## MEMORIAL MEDICAL CENTER

## COMMISSIONERS COURT APPROVAL LIST FOR ---July 29, 2026

**TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES**

| | |
|---|---|
| TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS | $ 1,155,652.88 |
| TOTAL INTER-GOVERNMENT TRANSFERS | $ - |
| GRAND TOTAL DISBURSEMENTS APPROVED July 29, 2026 | $ 1,155,652.88 |
| TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC | $ 198,951.23 |
| TOTAL MMC TRANSFERS OF NURSING HOME REVENUE | $ 611,488.07 |
| GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED July 29, 2026 | $ 810,439.30 |
| GRAND TOTAL FOR APPROVAL ON July 29, 2026 | $ 1,966,092.18 |

APPROVED

JUL 29 2026

CALHOUN COUNTY
COMMISSIONERS COURT

# MEMORIAL MEDICAL CENTER

## COMMISSIONERS COURT APPROVAL LIST FOR ---July 29, 2026

| | | | |
|---|---|---|---|
| **PAYABLES AND PAYROLL** | | | |
| 7/23/2026 | Weekly Payables | 311,989.68 | |
| 7/27/2026 | Critical - Department of Treasury IRS | 1,058.35 | |
| 7/27/2026 | Morris & Dickson - MMC Rx | 42,364.95 | |
| 7/27/2026 | McKesson - 340B Prescription Expense | 6,342.75 | |
| 7/27/2026 | Cencora - 340B Prescription Expense | 42.52 | |
| 7/27/2026 | Cencora-340B Prescription Expense | 0.10 | |
| 7/27/2026 | Cencora-340B Prescription Expense | 3.57 | |
| 7/27/2026 | Cencora-340B Prescription Expense | 266.72 | |
| 7/27/2026 | Payroll Liabilities - Payroll Taxes | 140,719.11 | |
| 7/27/2026 | Payroll | 448,979.75 | |
| **Prosperity Electronic Bank Payments** | | | |
| 7/27/2026 | 90 Degree Benefits - employee insurance claims | 57,903.82 | |
| 7/27/2026 | 90 Degree Benefits - employee insurance claims | 66,725.07 | |
| 7/27/2026 | HPHG - July healh insurance premium payment | 77,278.24 | |
| 7/27/2026 | Pay Plus - Patient Claims Processing Fee | 1,978.25 | |
| **TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** | | | **$ 1,155,652.88** |
| **GRAND TOTAL DISBURSEMENTS APPROVED July 29, 2026** | | | **$ 1,155,652.88** |
| **TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES** | | | |
| 7/24/2026 | MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error | 71,867.15 | |
| 7/24/2026 | MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error | 4,112.92 | |
| 7/24/2026 | MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error | 122,971.16 | |
| **TOTAL TRANSFERS BETWEEN FUNDS** | | | **$ 198,951.23** |
| **NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS** | | | |
| 7/27/2026 | Nursing Home UPL - Nexion Transfer | 215,263.04 | |
| 7/27/2026 | Nursing Home UPL - Tuscany Transfer | 248,390.33 | |
| 7/27/2026 | Nursing Home UPL - HSL Transfer | 147,125.49 | |
| **TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC** | | | |
| 7/27/2026 | Prosperity NH Solera to MMC Prosperity Operating - Closing of Account | 100.00 | |
| 7/27/2026 | Prosperity NH Crescent to MMC Prosperity Operating - Closing of Account | 100.00 | |
| 7/27/2026 | Prosperity NH Broadmoor to MMC Prosperity Operating - Closing of Account | 100.68 | |
| 7/27/2026 | Prosperity NH Ashford to MMC Prosperity Operating - Closing of Account | 65.30 | |
| 7/27/2026 | Prosperity NH Gulf Pointe Private Pay to MMC Prosperity Operating - Closing of Account | 140.22 | |
| 7/27/2026 | Prosperity NH Fort Bend to MMC Prosperity Operating - Closing of Account | 100.53 | |
| 7/27/2026 | Prosperity NH Gulf Pointe Medicare/Medicaid to MMC Prosperity Operating - Closing of Account | 102.48 | |
| **TOTAL NURSING HOME UPL EXPENSES** | | | **$ 611,488.07** |
| **GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED July 29, 2026** | | | **$ 810,439.30** |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1VD94PJ7MMJR | | 07/22/202 | 07/07/202 | 08/06/202 | | | 347.88 | 0.00 | 0.00 | 347.88 |
| | NITRILE EXAM GLOVES XL | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 14028 | AMAZON CAPITAL SERVICES | | | | | 347.88 | 0.00 | 0.00 | 347.88 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| M2485 | BAYER HEALTHCARE | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 6012626393 | | 07/20/202 | 07/20/202 | 07/20/202 | | | 1,170.32 | 0.00 | 0.00 | 1,170.32 |
| | CT SUPPLIES/ STENT, KIT, SYR, CT, DUAL, TCON, SRK, MC, CORE | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | M2485 | BAYER HEALTHCARE | | | | | 1,170.32 | 0.00 | 0.00 | 1,170.32 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 112754061 | | 07/14/202 | 07/07/202 | 08/01/202 | | | 5,425.78 | 0.00 | 0.00 | 5,425.78 |
| | HARDWARE BILLING AU CHEMIS ≠ Info systems billing | | | | | | | | | |
| 112759091 | | 07/14/202 | 07/08/202 | 08/02/202 | | | 946.29 | 0.00 | 0.00 | 946.29 |
| | LAB MOVE/ INTERNAL WASTE IN~~tal~~ | | | | | | | | | |
| 112753550 | | 07/20/202 | 07/06/202 | 07/31/202 | | | 187.50 | 0.00 | 0.00 | 187.50 |
| | ACESS FOLATE/ ACESS B12 | | | | | | | | | |
| 112765417 | | 07/20/202 | 07/13/202 | 08/06/202 | | | 5,016.58 | 0.00 | 0.00 | 5,016.58 |
| | HEMATOLOGY BILLING | | | | | | | | | |
| 112765842 | | 07/20/202 | 08/06/202 | 08/06/202 | | | 388.74 | 0.00 | 0.00 | 388.74 |
| | INSTL KIT DUAL DILUENT KIT | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | B1220 | BECKMAN COULTER INC | | | | | 11,964.89 | 0.00 | 0.00 | 11,964.89 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 909278557 | | 07/20/202 | 06/02/202 | 07/20/202 | | | 922.07 | 0.00 | 0.00 | 922.07 |
| | HEMOGLOBIN A1C CONTROL | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 11072 | BIO-RAD LABORATORIES, INC | | | | | 922.07 | 0.00 | 0.00 | 922.07 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| C1390 | CENTRAL DRUG | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 20260427 | | 07/22/202 | 04/27/202 | 05/27/202 | | | 53.35 | 0.00 | 0.00 | 53.35 |
| | EYE DIALATION SYRINGES | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | C1390 | CENTRAL DRUG | | | | | 53.35 | 0.00 | 0.00 | 53.35 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 12768 | CHEMAQUA | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 9697613 | | 07/21/202 | 07/01/202 | 07/11/202 | | | 652.27 | 0.00 | 0.00 | 652.27 |
| | WATER TREATMENT PROGRAM | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 12768 | CHEMAQUA | | | | | 652.27 | 0.00 | 0.00 | 652.27 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 071526 | | 07/21/202 | 07/21/202 | 07/21/202 | | | 96.53 | 0.00 | 0.00 | 96.53 |
| | MMC CLINIC UTILITY BILL / 1016 N Virginia St. | | | | | | | | | |
| 071526A | | 07/21/202 | 07/21/202 | 07/21/202 | | | 3,217.39 | 0.00 | 0.00 | 3,217.39 |
| | UTILITY BILL METER 89451895 / 815 N Virginia St. | | | | | | | | | |
| 071526B | | 07/21/202 | 07/21/202 | 07/21/202 | | | 52.01 | 0.00 | 0.00 | 52.01 |
| | UTILITY BILL METER 72475607 / 815 N Virginia St. | | | | | | | | | |
| 071526C | | 07/21/202 | 07/21/202 | 07/21/202 | | | 99.73 | 0.00 | 0.00 | 99.73 |
| | UTILITY BILL METER 86532159 / 701 N Virginia St. | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | C1730 | CITY OF PORT LAVACA | | | | | 3,465.66 | 0.00 | 0.00 | 3,465.66 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10212 | CLINICAL PATHOLOGY LABS | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 17656063026 | | 07/22/202 | 06/30/202 | 06/30/202 | | | 18,311.66 | 0.00 | 0.00 | 18,311.66 |
| | PATIENT LAB DRAWS FOR JUNE | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 10212 | CLINICAL PATHOLOGY LABS | | | | | 18,311.66 | 0.00 | 0.00 | 18,311.66 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 13336 | COCA COLA SOUTHWEST BEVERAGES | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 53292720010 | | 07/21/202 | 07/14/202 | 07/14/202 | | | 348.26 | 0.00 | 0.00 | 348.26 |
| | BEVERAGES FOR LUBYS | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 13336 | COCA COLA SOUTHWEST BEVERAGES | | | | | 348.26 | 0.00 | 0.00 | 348.26 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 9090179017 | | 07/21/202 | 07/16/202 | 08/01/202 | | | 6,371.16 | 0.00 | 0.00 | 6,371.16 |
| | EMDS HOSTING STORAGE - apmi - june | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 15116 | COMPUGROUP MEDICAL - EMDS INC. | | | | | 6,371.16 | 0.00 | 0.00 | 6,371.16 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 2025073443 | | 07/22/202 | 10/31/202 | 11/30/202 | | | 460.32 | 0.00 | 0.00 | 460.32 |
| | INTERPRETATION SERVICE / late - due date 12/15/25 | | | | | | | | | |
| 0849801125 | | 07/22/202 | 11/30/202 | 12/30/202 | | | 470.05 | 0.00 | 0.00 | 470.05 |
| | INTERPRETATION SERVICE / late - due date 1/14/26 | | | | | | | | | |
| 0849800126 | | 07/22/202 | 01/31/202 | 03/02/202 | | | 230.54 | 0.00 | 0.00 | 230.54 |
| | INTERPRETATION SERVICE / late - due date 3/17/26 | | | | | | | | | |
| 000849800526 | | 07/22/202 | 05/31/202 | 06/30/202 | | | 129.56 | 0.00 | 0.00 | 129.56 |
| | INTERPRETATION SERVICE / late - due date 7/15/26 | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 11368 | CYRACOM LLC | | | | | 1,290.47 | 0.00 | 0.00 | 1,290.47 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 8421290 | | 07/20/202 | 07/06/202 | 07/31/202 | | | 37.08 | 0.00 | 0.00 | 37.08 |
| | TAB REFILL SUPPLIES x 3 | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 10368 | DEWITT POTH & SON | | | | | 37.08 | 0.00 | 0.00 | 37.08 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 14800 | DIRECTV ENTERTAINMENT HOLDINGS | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 260712 | | 07/21/202 | 07/17/202 | 07/31/202 | | | 524.20 | 0.00 | 0.00 | 524.20 |

