08/2026	07/14/2026	7645107248	278398097	115Invoice	52.12	2,606.23		2,554.11		7645107248	

< >

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 07/10/2026 Page: 002

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 07/11/2026

APPROVED ON
JUL 13 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 07/10/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/11/2026

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	
07/08/2026	07/14/2026	✓7645107249	278619738	115Invoice	0.18	9.18		✓9.00		7645107249	
07/08/2026	07/14/2026	✓7645107250	271886639	115Invoice	68.87	3,443.67		✓3,374.80		7645107250	
07/08/2026	07/14/2026	✓7645107251	277707170	115Invoice	18.99	949.57		✓930.58		7645107251	
07/08/2026	07/14/2026	✓7645111041	280210627	115Invoice	52.12	2,606.23		✓2,554.11		7645111041	
07/08/2026	07/14/2026	✓7645111042	281389518	115Invoice	52.12	2,606.23		✓2,554.11		7645111042	
07/08/2026	07/14/2026	✓7645111043	280898413	115Invoice	104.25	5,212.41		✓5,108.16		7645111043	
07/08/2026	07/14/2026	✓7645111044	281485023	115Invoice	104.25	5,212.41		✓5,108.16		7645111044	
07/08/2026	07/14/2026	✓7645111045	279843948	115Invoice	80.61	4,030.59		✓3,949.98		7645111045	
07/08/2026	07/14/2026	✓7645111046	267527130	115Invoice	17.74	887.22		✓869.48		7645111046	
07/09/2026	07/14/2026	✓7645314485	287322621	115Invoice	5.44	272.02		✓266.58		7645314485	
07/09/2026	07/14/2026	✓7645314486	287643950	115Invoice	5.44	272.02		✓266.58		7645314486	
07/10/2026	07/14/2026	✓7645563309	288659010	115Invoice	2.18	108.95		✓106.77		7645563309	
07/10/2026	07/14/2026	✓7645563310	288659010	115Invoice	2.55	127.41		✓124.86		7645563310	
07/10/2026	07/14/2026	✓7645563311	278270882	115Invoice	0.01	0.32		✓0.31		7645563311	
07/10/2026	07/14/2026	✓7645563312	288659010	115Invoice	17.02	850.87		✓833.85		7645563312	
07/10/2026	07/14/2026	✓7645563313	288659010	115Invoice	7.53	376.59		✓369.06		7645563313	
07/10/2026	07/14/2026	✓7645563314	288659010	115Invoice	8.08	403.97		✓395.89		7645563314	

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: 102,314.45 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,497.29
07/06/2026

If Paid By 07/14/2026, Pay This Amount: 100,268.19 USD

If Paid After 07/14/2026, Pay this Amount: 102,314.45 USD

Due If Paid On Time:
USD ✓100,268.19

Disc lost if paid late: 2,046.26

Due If Paid Late:
USD 102,314.45

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: 07/10/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 07/11/2026

APPROVED ON
JUL 13 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 07/10/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405
Date: 07/11/2026

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
07/09/2026	07/14/2026	✓7645135163	B2607-055-412276	115Invoice	0.31	15.44		✓15.13		7645135163	

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: 15.44 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,497.29
07/06/2026

If Paid By 07/14/2026, Pay This Amount: 15.13 USD

If Paid After 07/14/2026, Pay this Amount: 15.44 USD

Due If Paid On Time: USD ✓15.13

Disc lost if paid late: 0.31

Due If Paid Late: USD 15.44

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 72442993
Date: 07-10-2026

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:	315.46
Past Due:	0.00
Total Due:	315.46
Account Balance:	315.46

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-06-2026	07-17-2026	3256118008	7012217184	Invoice	277.17		0.00	277.17
07-06-2026	07-17-2026	3256118009	7012217214	Invoice	8.16		0.00	8.16
07-06-2026	07-17-2026	3256296509	7012223553	Invoice	18.17		0.00	18.17
07-06-2026	07-17-2026	3256297080	7012230481	Invoice	3.77		0.00	3.77
07-06-2026	07-17-2026	3256297081	7012236483	Invoice	8.16		0.00	8.16
07-10-2026	07-17-2026	371201194	7008112861	Invoice	(0.06)		0.00	(0.06)
07-10-2026	07-17-2026	371201195	7008112861	Invoice	0.09		0.00	0.09

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
315.46	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
07-10-2026	(330.77)

Reminders

Due Date	Amount
07-17-2026	315.46
Total Due:	315.46

APPROVED ON
JUL 13 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.

cencora

STATEMENT

Statement Number: 72457545
Date: 07-10-2026

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:	85.09
Past Due:	0.00
Total Due:	85.09
Account Balance:	85.09

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-06-2026	07-17-2026	3256222252	7012223807	Invoice	31.22		0.00	31.22
07-06-2026	07-17-2026	3256222253	7012230437	Invoice	13.43		0.00	13.43
07-06-2026	07-17-2026	3256349127	7012242058	Invoice	5.96		0.00	5.96
07-07-2026	07-17-2026	3256489933	7012246980	Invoice	7.47		0.00	7.47
07-08-2026	07-17-2026	3256628286	7012252587	Invoice	21.05		0.00	21.05
07-10-2026	07-17-2026	3256903390	7012260985	Invoice	5.96		0.00	5.96

