MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 22, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	635,072.71
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED July 22, 2026	$	635,072.71
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	$	354,937.80
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	$	535,068.39
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED July 22, 2026	$	890,006.19
GRAND TOTAL FOR APPROVAL ON July 22, 2026	$	1,525,078.90

APPROVED

JUL 2 2 2026

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 22, 2026

PAYABLES AND PAYROLL

7/16/2026	Weekly Payables	510,259.44
7/21/2026	Morris & Dickson - MMC Rx	11,244.37
7/14/2026	US Bank Credit Card-see attached (Erin)	1,660.86
7/14/2026	US Bank Credit Card-see attached (Michelle)	236.04
7/21/2026	McKesson - 340B Prescription Expense	44,309.78
7/21/2026	Cencora - 340B Prescription Expense	18.82
7/21/2026	Cencora - 340B Prescription Expense	159.93

Prosperity Electronic Bank Payments

7/21/2026	90 Degree Benefits - employee insurance claims	41,768.76
7/21/2026	90 Degree Benefits - employee insurance claims	22,533.43
7/21/2026	Pay Plus - Patient Claims Processing Fee	2,661.24
7/21/2026	Credit Card Bank Fee	174.40
7/21/2026	Credit Card Lease Fee	45.64

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	**$**	**635,072.71**

GRAND TOTAL DISBURSEMENTS APPROVED July 22, 2026	**$**	**635,072.71**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

7/17/2026	MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error	584.07
7/17/2026	MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error	148,610.13
7/17/2026	MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error	205,743.60

TOTAL TRANSFERS BETWEEN FUNDS	**$**	**354,937.80**

NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS

7/21/2026	Nursing Home UPL - Cantex Transfer	116,445.26
7/21/2026	Nursing Home UPL - Nexion Transfer	228,222.22
7/21/2026	Nursing Home UPL - Tuscany Transfer	139,655.75
7/21/2026	Nursing Home UPL - HSL Transfer	50,745.16

TOTAL NURSING HOME UPL EXPENSES	**$**	**535,068.39**

GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED July 22, 2026	**$**	**890,006.19**

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV2869		07/15/202	07/20/202	07/20/202			1,400.00	0.00	0.00	1,400.00
	PHYS TIME STUDY FOR MED REI									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5525826816		07/15/202	06/30/202	07/25/202			668.28	0.00	0.00	668.28
	OXYGEN FOR SURGERY DEPT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	668.28	0.00	0.00	668.28

Vendor#	Vendor Name	Class	Pay Code
12800	AUTHORITYRX, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7000163830		07/15/202	07/01/202	07/02/202			11,234.98	0.00	0.00	11,234.98
	ADVANCED CLAIMS CAPTURE JL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX, LLC	11,234.98	0.00	0.00	11,234.98

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
85639912		07/08/202	07/01/202	07/25/202			631.20	0.00	0.00	631.20
	PHARMACY SERVICE CONTRACT / Spectrum IQ									
85639361		07/08/202	07/01/202	07/26/202			3,071.40	0.00	0.00	3,071.40
	INFUSION PUMP LEASE BILLING									
85650137		07/08/202	07/06/202	07/25/202			302.43	0.00	0.00	302.43
	~~SUPPLIES~~ Continu-flo set & CL System ext. set									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	4,005.03	0.00	0.00	4,005.03

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
112750554		07/08/202	07/05/202	07/05/202			4,766.70	0.00	0.00	4,766.70
	LAB SUPPLIES									
112749771		07/08/202	07/05/202	07/30/202			103.61	0.00	0.00	103.61
	LAB SUPPLIES / Diffuser									
112747509		07/15/202	07/02/202	07/27/202			348.40	0.00	0.00	348.40
	LAB SUPPLIES / ISE Tubing 3									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	5,218.71	0.00	0.00	5,218.71

Vendor#	Vendor Name	Class	Pay Code
B1655	BOSTON SCIENTIFIC CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
713961058		07/14/202	06/29/202	07/14/202			352.06	0.00	0.00	352.06
	SURGERY SUPPLIES / CRE 15-18MM									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION	352.06	0.00	0.00	352.06

Vendor#	Vendor Name	Class	Pay Code
11224	CABLES AND SENSORS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV222332A		07/16/202	07/01/202	07/16/202			150.00	0.00	0.00	150.00
	ER SUPPLIES / Philips Compatible NIBP Hose x2									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11224	CABLES AND SENSORS					150.00	0.00	0.00	150.00

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
8004246883		07/15/202	07/09/202	07/09/202			212.00	0.00	0.00	212.00
	RAD DEPT NUC MED SUPPLIES / area survey, area wipe collect & analysis									
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
10792	CHS ATHLETIC BOOSTER CLUB INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071526		07/15/202	07/15/202	07/15/202			450.00	0.00	0.00	450.00
	BOOSTER CLUB PROGRAM ADV / Full page									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10792	CHS ATHLETIC BOOSTER CLUB INC					450.00	0.00	0.00	450.00

Vendor#	Vendor Name	Class	Pay Code
15188	CLARITY ENROLLMENT SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3085		07/15/202	07/01/202	07/30/202			331.50	0.00	0.00	331.50
	EMPLOYEE NAVIGATOR FEES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15188	CLARITY ENROLLMENT SOLUTIONS					331.50	0.00	0.00	331.50

Vendor#	Vendor Name	Class	Pay Code
15116	COMPUGROUP MEDICAL - EMDS INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9090178162A		07/15/202	07/13/202	07/13/202			12,586.50	0.00	0.00	12,586.50
	EMD INV 070126-093026 - Hostings Services Per month									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15116	COMPUGROUP MEDICAL - EMDS INC.					12,586.50	0.00	0.00	12,586.50

Vendor#	Vendor Name	Class	Pay Code
14400	CULINARY CONCESSIONS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV310761		06/01/202	06/30/202	07/30/202			36,545.71	0.00	0.00	36,545.71
	LUBYS CAFE EXPENSES / June									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14400	CULINARY CONCESSIONS LLC					36,545.71	0.00	0.00	36,545.71

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
06302026		07/15/202	06/30/202	07/22/202			1,247.18	0.00	0.00	1,247.18
	SURGERY SUPPLIES / 9" mixed bed, Trip charge, Microswitch, DI Delivery Fee									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12044	CULLIGAN ULTRAPURE INC.					1,247.18	0.00	0.00	1,247.18

Vendor#	Vendor Name	Class	Pay Code
11368	CYRACOM LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
000849800626		07/15/202	06/30/202	07/30/202			10.27	0.00	0.00	10.27
	INTERPRETATION SERVICE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC					10.27	0.00	0.00	10.27

Vendor#	Vendor Name	Class	Pay Code
D1200	DETAR HOSPITAL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DTR2606016		07/15/202	07/01/202	07/01/202			7.77	0.00	0.00	7.77
	LAB PATIENT DRAWS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	D1200	DETAR HOSPITAL					7.77	0.00	0.00	7.77

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
8416770		07/07/202	06/30/202	06/30/202			235.09	0.00	0.00	235.09
	PAPER & envelopes									
8414030		07/14/202	06/24/202	07/19/202			335.63	0.00	0.00	335.63
	OFFICE SUPPLIES / Binders, pens, highlighters, tape, staples									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					570.72	0.00	0.00	570.72

Vendor#	Vendor Name	Class	Pay Code
10789	DISCOVERY MEDICAL NETWORK INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC063026		06/01/202	06/30/202	07/26/202			159,630.36	0.00	0.00	159,630.36
	JUNE 16-30TH PHYS SALARY INV									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC					159,630.36	0.00	0.00	159,630.36

Vendor#	Vendor Name	Class	Pay Code
11196	DON BROWN ELEVATOR INSPECTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
25789		07/15/202	07/01/202	07/15/202			1,050.00	0.00	0.00	1,050.00
	ANNUAL ELEVATOR INSPECTION									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11196	DON BROWN ELEVATOR INSPECTIONS					1,050.00	0.00	0.00	1,050.00

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
35199		07/14/202	08/26/202	09/20/202			105.00	0.00	0.00	105.00
	PEST CONTROL									
65432		07/14/202	01/06/202	01/31/202			75.00	0.00	0.00	75.00
	PEST CONTROL									
65450A		07/15/202	01/06/202	01/31/202			75.00	0.00	0.00	75.00
	PEST CONTROL									
72209A		07/15/202	04/13/202	05/08/202			75.00	0.00	0.00	75.00
	PEST CONTROL									
72661A		07/15/202	04/20/202	05/15/202			50.00	0.00	0.00	50.00
	PEST CONTROL									
73042A		07/15/202	04/20/202	05/15/202			50.00	0.00	0.00	50.00
	PEST CONTROL									
76574A		07/15/202	05/04/202	05/29/202			75.00	0.00	0.00	75.00
	PEST CONTROL									
73657A		07/15/202	05/04/202	05/29/202			50.00	0.00	0.00	50.00
	PEST CONTROL									
76933A		07/15/202	05/04/202	05/29/202			65.00	0.00	0.00	65.00
	PEST CONTROL									
72475A		07/15/202	05/04/202	05/29/202			120.00	0.00	0.00	120.00
	PEST CONTROL									
77217A		07/15/202	06/24/202	07/19/202			65.00	0.00	0.00	65.00
	PEST CONTROL									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL					805.00	0.00	0.00	805.00

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
45501		07/15/202	07/15/202	07/25/202			40,062.50	0.00	0.00	40,062.50
	ER PHYS SERVICES JULY 1-15TH									

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

10689 FASTHEALTH CORPORATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
07A26MMCA		07/15/202	07/15/202	07/30/202			545.00	0.00	0.00	545.00
	MMC MNTHLY WEBSITE JULY IN\									

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

Vendor# Vendor Name — Class — Pay Code

13016 FIRST INSURANCE FUNDING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070126		07/15/202	07/01/202	07/01/202			4,115.32	0.00	0.00	4,115.32
	INSURANCE INSTALLMENT									