DIRECT TV 7/11-8/10

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 14800 | DIRECTV ENTERTAINMENT HOLDINGS | 524.20 | 0.00 | 0.00 | 524.20 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11291 | DOWELL PEST CONTROL | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 78896 | | 07/21/202 | 07/17/202 | 07/17/202 | | | 75.00 | 0.00 | 0.00 | 75.00 |
| | PEST CONTROL FOR RODENTS | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11291 | DOWELL PEST CONTROL | 75.00 | 0.00 | 0.00 | 75.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 14832 | DR JOHN CLINTON | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 070926B | | 07/21/202 | 07/09/202 | 07/09/202 | | | 5,400.00 | 0.00 | 0.00 | 5,400.00 |
| | OB CALL JUN 6/8-6/11 6/12-6/14 , 6/22 - 6/25, 6/26 - 6/28 | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 14832 | DR JOHN CLINTON | 5,400.00 | 0.00 | 0.00 | 5,400.00 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 070926 | | 07/21/202 | 07/09/202 | 07/09/202 | | | 2,700.00 | 0.00 | 0.00 | 2,700.00 |
| | OB CALL JUNE 6/15-6/18 6/19 - 6/21 | | | | | | | | | |

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

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 18176 | DRISCOLL HEALTH PLAN | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 072126 | | 07/22/202 | 07/21/202 | 07/21/202 | | | 50,513.76 | 0.00 | 0.00 | 50,513.76 |
| | RAPPS RECOUPMENT | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 18176 | DRISCOLL HEALTH PLAN | 50,513.76 | 0.00 | 0.00 | 50,513.76 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11091 | ECOLAB | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 6360074605 | | 07/21/202 | 07/01/202 | 07/01/202 | | | 258.48 | 0.00 | 0.00 | 258.48 |
| | DISHWASHER LEASE | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11091 | ECOLAB | 258.48 | 0.00 | 0.00 | 258.48 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 15832 | EVERON | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 161231176 | | 07/21/202 | 07/01/202 | 07/31/202 | | | 63.69 | 0.00 | 0.00 | 63.69 |
| | FIRE MONITORING 7/1 - 7/31 | | | | | | | | | |

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

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10689 | FASTHEALTH CORPORATION | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 07C26MMC | | 07/20/202 | 07/11/202 | 07/26/202 | | | 150.00 | 0.00 | 0.00 | 150.00 |
| | GO DADDY SECURITY CERTIF RE | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10689 | FASTHEALTH CORPORATION | 150.00 | 0.00 | 0.00 | 150.00 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 936304402 | | 07/21/202 | 07/02/202 | 07/27/202 | | | 113.30 | 0.00 | 0.00 | 113.30 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | FREIGHT- MEDLINE/ESS/FORVIS/ | | | | | | | | |
| 937267147 | | 07/21/202 | 07/09/202 | 08/03/202 | | 119.36 | 0.00 | 0.00 | 119.36 |
| | FREIGHT- MEDLINE/TRUBRIDGE/ | | | | | | | | |
| Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | F1100 | FEDERAL EXPRESS CORP. | | | | 232.66 | 0.00 | 0.00 | 232.66 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| 17848 | FEDLOGIC LLC | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 1496996477 | | 07/07/202 | 07/01/202 | 07/31/202 | | | 1,691.25 | 0.00 | 0.00 | 1,691.25 |
| | CONSULTING SERVICES 4/1/26 - 3/31/27 | | | | | | | | |
| Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 17848 | FEDLOGIC LLC | | | | 1,691.25 | 0.00 | 0.00 | 1,691.25 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| 10003 | FILTER TECHNOLOGY CO, INC | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 128581A | | 07/22/202 | 07/15/202 | 07/15/202 | | | 2,607.41 | 0.00 | 0.00 | 2,607.41 |
| | AIR HANDLER FILTERS | | | | | | | | |
| Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 10003 | FILTER TECHNOLOGY CO, INC | | | | 2,607.41 | 0.00 | 0.00 | 2,607.41 |
| 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 |
| 9802224 | | 07/20/202 | 07/02/202 | 07/27/202 | | | 62.97 | 0.00 | 0.00 | 62.97 |
| | GASPACK EZ ANAEROBE POUCH | | | | | | | | |
| 9802223 | | 07/20/202 | 07/02/202 | 07/27/202 | | | 1,446.76 | 0.00 | 0.00 | 1,446.76 |
| | DS DIRECT HDL SLIDES | | | | | | | | |
| 9773474 | | 07/23/202 | 07/01/202 | 07/26/202 | | | 86,955.35 | 0.00 | 0.00 | 86,955.35 |
| | SUPPLIES FOR LAB MOVE / reimbursed back overtime | | | | | | | | |
| Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | F1400 | FISHER HEALTHCARE | | | | 88,465.08 | 0.00 | 0.00 | 88,465.08 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| 13528 | FLEX FINANCIAL | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 906266109 | | 07/21/202 | 06/27/202 | 07/27/202 | | | 2,369.80 | 0.00 | 0.00 | 2,369.80 |
| | SURG LEASE AGMNT 975826511 | | | | | | | | |
| Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 13528 | FLEX FINANCIAL | | | | 2,369.80 | 0.00 | 0.00 | 2,369.80 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| W1300 | GRAINGER | | | | M | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 9973747828 | | 07/20/202 | 07/02/202 | 07/27/202 | | | 20.35 | 0.00 | 0.00 | 20.35 |
| | TWO GASKET SET | | | | | | | | |
| Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | W1300 | GRAINGER | | | | 20.35 | 0.00 | 0.00 | 20.35 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| H1269 | HENRY SCHEIN INC. | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 58402322 | | 07/14/202 | 06/17/202 | 07/14/202 | | | 851.18 | 0.00 | 0.00 | 851.18 |
| | DOPPLER HANDHELD DISPLAY | | | | | | | | |
| Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | H1269 | HENRY SCHEIN INC. | | | | 851.18 | 0.00 | 0.00 | 851.18 |
| 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 |
| 100002023520 | | 07/20/202 | 07/20/202 | 07/20/202 | | | 573.53 | 0.00 | 0.00 | 573.53 |
| | IT RENTAL CONT# 563590806732 | | | | | | | | |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 7206 | | 07/21/202 | 07/31/202 | 08/01/202 | | | 23,663.00 | 0.00 | 0.00 | 23,663.00 |
| | PHYS SERVICES 16TH-EOM | | | | | | | | | |

| 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 |
|---|---|---|---|
| W1372 | JOHN B WRIGHT LLC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 070926A | | 07/21/202 | 07/09/202 | 07/09/202 | | | 3,300.00 | 0.00 | 0.00 | 3,300.00 |
| | OB CALL 6/1-6/4 6/5-6/7 6/30 | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | W1372 | JOHN B WRIGHT LLC | 3,300.00 | 0.00 | 0.00 | 3,300.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 14432 | LGC CLINICAL DIAGNOSTICS, INC. | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 90365705 | | 07/20/202 | 07/16/202 | 07/20/202 | | | 801.18 | 0.00 | 0.00 | 801.18 |
| | LAB SUPPLIES NEW VITROS R6T | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 14432 | LGC CLINICAL DIAGNOSTICS, INC. | 801.18 | 0.00 | 0.00 | 801.18 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10371 | LOFTIN EQUIPMENT COMPANY | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 00090860 | | 07/22/202 | 07/08/202 | 07/22/202 | | | 910.00 | 0.00 | 0.00 | 910.00 |
| | GENERATOR MAINT CONTRACT | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10371 | LOFTIN EQUIPMENT COMPANY | 910.00 | 0.00 | 0.00 | 910.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 15200 | MANAGED CARE PARTNERS INC. | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 7092 | | 07/20/202 | 08/01/202 | 08/01/202 | | | 530.00 | 0.00 | 0.00 | 530.00 |
| | PROFESSIONAL FEE AUG 26 | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 15200 | MANAGED CARE PARTNERS INC. | 530.00 | 0.00 | 0.00 | 530.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| M1511 | MARKETLAB, INC | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| INV002771148 | | 07/14/202 | 07/13/202 | 07/14/202 | | | 38.05 | 0.00 | 0.00 | 38.05 |
| | TAPE | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M1511 | MARKETLAB, INC | 38.05 | 0.00 | 0.00 | 38.05 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 25885938 | | 07/14/202 | 07/13/202 | 07/28/202 | | | 126.70 | 0.00 | 0.00 | 126.70 |
| | IRRIGATOR IGLOO WOUND | | | | | | | | | |
| 25886219 | | 07/14/202 | 07/13/202 | 07/28/202 | | | 129.17 | 0.00 | 0.00 | 129.17 |
| | IRRIGATOR IGLOO WOUND A fuel surcharge | | | | | | | | | |
| 25915096 | | 07/20/202 | 07/17/202 | 08/01/202 | | | -25.30 | 0.00 | 0.00 | -25.30 |
| | SUPPLY CREDIT / Hematology Lysercell reagent | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2178 | MCKESSON MEDICAL SURGICAL INC | 230.57 | 0.00 | 0.00 | 230.57 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 2418090601 | CLAMP, SPLINT, GAUSE, TAPE | 07/20/202 | 03/25/202 | 04/19/202 | | | 285.32 | 0.00 | 0.00 | 285.32 |
| 2418088999 | ORTHO SHOULDER DRAPE | 07/20/202 | 03/25/202 | 04/19/202 | | | 106.11 | 0.00 | 0.00 | 106.11 |
| 2432991429 | BACTERIAL VAGINOSIS CONTRO | 07/20/202 | 07/01/202 | 07/26/202 | | | 856.26 | 0.00 | 0.00 | 856.26 |
| 2432991424 | TOURNIQUET | 07/20/202 | 07/01/202 | 07/26/202 | | | 88.62 | 0.00 | 0.00 | 88.62 |
| 2432991418 | BANDAGES, TUBING | 07/20/202 | 07/01/202 | 07/26/202 | | | 83.70 | 0.00 | 0.00 | 83.70 |
| 2432991421 | URETHRAL CATHETER TRAY | 07/20/202 | 07/01/202 | 07/26/202 | | | 40.80 | 0.00 | 0.00 | 40.80 |
| 2432991420 | MICROCLAVE CONNECTOR | 07/20/202 | 07/01/202 | 07/26/202 | | | 112.75 | 0.00 | 0.00 | 112.75 |
| 2432991423 | GAUZE, WIPES, EAR WASHER TII | 07/20/202 | 07/01/202 | 07/26/202 | | | 232.94 | 0.00 | 0.00 | 232.94 |
| 2432991428 | BOTTLE, WIPES, SHAKES, SPECI | 07/20/202 | 07/01/202 | 07/26/202 | | | 1,948.03 | 0.00 | 0.00 | 1,948.03 |
| 2432991425 | TOURNIQUET x2 | 07/20/202 | 07/01/202 | 07/26/202 | | | 177.24 | 0.00 | 0.00 | 177.24 |
| 2432991417 | SPECIMEN CUPS, MASKS | 07/20/202 | 07/01/202 | 07/26/202 | | | 134.74 | 0.00 | 0.00 | 134.74 |
| 2432991422 | BANDAGES/GAUZE/GLOVES/MAS | 07/20/202 | 07/01/202 | 07/26/202 | | | 4,140.40 | 0.00 | 0.00 | 4,140.40 |
| 2432991426 | BANDAGES | 07/20/202 | 07/01/202 | 07/26/202 | | | 119.32 | 0.00 | 0.00 | 119.32 |
| 2432991419 | MICROCLAVE CONNECTOR | 07/20/202 | 07/01/202 | 07/26/202 | | | 112.75 | 0.00 | 0.00 | 112.75 |
| 2433245342 | BOND WRAP | 07/20/202 | 07/02/202 | 07/27/202 | | | 73.91 | 0.00 | 0.00 | 73.91 |
| 2433396131 | WHITE EXAM TABLE BARRIER x2 | 07/20/202 | 07/03/202 | 07/28/202 | | | 61.30 | 0.00 | 0.00 | 61.30 |
| 2433754127 | 6 OZ EASY STAIN SET | 07/20/202 | 07/06/202 | 07/31/202 | | | 117.84 | 0.00 | 0.00 | 117.84 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2470 | MEDLINE INDUSTRIES INC | 8,692.03 | 0.00 | 0.00 | 8,692.03 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 072026 | EMPLYEE PAYROLL GIFT DEDUC | 07/20/202 | 07/20/202 | 07/20/202 | | | 393.72 | 0.00 | 0.00 | 393.72 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2621 | MMC AUXILIARY GIFT SHOP | 393.72 | 0.00 | 0.00 | 393.72 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 15224 | MUTUAL OF OMAHA | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 002152666315A | EMPLOYEE INSURANCE/ JULY IN | 07/23/202 | 07/23/202 | 07/23/202 | | | 23,863.50 | 0.00 | 0.00 | 23,863.50 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 15224 | MUTUAL OF OMAHA | 23,863.50 | 0.00 | 0.00 | 23,863.50 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| M2659 | MXR IMAGING, INC | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 8801352270 | | 07/20/202 | 07/09/202 | 08/06/202 | | | 57.87 | 0.00 | 0.00 | 57.87 |