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
85.09	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
07-17-2026	85.09
Total Due:	85.09

APPROVED ON
JUL 13 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

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"	★	$ 129,448.34	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 68,288.84	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 15,971.02	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 45,188.48	#
☐ "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		6/26/2026					
PAY PERIOD: END		7/9/2026					
PAY DATE:		7/17/2026					
GROSS PAY:	$	588,297.36			$ -		$ 588,297.36
DEDUCTIONS:							
A/R	$	484.00					$ 484.00
ADVANC							$ -
BOOTS							$ -
~~MUTUAL CRITICAL ILLNESS~~							$ -
~~MUTUAL ACCIDENT~~							$ -
IRS TAX							$ -
~~MUTUAL SHORT TERM DIS~~							$ -
MUTUAL VISION	$	862.96					$ 862.96
CAFÉ-D	$	1,382.38					$ 1,382.38
CAFÉ-H	$	30,150.12					$ 30,150.12
	$	-					$ -
	$	-					$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	-					$ -
CLINIC							$ -
COMBIN	$	195.70					$ 195.70
CREDUN	$	-					$ -
DENTAL	$	-					$ -
DEP-LF							$ -
MUTUAL TERM LIFE	$	1,189.37					$ 1,189.37
MUTUAL HOSP INDEM	$	669.50					$ 669.50
FED TAX	$	45,188.48					$ 45,188.48
FICA-M	$	7,985.51					$ 7,985.51
FICA-O	$	34,144.42					$ 34,144.42
FICA-M ADDITIONAL							$ -
FIRST C							$ -
FLEX S	$	4,889.63					$ 4,889.63
FLX-FE	$	-					$ -
GIFT S	$	446.75					$ 446.75
MUTUAL CRITICAL ILLNESS	$	873.28					$ 873.28
MUTUAL ACCIDENT	$	652.44					$ 652.44
MUTUAL SHORT TERM DIS	$	1,902.27					$ 1,902.27
LEGAL	$	1,027.98					$ 1,027.98
OTHER	$	4,431.70					$ 4,431.70
NATIONAL FARM LIFE	$	1,415.42					$ 1,415.42
MED SURCHARGE							$ -
Blank							$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	295.00					$ 295.00
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	39,495.52					$ 39,495.52
UW/HOS	$	-					$ -
TOTAL DEDUCTIONS:	$	177,682.43	$ -	$ -	$ -	$ -	$ 177,682.43
	"SHOULD MATCH REPORT"		"SHOULD MATCH REPORT"	"SHOULD MATCH REPOR"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
NET PAY:	**$**	**410,614.93**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 410,614.93**
	"SHOULD MATCH REPORT"		"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
TOTAL CAFE 125 PLAN:	$	37,580.09	**Less Exempt:**				
TAXABLE PAY:	**$**	**550,717.27**	**$ 550,717.27**				**Exempt Amt:**

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,985.40		
FICA - MED (EE)	1.45%	$ 7,985.40	$ 7,985.51	$ (0.11)
FICA - SOC SEC (ER)	6.20%	$ 34,144.47		
FICA - SOC SEC (EE)	6.20%	$ 34,144.47	$ 34,144.42	$ 0.05
FED WITHHOLDING		$ 45,188.48	$ 45,188.48	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL:

TAX DEPOSIT:		$ 129,448.22	$ 129,448.34	
FICA - MEDICARE	2.90%	$ 15,970.80	$15,971.02	
FICA - SOCIAL SECURITY	12.40%	$ 68,288.94	$68,288.84	**PREPARED BY:** Sariah Rubio
FED WITHHOLDING		**$ 45,188.48**	$45,188.48	**PREPARED DATE:** 7/13/2026
TOTAL TAX:		**$ 129,448.22**	**$129,448.34**	**$ (0.12)**