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

Vendor# Vendor Name — Class — Pay Code

17276 FIRST UNITED METHODIST CHURCH

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080126		07/15/202	07/15/202	07/15/202			1,450.00	0.00	0.00	1,450.00
	LAND LEASE FOR CONSTRUCTIC									

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

Vendor# Vendor Name — Class — Pay Code

F1400 FISHER HEALTHCARE — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9509234		06/30/202	06/18/202	07/13/202			3,094.42	0.00	0.00	3,094.42
	LAB SUPPLIES / RSV Test, Hema 3 Stain, & Urine check 7 control set									
9686249		06/30/202	06/26/202	07/21/202			22,689.81	0.00	0.00	22,689.81
	LAB SUPPLIES									
9714438		07/15/202	06/29/202	07/24/202			686.07	0.00	0.00	686.07
	LAB SUPPLIES / Surevu rota cntrl & C Diff QUK check Complt									
9714437		07/15/202	06/29/202	07/24/202			190.07	0.00	0.00	190.07
	LAB SUPPLIES / Finntip filter									
9743733		07/15/202	06/30/202	07/25/202			558.25	0.00	0.00	558.25
	LAB SUPPLIES / Bio-bag chamber, Osmorom BV BlueTest, Mcfarland standar									
9743732		07/15/202	06/30/202	07/25/202			195.21	0.00	0.00	195.21
	LAB SUPPLIES / Bilirubin ctl level 1 & 3									
9743734		07/15/202	06/30/202	07/25/202			4,006.41	0.00	0.00	4,006.41
	LAB SUPPLIES / Erythrmcn, LDX Cass Lipid profile, & Cefinase 50-Dise									
9773475		07/15/202	07/01/202	07/26/202			1,088.80	0.00	0.00	1,088.80
	LAB SUPPLIES / seditrol ESR QC									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	32,509.04	0.00	0.00	32,509.04

Vendor# Vendor Name — Class — Pay Code

11183 FRONTIER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072326		07/15/202	07/23/202	07/23/202			26.17	0.00	0.00	26.17
	FAX LINES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	26.17	0.00	0.00	26.17

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
INV1012811		06/01/202	07/04/202	07/29/202			2,405.00	0.00	0.00	2,405.00
	PT TRAVEL NURSE / Sarah Wilmore 6/26, 6/29, 6/30, 7/1, 7/2									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC	2,405.00	0.00	0.00	2,405.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6003251552		07/07/202	07/01/202	07/25/202			1,083.94	0.00	0.00	1,083.94
	RADIOLOGY SUPPLIES / LOGIQ S7 Expert R3 Demo									
6003251658		07/07/202	07/01/202	07/25/202			13,695.01	0.00	0.00	13,695.01
	RAD MAINT CONTRACT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC	14,778.95	0.00	0.00	14,778.95

Vendor#	Vendor Name	Class	Pay Code
10956	GETINGE USA SALES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6993214469		07/02/202	06/30/202	07/14/202			66.21	0.00	0.00	66.21
	CATHETER SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10956	GETINGE USA SALES LLC	66.21	0.00	0.00	66.21

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
9970349446		07/14/202	06/30/202	07/25/202			97.20	0.00	0.00	97.20
	SURGERY SUPPLIES / Glove Dispenser									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	97.20	0.00	0.00	97.20

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
42362407		07/15/202	06/29/202	07/24/202			66.53	0.00	0.00	66.53
	IT PRINTER LEASE / Kyocera ECOSYS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS	66.53	0.00	0.00	66.53

Vendor#	Vendor Name	Class	Pay Code
G0401	GULF COAST DELIVERY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063026		07/14/202	06/30/202	07/30/202			50.00	0.00	0.00	50.00
	MMC LAB REPORT DELIVERY SE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY	50.00	0.00	0.00	50.00

Vendor#	Vendor Name	Class	Pay Code
10829	HEALTHSTREAM, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0410324		07/15/202	06/22/202	07/22/202			3,187.26	0.00	0.00	3,187.26
	HSTREAM FOR LEARNING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10829	HEALTHSTREAM, INC.	3,187.26	0.00	0.00	3,187.26

Vendor#	Vendor Name	Class	Pay Code
14140	HELMER SCIENTIFIC LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0000572978		07/15/202	07/07/202	07/07/202			4,704.37	0.00	0.00	4,704.37
	LAB EQUIPMENT FOR LAB MOVE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	14140	HELMER SCIENTIFIC LLC				4,704.37	0.00	0.00	4,704.37
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
	100001898203		07/15/202	05/18/202	05/18/202		573.53	0.00	0.00	573.53
		070126-073126 IT EQUIP 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				
15208	HOSPITAL CARE CONSULTANTS INC.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	7191		07/15/202	07/15/202	07/25/202		23,663.00	0.00	0.00	23,663.00
		HOSPITALIST PHYS JULY 1-15TH								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		15208	HOSPITAL CARE CONSULTANTS INC.				23,663.00	0.00	0.00	23,663.00
Vendor#	Vendor Name			Class	Pay Code				
10922	HUNTER PHARMACY SERVICES								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	7003		06/01/202	06/30/202	07/26/202		14,824.15	0.00	0.00	14,824.15
		PHARMACIST SALARY JUNE INV								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10922	HUNTER PHARMACY SERVICES				14,824.15	0.00	0.00	14,824.15
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
	41937475		07/02/202	06/03/202	07/02/202		217.49	0.00	0.00	217.49
		HOUSE KEEPING SUPPLIES / cleaner, bucket & mop, duster, pole extention								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		18388	IMPERIAL DADE				217.49	0.00	0.00	217.49
Vendor#	Vendor Name			Class	Pay Code				
13876	INQUISEEK, LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV2248		07/15/202	07/15/202	07/15/202		450.00	0.00	0.00	450.00
		POLICY AND PROCEDURE MAINT								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		13876	INQUISEEK, LLC				450.00	0.00	0.00	450.00
Vendor#	Vendor Name			Class	Pay Code				
11285	ITA RESOURCES INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	MMC072026		07/15/202	07/01/202	07/21/202		43,745.85	0.00	0.00	43,745.85
		CARDIO/RESP SALARY INVOICE								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11285	ITA RESOURCES INC				43,745.85	0.00	0.00	43,745.85
Vendor#	Vendor Name			Class	Pay Code				
10833	JAIME'S AUTO SHOP								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	54880		07/15/202	07/09/202	07/09/202		2,100.00	0.00	0.00	2,100.00
		UPHOLSTERY REPAIR								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10833	JAIME'S AUTO SHOP				2,100.00	0.00	0.00	2,100.00
Vendor#	Vendor Name			Class	Pay Code				
D1710	KEEP U NEAT CLEANERS			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	070726A		07/15/202	07/07/202	07/17/202		211.00	0.00	0.00	211.00
		DRY CLEANING								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net

	D1710	KEEP U NEAT CLEANERS					211.00	0.00	0.00	211.00
Vendor#	Vendor Name				Class	Pay Code				
L1640	LOWE'S BUSINESS ACCT/SYNCB				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	070226		07/15/202	07/02/202	07/02/202		997.49	0.00	0.00	997.49
		REFRIGERATOR FOR LAB								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		L1640	LOWE'S BUSINESS ACCT/SYNCB				997.49	0.00	0.00	997.49
Vendor#	Vendor Name				Class	Pay Code				
10972	M G TRUST									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	071526		07/15/202	07/15/202	07/15/202		295.00	0.00	0.00	295.00
		EMPLOYEE RETIREMENT								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				295.00	0.00	0.00	295.00
Vendor#	Vendor Name				Class	Pay Code				
M2470	MEDLINE INDUSTRIES INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2427520548		06/01/202	05/23/202	06/17/202		7,204.34	0.00	0.00	7,204.34
		DEPT SUPPLIES / strep test, Needle, towelette, probe cover								
	2433574588		07/08/202	07/03/202	07/27/202		-176.76	0.00	0.00	-176.76
		SUPPLIES CREDIT / easy III stain set								
	2433769904		07/08/202	07/06/202	07/27/202		-117.84	0.00	0.00	-117.84
		LAB SUPPLIES " "								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC				6,909.74	0.00	0.00	6,909.74
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
	9084		07/15/202	07/09/202	07/19/202		65.66	0.00	0.00	65.66
		CODING/TRANSCRIPTION SERVI								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		13548	NACOGDOCHES TRANSCRIPTION				65.66	0.00	0.00	65.66
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
	477		07/15/202	07/08/202	07/08/202		840.00	0.00	0.00	840.00
		CPR TRAINING								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14764	PL-CPR, LLC				840.00	0.00	0.00	840.00
Vendor#	Vendor Name				Class	Pay Code				
11932	PRESS GANEY ASSOCIATES, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	IN000765798		06/01/202	06/30/202	07/30/202		3,070.57	0.00	0.00	3,070.57
		JUNE INVOICE FOR HCAHPS SUF								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11932	PRESS GANEY ASSOCIATES, INC.				3,070.57	0.00	0.00	3,070.57
Vendor#	Vendor Name				Class	Pay Code				
12480	PRO ENERGY PARTNERS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	R40419		06/01/202	07/12/202	07/27/202		2,229.62	0.00	0.00	2,229.62
		NATURAL GAS FOR JUNE								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		12480	PRO ENERGY PARTNERS LLC				2,229.62	0.00	0.00	2,229.62
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
9100487781		06/30/202	06/26/202	07/26/202			221.50	0.00	0.00	221.50
	LAB SUPPLIES / MTS Pipet Tips									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	O1416	QUIDELORTHO SALES COMPANY LLC					221.50	0.00	0.00	221.50

Vendor#	Vendor Name	Class	Pay Code
S2345	SOUTHEAST TEXAS HEALTH SYS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27121		07/15/202	07/01/202	07/30/202			6,250.00	0.00	0.00	6,250.00
	QTRLY DUES JULY-SEPT 2026									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2345	SOUTHEAST TEXAS HEALTH SYS					6,250.00	0.00	0.00	6,250.00