ORAL BARRIUM DIRNK

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2659 | MXR IMAGING, INC | 57.87 | 0.00 | 0.00 | 57.87 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 12388 | NATIONAL FARM LIFE INSURANCE | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 4803796A | | 07/21/202 | 08/01/202 | 08/01/202 | | | 2,751.84 | 0.00 | 0.00 | 2,751.84 |
| | LIFE INSURANCE PREMIUM | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12388 | NATIONAL FARM LIFE INSURANCE | 2,751.84 | 0.00 | 0.00 | 2,751.84 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 66201569 | | 07/22/202 | 07/07/202 | 08/01/202 | | | 1,125.00 | 0.00 | 0.00 | 1,125.00 |
| | SURG MAIN CONTRACT# Q01275 | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | O1500 | OLYMPUS AMERICA INC | 1,125.00 | 0.00 | 0.00 | 1,125.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11080 | RADSOURCE | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| PSI010704 | | 07/21/202 | 07/12/202 | 08/06/202 | | | 2,050.00 | 0.00 | 0.00 | 2,050.00 |
| | SERVICE AGMNT SAMSUNG GC8 | | | | | | | | | |

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

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10743 | REPSS, INC. | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 48740 | | 07/20/202 | 07/14/202 | 07/20/202 | | | 782.00 | 0.00 | 0.00 | 782.00 |
| | RESPIRATORY FIT TESTER | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10743 | REPSS, INC. | 782.00 | 0.00 | 0.00 | 782.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 12436 | SHANNA O'DONNELL, FNP | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 071326A | | 07/23/202 | 07/13/202 | 07/13/202 | | | 422.13 | 0.00 | 0.00 | 422.13 |
| | CONFERENCE FEE DRISCOLL CI | | | | | | | | | |
| 072126 | | 07/23/202 | 07/21/202 | 07/21/202 | | | 129.00 | 0.00 | 0.00 | 129.00 |
| | LICENSE RENEWAL APRN | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12436 | SHANNA O'DONNELL, FNP | 551.13 | 0.00 | 0.00 | 551.13 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| S1800 | SHERWIN WILLIAMS | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 063026A | | 07/23/202 | 06/30/202 | 07/15/202 | | | 738.64 | 0.00 | 0.00 | 738.64 |
| | PAINT | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | S1800 | SHERWIN WILLIAMS | 738.64 | 0.00 | 0.00 | 738.64 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 116911035 | | 07/01/202 | 05/16/202 | 06/10/202 | | | 2,617.41 | 0.00 | 0.00 | 2,617.41 |
| | SYMBIA EVO EXCEL 5/16-6/15/26 | | | | | | | | | |
| 116926022 | | 07/01/202 | 06/16/202 | 07/11/202 | | | 2,617.41 | 0.00 | 0.00 | 2,617.41 |
| | SYMBIA EVO EXCEL 6/16-7/1526 | | | | | | | | | |
| 116941762 | | 07/20/202 | 07/16/202 | 08/06/202 | | | 2,617.41 | 0.00 | 0.00 | 2,617.41 |
| | SYMBIA EVO EXCEL 7/16-8/15/26 | | | | | | | | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | S2001 | SIEMENS MEDICAL SOLUTIONS INC | | | | | 7,852.23 | 0.00 | 0.00 | 7,852.23 |
| 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 |
| | 328594 | | 07/21/202 | 07/16/202 | 07/26/202 | | 950.00 | 0.00 | 0.00 | 950.00 |
| | | ADVERTISING LEASE SPACE | | | | | | | | |
| 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 | | | | |
| 11296 | SOUTH TEXAS BLOOD & TISSUE CEN | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| | CM17902A | | 07/22/202 | 06/15/202 | 07/10/202 | | -3,362.24 | 0.00 | 0.00 | -3,362.24 |
| | | BLOOD BANK CORRECTED JUNE | | | | | | | | |
| | CM18188 | | 07/22/202 | 07/15/202 | 08/01/202 | | -5,148.84 | 0.00 | 0.00 | -5,148.84 |
| | | BLOOD BANK CREDIT | | | | | | | | |
| | I07062204 | | 07/22/202 | 07/15/202 | 08/01/202 | | 9,418.84 | 0.00 | 0.00 | 9,418.84 |
| | | BLOOD BANK | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 11296 | SOUTH TEXAS BLOOD & TISSUE CEN | | | | | 907.76 | 0.00 | 0.00 | 907.76 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 10765 | TEXAS HOSPITAL ASSOCIATION | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| | 1900150338 | | 07/20/202 | 01/27/202 | 01/27/202 | | 5,540.50 | 0.00 | 0.00 | 5,540.50 |
| | | REGULATORY COMPLIANCE REF | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 10765 | TEXAS HOSPITAL ASSOCIATION | | | | | 5,540.50 | 0.00 | 0.00 | 5,540.50 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| C2510 | TRUBRIDGE | | | | M | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| | A2607091378 | | 07/15/202 | 07/09/202 | 08/01/202 | | 341.00 | 0.00 | 0.00 | 341.00 |
| | | BLOOD BANK SUPPORT | | | | | | | | |
| | T26070B1378 | | 07/22/202 | 07/09/202 | 08/03/202 | | 1,500.00 | 0.00 | 0.00 | 1,500.00 |
| | | PRO FEE CHARGE MASTER | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | C2510 | TRUBRIDGE | | | | | 1,841.00 | 0.00 | 0.00 | 1,841.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 18444 | TURTLE & HUGHES INC | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| | 730052000 | | 07/21/202 | 07/06/202 | 07/06/202 | | 150.00 | 0.00 | 0.00 | 150.00 |
| | | FUSE FOR AIR HANDLER | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 18444 | TURTLE & HUGHES INC | | | | | 150.00 | 0.00 | 0.00 | 150.00 |
| 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 |
| | 2921091936 | | 07/08/202 | 07/06/202 | 07/31/202 | | 106.85 | 0.00 | 0.00 | 106.85 |
| | | UNIFORMS | | | | | | | | |
| | 2921092241 | | 07/14/202 | 07/09/202 | 08/03/202 | | 54.89 | 0.00 | 0.00 | 54.89 |
| | | UNIFORMS | | | | | | | | |
| | 2921092254 | | 07/14/202 | 07/09/202 | 08/03/202 | | 319.48 | 0.00 | 0.00 | 319.48 |
| | | SUPPLIES | | | | | | | | |
| | 2921091773 | | 07/21/202 | 07/02/202 | 07/27/202 | | 447.29 | 0.00 | 0.00 | 447.29 |
| | | LINENS/SUPPLIES | | | | | | | | |
| | 2921091726 | | 07/21/202 | 07/02/202 | 07/27/202 | | 574.79 | 0.00 | 0.00 | 574.79 |
| | | SUPPLIES/LINENS | | | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 2921091705 | 07/21/202 07/02/202 07/27/202 | 333.15 | 0.00 | 0.00 | 333.15 |
| | SUPPLIES/LINENS | | | | |
| 2921091720 | 07/21/202 07/02/202 07/27/202 | 169.70 | 0.00 | 0.00 | 169.70 |
| | SUPPLIES/LINENS | | | | |
| 2921091678 | 07/21/202 07/02/202 07/27/202 | 4,463.28 | 0.00 | 0.00 | 4,463.28 |
| | SUPPLIES/LINENS | | | | |
| 2921091908 | 07/21/202 07/06/202 07/31/202 | 5,157.92 | 0.00 | 0.00 | 5,157.92 |
| | SUPPLIES/LINENS | | | | |
| 2921092307 | 07/21/202 07/09/202 08/03/202 | 9,230.86 | 0.00 | 0.00 | 9,230.86 |
| | LINENS/SUPPLIES | | | | |
| 2921092276 | 07/21/202 07/09/202 08/03/202 | 439.71 | 0.00 | 0.00 | 439.71 |
| | LINENS/SUPPLIES | | | | |
| 2921092308 | 07/21/202 07/09/202 08/03/202 | 374.98 | 0.00 | 0.00 | 374.98 |
| | LINENS/ SUPPLIES | | | | |
| 2921092261 | 07/21/202 07/09/202 08/03/202 | 506.75 | 0.00 | 0.00 | 506.75 |
| | SUPPLIES/LINENS | | | | |
| 2921092257 | 07/21/202 07/09/202 08/03/202 | 171.58 | 0.00 | 0.00 | 171.58 |
| | LINENS/SUPPLIES | | | | |
| 2921092763 | 07/21/202 07/16/202 08/01/202 | 169.70 | 0.00 | 0.00 | 169.70 |
| | LINENS/ SUPPLIES | | | | |
| 2921092783 | 07/21/202 07/16/202 08/01/202 | 198.68 | 0.00 | 0.00 | 198.68 |
| | SUPPLIES/LINENS | | | | |
| 2921092447A | 07/22/202 07/13/202 08/05/202 | 118.59 | 0.00 | 0.00 | 118.59 |
| | UNIFORMS | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | U1064 | UNIFIRST HOLDINGS INC | 22,838.20 | 0.00 | 0.00 | 22,838.20 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 311,989.68 | 0.00 | 0.00 | 311,989.68 |