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WZ	HO	CB	Gross
1	REGULAR PAY-S1	9451.25	N		N	N		232536.57
1	REGULAR PAY-S1	1879.00	N		N	N	N	102881.40
1	REGULAR PAY-S1	200.75	N		N	Y		8170.72
1	REGULAR PAY-S1	175.50	Y		N	N		8190.16
2	REGULAR PAY-S2	2371.50	N		N	N		69300.97
2	REGULAR PAY-S2	148.50	N		N	Y		7095.74
2	REGULAR PAY-S2	93.50	Y		N	N		3801.44
3	REGULAR PAY-S3	1514.75	N		N	N		53596.03
3	REGULAR PAY-S3	112.25	N		N	Y		5777.23
3	REGULAR PAY-S3	75.25	Y		N	N		3529.16
4	CALL BACK PAY	12.00	N	1	N	N	Y	574.97
4	CALL BACK PAY	10.00	N	2	N	N	Y	409.34
C	CALL PAY	2480.00	N	1	N	N		4960.00
D	DOUBLE TIME	4.00	N	2	N	N	N	390.16
D	DOUBLE TIME	8.00	N	3	N	N	N	788.32
E	EXTRA WAGES		N		N	N	N	24072.30
E	EXTRA WAGES		N	1	N	N		45.00
E	EXTRA WAGES		N	1	N	N	N	1525.75
F	FUNERAL LEAVE	8.00	N	1	N	N		364.72
I	INSERVICE	42.00	N	1	N	N		2062.81
J	JURY LEAVE	8.00	N	1	N	N		243.36
K	EXTENDED-ILLNESS-BANK	128.20	N	1	N	N		4643.56
N	CRNA Pay	32.00	N	1	N	N		4160.00
P	PAID-TIME-OFF	80.00	N		N	N	N	1648.00
P	PAID-TIME-OFF	1420.05	N	1	N	N		46921.65
X	CALL PAY 2	160.00	N	1	N	N		320.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	179.00	A/R2	305.00	A/R3	
ADVANC		AWARDS		BADGE	
BCBSVI		BOOTS		CAFE H	
CAFE-1		CAFE-2		CAFE-3	
CAFE-4		CAFE-5		CAFE-C	
CAFE-D	1382.38	CAFE-F		CAFE-H	30150.12
CAFE-I		CAFE-L		CAFE-P	
CANCER		CHILD		CLINIC	
COMBIN	195.70	CREDUN		DD ADV	
DENTAL		DEP-LF		DIS-LF	
EAT		EATCSH		FEDTAX	45188.48
FICA-M	7985.51	FICA-O	34144.42	FIRSTC	
FLEX S	4311.81	FLX FB		FORT D	
FUTA		GIFT S	446.75	GRANT	
GRP-IN		GTL		HOSP-I	
HSA	577.82	ID TFT		IRSTAX	
LEAF		LEGAL	204.98	MASA	823.00
MEALS	4431.70	METVIS		MISC	
MISC/		MMCSHR		MOOACC	652.44
MOOILL	873.28	MOOIND	669.50	MOOLIF	1189.37
MOOSTD	1902.23	MOOVIS	862.96	NATFML	1415.42
OTHER		PHI		PHI***	
PR FIN		RELAY		REPAY	
SAMS		SCRUBS		SIGNON	
ST-TX		STONDF	295.00	STONE	
STONE2		STUDEN		SUNACC	
SUNILL		SUNIND		SUNLIF	
SUNSTD		SUNVIS		SURCHG	
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	39495.52	TUTION	
UNIFOR		UW/HOS			

Grand Totals: 20510.50 (Gross: 588297.36 Deductions: 177682.43 Net: 410614.93

Checks Count:- FT 205 PT 12 Other 43 Female 236 Male 23 Credit OverAmt 19 ZeroNet Term Total: 259

7/13/26

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CONSEC	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVCOD	CYGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
8947	76351	1	1	0	2026	180001790	0	7/2/2026	$5,390.34	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0	[redacted]		INVC	F	2/1/2026	2/28/2026	591031071
8948	76351	1	1	0	2026	177000174	0	7/2/2026	$314.50	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0			INVC	F	8/1/2025	8/30/2025	591031071
8949	76351	1	1	0	2026	181001556	0	7/2/2026	$376.53	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0			INVC	F	5/1/2026	5/31/2026	591031071
8950	76351	1	1	0	2026	182001425	0	7/2/2026	$668.57	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0			INVC	F	6/1/2026	6/30/2026	591031071
8951	76351	1	1	0	2026	180001854	0	7/2/2026	$756.80	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0			INVC	F	1/1/2026	1/31/2026	591031071
8952	76351	1	1	0	2026	177001475	0	7/2/2026	$1,510.15	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0			INVC	F	9/1/2025	9/30/2025	591031071
8953	76351	1	1	0	2026	181000100	0	7/2/2026	$1,693.06	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0			INVC	F	3/1/2026	3/31/2026	591031071
8954	76351	1	1	0	2026	181001459	0	7/2/2026	$3,962.16	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0			INVC	F	4/1/2026	4/30/2026	591031071
8955	76351	2	86	0	2026	'174000041	0	7/2/2026	$5.23	1	QUEST DIAGNOSTICS ATLANTA	P	185	0			LAB	F	6/12/2026	6/12/2026	382084239
8956	76351	2	86	0	2026	169001054	0	7/2/2026	$186.50	1	HOUSTON METHODIST SPECIALTY PHYSICIANS	P	457	0			OVS	F	6/12/2026	6/12/2026	332241086
8957	76351	2	33	0	2026	182000017	0	7/2/2026	$215.80	1	BLUEGRASS HEALTH SOLUTIONS LLC	P	738	0			DMII	F	6/26/2026	6/26/2026	384251369
8958	76351	2	5	0	2026	168000712	0	7/2/2026	$232.33	1	CITIZENS MEDICAL PROFESSIONALS	P	457	0			OVS	F	6/9/2026	6/9/2026	471158090
8959	76351	2	33	0	2026	181000557	0	7/2/2026	$823.88	1	BLUEGRASS HEALTH SOLUTIONS LLC	P	738	0			DMII	F	6/29/2026	6/29/2026	384251369
8960	76351	3	79	2	2026	169001071	0	7/2/2026	$42.61	1	CHILDREN'S PSYCHIATRIC SERVICE OF SOUTH	P	728	0			TELM	F	6/15/2026	6/15/2026	811543405
8961	76351	3	79	4	2026	169002647	0	7/2/2026	$42.61	1	CHILDREN'S PSYCHIATRIC SERVICE OF SOUTH	P	728	0			TELM	F	6/15/2026	6/15/2026	811543405
8962	76351	3	85	0	2026	169001074	0	7/2/2026	$78.06	1	CLINICAL PATHOLOGY LABORATORIES INC	P	172	0			AB	F	6/1/2026	6/1/2026	742554159
8963	76351	3	12	0	2026	174000162	0	7/2/2026	$315.52	1	SOUTHERN GROUP ANESTHESIA PLLC	P	176	0			AO	F	4/30/2026	4/30/2026	844277052
8964	76351	3	36	0	2026	169003699	0	7/2/2026	$2,957.60	1	DETAR HEALTHCARE SYSTEM	P	186	0			HLAB	F	6/10/2026	6/10/2026	621754940
8965	76360	3	59	1	2026	169002641	0	7/2/2026	$14.66	1	SEVA FAMILY MEDICINE LLC	P	172	0			AB	F	6/16/2026	6/16/2026	874006167
8966	76360	3	94	0	2026	169002622	0	7/2/2026	$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0			OVS	F	6/17/2026	6/17/2026	273335355
8967	76360	3	10	0	2026	169001094	0	7/2/2026	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	6/15/2026	6/15/2026	742605670
8968	76360	3	107	0	2026	173000151	0	7/2/2026	$81.83	1	VICTORIA EYE CENTER	P	177	0			OV	F	6/11/2026	6/11/2026	742208337
8969	76360	3	59	1	2026	169001106	0	7/2/2026	$95.54	1	PHYSICIAN MANAGEMENT SERVICES OF COLORAD	P	172	0			AB	F	6/16/2026	6/16/2026	993266509
8970	76360	3	68	0	2026	169002636	0	7/2/2026	$147.46	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0			AB	F	6/16/2026	6/16/2026	742605670
8971	76360	3	128	0	2026	169001095	0	7/2/2026	$331.19	1	SINGLETON ASSOCIATES PA	P	324	0			CAT	F	6/5/2026	6/5/2026	741680498
									$20,358.76												