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
071526A		07/15/202	07/15/202	07/16/202			3,596.00	0.00	0.00	3,596.00
	INTERNET & DATA									
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
15236	SPECIALTY PROFESSIONAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1260000371		06/01/202	05/08/202	05/08/202			3,650.00	0.00	0.00	3,650.00
	TRAVEL ER NURSE / Amber Helzer 4/28, 4/29, 4/30									
1260000384		06/01/202	05/15/202	05/15/202			3,650.00	0.00	0.00	3,650.00
	TRAVEL ER NURSE / Amber Helzer 5/1, 5/6, 5/7									
1260000398		06/01/202	05/22/202	05/22/202			2,375.00	0.00	0.00	2,375.00
	TRAVEL ER NURSE / Amber Helzer 5/11, 5/13									
1260000420		06/01/202	05/29/202	05/29/202			3,625.00	0.00	0.00	3,625.00
	TRAVEL ER NURSE / Amber Helzer 5/18, 5/19, 5/20									
1260000449		06/01/202	06/05/202	06/05/202			2,400.00	0.00	0.00	2,400.00
	TRAVEL ER NURSE / Amber Helzer 5/25, 5/26									
1260000467		06/01/202	06/12/202	06/12/202			1,225.00	0.00	0.00	1,225.00
	TRAVEL ER NURSE / Amber Helzer 5/31									
1260000489		06/01/202	06/19/202	06/19/202			5,425.00	0.00	0.00	5,425.00
	TRAVEL ER NURSE / Amber Helzer 5/29, 5/30, 6/9, 6/9, 6/10									
1260000501		06/01/202	06/26/202	06/26/202			2,475.00	0.00	0.00	2,475.00
	TRAVEL ER NURSE / Amber Helzer 6/13, 6/14									
1260000521		06/01/202	07/03/202	07/03/202			2,400.00	0.00	0.00	2,400.00
	TRAVEL ER NURSE / Amber Helzer 6/23, 6/24									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15236	SPECIALTY PROFESSIONAL					27,225.00	0.00	0.00	27,225.00

Vendor#	Vendor Name	Class	Pay Code
10094	ST DAVIDS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCPL202605		07/15/202	07/10/202	07/10/202			375.00	0.00	0.00	375.00
	MAY CONNECTIVITY FEE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTHCARE					375.00	0.00	0.00	375.00

Vendor#	Vendor Name	Class	Pay Code
S2694	STANFORD VACUUM SERVICE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
659644		07/14/202	07/08/202	07/08/202			625.00	0.00	0.00	625.00
	GREASE PUMP TRAP PUMP OUT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2694	STANFORD VACUUM SERVICE					625.00	0.00	0.00	625.00

Vendor#	Vendor Name				Class	Pay Code				
10735	STRYKER SALES, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9212664353		07/15/202	06/24/202	07/24/202			9,425.59	0.00	0.00	9,425.59
		ER STRETCHER DONATED BY AL									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10735	STRYKER SALES, LLC					9,425.59	0.00	0.00	9,425.59
Vendor#	Vendor Name				Class	Pay Code				
T2539	T-SYSTEM, INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2035934		06/01/202	06/30/202	07/30/202			6,276.42	0.00	0.00	6,276.42
		PHY/NURSE TRACKING SOFTWA									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC					6,276.42	0.00	0.00	6,276.42
Vendor#	Vendor Name				Class	Pay Code				
15856	TEXAS A&M HEALTH SCIENCE CENTE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	H187803		07/15/202	07/01/202	07/01/202			2,625.00	0.00	0.00	2,625.00
		PHYS PEER REVIEW JULY- SEPT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15856	TEXAS A&M HEALTH SCIENCE CENTE					2,625.00	0.00	0.00	2,625.00
Vendor#	Vendor Name				Class	Pay Code				
T1880	TEXAS DEPARTMENT OF LICENSING				A/P					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	070326		07/15/202	07/03/202	07/03/202			60.00	0.00	0.00	60.00
		ELEVATOR INSPECTION CERTIFI									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		T1880	TEXAS DEPARTMENT OF LICENSING					60.00	0.00	0.00	60.00
Vendor#	Vendor Name				Class	Pay Code				
T2204	TEXAS MUTUAL INSURANCE CO				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1008265238		06/01/202	07/06/202	07/26/202			5,045.00	0.00	0.00	5,045.00
		WORK COMP JUNE PAYROLL RE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		T2204	TEXAS MUTUAL INSURANCE CO					5,045.00	0.00	0.00	5,045.00
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
	0800058088		07/15/202	05/31/202	06/15/202			17.77	0.00	0.00	17.77
		FREIGHT LATE CHARGE									
	0800060104		07/15/202	06/30/202	07/15/202			5.82	0.00	0.00	5.82
		FREIGHT LATE CHARGES									
	TRI301662		07/15/202	07/01/202	07/16/202			74.15	0.00	0.00	74.15
		FREIGHT									
	TRI302573		07/15/202	07/10/202	07/25/202			222.77	0.00	0.00	222.77
		FREIGHT									
	TRI302973		07/15/202	07/15/202	07/30/202			102.95	0.00	0.00	102.95
		FREIGHT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13616	TRIOSE, INC					423.46	0.00	0.00	423.46
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
	2921091530		07/15/202	06/29/202	07/24/202			7,247.50	0.00	0.00	7,247.50
		SUPPLIES/LINENS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	U1064	UNIFIRST HOLDINGS INC				7,247.50	0.00	0.00	7,247.50
Vendor#	Vendor Name			Class	Pay Code				
12548	WAGEWORKS, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	0626TR116685		06/01/202	06/30/202	06/30/202		131.25	0.00	0.00	131.25
		HSA/FSA JUNE INVOICE								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		12548	WAGEWORKS, INC				131.25	0.00	0.00	131.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	510,259.44	0.00	0.00	510,259.44

APPROVED ON

JUL 16 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 213636 - 213697

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	213636	07/22/26	1,400.00	ACUTE CARE INC
A/P	213637	07/22/26	668.28	AIRGAS USA, LLC - CENTRAL DIV
A/P	213638	07/22/26	11,234.98	AUTHORITYRX, LLC
A/P	213639	07/22/26	4,005.03	BAXTER HEALTHCARE
A/P	213640	07/22/26	5,218.71	BECKMAN COULTER INC
A/P	213641	07/22/26	352.06	BOSTON SCIENTIFIC CORPORATION
A/P	213642	07/22/26	150.00	CABLES AND SENSORS
A/P	213643	07/22/26	212.00	CARDINAL HEALTH 414, INC.
A/P	213644	07/22/26	450.00	CHS ATHLETIC BOOSTER CLUB INC
A/P	213645	07/22/26	331.50	CLARITY ENROLLMENT SOLUTIONS
A/P	213646	07/22/26	12,586.50	COMPUGROUP MEDICAL - EMDS INC.
A/P	213647	07/22/26	36,545.71	CULINARY CONCESSIONS LLC
A/P	213648	07/22/26	1,247.18	CULLIGAN ULTRAPURE INC.
A/P	213649	07/22/26	10.27	CYRACOM LLC
A/P	213650	07/22/26	7.77	DETAR HOSPITAL
A/P	213651	07/22/26	570.72	DEWITT POTH & SON
A/P	213652	07/22/26	159,630.36	DISCOVERY MEDICAL NETWORK INC
A/P	213653	07/22/26	1,050.00	DON BROWN ELEVATOR INSPECTIONS
A/P	213654	07/22/26	805.00	DOWELL PEST CONTROL
A/P	213655	07/22/26	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	213656	07/22/26	545.00	FASTHEALTH CORPORATION
A/P	213657	07/22/26	4,115.32	FIRST INSURANCE FUNDING
A/P	213658	07/22/26	1,450.00	FIRST UNITED METHODIST CHURCH
A/P	213659	07/22/26	32,509.04	FISHER HEALTHCARE
A/P	213660	07/22/26	26.17	FRONTIER
A/P	213661	07/22/26	2,405.00	FUSION MEDICAL STAFFING, LLC
A/P	213662	07/22/26	14,778.95	GE PRECISION HEALTHCARE, LLC
A/P	213663	07/22/26	66.21	GETINGE USA SALES LLC
A/P	213664	07/22/26	97.20	GRAINGER
A/P	213665	07/22/26	66.53	GREAT AMERICA FINANCIAL SVCS
A/P	213666	07/22/26	50.00	GULF COAST DELIVERY
A/P	213667	07/22/26	3,187.26	HEALTHSTREAM, INC.
A/P	213668	07/22/26	4,704.37	HELMER SCIENTIFIC LLC
A/P	213669	07/22/26	573.53	HEWLETT-PACKARD
A/P	213670	07/22/26	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	213671	07/22/26	14,824.15	HUNTER PHARMACY SERVICES
A/P	213672	07/22/26	217.49	IMPERIAL DADE
A/P	213673	07/22/26	450.00	INQUISEEK, LLC
A/P	213674	07/22/26	43,745.85	ITA RESOURCES INC
A/P	213675	07/22/26	2,100.00	JAIME'S AUTO SHOP
A/P	213676	07/22/26	211.00	KEEP U NEAT CLEANERS
A/P	213677	07/22/26	997.49	LOWE'S BUSINESS ACCT/SYNCB
A/P	213678	07/22/26	295.00	M G TRUST
A/P	213679	07/22/26	6,909.74	MEDLINE INDUSTRIES INC
A/P	213680	07/22/26	65.66	NACOGDOCHES TRANSCRIPTION
A/P	213681	07/22/26	840.00	PL-CPR, LLC
A/P	213682	07/22/26	3,070.57	PRESS GANEY ASSOCIATES, INC.
A/P	213683	07/22/26	2,229.62	PRO ENERGY PARTNERS LLC
A/P	213684	07/22/26	221.50	QUIDELORTHO SALES COMPANY LLC
A/P	213685	07/22/26	6,250.00	SOUTHEAST TEXAS HEALTH SYS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	213686	07/22/26	3,596.00	SPARKLIGHT
A/P	213687	07/22/26	27,225.00	SPECIALTY PROFESSIONAL
A/P	213688	07/22/26	375.00	ST DAVIDS HEALTHCARE
A/P	213689	07/22/26	625.00	STANFORD VACUUM SERVICE
A/P	213690	07/22/26	9,425.59	STRYKER SALES, LLC
A/P	213691	07/22/26	6,276.42	T-SYSTEM, INC
A/P	213692	07/22/26	2,625.00	TEXAS A&M HEALTH SCIENCE CENTE
A/P	213693	07/22/26	60.00	TEXAS DEPARTMENT OF LICENSING
A/P	213694	07/22/26	5,045.00	TEXAS MUTUAL INSURANCE CO
A/P	213695	07/22/26	423.46	TRIOSE, INC
A/P	213696	07/22/26	7,247.50	UNIFIRST HOLDINGS INC
A/P	213697	07/22/26	131.25	WAGEWORKS, INC
A/P	213698	07/22/26	148,610.13	GOLDENCREEK HEALTHCARE
A/P	213699	07/22/26	584.07	LAVACA BAY NURSING AND REHAB
A/P	213700	07/22/26	205,743.60	TUSCANY VILLAGE
TOTALS:			865,197.24	