APPROVED ON
JUL 23 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 213701 - 213754

RECEIVED

JUL 27 2026

Calhoun County Auditor

07/27/2026 MEMORIAL MEDICAL CENTER 0

15:16 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 08/06/2026

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| I1265 | DEPARTMENT OF TREASURY IRS | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 072726 | | 07/27/202 | 07/07/202 | 07/07/202 | | | 1,058.35 | 0.00 | 0.00 | 1,058.35 |

PCOR1 Fee Form 720 Monthly Federal

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | I1265 | DEPARTMENT OF TREASURY IRS | 1,058.35 | 0.00 | 0.00 | 1,058.35 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 1,058.35 | 0.00 | 0.00 | 1,058.35 |

APPROVED ON

JUL 27 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 213712

| BANK | CHECK NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 213701 | 07/29/26 | 347.88 | AMAZON CAPITAL SERVICES |
| A/P | 213702 | 07/29/26 | 1,170.32 | BAYER HEALTHCARE |
| A/P | 213703 | 07/29/26 | 11,964.89 | BECKMAN COULTER INC |
| A/P | 213704 | 07/29/26 | 922.07 | BIO-RAD LABORATORIES, INC |
| A/P | 213705 | 07/29/26 | 53.35 | CENTRAL DRUG |
| A/P | 213706 | 07/29/26 | 652.27 | CHEMAQUA |
| A/P | 213707 | 07/29/26 | 3,465.66 | CITY OF PORT LAVACA |
| A/P | 213708 | 07/29/26 | 18,311.66 | CLINICAL PATHOLOGY LABS |
| A/P | 213709 | 07/29/26 | 348.26 | COCA COLA SOUTHWEST BEVERAGES |
| A/P | 213710 | 07/29/26 | 6,371.16 | COMPUGROUP MEDICAL - EMDS INC. |
| A/P | 213711 | 07/29/26 | 1,290.47 | CYRACOM LLC |
| A/P | 213712 | 07/29/26 | 1,058.35 | DEPARTMENT OF TREASURY IRS |
| A/P | 213713 | 07/29/26 | 37.08 | DEWITT POTH & SON |
| A/P | 213714 | 07/29/26 | 524.20 | DIRECTV ENTERTAINMENT HOLDINGS |
| A/P | 213715 | 07/29/26 | 75.00 | DOWELL PEST CONTROL |
| A/P | 213716 | 07/29/26 | 5,400.00 | DR JOHN CLINTON |
| A/P | 213717 | 07/29/26 | 2,700.00 | DR. TIMU KWI |
| A/P | 213718 | 07/29/26 | 50,513.76 | DRISCOLL HEALTH PLAN |
| A/P | 213719 | 07/29/26 | 258.48 | ECOLAB |
| A/P | 213720 | 07/29/26 | 63.69 | EVERON |
| A/P | 213721 | 07/29/26 | 150.00 | FASTHEALTH CORPORATION |
| A/P | 213722 | 07/29/26 | 232.66 | FEDERAL EXPRESS CORP. |
| A/P | 213723 | 07/29/26 | 1,691.25 | FEDLOGIC LLC |
| A/P | 213724 | 07/29/26 | 2,607.41 | FILTER TECHNOLOGY CO, INC |
| A/P | 213725 | 07/29/26 | 88,465.08 | FISHER HEALTHCARE |
| A/P | 213726 | 07/29/26 | 2,369.80 | FLEX FINANCIAL |
| A/P | 213727 | 07/29/26 | 20.35 | GRAINGER |
| A/P | 213728 | 07/29/26 | 851.18 | HENRY SCHEIN INC. |
| A/P | 213729 | 07/29/26 | 573.53 | HEWLETT-PACKARD |
| A/P | 213730 | 07/29/26 | 23,663.00 | HOSPITAL CARE CONSULTANTS INC. |
| A/P | 213731 | 07/29/26 | 3,300.00 | JOHN B WRIGHT LLC |
| A/P | 213732 | 07/29/26 | 801.18 | LGC CLINICAL DIAGNOSTICS, INC. |
| A/P | 213733 | 07/29/26 | 910.00 | LOFTIN EQUIPMENT COMPANY |
| A/P | 213734 | 07/29/26 | 530.00 | MANAGED CARE PARTNERS INC. |
| A/P | 213735 | 07/29/26 | 38.05 | MARKETLAB, INC |
| A/P | 213736 | 07/29/26 | 230.57 | MCKESSON MEDICAL SURGICAL INC |
| A/P | 213737 | 07/29/26 | .00 | VOIDED |
| A/P | 213738 | 07/29/26 | .00 | VOIDED |
| A/P | 213739 | 07/29/26 | 8,692.03 | MEDLINE INDUSTRIES INC |
| A/P | 213740 | 07/29/26 | 393.72 | MMC AUXILIARY GIFT SHOP |
| A/P | 213741 | 07/29/26 | 23,863.50 | MUTUAL OF OMAHA |
| A/P | 213742 | 07/29/26 | 57.87 | MXR IMAGING, INC |
| A/P | 213743 | 07/29/26 | 2,751.84 | NATIONAL FARM LIFE INSURANCE |
| A/P | 213744 | 07/29/26 | 1,125.00 | OLYMPUS AMERICA INC |
| A/P | 213745 | 07/29/26 | 2,050.00 | RADSOURCE |
| A/P | 213746 | 07/29/26 | 782.00 | REPSS, INC. |
| A/P | 213747 | 07/29/26 | 551.13 | SHANNA O'DONNELL, FNP |
| A/P | 213748 | 07/29/26 | 738.64 | SHERWIN WILLIAMS |
| A/P | 213749 | 07/29/26 | 7,852.23 | SIEMENS MEDICAL SOLUTIONS INC |
| A/P | 213750 | 07/29/26 | 950.00 | SIGN AD, LTD. |

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 213751 | 07/29/26 | 907.76 | SOUTH TEXAS BLOOD & TISSUE CEN |
| A/P | 213752 | 07/29/26 | 5,540.50 | TEXAS HOSPITAL ASSOCIATION |
| A/P | 213753 | 07/29/26 | 1,841.00 | TRUBRIDGE |
| A/P | 213754 | 07/29/26 | 150.00 | TURTLE & HUGHES INC |
| A/P | 213755 | 07/29/26 | .00 | VOIDED |
| A/P | 213756 | 07/29/26 | 22,838.20 | UNIFIRST HOLDINGS INC |
| A/P | 213757 | 07/29/26 | 4,112.92 | GOLDENCREEK HEALTHCARE |
| A/P | 213758 | 07/29/26 | 71,867.15 | LAVACA BAY NURSING AND REHAB |
| A/P | 213759 | 07/29/26 | 122,971.16 | TUSCANY VILLAGE |
| TOTALS: | | | 511,999.26 | |

313,048.03 ← payables
71,867.15 ← lavaca bay
4,112.92 ← golden creek
122,971.16 ← tuscany village
511,999.26 *

# Morris & Dickson Invoices

| Invoice Date | Due Date | Invoice Number | Amount |
|---|---|---|---|
| 7/19/2026 | 8/10/2026 | 0220736 | 1,366.52 |
| 7/19/2026 | 8/10/2026 | 5067642 | 3.78 |
| 7/19/2026 | 8/10/2026 | 5070307 | 1,100.10 |
| 7/19/2026 | 8/10/2026 | 5070306 | 24,760.90 |
| 7/19/2026 | 8/10/2026 | 5070308 | 283.40 |
| 7/19/2026 | 8/10/2026 | 0220736 | 1,366.52 |
| 7/20/2026 | 8/10/2026 | 5077222 | 472.58 |
| 7/20/2026 | 8/10/2026 | 5074030 | 66.52 |
| 7/20/2026 | 8/10/2026 | 5074031 | 319.36 |
| 7/21/2026 | 8/10/2026 | 5082141 | 42.51 |
| 7/22/2026 | 8/10/2026 | 5084042 | 2,004.79 |
| 7/22/2026 | 8/10/2026 | 5087943 | 113.08 |
| 7/22/2026 | 8/10/2026 | 5087946 | 733.00 |
| 7/22/2026 | 8/10/2026 | 5087948 | 186.07 |
| 7/22/2026 | 8/10/2026 | 5087945 | 23.68 |
| 7/22/2026 | 8/10/2026 | 5087947 | 199.30 |
| 7/22/2026 | 8/10/2026 | 5087944 | 31.99 |
| 7/23/2026 | 8/10/2026 | 5091556 | 7,148.08 |
| 7/23/2026 | 8/10/2026 | 5091555 | 409.19 |
| 7/23/2026 | 8/10/2026 | 5089839 | 466.47 |
| 7/21/2026 | 8/10/2026 | 5082142 | 1,267.11 |
| | | | **42,364.95** |

Caitlin Clevenger - Controller

APPROVED ON

JUL 27 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**McKESSON**

Company: 8000

# STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/24/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 07/25/2026

APPROVED ON
JUL 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 07/24/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 07/25/2026

**PLEASE CHECK ANY ITEMS NOT PAID (✓)**

National Account 632536

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

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

**TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER**

**Subtotals:** 6,472.83 USD

**Future Due:** 0.00

**Past Due:** 30.68-

**Last Payment** 2,451.97
08/07/2017

**If Paid By 07/28/2026, Pay This Amount:** 6,342.75 USD

**If Paid After 07/28/2026, Pay this Amount:** 6,472.83 USD

**Due If Paid On Time:** USD 6,342.75

**Disc lost if paid late:** 130.08

**Due If Paid Late:** USD 6,472.83

6,353.53 +
10.27 -
0.19 -
0.32 -
6,342.75 =

For AR Inquiries please contact 800-867-0333

# McKESSON

Company: 8000

# STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/24/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/25/2026