APPROVED ON

JUL 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMYR	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PAYNO
8655	76351	2	5	0	2026	141000969	0	6/10/2026	$13,825.56	1	MD ANDERSON CANCER CENT	P	459	0	[redacted]		HCT	F	5/14/2026	5/14/2026	746001118
									$13,825.56												

APPROVED ON

JUL 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON

JUL 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 6, 2026 - July 12, 2026

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
7/6/2026	IRS - USATAXPYMT 270658773445694	- Payroll Taxes	115,261.29 **	902535	FWT:20200000 FICA:20210000
7/6/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#151861239 151615327	- 3rd Party Payor Fee	267.97	902536	40440076
7/6/2026	FDMS 00000000000000008078 - FDMS PYMT 52-160 1830-000	- Credit Card Machine Lease Fee	32.45	902537	40440076
7/6/2026	FDMS 00000000000000008078 - FDMS PYMT 52-218 2557-000	- Credit Card Machine Lease Fee	181.77	902538	40440076
7/6/2026	FDMS 00000000000000008078 - FDMS PYMT 52-218 2545-000	Credit Card Machine Lease Fee	45.64	902539	40440076
7/6/2026	FDMS 00000000000000008078 - FDMS PYMT 52-239 6182-000	- Credit Card Machine Lease Fee	175.29	902540	40440076
7/6/2026	FDMS 00000000000000008078 - FDMS PYMT 52-239 6180-000	- Credit Card Machine Lease Fee	58.44	902541	40440076
7/6/2026	FDMS 00000000000000008078 - FDMS PYMT 52-239 6181-000	- Credit Card Machine Lease Fee	116.87	902542	40440076
7/6/2026	STATE COMPTRLR - TEXNET 9262225/60703	- IGT DSH	237,137.89 **	902543	20310010
7/7/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#152243243 152048086	- 3rd Party Payor Fee	82.47	902544	40440076
7/7/2026	MCKESSON DRUG - AUTO ACH ACH07126159	- 340B Drug Program Expense	7,497.29 *	902545	60310000
7/7/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 5/28/26 MemMedCtr PtLav	- Health Insurance Claim Payments	79,083.34 **	902546	60320000
7/8/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#152687508 152409745	- 3rd Party Payor Fee	79.76	902547	40440076
7/8/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	12,594.71 *	902548	10450000
7/9/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#153192261 152944149	- 3rd Party Payor Fee	78.19	902549	40440076
7/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332385	- Credit Card Processing Fee	416.41	902550	40440076
7/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332393	- Credit Card Processing Fee	1,017.97	902551	40440076
7/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332401	- Credit Card Processing Fee	1,134.12	902552	40440076
7/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332419	- Credit Card Processing Fee	105.80	902553	40440076
7/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801368397	- Credit Card Processing Fee	255.10	902554	40440076
7/10/2026	TSYS/TRANSFIRST - MERCH FEES 39300982541616	- Credit Card Processing Fee	6,683.08	902555	40440076
7/10/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	330.77 *	902556	60310000
7/10/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#153686382 153451804	- 3rd Party Payor Fee	909.46	902557	40440076
7/10/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 6.26.26 MemMedCtr PtLav	- Health Insurance Claim Payments	36,075.46 *	902558	60320000
7/10/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 6/1/26 MemMedCtr PtLav	- Health Insurance Claim Payments	20,927.12 *	902559	60320000
7/10/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 6.5.26 MemMedCtr PtLav	- Health Insurance Claim Payments	19,911.71 *	902560	60320000
			540,460.37		