510.259.44 + — payables
584.07 + — lavaca bay
148.610.13 + — golden creek
205.743.60 + — tuscany
865.197.24 =

Account Number : [redacted]
Unique ID: [redacted]
ERIN CLEVENGER
Statement Date : 07-06-2026

Account Summary

Previous Balance	$0.00
Purchases and Other Charges	$1,660.86
Cash Advances	$0.00
Cash Advance Fees	$0.00
Late Payment Charges	$0.00
Credits	$0.00 CR
Payments	$0.00 PY
Total Activity	**$1,660.86**
Disputed Amount	$0.00

General Information

Total Activity $1,660.86

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

New Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
06-11	06-10	5545737616132128804000	TEXAS HOSPITAL ASSOC AUSTIN TX	240.00
06-22	06-19	5550037617079295991655	TX SEC OF STATE AUSTIN TX	20.71
06-25	06-24	5550036617579866395875	TEXAS SECRETARY OF STA AUSTIN TX	21.00
06-25	06-24	5550036617579867109011	TEXAS S.O.S. SVC HAGERSTOWN MD	0.57
06-25	06-24	5554750617632707008479	NOTARY PUBLIC UNDERWRI TALLAHASSEE FL	140.95
06-29	06-26	5543687617817178921109	IMPRIMISRX 503B LEDGEWOOD NJ	990.00
06-30	06-29	0513437618160011837444	NPDB NPDB.HRSA.GOV ROCKVILLE MD	42.50
07-03	07-02	0513437618460013067529	NPDB NPDB.HRSA.GOV ROCKVILLE MD	2.50
07-03	07-03	5543266618420109808660	AMA*CREDENTIALING CHICAGO IL	44.00
07-06	07-03	0513437618560013987338	NPDB NPDB.HRSA.GOV ROCKVILLE MD	2.50
07-06	07-03	0513437618560013987346	NPDB NPDB.HRSA.GOV ROCKVILLE MD	2.50
07-06	07-03	5550037618480955960910	TXDPS CRIME RECS AUSTIN TX	153.63

104504000
40510090
40510090
40510090
40510090
40510090
40510093

ERC

APPROVED ON
JUL 14 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

MEMO STATEMENT ONLY
DO NOT REMIT PAYMENT

106481939582060 S

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

(1)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: US Bank

Date: 7/8/2026

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Vendor Fax #:

Initiated By:

Date Required | Expense # | Department | Deliver To | Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Texas Hospital Assoc - THT 6/9/26			✓ 240.00
2			Healthcare Governance Conference			
3			Registration for Vicki Lilly (Board member)			
4	—	240.00 +	TX Sec of State - Notary Education			✓ 20.71
5		20.71 +	Course - Pam Calzada			
6	—	21.00 +	TX Sec of State - Application			✓ 21.00
7		0.57 + 140.95 + 423.23 *	Renewal Notary for Pam Calzada			
8	—		TX S.O.S. Service - Service Fee			✓ .57
9	—		Notary Pubeic Underwriters - 4yrs			✓ 140.95
10			Notary Package Renewal - Pam Calzada			

Est. Freight _____ Est. Total Cost _____ TOTAL C

1,237.63 +
423.23 +
1,660.86 * _____

NOTES:

Changes made to Erin's MC. XXX 6334

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator ✓ _____

(2)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: US Bank

Date: 7/8/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—	42.50 +	NPDB - 17 Renewals	2.50		✓ 42.50
2	—	2.50 +	NPDB - 1 Enrollment (credentialing)			✓ 2.50
3	—	44.00 +	AMA credentialing - 1 Physician			✓ 44.00
4		2.50 + 153.63 +	Init & Cont. monitoring (KROSCHE)			
5	—	620.00 + 370.00 +	NPDB - 1 Enrollment (provider)			✓ 2.50
6	—	1,237.63 *	NPDB - 1 Enrollment (credentialing)			✓ 2.50
7	—		TX DPS Crime Recs - 50			✓ 153.63
8			credits (HR + Credentialing)			
9	—	1 pk.	Imprimis Rx - Dexamethasone / Moxifloxacin			$620
10	—	1 pk.	Imprimis Rx - Phenylephrine / Lidocaine			$370

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

NOTES:

charges made to Erin's MC xxx 6334 ✓

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____ ✓

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Imprimis Rx

Date: 6/24/26

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Vendor Fax #:

Initiated By: Jacqueline

Date Required

Expense # 10450000 Department Pharmacy

Deliver To

Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	1	pack	Dexamethasone / Moxifloxacin	$620-		$620-
2			1mg/5mg/1mL vial box of 20ct			
3	1 pack		Phenylephrine / Lidocaine	$370		$370-
4			1.5% / 1% / 1mL vial box of 20 ct			
5						
6						
7						
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST $990

NOTES:

Medication charged to patient's during surgery

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

Dept. Director

Dir. Nursing

Dir. Clinical Services

CFO

Administrator

Account Number : [redacted]
Unique ID: [redacted]
MICHELLE CUMBERLAND
Statement Date : 07-06-2026

Account Summary	
Previous Balance	$0.00
Purchases and Other Charges	$236.04
Cash Advances	$0.00
Cash Advance Fees	$0.00
Late Payment Charges	$0.00
Credits	$0.00 CR
Payments	$0.00 PY
Total Activity	$236.04
Disputed Amount	$0.00

General Information	
Total Activity	$236.04

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

New Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
07-02	07-02	5543286618320078455873 7	FAXAGE DENVER CO	236.04

APPROVED ON
JUL 14 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

MEMO STATEMENT ONLY
DO NOT REMIT PAYMENT

106481939582115 S

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

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: US Bank

Date: _____

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Faxage - Invoice for June 2026			236.04
2						
3						
4						
5						
6						
7						
8						
9						
10						

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

NOTES:
charge made to Michelle's MC ending 4949

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator _____

Wire Transfer

DWR-04277906 - COUNTY OF CALHOUN TEXAS (COUNT1923)

PROSPERITY BANK®

Wire Details

Transaction Number	[redacted]
Recurring Frequency	One-Time Payment
Template Name	US BANK STATE PRGRM -MMC CARDS
Amount	USD 1,896.90
Debit Account	*4357 - DDA (MEMORIAL MEDICAL - OPERATING) - Prosperity Bank[redacted]
Notify Initiator Options	Pending Actions: Notify via EMAIL Pending Release: Notify via EMAIL Pending Processing: Notify via EMAIL System Events: Notify via EMAIL Complete - Unsuccessful: Notify via EMAIL Complete - Successful: Notify via EMAIL Early Action Taken: Notify via EMAIL Early Action Removed: Notify via EMAIL Expired: Notify via EMAIL
Payment Date	07/23/2026

Originator Information

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

Beneficiary / Payee Information

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

Beneficiary Bank Information

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

Additional Reference Information

Purpose Of Payment	
Additional Information For Beneficiary	[redacted]

Status History

Timestamp	Status	Initiator	Description
Jul 23, 2026 8:58:21 AM CDT	Created	COUNT1923 / CalCo9275 (RHONDA S. KOKENA)	Wire Created.

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
6/24/2026	7/10/2026	0215946	4,705.13
7/9/2026	7/25/2026	5029374	297.69
7/9/2026	8/10/2026	5032063	135.90
7/12/2026	8/10/2026	5038616	55.73
7/12/2026	8/10/2026	5038617	46.55
7/12/2026	8/10/2026	5038618	665.18
7/13/2026	8/10/2026	5043743	126.45
7/14/2026	8/10/2026	5050111	1,321.68
7/14/2026	8/10/2026	5050472	924.12
7/14/2026	8/10/2026	5050473	208.94
7/15/2026	8/10/2026	5056650	16.83
7/15/2026	8/10/2026	5056651	87.30
7/15/2026	8/10/2026	5056652	1,610.18
7/16/2026	8/10/2026	5061594	733.96
7/16/2026	8/10/2026	5061595	254.04
7/16/2026	8/10/2026	5061596	54.69
			11,244.37

APPROVED ON

JUL 21 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MSR

Michelle Cumberland, CFO

McKESSON

Company: 8000

STATEMENT

As of: 07/17/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 07/17/2026

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 07/17/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 07/17/2026 **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: 45,214.07 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 07/21/2026,
Pay This Amount: 44,309.78 USD

If Paid After 07/21/2026,
Pay this Amount: 45,214.07 USD

Due If Paid On Time:
USD 44,309.78

Disc lost if paid late:
904.29

Due If Paid Late:
USD 45,214.07

APPROVED ON
JUL 21 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

39.30 +
42,938.21 +
1,332.27 +
44,309.78 =

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/17/2026 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 190813
Date: 07/17/2026

APPROVED ON
JUL 21 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 07/17/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 07/17/2026 **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 190813 HEB PHCY 0434/MEM MED PHS											
07/15/2026	07/21/2026	7646344368	5072804	115Invoice	0.49	24.31		23.82		7646344368	
07/17/2026	07/21/2026	7646807021	5075514	115Invoice	0.32	15.80		15.48		7646807021	

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

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

Subtotals: 40.11 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,424.81
06/08/2026