APPROVED ON
JUL 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 07/24/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 07/25/2026 **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** | | | | | | | | | | | |
| 07/21/2026 | 07/28/2026 | 7647455625 | 289773704 | 115Invoice | 2.89 | 144.27 | | 141.38 | | 7647455625 | |
| 07/21/2026 | 07/28/2026 | 7647455626 | 289526206 | 115Invoice | 16.14 | 806.93 | | 790.79 | | 7647455626 | |
| 07/21/2026 | 07/28/2026 | 7647455627 | 289942409 | 115Invoice | 16.14 | 806.93 | | 790.79 | | 7647455627 | |
| 07/22/2026 | 07/28/2026 | 7647706952 | 290109561 | 115Invoice | 2.89 | 144.27 | | 141.38 | | 7647706952 | |
| 07/23/2026 | 07/28/2026 | 7647979626 | 290269942 | 115Invoice | 5.10 | 254.82 | | 249.72 | | 7647979626 | |
| 07/23/2026 | 07/28/2026 | 7647979627 | 290269942 | 115Invoice | 1.44 | 72.13 | | 70.69 | | 7647979627 | |
| 07/23/2026 | 07/28/2026 | 7647979628 | 290269942 | 115Invoice | 60.50 | 3,024.77 | | 2,964.27 | | 7647979628 | |
| 07/24/2026 | 07/28/2026 | 7648268568 | 290418323 | 115Invoice | 7.64 | 382.22 | | 374.58 | | 7648268568 | |
| 07/24/2026 | 07/28/2026 | 7648268569 | 290418323 | 115Invoice | 0.80 | 39.94 | | 39.14 | | 7648268569 | |
| 07/24/2026 | 07/28/2026 | 7648268570 | 290418323 | 115Invoice | 16.14 | 806.93 | | 790.79 | | 7648268570 | |

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

**TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS**

**Subtotals:** 6,483.21 USD

**Future Due:** 0.00

**Past Due:** 0.00

**Last Payment** 44,309.78
07/20/2026

**If Paid By 07/28/2026,**
**Pay This Amount:** 6,353.53 USD

**If Paid After 07/28/2026,**
**Pay this Amount:** 6,483.21 USD

**Due If Paid On Time:**
USD 6,353.53

**Disc lost if paid late:**
129.68

**Due If Paid Late:**
USD 6,483.21

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: 07/24/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 07/25/2026

APPROVED ON
JUL 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 07/24/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 07/25/2026 **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** | | | | | | | | | | | |
| 07/20/2026 | 07/28/2026 | 7646968768 | B2607-055-421856 | 115Invoice | 0.07 | 3.39 | | 3.32 | | 7646968768 | |
| 07/20/2026 | 07/20/2026 | 7647252721 | MFC PR CORR CR | Pricing Cor | | 21.63- | P | 21.63- | P | 7647252721 | |
| 07/20/2026 | 07/28/2026 | 7647252722 | MFC PR CORR IN | Pricing Cor | 0.04 | 2.23 | | 2.19 | | 7647252722 | |
| 07/23/2026 | 07/28/2026 | 7647791946 | B2607-055-426300 | 115Invoice | 0.12 | 5.97 | | 5.85 | | 7647791946 | |

**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:** 10.04- USD

**Future Due:** 0.00

**Past Due:** 21.63-

**Last Payment** 44,309.78
07/20/2026

**If Paid By 07/28/2026,**
**Pay This Amount:** 10.27- USD

**If Paid After 07/28/2026,**
**Pay this Amount:** 10.04- USD

**Due If Paid On Time:**
USD 10.27-

**Disc lost if paid late:**
0.23

**Due If Paid Late:**
USD 10.04-

For AR Inquiries please contact 800-867-0333

# McKESSON

# STATEMENT

Company: 8000

CVS PHCY 8923/MEM MC 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: 07/24/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 07/25/2026

APPROVED ON
JUL 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 07/24/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 07/25/2026 **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 835434 CVS PHCY 8923/MEM MC PHS** | | | | | | | | | | | |
| 07/22/2026 | 07/22/2026 | 7647778776 | 3404250 | Pricing Cor | | 3.31- | P | 3.31- | P | 7647778776 | |
| 07/22/2026 | 07/28/2026 | 7647778777 | 3404250 | Pricing Cor | 0.06 | 3.18 | | 3.12 | | 7647778777 | |

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

**TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS**

**Subtotals:** 0.13- USD

**Future Due:** 0.00

**Past Due:** 3.31-

**Last Payment** 12,215.87
04/13/2026

**If Paid By 07/28/2026,**
**Pay This Amount:** 0.19- USD

**If Paid After 07/28/2026,**
**Pay this Amount:** 0.13- USD

**Due If Paid On Time:**
USD 0.19-

**Disc lost if paid late:**
0.06

**Due If Paid Late:**
USD 0.13-

For AR Inquiries please contact 800-867-0333

**McKESSON**

Company: 8000

# STATEMENT

CVS PHCY 7416/MEM MC 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: 07/24/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 07/25/2026

APPROVED ON
JUL 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 07/24/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 07/25/2026 **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 835437 CVS PHCY 7416/MEM MC PHS** | | | | | | | | | | | |
| 07/23/2026 | 07/23/2026 | 7648163087 | 3550533 | Pricing Cor | | 5.74- | P | 5.74- | P | 7648163087 | |
| 07/23/2026 | 07/28/2026 | 7648163088 | 3550533 | Pricing Cor | 0.11 | 5.53 | | 5.42 | | 7648163088 | |

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

**TOTAL: Customer Number 835437 CVS PHCY 7416/MEM MC PHS**

**Subtotals:** 0.21- USD

**Future Due:** 0.00

**Past Due:** 5.74-

**Last Payment** 4,153.65
01/05/2026

**If Paid By 07/28/2026,**
**Pay This Amount:** 0.32- USD

**If Paid After 07/28/2026,**
**Pay this Amount:** 0.21- USD

**Due If Paid On Time:**
USD 0.32-

**Disc lost if paid late:**
0.11

**Due If Paid Late:**
USD 0.21-

For AR Inquiries please contact 800-867-0333

cencora

# STATEMENT

Statement Number: 72522862
Date: 07-24-2026

**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: | 42.52 |
| Past Due: | 0.00 |
| Total Due: | 42.52 |
| Account Balance: | 42.52 |

## Account Activity

| Document Date | Due Date | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance |
|---|---|---|---|---|---|---|---|---|
| 07-20-2026 | 07-31-2026 | 3257743829 | 7012300309 | Invoice | 2.58 | | 0.00 | 2.58 |
| 07-20-2026 | 07-31-2026 | 3257745110 | 7012313195 | Invoice | 34.01 | | 0.00 | 34.01 |
| 07-22-2026 | 07-31-2026 | 3258030415 | 7012322479 | Invoice | 5.93 | | 0.00 | 5.93 |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|---|---|---|---|---|---|---|
| 42.52 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

## Thank You for Your Payment

| Date | Amount |
|---|---|
| 07-24-2026 | (178.75) |

## Reminders

| Due Date | Amount |
|---|---|
| 07-31-2026 | 42.52 |
| Total Due: | 42.52 |

APPROVED ON
JUL 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



Processing Number 000090768978536 Document Type Customer Statement 20260725014743

cencora

# STATEMENT

Statement Number: 72531439
Date: 07-24-2026

**Serviced By:**
AMERISOURCEBERGEN DRUG CORP
12577 STATELINE ROAD
OLIVE BRANCH MS 38654

DEA: RA0504743
866-451-9655

**Customer:**
ACCREDO MEMPHIS 340B
MEMORIAL MEDICAL CENTER
1620 CENTURY CENTER PKWY #109
MEMPHIS TN 38134-8849

**Remit To:**
AMERISOURCEBERGEN
POST OFFICE
PO Box 29808
NEW YORK NY 10087-9808

| Customer Number |
|---|
| 100302028 / 100302028 |

| Terms |
|---|
| Sat - Fri Due in 7 days |

| Summary | |
|---|---|
| Not Yet Due: | 0.00 |
| Current: | 0.10 |
| Past Due: | 0.00 |
| Total Due: | 0.10 |
| Account Balance: | 0.10 |

## Account Activity

| Document Date | Due Date | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance |
|---|---|---|---|---|---|---|---|---|
| 07-20-2026 | 07-31-2026 | 371346189 | GROSS RECEIPTS TAX | Invoice | 0.10 | | 0.00 | 0.10 |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|---|---|---|---|---|---|---|
| 0.10 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

## Reminders

| Due Date | Amount |
|---|---|
| 07-31-2026 | 0.10 |
| Total Due: | 0.10 |

APPROVED ON
JUL 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

cencora

# STATEMENT

Statement Number: 72537421
Date: 07-24-2026

**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: | 3.57 |
| Past Due: | 0.00 |
| Total Due: | 3.57 |
| Account Balance: | 3.57 |

## Account Activity

| Document Date | Due Date | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance |
|---|---|---|---|---|---|---|---|---|
| 07-23-2026 | 07-31-2026 | 3258211209 | 7012336348 | Invoice | 3.57 | | 0.00 | 3.57 |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|---|---|---|---|---|---|---|
| 3.57 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

## Reminders

| Due Date | Amount |
|---|---|
| 07-31-2026 | 3.57 |
| Total Due: | 3.57 |

APPROVED ON
JUL 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



Processing Number: 0000007B0725608 Document Type: Customer Statement 20260725015321

cencora

# STATEMENT

Statement Number: 72522869
Date: 07-24-2026

**Serviced By:**
AMERISOURCEBERGEN DRUG CORP
ONE INDUSTRIAL PARK DR.
WILLIAMSTON MI 48895-1601

DEA: RA0290736
866-451-9655

**Customer:**
WALGREENS SPEC PHY #15438 340B
MEMORIAL MEDICAL CENTER
41460 HAGGERTY CIR S
CANTON MI 48188-2227

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

**Customer Number**
100135316 / 049028191

**Terms**
Sat - Fri Due in 7 days

**Summary**

| | |
|---|---|
| Not Yet Due: | (269.41) |
| Current: | 266.72 |
| Past Due: | 0.00 |
| Total Due: | 266.72 |
| Account Balance: | (2.69) |

## Account Activity

| Document Date | Due Date | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance |
|---|---|---|---|---|---|---|---|---|
| 07-20-2026 | 10-18-2026 | 371357893 | 15438171086 | Invoice | (269.41) | | 0.00 | (269.41) |
| 07-20-2026 | 07-31-2026 | 371357894 | 15438171086 | Invoice | 266.72 | | 0.00 | 266.72 |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|---|---|---|---|---|---|---|
| 266.72 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

## Reminders

| Due Date | Amount |
|---|---|
| 07-31-2026 | 266.72 |
| 10-18-2026 | (269.41) |
| Total Due: | 266.72 |

APPROVED ON
JUL 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



Processing Number 0000007660370543 Document Type Customer Statement 20260725014749