* approved 07.08.26 CC
** approved 07.01.26 CC

Michelle Cumberland

Michelle Cumberland, CFO
Memorial Medical Center

July 13, 2026

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
7/15/2026	WEBFILE TAX PAYMENT	- SALES TAX	2,227.04
7/20/2026	TEXAS COUNTY DRS	- Retirement Funding	178,970.81
			181,197.85

Michelle Cumberland

Michelle Cumberland, CFO
Memorial Medical Center

July 13, 2026

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

416.41 + 1,017.97 + 1,134.12 + 105.80 + 255.10 + 6,683.08 + 9,612.48 = processing fee

267.97 + 82.47 + 79.76 + 78.19 + 909.46 + 1,417.85 = pay plus

540,460.37 - 115,261.29 - 237,137.89 - 7,497.29 - 79,083.34 - 12,594.71 - 330.77 - 36,075.46 - 20,927.12 - 19,911.71 + 1,417.85 + 610.46 + 9,612.48 = 0.00

Date/Time	07-06-2026 / 02:35 PM
Submitted By	agibson419
Pay Date	06-30-2026
Employee Deposits	$73,134.71
Employer Contributions	$105,836.10
Group Term Life Premiums	$0.00
Total	$178,970.81
Comments	
Payroll File	Jun 2026.xlsx

CLOSE PRINT

COMPTROLLER.TEXAS.GOV

Menu

Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 06/30/2026 (2606)

Taxpayer ID: [redacted]
User ID: [redacted]
Reference Number: [redacted]
Date and Time of Filing:
07/07/2026, 10:10:51 AM

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

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

PAYMENT SUMMARY

Electronic Check
State Amount: $1,687.15
Local Amount: $539.89
Amount to Pay: $2,227.04
Electronic Check: $2,227.04

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

Type of Bank Account: Checking
Accountholder Name:
Memorial Medical Center Operating
Bank Routing Number [redacted]
Bank Account Number: [redacted]
Payment Effective Date: 07/19/2026

CREDIT SUMMARY

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	27,130	27,130	0.00	27,130	1,695.63	27,130	0.02	542.6
SubTotal	**27,130**	**27,130**	**0**	**27,130**	**1,695.63**	**27,130**		**542.6**

Total Tax for Locations **2,238.23**

Total Tax Due:	$2,238.23
Timely Filing Discount:	- $11.19
Balance Due.	$2,227.04

Pending Payments:	- $0.00
Total Amount Due and Payable:	**$2,227.04**

(State amount due is $1,687.15) (Local amount due is $539.89)

Plan	Start Date	EE Per Pay C	ER Per Pay Cost
2026 Heath Equity Health Savings Account	6/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$40.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$25.00	$25.00
2026 Heath Equity Health Savings Account	6/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$30.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$5.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$137.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$3.33	$25.00
2026 Heath Equity Health Savings Account	6/1/2026	$10.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$25.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$25.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$4.16	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$100.00	$25.00
2026 Heath Equity Health Savings Account	2/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$5.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$158.33	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$10.00	$25.00
		$577.82	$550.00
	Total	$1,127.82 ✓	

APPROVED ON

JUL 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Transfer Request

Amount: 56,345.12 **Date:** 7/10/2026

From Account: Prosperity Lockbox *7168

To Account: Prosperity Operating *4357

APPROVED ON
JUL 13 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

Transfer funds from Prosperity Lockbox to Prosperity Operating account

Requested by: Caitlin Clevenger **Date:** 7/10/2026

Authorized by: MBL ✓ **Date:** 7/10/26

Michelle Cumbaa ✓

RECEIVED
JUL 10 2026
Calhoun County Auditor

07/08/2026 MEMORIAL MEDICAL CENTER 0
17:23 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 07/24/2026

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
063026A		06/30/202	06/30/202	07/24/202			48,135.70	0.00	0.00	48,135.70
063026		06/30/202	06/30/202	07/24/202			137.05	0.00	0.00	137.05
070326		07/08/202	07/03/202	07/24/202			279.31	0.00	0.00	279.31
070326A		07/08/202	07/03/202	07/24/202			4,375.93	0.00	0.00	4,375.93

QIPP Recon. increased 70% split ins. pay. dep. into mmc opt. correction

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	52,927.99	0.00	0.00	52,927.99

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	52,927.99	0.00	0.00	52,927.99

APPROVED ON
JUL 10 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 213613

RECEIVED

JUL 10 2026

Calhoun County Auditor

07/08/2026 MEMORIAL MEDICAL CENTER 0

17:23 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 07/24/2026

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
070126	ins. pay. dep. into mmc opt. correction	07/08/202	07/01/202	07/24/202			8,409.89	0.00	0.00	8,409.89
070326	"	07/08/202	07/03/202	07/24/202			13,750.00	0.00	0.00	13,750.00
070626	"	07/08/202	07/06/202	07/24/202			1,000.00	0.00	0.00	1,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	23,159.89	0.00	0.00	23,159.89

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	23,159.89	0.00	0.00	23,159.89