If Paid By 07/21/2026,
Pay This Amount: 39.30 USD

If Paid After 07/21/2026,
Pay this Amount: 40.11 USD

Due If Paid On Time:
USD 39.30

Disc lost if paid late:
0.81

Due If Paid Late:
USD 40.11

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 07/17/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/17/2026

APPROVED ON
JUL 21 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 07/17/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/17/2026

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 256342	**WALMART 1098/MEM MED PHS**										
07/14/2026	07/21/2026	7646143954	289055974	115Invoice	5.12	256.05		250.93		7646143954	
07/14/2026	07/21/2026	7646143955	283753399	115Invoice	2.18	109.22		107.04		7646143955	
07/14/2026	07/21/2026	7646143956	279843948	115Invoice	0.36	18.18		17.82		7646143956	
07/14/2026	07/21/2026	7646143957	279097854	115Invoice	0.01	0.32		0.31		7646143957	
07/14/2026	07/21/2026	7646143958	289055974	115Invoice	0.01	0.63		0.62		7646143958	
07/14/2026	07/21/2026	7646148789	286918485	115Invoice	5.22	261.01		255.79		7646148789	
07/14/2026	07/21/2026	7646148790	288898389	115Invoice	16.14	806.93		790.79		7646148790	
07/14/2026	07/21/2026	7646148791	288926734	115Invoice	4.90	244.79		239.89		7646148791	
07/14/2026	07/21/2026	7646148792	279097854	115Invoice	1.48	74.15		72.67		7646148792	
07/14/2026	07/21/2026	7646148793	279692648	115Invoice	1.48	74.15		72.67		7646148793	
07/14/2026	07/21/2026	7646148794	280495375	115Invoice	4.45	222.46		218.01		7646148794	
07/14/2026	07/21/2026	7646148795	281632092	115Invoice	1.48	74.15		72.67		7646148795	
07/14/2026	07/21/2026	7646191456	288030972	115Invoice	139.00	6,949.88		6,810.88		7646191456	
07/14/2026	07/21/2026	7646191457	287643950	115Invoice	139.00	6,949.88		6,810.88		7646191457	
07/14/2026	07/21/2026	7646194442	280737433	115Invoice	104.25	5,212.41		5,108.16		7646194442	
07/14/2026	07/21/2026	7646194443	267685059	115Invoice	34.44	1,721.82		1,687.38		7646194443	
07/14/2026	07/21/2026	7646194444	274365325	115Invoice	28.19	1,409.51		1,381.32		7646194444	
07/14/2026	07/21/2026	7646194445	268093661	115Invoice	16.12	805.93		789.81		7646194445	
07/14/2026	07/21/2026	7646194446	273873523	115Invoice	68.87	3,443.63		3,374.76		7646194446	
07/14/2026	07/21/2026	7646200814	267781358	115Invoice	86.09	4,304.54		4,218.45		7646200814	
07/14/2026	07/21/2026	7646200815	275480526	115Invoice	16.12	805.93		789.81		7646200815	
07/14/2026	07/21/2026	7646200816	286918485	115Invoice	156.37	7,818.70		7,662.33		7646200816	
07/14/2026	07/21/2026	7646207353	269115220	115Invoice	34.44	1,721.82		1,687.38		7646207353	
07/15/2026	07/21/2026	7646414607	289217854	115Invoice	4.90	244.79		239.89		7646414607	
07/16/2026	07/21/2026	7646639812	289375368	115Invoice	5.67	283.62		277.95		7646639812	

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 07/17/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/17/2026

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

APPROVED ON
JUL 21 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 07/17/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 07/17/2026 **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: 43,814.50 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 100,283.32
07/13/2026

If Paid By 07/21/2026,
Pay This Amount: 42,938.21 USD

If Paid After 07/21/2026,
Pay this Amount: 43,814.50 USD

Due If Paid On Time:
USD 42,938.21

Disc lost if paid late:
876.29

Due If Paid Late:
USD 43,814.50

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/17/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 07/17/2026

APPROVED ON
JUL 21 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 07/17/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 07/17/2026 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
07/16/2026	07/21/2026	7646480929	B2607-055-419049	115Invoice	27.19	1,359.46		1,332.27		7646480929	

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

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

Subtotals: 1,359.46 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 100,283.32
07/13/2026

If Paid By 07/21/2026,
Pay This Amount: 1,332.27 USD

If Paid After 07/21/2026,
Pay this Amount: 1,359.46 USD

Due If Paid On Time:
USD 1,332.27

Disc lost if paid late:
27.19

Due If Paid Late:
USD 1,359.46

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 72494277
Date: 07-17-2026

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:	18.82
Past Due:	0.00
Total Due:	18.82
Account Balance:	18.82

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-15-2026	07-24-2026	3257309558	7012280838	Invoice	9.13		0.00	9.13
07-17-2026	07-24-2026	3257579078	7012295632	Invoice	9.69		0.00	9.69

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
18.82	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
07-17-2026	(400.55)

Reminders

Due Date	Amount
07-24-2026	18.82
Total Due:	18.82

APPROVED ON
JUL 21 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

cencora

STATEMENT

Statement Number: 72508949
Date: 07-17-2026

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:	159.93
Past Due:	0.00
Total Due:	159.93
Account Balance:	159.93

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-13-2026	07-24-2026	3256999097	7012267791	Invoice	153.97		0.00	153.97
07-13-2026	07-24-2026	3257070120	7012276472	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
159.93	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
07-24-2026	159.93
Total Due:	159.93

APPROVED ON
JUL 21 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.

CHKNO	CMPID	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	SVCCD	SVCGP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PAYNO
8972	76351	1	1	0	2026	183001494	0	7/10/2026	$27,590.43	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	[redacted]		PCS	F	6/15/2026	6/28/2026	464334244
8974	76351	1	1	0	2026	189000987	0	7/10/2026	$149.48	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0	[redacted]		INVC	F	7/1/2026	7/31/2026	591031071
8975	76351	1	1	0	2026	189001549	0	7/10/2026	$414.19	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0	[redacted]		INVC	F	7/1/2026	7/31/2026	591031071
8977	76351	2	86	0	2026	174000283	0	7/10/2026	$96.83	1	HOUSTON NEUROLOGY ASSOCIATES	P	752	0	[redacted]		TELS	F	6/16/2026	6/16/2026	742107965
8979	76351	2	5	0	2026	181001058	0	7/10/2026	$527.85	1	PHYSICIANS REFERRAL SERVICE	P	177	0	[redacted]		OV	F	6/25/2026	6/25/2026	760273984
8980	76351	2	5	0	2026	183000240	0	7/10/2026	$613.70	1	PHYSICIANS REFERRAL SERVICE	P	315	0	[redacted]		PET	F	6/24/2026	6/24/2026	760273984
8981	76351	3	8	0	2026	175000855	0	7/10/2026	$10.73	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0	[redacted]		AB	F	6/20/2026	6/20/2026	742605670
8983	76351	3	36	0	2026	174001297	0	7/10/2026	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	6/18/2026	6/18/2026	742605670
8984	76351	3	57	0	2026	180000718	0	7/10/2026	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	360	0	[redacted]		POV	F	6/24/2026	6/24/2026	742605670
8988	76351	3	73	2	2026	169003153	0	7/10/2026	$99.22	1	SCOTT & WHITE CLINIC	P	728	0	[redacted]		TELM	F	6/17/2026	6/17/2026	742958277
8989	76351	3	21	1	2026	180000729	0	7/10/2026	$106.60	1	PORT LAVACA CLINIC	P	172	0	[redacted]		AB	F	6/24/2026	6/24/2026	742605670
8990	76351	3	82	1	2026	174001317	0	7/10/2026	$110.96	1	ANNE VO	P	172	0	[redacted]		AB	F	6/16/2026	6/16/2026	462389484
8991	76351	3	83	0	2026	175000857	0	7/10/2026	$125.34	1	CITIZENS MEDICAL PROFESSIONALS	P	457	0	[redacted]		OVS	F	6/17/2026	6/17/2026	471158090
8993	76351	3	9	0	2026	175000840	0	7/10/2026	$130.67	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	6/12/2026	6/12/2026	741680498
8994	76351	3	50	0	2026	176001192	0	7/10/2026	$132.01	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0	[redacted]		AB	F	6/22/2026	6/22/2026	742605670
8996	76351	3	83	0	2026	177000685	0	7/10/2026	$156.34	1	ALMA	P	728	0	[redacted]		TELM	F	6/24/2026	6/24/2026	841856765
8997	76351	3	29	0	2026	180000795	0	7/10/2026	$186.50	1	HOUSTON METHODIST SPECIALTY PHYSICIANS	P	457	0	[redacted]		OVS	F	6/24/2026	6/24/2026	332241086
8998	76351	3	72	0	2026	177000733	0	7/10/2026	$194.35	1	HOUSTON METHODIST SPECIALTY PHYSICIANS	P	728	0	[redacted]		TELM	F	6/4/2026	6/4/2026	332241086
8999	76351	3	10	0	2026	169003144	0	7/10/2026	$247.81	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]		AB	F	6/9/2026	6/9/2026	741680498
9000	76351	3	43	0	2026	180000736	0	7/10/2026	$247.81	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]		AB	F	6/15/2026	6/15/2026	741680498
9003	76360	2	35	0	2026	183000036	0	7/10/2026	$172.35	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457	0	[redacted]		OVS	F	7/21/2025	7/21/2025	300520570
9004	76360	2	16	0	2026	177000559	0	7/10/2026	$4,652.90	1	BAPTIST MEDICAL CENTER	P	406	0	[redacted]		ER	F	6/19/2026	6/19/2026	760714523
9006	76360	3	112	0	2026	180000760	0	7/10/2026	$21.40	1	MELISSA A KAINER ERWIN MD PA	P	177	0	[redacted]		OV	F	6/25/2026	6/25/2026	200802489
9007	76360	3	49	2	2026	169003147	0	7/10/2026	$29.10	1	GUELVALDIVIA VERONICA	P	177	0	[redacted]		OV	F	6/16/2026	6/16/2026	742640162
9008	76360	3	26	1	2026	175000833	0	7/10/2026	$32.47	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	6/11/2026	6/11/2026	741680498
9009	76360	3	30	0	2026	177000725	0	7/10/2026	$33.32	1	MELISSA A KAINER ERWIN MD PA	P	177	0	[redacted]		OV	F	6/24/2026	6/24/2026	200802489
9011	76360	3	74	0	2026	177000665	0	7/10/2026	$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0	[redacted]		OVS	F	6/24/2026	6/24/2026	273335355
9012	76360	3	74	2	2026	177000698	0	7/10/2026	$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0	[redacted]		OVS	F	6/24/2026	6/24/2026	273335355
9015	76360	3	2	0	2026	180000703	0	7/10/2026	$63.69	1	LIVER SPECIALISTS OF TEXAS PA	P	752	0	[redacted]		TELS	F	6/23/2026	6/23/2026	760678757
9016	76360	3	2	1	2026	169003178	0	7/10/2026	$64.14	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0	[redacted]		OVS	F	6/17/2026	6/17/2026	260151734
9017	76360	3	139	0	2026	177000727	0	7/10/2026	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	6/23/2026	6/23/2026	742605670
9018	76360	1	41	1	2026	181001077	0	7/10/2026	$70.81	1	PORT LAVACA CLINIC ASSOCIATES	P	360	0	[redacted]		POV	F	6/25/2026	6/25/2026	742605670
9021	76360	3	41	0	2026	175000883	0	7/10/2026	$90.34	1	CITIZENS MEDICAL PROFESSIONALS	P	177	0	[redacted]		OV	F	6/16/2026	6/16/2026	471158090
9025	76360	3	136	1	2026	177000670	0	7/10/2026	$107.88	1	PORT LAVACA CLINIC	P	172	0	[redacted]		AB	F	6/23/2026	6/23/2026	742605670
9026	76360	3	140	3	2026	177000243	0	7/10/2026	$113.80	1	CHILDRENS PHYSICIAN SERVICES OF SOUTH	P	728	0	[redacted]		TELM	F	6/19/2026	6/19/2026	742620408
9028	76360	3	59	1	2026	175000866	0	7/10/2026	$127.79	1	FAMILY CARE CENTER	P	360	0	[redacted]		POV	F	6/15/2026	6/15/2026	810970561
9031	76360	3	146	0	2026	180000745	0	7/10/2026	$147.46	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	6/24/2026	6/24/2026	742605670
9032	76360	3	63	1	2026	174001336	0	7/10/2026	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	5/17/2026	5/17/2026	815248556
9034	76360	3	59	1	2026	181001102	0	7/10/2026	$179.51	1	ADVENTHEALTH MEDICAL GROUP	P	177	0	[redacted]		OV	F	6/24/2026	6/24/2026	840438224
9036	76360	3	27	0	2026	180000719	0	7/10/2026	$247.81	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]		AB	F	6/15/2026	6/15/2026	741680498
9037	76360	3	145	0	2026	183000242	0	7/10/2026	$247.81	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]		AB	F	6/19/2026	6/19/2026	741680498
9038	76360	3	59	1	2026	175000906	0	7/10/2026	$256.01	1	FAMILY CARE CENTER	P	360	0	[redacted]		POV	F	6/15/2026	6/15/2026	810970561
9039	76360	3	68	1	2026	175000828	0	7/10/2026	$270.06	1	SINGLETON ASSOCIATES PA	P	321	0	[redacted]		MRIO	F	6/10/2026	6/10/2026	741680498
9043	76360	3	26	0	2026	175000401	0	7/10/2026	$461.99	1	DETAR HEALTHCARE SYSTEM	P	186	0	[redacted]		HLAB	F	6/16/2026	6/16/2026	621754940
9044	76360	3	24	0	2026	181001067	0	7/10/2026	$550.49	1	EXACT SCIENCES LABORATORIES, LLC	P	704	0	[redacted]		AB7	F	6/17/2026	6/17/2026	463095174
9045	76360	3	134	2	2026	177000759	0	7/10/2026	$2,180.32	1	CHILDRENS PHYSICIAN SERVICES OF SOUTH	P	262	0	[redacted]		WC	F	1/2/2026	1/4/2026	742620408
9046	76370	3	24	0	2026	180000788	0	7/10/2026	$59.68	1	CLINICAL PATHOLOGY LABORATORIES INC	P	172	0	[redacted]		AB	F	5/29/2026	5/29/2026	742554159
									$41,768.76												