**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"<br>1ST QTR - 03 (MARCH) - Jan, Feb, Mar<br>2ND QTR - 06 (JUNE) - Apr, May, June<br>3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept<br>4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec | ★ | 09 |
| ☐ | "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" | ★ | $ 140,719.11 # |
| | "1 TO CONFIRM" | | 1 |
| | "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" | 0 | $ 73,061.06 # |
| | "ENTER W/CENTS AMOUNT OF MEDICARE" | | $ 17,087.00 # |
| | "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING" | | $ 50,571.05 # |
| ☐ | "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 | | 7/10/2026 | | | | | |
| PAY PERIOD: END | | 7/23/2026 | | | | | |
| PAY DATE: | | 7/31/2026 | | | | | |
| GROSS PAY: | $ | 589,203.01 | | | $ - | | $ 589,203.01 |
| DEDUCTIONS: | | | | | | | |
| A/R | $ | 421.47 | | | | | $ 421.47 |
| ADVANC | | | | | | | $ - |
| BOOTS | | | | | | | $ - |
| ~~MUTUAL CRITICAL ILLNESS~~ | | | | | | | $ - |
| ~~MUTUAL ACCIDENT~~ | | | | | | | $ - |
| IRS TAX | | | | | | | $ - |
| ~~MUTUAL SHORT TERM DIS~~ | | | | | | | $ - |
| MUTUAL VISION | | | | | | | $ - |
| CAFÉ-D | | | | | | | $ - |
| CAFÉ-H | | | | | | | $ - |
| | $ | - | | | | | $ - |
| | $ | - | | | | | $ - |
| CAFÉ-P | | | | | | | $ - |
| CANCER | | | | | | | $ - |
| CHILD | $ | - | | | | | $ - |
| CLINIC | | | | | | | $ - |
| COMBIN | | | | | | | $ - |
| CREDUN | $ | - | | | | | $ - |
| DENTAL | $ | - | | | | | $ - |
| DEP-LF | | | | | | | $ - |
| MUTUAL TERM LIFE | | | | | | | $ - |
| MUTUAL HOSP INDEM | | | | | | | $ - |
| FED TAX | $ | 50,571.05 | | | | | $ 50,571.05 |
| FICA-M | $ | 8,543.50 | | | | | $ 8,543.50 |
| FICA-O | $ | 36,530.53 | | | | | $ 36,530.53 |
| FICA-M ADDITIONAL | | | | | | | $ - |
| FIRST C | | | | | | | $ - |
| FLEX S | | | | | | | $ - |
| FLX-FE | $ | - | | | | | $ - |
| GIFT S | $ | 473.18 | | | | | $ 473.18 |
| MUTUAL CRITICAL ILLNESS | | | | | | | $ - |
| MUTUAL ACCIDENT | | | | | | | $ - |
| MUTUAL SHORT TERM DIS | | | | | | | $ - |
| LEGAL | | | | | | | $ - |
| OTHER | $ | 4,367.59 | | | | | $ 4,367.59 |
| NATIONAL FARM LIFE | | | | | | | $ - |
| MED SURCHARGE | | | | | | | $ - |
| Blank | | | | | | | $ - |
| RELAY | | | | | | | $ - |
| REPAY | | | | | | | $ - |
| STONEDF | | | | | | | $ - |
| STONE | | | | | | | $ - |
| STONE 2 | | | | | | | $ - |
| STUDEN | | | | | | | $ - |
| TSA-R | $ | 39,315.94 | | | | | $ 39,315.94 |
| UW/HOS | $ | - | | | | | $ - |
| TOTAL DEDUCTIONS: | $ | 140,223.26 | $ - | $ - | $ - | $ - | $ 140,223.26 |
| | "SHOULD MATCH REPORT" | | "SHOULD MATCH REPORT" | "SHOULD MATCH REPORT" | "SHOULD MATCH REPORT" | "SHOULD MATCH REPORT" | |
| NET PAY: | $ | 448,979.75 | $ - | $ - | $ - | $ - | $ 448,979.75 |
| | "SHOULD MATCH REPORT" | | "SHOULD MATCH REPORT" | "SHOULD MATCH REPORT" | "SHOULD MATCH REPORT" | "SHOULD MATCH REPORT" | |
| TOTAL CAFÉ 125 PLAN: | $ | - | Less Exempt: | | | | |
| TAXABLE PAY: | $ | 589,203.01 | $ 589,203.01 | | | | Exempt Amt: |

| | | | "CALCULATED" | From MMC Report | Difference | |
|---|---|---|---|---|---|---|
| FICA - MED (ER) | 1.45% | $ | 8,543.44 | | | Employees over FICA-SS Cap: |
| FICA - MED (EE) | 1.45% | $ | 8,543.44 | $ 8,543.50 | $ (0.06) | |
| FICA - SOC SEC (ER) | 6.20% | $ | 36,530.59 | | | |
| FICA - SOC SEC (EE) | 6.20% | $ | 36,530.59 | $ 36,530.53 | $ 0.06 | Paycode S - Employee Reimb.: |
| FED WITHHOLDING | | $ | 50,571.05 | $ 50,571.05 | | |
| | | | | | | TOTAL: |
| TAX DEPOSIT: | | $ | 140,719.11 | $ 140,719.11 | | |
| FICA - MEDICARE | 2.90% | $ | 17,086.88 | $17,087.00 | | |
| FICA - SOCIAL SECURITY | 12.40% | $ | 73,061.18 | $73,061.06 | PREPARED BY: | Andrie Flores |
| FED WITHHOLDING | | $ | 50,571.05 | $50,571.05 | PREPARED DATE: | 7/27/2026 |
| TOTAL TAX: | | $ | 140,719.11 | $140,719.11 | $ - | |

Final Summary

**-- PayCode Summary --**

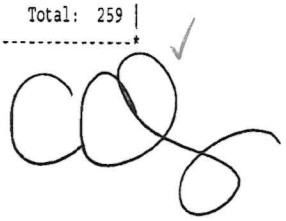
| PayCd | Description | Hrs | OT | SH | WE | HO | CB | Gross |
|---|---|---|---|---|---|---|---|---|
| 1 | REGULAR PAY-S1 | 9793.00 | N | | N | N | | 243088.66 |
| 1 | REGULAR PAY-S1 | 1973.50 | N | | N | N | N | 112439.73 |
| 1 | REGULAR PAY-S1 | 2.00 | N | 1 | N | N | Y | 172.50 |
| 1 | REGULAR PAY-S1 | 214.50 | Y | | N | N | | 11315.75 |
| 2 | REGULAR PAY-S2 | 2543.50 | N | | N | N | | 73855.88 |
| 2 | REGULAR PAY-S2 | 99.50 | Y | | N | N | | 5052.62 |
| 3 | REGULAR PAY-S3 | 1763.00 | N | | N | N | | 62679.99 |
| 3 | REGULAR PAY-S3 | 120.75 | Y | | N | N | | 6114.45 |
| 4 | CALL BACK PAY | 4.00 | N | 1 | N | N | Y | 255.18 |
| 4 | CALL BACK PAY | 6.00 | N | 2 | N | N | Y | 198.00 |
| 4 | CALL BACK PAY | 2.00 | N | 3 | N | N | Y | 68.00 |
| C | CALL PAY | 256.00 | N | | N | N | N | 512.00 |
| C | CALL PAY | 2377.50 | N | 1 | N | N | | 4755.00 |
| E | EXTRA WAGES | | N | | N | N | N | 7500.00 |
| E | EXTRA WAGES | | N | 1 | N | N | | 15.00 |
| E | EXTRA WAGES | | N | 1 | N | N | N | 2627.50 |
| F | FUNERAL LEAVE | 40.00 | N | 1 | N | N | | 1359.20 |
| I | INSERVICE | 12.00 | N | 1 | N | N | | 740.50 |
| K | EXTENDED-ILLNESS-BANK | 136.00 | N | 1 | N | N | | 5737.44 |
| N | CRNA Pay | 80.00 | N | | N | N | N | 10400.00 |
| P | PAID-TIME-OFF | 90.91 | N | | N | N | N | 1447.25 |
| P | PAID-TIME-OFF | 1243.00 | N | 1 | N | N | | 38199.36 |
| X | CALL PAY 2 | 144.00 | N | 1 | N | N | | 288.00 |
| Y | YMCA/CURVES | | N | | N | N | N | 45.00 |
| Z | CALL PAY 3 | 112.00 | N | 1 | N | N | | 336.00 |

**-- Deductions Summary --**

| Code | Amount | Code | Amount | Code | Amount |
|---|---|---|---|---|---|
| A/R | 260.00 | A/R2 | 161.47 | A/R3 | |
| ADVANC | | AWARDS | | BADGE | |
| BCBSVI | | BOOTS | | CAFE H | |
| CAFE-1 | | CAFE-2 | | CAFE-3 | |
| CAFE-4 | | CAFE-5 | | CAFE-C | |
| CAFE-D | | CAFE-F | | CAFE-H | |
| CAFE-I | | CAFE-L | | CAFE-P | |
| CANCER | | CHILD | | CLINIC | |
| COMBIN | | CREDUN | | DD ADV | |
| DENTAL | | DEP-LF | | DIS-LF | |
| EAT | | EATCSH | | FEDTAX | 50571.05 |
| FICA-M | 8543.50 | FICA-O | 36530.53 | FIRSTC | |
| FLEX S | | FLX FE | | FORT D | |
| FUTA | | GIFT S | 473.18 | GRANT | |
| GRP-IN | | GTL | | HOSP-I | |
| HSA | | ID TFT | | IRSTAX | |
| LEAF | | LEGAL | | MASA | |
| MEALS | 4367.59 | METVIS | | MISC | |
| MISC/ | | MMCSHR | | MOOACC | |
| MOOILL | | MOOIND | | MOOLIF | |
| MOOSTD | | MOOVIS | | NATFML | |
| OTHER | | PHI | | PHI*** | |
| PR FIN | | RELAY | | REPAY | |
| SAMS | | SCRUBS | | SIGNON | |
| ST-TX | | STONDF | | STONE | |
| STONE2 | | STUDEN | | SUNACC | |
| SUNILL | | SUNIND | | SUNLIF | |
| SUNSTD | | SUNVIS | | SURCHG | |
| TSA-1 | | TSA-2 | | TSA-C | |
| TSA-P | | TSA-R | 39315.94 | TUTION | |
| UNIFOR | | UW/HOS | | | |