APPROVED ON

JUL 10 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 213612

RECEIVED

JUL 10 2026

Calhoun County Auditor

07/08/2026 MEMORIAL MEDICAL CENTER 0

17:23 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 07/24/2026

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
060426A		07/08/202	06/04/202	07/24/202			1,085.00	0.00	0.00	1,085.00
060426D	ins. pay. dep. into mmc opt. correction	07/08/202	06/04/202	07/24/202			1,085.00	0.00	0.00	1,085.00
060426B	"	07/08/202	06/04/202	07/24/202			217.00	0.00	0.00	217.00
060426C	"	07/08/202	06/04/202	07/24/202			4,557.00	0.00	0.00	4,557.00
063026	"	07/08/202	06/30/202	07/24/202			1,560.00	0.00	0.00	1,560.00
070126A	"	07/08/202	07/01/202	07/24/202			251.59	0.00	0.00	251.59
070126	"	07/08/202	07/01/202	07/24/202			3,916.72	0.00	0.00	3,916.72
070226	"	07/08/202	07/02/202	07/24/202			6,093.36	0.00	0.00	6,093.36
070326A	"	07/08/202	07/03/202	07/24/202			56,924.00	0.00	0.00	56,924.00
070326	"	07/08/202	07/03/202	07/24/202			4,628.46	0.00	0.00	4,628.46
070626	"	07/08/202	07/06/202	07/24/202			15,900.00	0.00	0.00	15,900.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	96,218.13	0.00	0.00	96,218.13

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	96,218.13	0.00	0.00	96,218.13

APPROVED ON

JUL 10 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 213614

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/13/2026

APPROVED ON
JUL 13 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		85.31	-	-			85.31	0
						Bank Balance	85.31	
						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	(14.69)	
Broadmoor		100.68	-	-		-	100.68	0
						Bank Balance	100.68	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	0.68	
Crescent		5,748.29	5,648.29				100.00	0
						Bank Balance	100.00	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	-	
Fort Bend		100.53	-	-			100.53	-
						Bank Balance	100.53	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	0.53	
Solera at W Houston		100.04	-	95,842.78			95,945.82	95,845.82
						Bank Balance	95,945.82	
						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	95,845.82
TOTAL TRANSFERS	95,845.82

Approved:
Michelle Cumberland, CFO **7/13/2026**

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
7/8/2026	Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III	5,648.29	-		-
					-
					-
					-
		5,648.29	-	-	-

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

Solera at West Houston		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
7/7/2026	Deposit	-	95,842.78		95,842.78
					-
					-
					-
		-	95,842.78	-	95,842.78

	TOTALS	5,648.29	95,842.78	-	95,842.78

Balances Overview

PROSPERITY BANK

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Jul 13, 2026 9:15:34 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$2,597,239.57	$2,597,239.57
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$1,740,211.77	$1,740,211.77
*4381 MEMORIAL MEDICAL / NH ASHFORD	$85.31	$85.31
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.68	$100.68
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$95,945.82	$95,945.82
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.53	$100.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$199,039.37	$199,039.37
*4551 CAL CO INDIGENT HEALTHCARE	$5,055.29	$5,055.29
*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	$58,562.83	$58,562.83
*3407 MMC -NH TUSCANY VILLAGE	$365,624.91	$365,624.91
*2998 MMC -MONEY MARKET FUND	$75,255.07	$75,255.07
*7168 MEMORIAL MEDICAL LOCK BOX	$56,915.29	$56,915.29
Total Balance	**$2,597,239.57**	**$2,597,239.57**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/13/2026

APPROVED ON
JUL 13 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		34,002.82	33,902.82	165,828.13		-	165,928.13	198,907.37
						Bank Balance	199,039.37	
						Variance	(33,111.24)	
						Leave in Balance	100.00	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA 121000248
Account # 4439840323

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

Claims owed to Lavaca Bay 32.00 * still has not cashed

Adjust Balance/Transfer Amt 198,907.37

Approved: MSC
Michelle Cumberland, CFO 7/13/2026

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
7/10/2026	Over Counter Check	32.00	-		-
7/10/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 071026 543684555876917	-	115.00		115.00
7/10/2026	Luminos Hospice - Bill.com Luminos Hospice - TX Bill.com 026TONUPH20W1N3 Inv 043026GLDN 26TONUPH20W1N3	-	4,406.70		4,406.70
7/9/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	5,115.00		5,115.00
7/9/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 070926 543684555876917	-	2,500.00		2,500.00
7/8/2026	Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	33,870.82	-		-
7/8/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 070826 543684555876917	-	8,609.90		8,609.90
7/8/2026	HEALTH HUMAN SVC 5291742638006 - HCCLAIMPMT TRN*1*0501228315880759 64*1746000156~ 17460034113011	-	2,664.91		2,664.91
7/7/2026	Deposit	-	47,875.05		47,875.05
7/7/2026	Deposit	-	72,925.29		72,925.29
7/7/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 070726 543684555876917	-	1,238.90		1,238.90
7/7/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	3,152.19		3,152.19
7/7/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,357.00		1,357.00
7/7/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7863626*1205296137*000004011~ 676097	-	7,841.89		7,841.89
7/6/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	8,026.30		8,026.30
		33,902.82	**165,828.13**	**-**	**165,828.13**