APPROVED ON

JUL 21 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

9048	76351	2	33	0	2026	191001944	0	7/17/2026	$38.75	1	HPCMS LLC	P	604	0	[redacted]	CASE	F	6/17/2026	6/17/2026	271837628
9049	76351	2	2	0	2026	187001233	0	7/17/2026	$40.15	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]	ERD	F	6/23/2026	6/23/2026	741680498
9050	76351	2	86	0	2026	190000260	0	7/17/2026	$41.60	1	QUEST DIAGNOSTICS ATLANTA	P	185	0	[redacted]	LAB	F	6/12/2026	6/12/2026	382084239
9053	76351	2	58	0	2026	183000412	0	7/17/2026	$70.00	1	PALACIOS COMMUNITY MEDICAL CEN	P	406	0	[redacted]	ER	F	6/18/2026	6/18/2026	760698013
9056	76351	2	86	0	2026	188000791	0	7/17/2026	$188.78	1	SUGAR LAND ENDOCRINE & THYROID, PLLC	P	457	0	[redacted]	OVS	F	6/2/2026	6/2/2026	472183230
9057	76351	2	2	0	2026	188000750	0	7/17/2026	$197.43	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]	CAT	F	6/26/2026	6/26/2026	741680498
9059	76351	2	86	0	2026	189001070	0	7/17/2026	$390.53	1	SINGLETON ASSOCIATES PA	P	321	0	[redacted]	MRIO	F	6/24/2026	6/24/2026	741680498
9060	76351	2	86	0	2026	189001058	0	7/17/2026	$416.61	1	SINGLETON ASSOCIATES PA	P	321	0	[redacted]	MRIO	F	6/24/2026	6/24/2026	741680498
9061	76351	2	5	0	2026	191001997	0	7/17/2026	$503.75	1	HPCMS LLC	P	604	0	[redacted]	CASE	F	6/1/2026	6/30/2026	271837628
9064	76351	3	81	0	2026	189001090	0	7/17/2026	$13.37	1	DIAGNOSTIC IMAGING ASSOCIATES, PA	P	189	0	[redacted]	ERD	F	6/29/2026	6/29/2026	760686474
9065	76351	3	10	0	2026	182000786	0	7/17/2026	$28.63	1	TMH PHYSICIAN ASSOCIATES PLLC	P	450	0	[redacted]	XRDS	F	6/26/2026	6/26/2026	332241086
9066	76351	3	22	1	2026	188000736	0	7/17/2026	$35.02	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]	XRAY	F	6/23/2026	6/23/2026	741680498
9067	76351	3	88	0	2026	187000143	0	7/17/2026	$48.71	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]	XRAY	F	6/17/2026	6/17/2026	741680498
9068	76351	3	21	0	2026	188000709	0	7/17/2026	$48.71	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]	XRAY	F	6/24/2026	6/24/2026	741680498
9069	76351	3	14	0	2026	182000825	0	7/17/2026	$59.68	1	CLINICAL PATHOLOGY LABORATORIES INC	P	172	0	[redacted]	AB	F	5/29/2026	5/29/2026	742554159
9070	76351	3	69	1	2026	187001269	0	7/17/2026	$62.42	1	WILSON A ALMONTE MD PLLC	P	457	0	[redacted]	OVS	F	6/30/2026	6/30/2026	474898361
9071	76351	3	8	0	2026	189001029	0	7/17/2026	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]	OV	F	7/3/2026	7/3/2026	742605670
9073	76351	3	79	0	2026	191001918	0	7/17/2026	$77.50	1	HPCMS LLC	P	604	0	[redacted]	CASE	F	6/8/2026	6/17/2026	271837628
9075	76351	3	12	0	2026	190000265	0	7/17/2026	$86.73	1	BAYLOR COLLEGE OF MEDICINE	P	728	0	[redacted]	TELM	F	6/25/2026	6/25/2026	300791563
9076	76351	3	79	0	2026	190000232	0	7/17/2026	$96.43	1	LONE STAR SPINE AND INJURY CENTER PLLC	P	457	0	[redacted]	OVS	F	7/1/2026	7/1/2026	843958967
9077	76351	3	43	0	2026	183000724	0	7/17/2026	$100.89	1	PORT LAVACA CLINIC	P	172	0	[redacted]	AB	F	6/29/2026	6/29/2026	742605670
9078	76351	3	21	0	2026	189001017	0	7/17/2026	$124.18	1	NOE R OLVERA MD PA	P	457	0	[redacted]	OVS	F	6/23/2026	6/23/2026	262712038
9079	76351	3	22	0	2026	190000264	0	7/17/2026	$124.66	1	VICTORIA WOMENS CLINIC	P	172	0	[redacted]	AB	F	6/29/2026	6/29/2026	741831291
9083	76351	3	79	2	2026	187000315	0	7/17/2026	$192.84	1	PINNACLE DERMATOLOGY SC	P	457	0	[redacted]	OVS	F	6/22/2026	6/22/2026	815095434
9084	76351	3	10	0	2026	182000792	0	7/17/2026	$329.82	1	TMH PHYSICIAN ASSOCIATES PLLC	P	457	0	[redacted]	OVS	F	6/26/2026	6/26/2026	332241086
9085	76351	3	48	0	2026	188000698	0	7/17/2026	$420.75	1	PHYSICIANS REFERRAL SERVICE	P	457	0	[redacted]	OVS	F	5/28/2026	5/28/2026	760273984
9086	76351	3	72	0	2026	191001873	0	7/17/2026	$465.00	1	HPCMS LLC	P	604	0	[redacted]	CASE	F	6/5/2026	6/30/2026	271837628
9087	76351	3	8	0	2026	187000151	0	7/17/2026	$514.08	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]	CAT	F	6/19/2026	6/19/2026	741680498
9088	76351	3	36	0	2026	189000241	0	7/17/2026	$945.00	1	COMMUNITY PATHOLOGY ASSOCIATES	P	185	0	[redacted]	LAB	F	6/15/2026	6/15/2026	760421006
9089	76351	3	81	0	2026	189000608	0	7/17/2026	$1,009.18	1	CITIZENS MEDICAL CENTER	P	406	0	[redacted]	ER	F	6/29/2026	6/29/2026	741698143
9091	76351	3	79	0	2026	183001084	0	7/17/2026	$1,060.68	1	CITIZENS MEDICAL CENTER	P	406	0	[redacted]	ER	F	6/25/2026	6/25/2026	741698143
9094	76360	3	53	0	2026	183001102	0	7/17/2026	$6,415.59	1	CITIZENS MEDICAL CENTER	P	418	0	[redacted]	RB	F	12/19/2025	12/21/2025	741698143
9095	76360	3	107	2	2026	187001232	0	7/17/2026	$28.65	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]	ERD	F	6/17/2026	6/17/2026	741680498
9096	76360	3	23	0	2026	190000481	0	7/17/2026	$29.10	1	PORT LAVACA CLINIC	P	177	0	[redacted]	OV	F	5/27/2026	5/27/2026	742605670
9097	76360	3	153	0	2026	188000705	0	7/17/2026	$31.20	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]	XRAY	F	6/23/2026	6/23/2026	741680498
9098	76360	3	32	1	2026	189001054	0	7/17/2026	$44.28	1	LABORATORY CORPORATION OF AMERICA	P	185	0	[redacted]	LAB	F	6/30/2026	6/30/2026	840611484
9101	76360	3	92	0	2026	182000741	0	7/17/2026	$59.68	1	CLINICAL PATHOLOGY LABORATORIES INC	P	172	0	[redacted]	AB	F	5/20/2026	5/20/2026	742554159
9102	76360	3	107	0	2026	188000726	0	7/17/2026	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]	OV	F	7/1/2026	7/1/2026	742605670
9109	76360	3	68	0	2026	187001262	0	7/17/2026	$95.43	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]	OV	F	6/30/2026	6/30/2026	742605670
9110	76360	3	111	1	2026	183000702	0	7/17/2026	$103.80	1	CHILDRENS PHYSICIAN SERVICES	P	752	0	[redacted]	TELS	F	6/29/2026	6/29/2026	742620408
9112	76360	3	138	2	2026	188000769	0	7/17/2026	$122.00	1	COUNSELING4LIFE LLC	P	360	0	[redacted]	POV	F	7/1/2026	7/1/2026	455131564
9113	76360	3	59	1	2026	189001082	0	7/17/2026	$127.79	1	FAMILY CARE CENTER	P	360	0	[redacted]	POV	F	6/29/2026	6/29/2026	810970561
9115	76360	3	111	1	2026	183000669	0	7/17/2026	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]	ERD	F	5/26/2026	5/26/2026	815248556
9116	76360	3	30	0	2026	187001268	0	7/17/2026	$160.00	1	NEXTCARE URGENT CARE	P	487	0	[redacted]	URG	F	6/23/2026	6/23/2026	260845489
9118	76360	3	82	0	2026	189001068	0	7/17/2026	$215.05	1	CITIZENS MEDICAL PROFESSIONAL	P	176	0	[redacted]	AO	F	5/20/2026	5/20/2026	471158090
9121	76360	3	21	1	2026	191001985	0	7/17/2026	$465.00	1	HPCMS LLC	P	604	0	[redacted]	CASE	F	6/1/2026	6/30/2026	271837628
9122	76360	3	26	1	2026	189001059	0	7/17/2026	$508.87	1	EXACT SCIENCES LABORATORIES, LLC	P	704	0	[redacted]	AB7	F	6/30/2026	6/30/2026	463095174
9123	76360	3	75	0	2026	188000716	0	7/17/2026	$550.49	1	EXACT SCIENCES LABORATORIES, LLC	P	704	0	[redacted]	AB7	F	6/25/2026	6/25/2026	463095174
9124	76360	3	26	0	2026	189000228	0	7/17/2026	$651.42	1	COMMUNITY PATHOLOGY ASSOCIATES	P	185	0	[redacted]	LAB	F	6/17/2026	6/17/2026	760421006
9125	76360	3	54	0	2026	191002018	0	7/17/2026	$2,959.49	1	THE PHIA GROUP, LLC	P	846	0	[redacted]	INVC	F	6/24/2026	6/24/2026	43504115
9126	76370	3	44	0	2026	191001965	0	7/17/2026	$387.50	1	HPCMS LLC	P	604	0	[redacted]	CASE	F	6/10/2026	6/30/2026	271837628
9127	76370	3	21	0	2026	189000596	0	7/17/2026	$548.59	1	CITIZENS MEDICAL CENTER	P	434	0	[redacted]	OHS	F	6/30/2026	6/30/2026	741698143
9128	76370	3	44	0	2026	188000319	0	7/17/2026	$1,016.58	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	182	0	[redacted]	HXR	F	6/26/2026	6/26/2026	760545192
									$22,533.43											