**Grand Totals: 21013.16** ( Gross: 589203.01 Deductions: 140223.26 Net: 448979.75 )

Checks Count:- FT 206 PT 12 Other 42 Female 234 Male 25 Credit OverAmt 29 ZeroNet Term Total: 259



| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9129 | 76351 | 1 | 1 | 0 | 2026 | 198001748 | 0 | 7/24/2026 | $42,084.22 | 1 | TRUESCRIPTS MANAGEMENT SERVICE LLC | P | 517 | 0 | [redacted] | PCS | F | 6/29/2026 | 7/12/2026 | 464334244 |
| 9131 | 76351 | 2 | 5 | 0 | 2026 | 195000896 | 0 | 7/24/2026 | $182.46 | 1 | KHIEM VU DO PA | P | 177 | 0 | [redacted] | OV | F | 4/13/2026 | 4/13/2026 | 451261253 |
| 9132 | 76351 | 2 | 2 | 0 | 2026 | 196000815 | 0 | 7/24/2026 | $226.41 | 1 | ESS OF PORT LAVACA LLC | P | 189 | 0 | [redacted] | ERD | F | 6/23/2026 | 6/23/2026 | 815248556 |
| 9134 | 76351 | 2 | 2 | 0 | 2026 | 197000368 | 0 | 7/24/2026 | $761.49 | 1 | VICTORIA HEART VASCULAR CENTER | P | 457 | 0 | [redacted] | OVS | F | 7/1/2026 | 7/2/2026 | 562284144 |
| 9135 | 76351 | 2 | 38 | 0 | 2026 | 201000429 | 0 | 7/24/2026 | $1,916.71 | 1 | 952 ECHO LANE SUITE 140 | P | 178 | 0 | [redacted] | SO | F | 7/15/2026 | 7/15/2026 | 273654318 |
| 9136 | 76351 | 3 | 8 | 0 | 2026 | 197000434 | 0 | 7/24/2026 | $6.74 | 1 | CLINICAL PATHOLOGY LABORATORIES INC | P | 185 | 0 | [redacted] | LAB | F | 6/20/2026 | 6/20/2026 | 742554159 |
| 9138 | 76351 | 3 | 43 | 0 | 2026 | 196000766 | 0 | 7/24/2026 | $32.48 | 1 | SINGLETON ASSOCIATES PA | P | 189 | 0 | [redacted] | ERD | F | 7/7/2026 | 7/7/2026 | 741680498 |
| 9139 | 76351 | 3 | 69 | 1 | 2026 | 197000419 | 0 | 7/24/2026 | $65.89 | 1 | PORT LAVACA CLINIC ASSOCIATES | P | 177 | 0 | [redacted] | OV | F | 7/13/2026 | 7/13/2026 | 742605670 |
| 9141 | 76351 | 3 | 23 | 0 | 2026 | 198001599 | 0 | 7/24/2026 | $77.50 | 1 | HPCMS LLC | P | 604 | 0 | [redacted] | CASE | F | 6/23/2026 | 6/23/2026 | 271837628 |
| 9144 | 76351 | 3 | 65 | 2 | 2026 | 197000467 | 0 | 7/24/2026 | $121.86 | 1 | GUELVALDIVIA VERONICA | P | 172 | 0 | [redacted] | AB | F | 7/13/2026 | 7/13/2026 | 742640162 |
| 9145 | 76351 | 3 | 9 | 0 | 2026 | 190000837 | 0 | 7/24/2026 | $148.21 | 1 | REGIONAL EMPLOYEE ASSISTANCE PROGRAM | P | 457 | 0 | [redacted] | OVS | F | 6/15/2026 | 6/15/2026 | 760423386 |
| 9147 | 76351 | 3 | 79 | 0 | 2026 | 196001056 | 0 | 7/24/2026 | $188.00 | 1 | MHHS HERMANN HOSPITAL | P | 420 | 0 | [redacted] | HMIS | F | 4/18/2026 | 4/20/2026 | 741152597 |
| 9148 | 76351 | 3 | 45 | 0 | 2026 | 194000927 | 0 | 7/24/2026 | $216.85 | 1 | PORT LAVACA CLINIC | P | 172 | 0 | [redacted] | AB | F | 7/7/2026 | 7/7/2026 | 742605670 |
| 9149 | 76351 | 3 | 43 | 0 | 2026 | 197000452 | 0 | 7/24/2026 | $236.34 | 1 | ESS OF PORT LAVACA LLC | P | 189 | 0 | [redacted] | ERD | F | 7/2/2026 | 7/2/2026 | 815248556 |
| 9151 | 76351 | 3 | 22 | 1 | 2026 | 190000862 | 0 | 7/24/2026 | $247.80 | 1 | SINGLETON ASSOCIATES PA | P | 321 | 0 | [redacted] | MRIO | F | 6/25/2026 | 6/25/2026 | 741680498 |
| 9152 | 76351 | 3 | 25 | 0 | 2026 | 194000901 | 0 | 7/24/2026 | $247.81 | 1 | SINGLETON ASSOCIATES PA | P | 172 | 0 | [redacted] | AB | F | 7/1/2026 | 7/1/2026 | 741680498 |
| 9156 | 76351 | 3 | 43 | 0 | 2026 | 197000014 | 0 | 7/24/2026 | $331.19 | 1 | SINGLETON ASSOCIATES PA | P | 189 | 0 | [redacted] | ERD | F | 7/2/2026 | 7/2/2026 | 741680498 |
| 9157 | 76351 | 3 | 14 | 0 | 2026 | 195000938 | 0 | 7/24/2026 | $508.87 | 1 | EXACT SCIENCES LABORATORIES, LLC | P | 704 | 0 | [redacted] | AB7 | F | 6/22/2026 | 6/22/2026 | 463095174 |
| 9165 | 76360 | 2 | 35 | 0 | 2026 | 201001306 | 0 | 7/24/2026 | $282.09 | 1 | THE PHIA GROUP, LLC | P | 846 | 0 | [redacted] | INVC | F | 7/22/2025 | 7/22/2025 | 43504115 |
| 9166 | 76360 | 2 | 35 | 0 | 2026 | 201001403 | 0 | 7/24/2026 | $282.09 | 1 | THE PHIA GROUP, LLC | P | 846 | 0 | [redacted] | INVC | F | 7/22/2025 | 7/22/2025 | 43504115 |
| 9167 | 76360 | 2 | 16 | 0 | 2026 | 198000356 | 0 | 7/24/2026 | $562.54 | 1 | TRAVIS COUNTY EMERGENCY PHYSICIANS PA | P | 189 | 0 | [redacted] | ERD | F | 6/19/2026 | 6/19/2026 | 742501542 |
| 9168 | 76360 | 2 | 35 | 0 | 2026 | 201001209 | 0 | 7/24/2026 | $957.33 | 1 | US ANESTHESIA PARTNERS OF TX PA | P | 176 | 0 | [redacted] | AO | F | 7/22/2025 | 7/22/2025 | 760482007 |
| 9169 | 76360 | 2 | 35 | 0 | 2026 | 201001374 | 0 | 7/24/2026 | $957.33 | 1 | US ANESTHESIA PARTNERS OF TEXAS PA | P | 176 | 0 | [redacted] | AO | F | 7/22/2025 | 7/22/2025 | 760482007 |
| 9170 | 76360 | 3 | 40 | 0 | 2026 | 198000214 | 0 | 7/24/2026 | $23.10 | 1 | PALACIOS PRESCRIPTION SHOPPE | P | 172 | 0 | [redacted] | AB | F | 7/8/2026 | 7/8/2026 | 742008272 |
| 9172 | 76360 | 3 | 82 | 0 | 2026 | 197000457 | 0 | 7/24/2026 | $41.42 | 1 | SINGLETON ASSOCIATES PA | P | 181 | 0 | [redacted] | XRAY | F | 7/7/2026 | 7/7/2026 | 741680498 |
| 9175 | 76360 | 3 | 94 | 0 | 2026 | 191000946 | 0 | 7/24/2026 | $49.94 | 1 | ADU SPORTS MEDICINE CLINIC | P | 457 | 0 | [redacted] | OVS | F | 7/8/2026 | 7/8/2026 | 273335355 |
| 9176 | 76360 | 3 | 94 | 0 | 2026 | 198000901 | 0 | 7/24/2026 | $49.94 | 1 | ADU SPORTS MEDICINE CLINIC | P | 457 | 0 | [redacted] | OVS | F | 7/15/2026 | 7/15/2026 | 273335355 |
| 9177 | 76360 | 3 | 138 | 2 | 2026 | 198000905 | 0 | 7/24/2026 | $68.32 | 1 | MELISSA A KAINER ERWIN MD PA | P | 177 | 0 | [redacted] | OV | F | 7/15/2026 | 7/15/2026 | 200802489 |
| 9179 | 76360 | 3 | 128 | 1 | 2026 | 190000896 | 0 | 7/24/2026 | $71.83 | 1 | AARON M MCGUIRE OD | P | 457 | 0 | [redacted] | OVS | F | 7/1/2026 | 7/1/2026 | 742208337 |
| 9184 | 76360 | 3 | 114 | 0 | 2026 | 195000935 | 0 | 7/24/2026 | $82.85 | 1 | SINGLETON ASSOCIATES PA | P | 181 | 0 | [redacted] | XRAY | F | 7/1/2026 | 7/1/2026 | 741680498 |
| 9187 | 76360 | 3 | 53 | 0 | 2026 | 198001741 | 0 | 7/24/2026 | $90.00 | 1 | VICTORIA WOMENS CLINIC | P | 180 | 0 | [redacted] | XRDR | F | 12/5/2025 | 12/5/2025 | 741831291 |
| 9188 | 76360 | 3 | 41 | 0 | 2026 | 196000809 | 0 | 7/24/2026 | $90.34 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 177 | 0 | [redacted] | OV | F | 5/5/2026 | 5/5/2026 | 471158090 |
| 9189 | 76360 | 3 | 120 | 3 | 2026 | 194000385 | 0 | 7/24/2026 | $90.55 | 1 | LOURDES PHYSICIAN GROUP | P | 177 | 0 | [redacted] | OV | F | 7/7/2026 | 7/7/2026 | 455492119 |
| 9195 | 76360 | 3 | 30 | 1 | 2026 | 198001614 | 0 | 7/24/2026 | $116.25 | 1 | HPCMS LLC | P | 604 | 0 | [redacted] | CASE | F | 6/15/2026 | 6/17/2026 | 271837628 |
| 9197 | 76360 | 3 | 150 | 0 | 2026 | 194000907 | 0 | 7/24/2026 | $124.66 | 1 | VICTORIA WOMENS CLINIC | P | 172 | 0 | [redacted] | AB | F | 6/29/2026 | 6/29/2026 | 741831291 |
| 9201 | 76360 | 3 | 59 | 1 | 2026 | 197000438 | 0 | 7/24/2026 | $153.43 | 1 | FAMILY CARE CENTER | P | 360 | 0 | [redacted] | POV | F | 7/13/2026 | 7/13/2026 | 810970561 |
| 9202 | 76360 | 3 | 41 | 0 | 2026 | 196000831 | 0 | 7/24/2026 | $158.13 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 177 | 0 | [redacted] | OV | F | 3/24/2026 | 3/24/2026 | 471158090 |
| 9209 | 76360 | 3 | 14 | 0 | 2026 | 197000440 | 0 | 7/24/2026 | $247.81 | 1 | SINGLETON ASSOCIATES PA | P | 172 | 0 | [redacted] | AB | F | 7/3/2026 | 7/3/2026 | 741680498 |
| 9211 | 76360 | 3 | 80 | 0 | 2026 | 198000075 | 0 | 7/24/2026 | $256.20 | 1 | SEAN K OSULLIVAN MD DABR | P | 172 | 0 | [redacted] | AB | F | 7/7/2026 | 7/7/2026 | 742765481 |
| 9215 | 76360 | 3 | 54 | 0 | 2026 | 194000924 | 0 | 7/24/2026 | $298.25 | 1 | SINGLETON ASSOCIATES PA | P | 181 | 0 | [redacted] | XRAY | F | 6/30/2026 | 6/30/2026 | 741680498 |
| 9218 | 76360 | 3 | 51 | 1 | 2026 | 196000774 | 0 | 7/24/2026 | $317.90 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 176 | 0 | [redacted] | AO | F | 11/25/2025 | 11/25/2025 | 471158090 |
| 9221 | 76360 | 3 | 107 | 2 | 2026 | 190000854 | 0 | 7/24/2026 | $436.35 | 1 | ESS OF PORT LAVACA LLC | P | 189 | 0 | [redacted] | ERD | F | 6/17/2026 | 6/17/2026 | 815248556 |
| 9223 | 76360 | 3 | 128 | 0 | 2026 | 198000403 | 0 | 7/24/2026 | $529.79 | 1 | VICTORIA HEART AND VASCULAR CENTER | P | 457 | 0 | [redacted] | OVS | F | 7/8/2026 | 7/8/2026 | 562284144 |
| 9225 | 76360 | 3 | 26 | 1 | 2026 | 202000179 | 0 | 7/24/2026 | $808.92 | 1 | COMMUNITY PATHOLOGY ASSOCIATES | P | 185 | 0 | [redacted] | LAB | F | 7/7/2026 | 7/7/2026 | 760421006 |
| 9226 | 76360 | 3 | 82 | 0 | 2026 | 191000986 | 0 | 7/24/2026 | $1,030.71 | 1 | WILSON A ALMONTE MD PLLC | P | 457 | 0 | [redacted] | OVS | F | 7/7/2026 | 7/7/2026 | 474898361 |
| 9227 | 76360 | 3 | 26 | 1 | 2026 | 194000591 | 0 | 7/24/2026 | $1,501.97 | 1 | OETAR HEALTHCARE SYSTEM | P | 186 | 0 | [redacted] | HLAB | F | 6/30/2026 | 6/30/2026 | 621754940 |
| 9229 | 76370 | 3 | 44 | 0 | 2026 | 197000954 | 0 | 7/24/2026 | $94.53 | 1 | OAKBEND MEDICAL CENTER | P | 186 | 0 | [redacted] | HLAB | F | 4/6/2026 | 4/6/2026 | 760339462 |
| 9230 | 76370 | 3 | 44 | 0 | 2026 | 202000010 | 0 | 7/24/2026 | $205.42 | 1 | CIGNA HEALTH AND LIFE INSURANCE COMPANY | P | 846 | 0 | [redacted] | INVC | F | 6/26/2026 | 6/26/2026 | 591031071 |
| 9231 | 76370 | 3 | 16 | 0 | 2026 | 197000377 | 0 | 7/24/2026 | $323.00 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 172 | 0 | [redacted] | AB | F | 8/6/2025 | 8/6/2025 | 471158090 |
| | | | | | | | | | $57,903.82 | | | | | | | | | | | |