Transaction Report

PROSPERITY BANK

Transaction Report for account *4454

Reported on Mon Jul 13 15:26:00 GMT 2026

Current Balance $199,039.37
Interest Accrued $47.92
Available Balance $199,039.37

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
07/10/2026	262	Over Counter Check Over Counter Check		32.00	165928.13
07/10/2026		External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 071026 543684555876917	115.00		165960.13
07/10/2026		External Deposit Luminos Hospice - Bill.com Luminos Hospice - TX Bill.com 026TONUPH20W1N3 Inv 043026GLDN 26TONUPH20W1N3	4406.70		165845.13
07/09/2026		External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	5115.00		161438.43
07/09/2026		External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 070926 543684555876917	2500.00		156323.43
07/08/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		33870.82	153823.43

APPROVED ON

JUL 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/13/2026

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		140.22	-	-	-		-	140.22	
							Bank Balance	140.22	No Transfer(Holding due to pending claims requests)
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	40.22	

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		102.48	-	-		-		102.48	NO TRANSFER
							Bank Balance	102.48	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	2.48	

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:
Michelle Cumberland, CFO 7/13/2026

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 Jul 13, 2026 10:46:30 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$2,597,239.57	$2,597,239.57
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$1,740,211.77	$1,740,211.77
*4381 MEMORIAL MEDICAL / NH ASHFORD	$85.31	$85.31
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.68	$100.68
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$95,945.82	$95,945.82
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.53	$100.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$199,039.37	$199,039.37
*4551 CAL CO INDIGENT HEALTHCARE	$5,055.29	$5,055.29
*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	$58,562.83	$58,562.83
*3407 MMC -NH TUSCANY VILLAGE	$365,624.91	$365,624.91
*2998 MMC -MONEY MARKET FUND	$75,255.07	$75,255.07
*7168 MEMORIAL MEDICAL LOCK BOX	$56,915.29	$56,915.29
Total Balance	**$2,597,239.57**	**$2,597,239.57**

APPROVED ON

JUL 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
7/13/2026

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		122,925.07	122,825.07	343,411.89	-	-		-	343,511.89	343,411.89
							Bank Balance		343,511.89	
							Variance		-	
							Leave in Balance		100.00	

Adjust Balance/Transfer Amt 343,411.89

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:
Michelle Cumberland, CFO 7/13/2026

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
7/10/2026	Deposit	-	70,845.70		70,845.70
7/10/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1253962445*13 41858379\ 746003411	-	1,488.77		1,488.77
7/8/2026	Over Counter Check	1,348.37	-		-
7/8/2026	Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	48,551.41	-		-
7/7/2026	Deposit	-	270,747.68		270,747.68
7/7/2026	Over Counter Check	72,925.29	-		-
7/6/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1252834675*13 41858379\ 746003411	-	329.74		329.74
		122,825.07	**343,411.89**	-	**343,411.89**

Transaction Report

PROSPERITY BANK

Transaction Report for account *3407

Reported on Mon Jul 13 15:46:00 GMT 2026

Current Balance $365,624.91
Interest Accrued $107.49
Available Balance $365,624.91

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
07/10/2026	127051912643703	Deposit Deposit	70845.70		343511.89
07/10/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1253962445*13 41858379\ 746003411	1488.77		272666.19
07/08/2026	1201	Over Counter Check Over Counter Check		1348.37	271177.42
07/08/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		48551.41	272525.79
07/07/2026	123871882645269	Deposit Deposit	270747.68		321077.20
07/07/2026	1200	Over Counter Check Over Counter Check		72925.29	50329.52
07/06/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1252834675*13 41858379\ 746003411	329.74		123254.81
07/02/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7860881*1205296137*000004011~ 676201	16156.57		122925.07
07/01/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		342948.73	106768.50
07/01/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1252114562*13 41858379\ 746003411	7295.91		449717.23
07/01/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1252195276*13 41858379\ 746003411	2284.83		442421.32

APPROVED ON

JUL 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
7/13/2026

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		77,684.74	77,584.74	58,462.83			-	58,562.83	58,462.83
							Bank Balance	58,562.83	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 58,462.83

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: MC
Michelle Cumberland, CFO 7/13/2026

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
7/10/2026	Deposit	-	32.00		32.00
7/8/2026	Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	77,584.74	-		-
7/8/2026	Deposit	-	13,720.30		13,720.30
7/8/2026	HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	-	1,444.05		1,444.05
7/7/2026	Deposit	-	25,542.09		25,542.09
7/7/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7864212*1205296137*000004011~ 676481	-	925.72		925.72
7/6/2026	BCBS ILLINOIS PAYABLE - HCCLAIMPMT TRN*1*M26 183E58780500*1731350270*MA20260702E587805000-1538719836\ M26183E587	-	16,798.67		16,798.67
		77,584.74	**58,462.83**	**-**	**58,462.83**

Balances Overview

PROSPERITY BANK

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Jul 13, 2026 10:46:30 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$2,597,239.57	$2,597,239.57
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$1,740,211.77	$1,740,211.77
*4381 MEMORIAL MEDICAL / NH ASHFORD	$85.31	$85.31
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.68	$100.68
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$95,945.82	$95,945.82
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.53	$100.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$199,039.37	$199,039.37
*4551 CAL CO INDIGENT HEALTHCARE	$5,055.29	$5,055.29
*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	√ $58,562.83	$58,562.83
*3407 MMC -NH TUSCANY VILLAGE	$365,624.91	$365,624.91
*2998 MMC -MONEY MARKET FUND	$75,255.07	$75,255.07
*7168 MEMORIAL MEDICAL LOCK BOX	$56,915.29	$56,915.29
Total Balance	**$2,597,239.57**	**$2,597,239.57**