APPROVED ON

JUL 21 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 13, 2026 - July 19, 2026

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
7/13/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#154112228 153866773	- 3rd Party Payor Fee	732.39	902561	40440076
7/14/2026	MCKESSON DRUG - AUTO ACH ACH07142542	- 340B Drug Program Expense	100,283.32*	902562	60310000
7/14/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#154498805 154259257	- 3rd Party Payor Fee	1,236.11	902563	40440076
7/15/2026	TEXAS COUNTY DRS DYNAMICS EFT DEPOSIT - RECEI VABLE 419	- Retirement Funding	178,970.81*	902564	20260000
7/15/2026	FDMS 0000000000000008150 - FDMS PYMT 52-210 0911-000	- Credit Card Machine Lease Fee	45.64	902565	40440076
7/15/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#154930174 154720662	- 3rd Party Payor Fee	51.86	902566	40440076
7/15/2026	Enhance Analysis Service Charge	-Bank Fees	174.40	902567	40910090
7/15/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	35,020.08*	902568	10450000
7/16/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#155392471 155247996	- 3rd Party Payor Fee	333.61	902569	40440076
7/17/2026	MEMORIAL MEDICAL - PAYROLL		396,158.34*		
7/17/2026	HEALTHEQUITY INC - HealthEqui	- EmpDeduct/Employer Contribut	1,127.82*	902570	PAYROLL- 20280000
7/17/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 6.10.26 MemMedCtr PtLav	- Health Insurance Claim Payments	13,825.56*	902571	60320000
7/17/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 7.2.26 MemMedCtr PtLav	- Health Insurance Claim Payments	20,358.76*	902572	60320000
7/17/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#155768162 155544169	- 3rd Party Payor Fee	307.27	902573	40440076
7/17/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	400.55*	902574	60310000
			749,026.52 ✓		

Michelle Cumberland ✓ July 20, 2026
Michelle Cumberland, CFO
Memorial Medical Center

*approved on 7.15.26 CC

749,026.52 +
2,661.24 −
45.64 −
174.40 −
100,283.32 −
178,970.81 −
35,020.08 −
396,158.34 −
1,127.82 −
13,825.56 −
20,358.76 −
400.55 −
0.00 *

732.39 +
1,236.11 +
51.86 +
333.61 +
307.27 +
2,661.24 ✓

payplvs

45.64 +
45.64 ✓

leasing fees

174.40 +
174.40 ✓

Bank fees

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes

July 20, 2026
Michelle Cumberland, CFO
Memorial Medical Center

APPROVED ON
JUL 21 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

JUL 17 2026

Calhoun County Auditor

07/16/2026 MEMORIAL MEDICAL CENTER 0
09:47 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 07/31/2026

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
070726	ins. pay dep. into mmc opt. correction	07/15/202	07/07/202	07/31/202			24.90	0.00	0.00	24.90
070726A	"	07/15/202	07/07/202	07/31/202			74.77	" 0.00	0.00	74.77
071426	"	07/15/202	07/14/202	07/31/202			484.40	" 0.00	0.00	484.40

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	LAVACA BAY NURSING AND REHAB	584.07	0.00	0.00	584.07

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	584.07	0.00	0.00	584.07

APPROVED ON

JUL 17 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 213699

RECEIVED

JUL 17 2026

Calhoun County Auditor

07/16/2026
09:40

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/31/2026

0
ap_open_invoice.template

Vendor# Vendor Name
Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070726	ins. pay. dep. into mmc opt. correction	07/15/202	07/07/202	07/31/202			9,103.26	0.00	0.00	9,103.26
070826	"	07/15/202	07/08/202	07/31/202			47,857.43	" 0.00	0.00	47,857.43
070926	"	07/15/202	07/09/202	07/31/202			47,974.28	" 0.00	0.00	47,974.28
071026A	"	07/15/202	07/10/202	07/31/202			34,000.68	" 0.00	0.00	34,000.68
071026	"	07/15/202	07/10/202	07/31/202			600.00	" 0.00	0.00	600.00
071326	"	07/15/202	07/13/202	07/31/202			7,087.90	" 0.00	0.00	7,087.90
071426	"	07/15/202	07/14/202	07/31/202			790.00	" 0.00	0.00	790.00
071426A	"	07/15/202	07/14/202	07/31/202			1,196.58	" 0.00	0.00	1,196.58

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	148,610.13	0.00	0.00	148,610.13

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	148,610.13	0.00	0.00	148,610.13