Tuscany

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC ✓

Date Requested: 7-6-26

APPROVED ON
JUL 13 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#001202

FOR ACCT. USE ONLY

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

AMOUNT: #659.79 ✓

G/L NUMBER: 20655000

EXPLANATION: Medicare withholds for Tuscany - 6-15-26

EFT 7845724

REQUESTED BY: Katrina Pokluda

AUTHORIZED BY: ✓ MKC ✓

CAT # 10303 / FM 1600

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

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

PROVIDER # [redacted]
PAID DATE: 6/18/2026
TRACE #: [redacted]
FISCAL PERIOD: 12/31/2026
PAYMENT: $6,162.33

PATIENT NAME PATIENT ID CODE FROM DT THRU DT CLM STAT TOB	PAT CNTRL NUM MED REC NUM ICN NUMBER INSURED ID CODE	COST COVD NCOVD	TOTAL CHGS OTHER PAY COST OUTLIER MSP PAYMENT	DRG NUM DRG AMOUNT DRG OPR AMT DRG CAP AMT	COVD CHGS NCOVD CHGS DENIED CHGS MISC ADJ	COINSURANCE COPAYMENT DEDUCTIBLE PAT OTHER RESP	CONTRACT ADJ REIMB RATE HCPCS AMOUNT PAYMENT AMT
REPORT SUMMARY		0 0 0	63,226.95 0.00 0.00 0.00	 0.00 0.00 0.00	63,109.95 236.00 -119.00 0.00	10,709.40 0.00 0.00 0.00	45,578.45 0.00 0.00 6,822.10

PAID DATE	FISCAL PERIOD	PROVIDER #	TOB	CLAIMS	CHARGES	PAYMENT	CONTRACT	PAY+CONT
6/18/2026	12/31/2025	[redacted]	85	1	894.00	245.31	648.69	894.00
6/18/2026	12/31/2026		85	17	62,332.95	6,576.79	44,929.76	51,506.55
				18	63,226.95	6,822.10	45,578.45	52,400.55

PROVIDER LEVEL ADJUSTMENTS

PROVIDER #	FISCAL PERIOD	REASON CODE	DESCRIPTION	AMOUNT
[redacted]	12/31/2026	[redacted]	Withholding	659.79
(Positive Amounts Decrease Payment)				659.79

Thank you

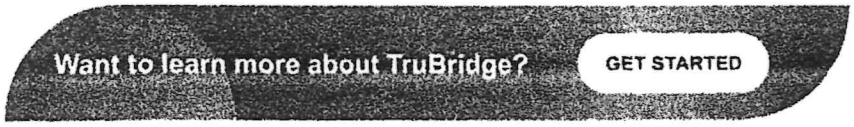
[redacted]

TruBridge
Clear the way for care.

TruBridge.com 877.543.3635

PEER REVIEWED by HFMA

TruBridge | Clear the way for care.



in | f

trubridge.com 877.424.1777

Re: zsecure MMC- Medicare withholding

CS [redacted]
7/6/2026 1:19:41 PM

To: [redacted] kpokluda@mmcportlavaca.com

Reply All

Encrypt: This message is encrypted. Recipients can't remove encryption.

[redacted]

251-472-8597 (Direct)
320-334-2592 (Fax)

From: [redacted]
Sent: Wednesday, July 1, 2026 11:48 AM
To: [redacted]
Subject: Re: zsecure MMC- Medicare withholding

Good afternoon. Were you able to get the details for the Medicare remit in my email below?

Thank you

[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

001202

Date 7-15-26

88-2265/1131

PAY
TO THE ORDER OF mmc Operating

$ 659.79

Six hundred fifty nine & 79/~~00~~ DOLLARS

PROSPERITY BANK®

MP

FOR Medicare withhold

Security features are included. Details on back.

[redacted]

Balances Overview

PROSPERITY BANK®

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Jul 15, 2026 11:02:07 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$2,719,325.71	$2,719,325.71
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$1,779,555.71	$1,779,555.71
*4381 MEMORIAL MEDICAL / NH ASHFORD	$85.31	$85.31
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.68	$100.68
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$95,945.82	$95,945.82
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.53	$100.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$214,795.71	$214,795.71
*4551 CAL CO INDIGENT HEALTHCARE	$4,860.18	$4,860.18
*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	$77,803.54	$77,803.54
*3407 MMC -NH TUSCANY VILLAGE	$406,734.76	$406,734.76
*2998 MMC -MONEY MARKET FUND	$75,255.07	$75,255.07
*7168 MEMORIAL MEDICAL LOCK BOX	$63,745.70	$63,745.70
Total Balance	**$2,719,325.71**	**$2,719,325.71**

RUN DATE:07/15/26 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:00 CHECK REGISTER GLCKREG
07/15/26 THRU 07/15/26

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
TUS	* 001202	07/15/26	659.79	MMC OPERATING

[redacted]