APPROVED ON

JUL 17 2026

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK#213698

07/16/2026
09:40

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/31/2026

0
ap_open_invoice.template

Vendor# Vendor Name
Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070726		07/15/202	07/07/202	07/31/202			6,760.00	0.00	0.00	6,760.00
070826		07/15/202	07/08/202	07/31/202			27,410.00	0.00	0.00	27,410.00
070926		07/15/202	07/09/202	07/31/202			40,698.71	0.00	0.00	40,698.71
071026		07/15/202	07/10/202	07/31/202			190.35	0.00	0.00	190.35
071026A		07/15/202	07/10/202	07/31/202			29,552.69	0.00	0.00	29,552.69
071326A		07/15/202	07/13/202	07/31/202			868.00	0.00	0.00	868.00
071326		07/15/202	07/13/202	07/31/202			72,404.23	0.00	0.00	72,404.23
071426A		07/15/202	07/14/202	07/31/202			1,953.00	0.00	0.00	1,953.00
071426		07/15/202	07/14/202	07/31/202			4,636.30	0.00	0.00	4,636.30
071426B		07/15/202	07/14/202	07/31/202			21,270.32	0.00	0.00	21,270.32

ins. pay. dep. into mmc opt. correction

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	205,743.60	0.00	0.00	205,743.60

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	205,743.60	0.00	0.00	205,743.60

Chk# 213700

APPROVED ON

JUL 21 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/20/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		85.31	20.01	-			65.30	0
						Bank Balance	65.30	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**(34.70)**	
Broadmoor		100.68	-	-		-	100.68	0
						Bank Balance	100.68	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	**0.68**	
Crescent		100.00	-	-			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		95,945.82	95,866.12	116,465.56			116,545.26	116,445.26
						Bank Balance	116,545.26	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Ashford Gardens:

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

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

Adjust Balance/Transfer Amt **116,445.26**

TOTAL TRANSFERS **116,445.26**

Approved:
Caitlin Clevenger, Controller **7/20/2026**

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
7/15/2026 Enhance Analysis Service Charge	20.01	-		-
	20.01	-	-	-

Broadmoor

No Activity

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

Crescent

No Activity

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

Fort Bend

No Activity

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

Solera at West Houston

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
7/15/2026 Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III	95,845.82	-		-
7/15/2026 Deposit	-	116,465.56		116,465.56
7/15/2026 Enhance Analysis Service Charge	20.30	-		-
	95,866.12	116,465.56	-	116,465.56

TOTALS

95,886.13	116,465.56	-	116,465.56

Balances Overview

PROSPERITY BANK

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Jul 20, 2026 8:21:20 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$1,568,476.10	$1,568,476.10
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$924,883.88	$924,883.88
*4381 MEMORIAL MEDICAL / NH ASHFORD	$65.30	$65.30
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.68	$100.68
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$116,545.26	$116,545.26
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.53	$100.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$232,536.22	$232,536.22
*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	$50,845.16	$50,845.16
*3407 MMC -NH TUSCANY VILLAGE	$155,220.05	$155,220.05
*2998 MMC -MONEY MARKET FUND	$75,255.07	$75,255.07
*7168 MEMORIAL MEDICAL LOCK BOX	$7,721 07	$7,721.07
Total Balance	**$1,568,476.10**	**$1,568,476.10**

APPROVED ON

JUL 21 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/20/2026

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		165,928.13	203,232.37	265,626.46		-	228,322.22	228,222.22
						Bank Balance	228,322.22	
						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 228,222.22

Approved: _____
Michelle Cumberland, CFO 7/20/2026

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
7/17/2026	GOLDENCREEKHEALT MERCHANT DEBIT - ELEC DEBIT 1220356	4,325.00	-		-
7/16/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1254503742*13 41858379\ 746003411	-	428.70		428.70
7/16/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 071626 543684555876917	-	2,025.00		2,025.00
7/16/2026	AETNA AS01 - HCCLAIMPMT TRN*1*8826192010216 97*1066033492\ 1588075964	-	29.62		29.62
7/15/2026	Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	198,907.37	-		-
7/15/2026	Deposit	-	214,275.56		214,275.56
7/15/2026	AETNA AS01 - HCCLAIMPMT TRN*1*8826191010139 36*1066033492\ 1588075964	-	376.44		376.44
7/15/2026	AETNA AS01 - HCCLAIMPMT TRN*1*8826190010297 72*1066033492\ 1588075964	-	9,750.00		9,750.00
7/14/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	5,629.90		5,629.90
7/13/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 071326 543684555876917	-	13,098.15		13,098.15
7/13/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 071326 543684555876917	-	1,000.00		1,000.00
7/13/2026	Luminos Hospice - Bill.com Luminos Hospice - TX Bill.com 026PJRYIA20YRHR Inv 053126GLDN 26PJRYIA20YRHR	-	4,606.39		4,606.39
7/13/2026	Luminos Hospice - Bill.com Luminos Hospice - TX Bill.com 026UZCWGX20YRHQ Inv June 2026 26UZCWGX20YRHQ	-	4,406.70		4,406.70
7/13/2026	Am Health TX - PAYMENT 21531	-	10,000.00		10,000.00
		203,232.37	**265,626.46**	**-**	**265,626.46**

Transaction Report

PROSPERITY BANK

Transaction Report for account *4454

Reported on Mon Jul 20 13:36:00 GMT 2026

Current Balance $232,536.22
Interest Accrued $111.67
Available Balance $232,536.22

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
07/17/2026		External Withdrawal GOLDENCREEKHEALT MERCHANT DEBIT - ELEC DEBIT 1220356		4325.00	228322.22
07/16/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1254503742*13 41858379\ 746003411	428.70		232647.22
07/16/2026		External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 071626 543684555876917	2025.00		232218.52
07/16/2026		External Deposit AETNA AS01 - HCCLAIMPMT TRN*1*8626192010216 97*1066033492\ 1588075964	29.62		230193.52
07/15/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		198907.37	230163.90
07/15/2026	178661962643665	Deposit Deposit	214275.56		429071.27
07/15/2026		External Deposit AETNA AS01 - HCCLAIMPMT TRN*1*8626191010139 36*1066033492\ 1588075964	376.44		214795.71
07/15/2026		External Deposit AETNA AS01 - HCCLAIMPMT TRN*1*8626190010297 72*1066033492\ 1588075964	9750.00		214419.27
07/14/2026		External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	5629.90		204669.27
07/13/2026		External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 071326 543684555876917	13098.15		199039.37

APPROVED ON

JUL 21 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/20/2026

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	No Transfer(Holding due to pending claims requests)
							Bank Balance	140.22	
							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 7/20/2026

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 20, 2026 8:21:20 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$1,568,476.10	$1,568,476.10
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$924,883.88	$924,883.88
*4381 MEMORIAL MEDICAL / NH ASHFORD	$65.30	$65.30
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.68	$100.68
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$116,545.26	$116,545.26
*4446 MEMORIAL MEDICAL / NH FORT BEND	$100.53	$100.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$232,536.22	$232,536.22
*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	$50,845.16	$50,845.16
*3407 MMC -NH TUSCANY VILLAGE	$155,220.05	$155,220.05
*2998 MMC -MONEY MARKET FUND	$75,255.07	$75,255.07
*7168 MEMORIAL MEDICAL LOCK BOX	$7,721.07	$7,721.07
Total Balance	**$1,568,476.10**	**$1,568,476.10**

APPROVED ON

JUL 21 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
7/20/2026

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		343,511.89	344,071.68	140,315.54	-	-		-	139,755.75	139,655.75
							Bank Balance		139,755.75	
							Variance		-	
							Leave in Balance		100.00	
							Adjust Balance/Transfer Amt		139,655.75	

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: MSC
Michelle Cumberland, CFO 7/20/2026

Tuscany Village	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
7/17/2026 Over Counter Check	659.79	-		-
7/16/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1254432235*13 41858379\ 746003411	-	26,316.51		26,316.51
7/16/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1254503741*13 41858379\ 746003411	-	43,290.97		43,290.97
7/16/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EFT7873644*1205296137*000004011~ 676201	-	7,485.19		7,485.19
7/15/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	343,411.89	-		-
7/15/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1254783347*13 41858379\ 746003411	-	23,260.71		23,260.71
7/15/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1254783346*13 41858379\ 746003411	-	9,067.89		9,067.89
7/15/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1254309155*13 41858379\ 746003411	-	8,781.25		8,781.25
7/13/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1254309156*13 41858379\ 746003411	-	22,113.02		22,113.02
	344,071.68	**140,315.54**	**-**	**140,315.54**

Transaction Report

PROSPERITY BANK

Transaction Report for account *3407

Reported on Mon Jul 20 13:09:00 GMT 2026

Current Balance $155,220.05
Interest Accrued $163.15
Available Balance $155,220.05

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
07/17/2026	1202	Over Counter Check Over Counter Check		659.79	139755.75
07/16/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1254432235*13 41858379\ 746003411	26316.51		140415.54
07/16/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1254503741*13 41858379\ 746003411	43290.97		114099.03
07/16/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7873644*1205296137*000004011~ 676201	7485.19		70808.06
07/15/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		343411.89	63322.87
07/15/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1254783347*13 41858379\ 746003411	23260.71		406734.76
07/15/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1254783346*13 41858379\ 746003411	9067.89		383474.05
07/15/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1254309155*13 41858379\ 746003411	8781.25		374406.16

APPROVED ON

JUL 21 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
7/20/2026

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		58,562.83	58,462.83	50,745.16				50,845.16	50,745.16
							Bank Balance	50,845.16	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt: 50,745.16

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 7/20/2026

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
7/17/2026	Deposit	-	12,756.80		12,756.80
7/17/2026	HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	-	1,650.34		1,650.34
7/16/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7874112*1205296137*000004011~ 676481	-	4,251.09		4,251.09
7/15/2026	Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	58,462.83	-		-
7/15/2026	Deposit	-	12,763.41		12,763.41
7/15/2026	Deposit	-	82.81		82.81
7/15/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1254309157*13 41858379\ 746003411	-	2,351.44		2,351.44
7/15/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S0205391538719836*1746000156~ 17460034113016	-	7,416.24		7,416.24
7/14/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S0189591538719836*1746000156~ 17460034113016	-	9,473.03		9,473.03
		58,462.83	**50,745.16**	**-**	**50,745.16**

Balances Overview

PROSPERITY BANK

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Jul 20, 2026 8:21:20 AM CDT

Account Activity

DDA(14)

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Total Balance	**$1,568,476.10**	**$1,568,476.10**