APPROVED ON

JUL 27 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

| CHKNO | GRDNO | LOCNO | EMPNO | DEPNO | CLMPRE | CLMNO | CLMSUF | CHKDT | AMT | CLMTP | PAYEE | PAYTO | EVGCD | EVGTP | EMPLOYER_FIRSTNAME | EMPLOYEE_LASTNAME | CODE | VOID | FROMDT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8876 | 76351 | 2 | 5 | 0 | 2026 | 162001268 | 0 | 2026-06-22 | $66,725.07 | 1 | MD ANDER P | | 423 | 0 | [redacted] | | IMC | F | 2026-05-28 |
| | | | | | | | | | $66,725.07 | | | | | | | | | | |

APPROVED ON

JUL 27 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

HPHG, LLC dba 90 Degree Benefits

# Monthly Billing for 7/1/2026

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

Master Group Totals

| | | | | | | | Total Due |
|---|---|---|---|---|---|---|---|
| | SPEC AGG | 171 | $70,949.24 | Adjustments | 10 | ($4,572.84) | $66,376.40 |
| | ADMIN FEES | 171 | $7,609.50 | Adjustments | 9 | ($729.50) | $6,880.00 |
| | PPO UR | 171 | $3,667.95 | Adjustments | 9 | ($346.11) | $3,321.84 |
| | CHIC FEE | | $700.00 | | | | $700.00 |

| | | |
|---|---|---|
| Balance Forward: | | $160,067.98 |
| Payments: | - | $160,067.98 |
| Adjustments: | + | $0.00 |
| Beginning Balance: | | $0.00 |
| Current Amount Due: | + | $82,926.69 |
| Current Adjustments: | + | ($5,648.45) |
| **Total Amount Due:** | | **$77,278.24** |

| Description | Medical |
|---|---|
| EE | 101 |
| ES | 16 |
| EF | 18 |
| EC | 36 |
| Mst Total | 171 |

APPROVED ON
JUL 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

**MEMORIAL MEDICAL CENTER**
**PROSPERITY BANK**
**ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 20, 2026 - July 26, 2026**

| Date | Bank Description | MMC Notes | Amount | CPSI "Handwritten Check" # | GL number |
|---|---|---|---|---|---|
| 7/24/2026 | AMERISOURCE BERG - PAYMENTS 100007768 | - 340B Drug Program Expense | 178.75 * | 902575 | 60310000 |
| 7/24/2026 | PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#157924436 157713553 | - 3rd Party Payor Fee | 1,384.10 | 902576 | 40440076 |
| 7/23/2026 | HPHG LLC - PORT LAVAC 90 DEGREE BENEFITS CL AIMS 7.10.26 MemMedCtr PtLav | - Health Insurance Claim Payments | 41,768.76 * | 902577 | 60320000 |
| 7/23/2026 | HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 7.17.26 MemMedCtr PtLav | - Health Insurance Claim Payments | 22,533.43 * | 902578 | 60320000 |
| 7/23/2026 | PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#157524375 157330950 | - 3rd Party Payor Fee | 256.27 | 902579 | 40440076 |
| 7/23/2026 | Domestic Wire Withdrawal WIRE OUT U.S. BANK C ORPORATE PAYMENT SYSTEM | -US Bank Credit Card Payment | 1,896.90 * | 902580 | 20050000 |
| 7/22/2026 | PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#157156487 156942174 | - 3rd Party Payor Fee | 186.30 | 902581 | 40440076 |
| 7/22/2026 | Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC | - Pharmacy Inventory Invoices | 11,244.37 * | 902582 | 10450000 |
| 7/21/2026 | MCKESSON DRUG - AUTO ACH ACH07149989 | - 340B Drug Program Expense | 44,309.78 * | 902583 | 60310000 |
| 7/21/2026 | PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#156704703 156536313 | - 3rd Party Payor Fee | 59.57 | 902584 | 40440076 |
| 7/20/2026 | IRS - USATAXPYMT 270660130973746 | - Payroll Taxes | 129,448.34 * * | 902585 | FWT:20200000 FICA:20210000 |
| 7/20/2026 | WEBFILE TAX PYMT CPA TAX PAYMENTS - DD 902/8 3256342 | - Sales Tax | 2,227.04 * * | 902586 | BEFORE:20300000 DISC:50700000 |
| 7/20/2026 | PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#156206376 156088565 | - 3rd Party Payor Fee | 92.01 | 902587 | 40440076 |
| | | | 255,585.62 | | |

Caitlin Clevenger, Controller
Memorial Medical Center

July 27, 2026

*approved on 07.22.26 CC
**approved on 07.15.26 CC

**PROSPERITY BANK**
**ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS**

| Date | Description | MMC Notes | Amount |
|---|---|---|---|
| | | | |

Caitlin Clevenger, Controller
Memorial Medical Center

July 27, 2026

1,384.10 +
256.27 +
186.30 +
59.57 +
92.01 +
1,978.25

pay plus

255,585.62 +
178.75 -
41,768.76 -
22,533.43 -
1,896.90 -
11,244.37 -
44,309.78 -
129,448.34 -
2,227.04 -
1,978.25
0.00 =

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JUL 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

| Plan | Start Date | EE Per Pay Cost | ER Per Pay Cost |
|---|---|---|---|
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ 40.00 | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ 25.00 | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 6/1/2026 | $ - | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ - | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ 30.00 | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ - | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ 5.00 | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ 137.00 | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ 3.33 | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 6/1/2026 | $ 10.00 | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ 25.00 | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ - | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ 25.00 | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ 4.16 | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ 100.00 | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 2/1/2026 | $ - | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ 5.00 | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ - | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ 158.33 | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ - | $ 25.00 |
| 2026 Heath Equity Health Savings Account | 1/1/2026 | $ 10.00 | $ 25.00 |
| | | $ 577.82 | $ 525.00 |
| | Total | $ 1,102.82 ✓ | |

APPROVED ON

JUL 27 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

JUL 24 2026

Calhoun County Auditor

07/23/2026
10:28

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/07/2026

0
ap_open_invoice.template

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 071726 | | 07/21/202 | 07/17/202 | 08/07/202 | | | 61,461.59 | 0.00 | 0.00 | 61,461.59 |
| 071726A | ins. pay. dep. into nmc opt.. correction | 07/21/202 | 07/17/202 | 08/07/202 | | | 328.43 | 0.00 | 0.00 | 328.43 |
| 072026 | " | 07/21/202 | 07/20/202 | 08/07/202 | | | 10,077.13 | 0.00 | 0.00 | 10,077.13 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12792 | LAVACA BAY NURSING AND REHAB | 71,867.15 | 0.00 | 0.00 | 71,867.15 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 71,867.15 | 0.00 | 0.00 | 71,867.15 |

APPROVED ON

JUL 24 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#213758

RECEIVED

JUL 24 2026

Calhoun County Auditor

07/23/2026
10:27

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/07/2026

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 071626 | | 07/21/202 | 07/16/202 | 08/07/202 | | | 4,112.92 | 0.00 | 0.00 | 4,112.92 |

ins. pay. dep. into mmc opt. correction

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11836 | GOLDENCREEK HEALTHCARE | 4,112.92 | 0.00 | 0.00 | 4,112.92 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 4,112.92 | 0.00 | 0.00 | 4,112.92 |

APPROVED ON

JUL 24 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 213757

RECEIVED

JUL 24 2026

Calhoun County Auditor

07/23/2026
10:28

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/07/2026

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 071526C | | 07/21/202 | 07/15/202 | 08/07/202 | | | 23,460.29 | 0.00 | 0.00 | 23,460.29 |
| 071526 | ins. pay. dep. into mmc opt correction | 07/21/202 | 07/15/202 | 08/07/202 | | | 19,586.42 | 0.00 | 0.00 | 19,586.42 |
| 071526B | " | 07/21/202 | 07/15/202 | 08/07/202 | | | 11,020.01 | 0.00 | 0.00 | 11,020.01 |
| 071526A | " | 07/21/202 | 07/15/202 | 08/07/202 | | | 7,800.00 | 0.00 | 0.00 | 7,800.00 |
| 071626 | " | 07/21/202 | 07/16/202 | 08/07/202 | | | 1,040.00 | 0.00 | 0.00 | 1,040.00 |
| 071726A | " | 07/21/202 | 07/17/202 | 08/07/202 | | | 3,960.00 | 0.00 | 0.00 | 3,960.00 |
| 071726 | " | 07/21/202 | 07/17/202 | 08/07/202 | | | 25,579.81 | 0.00 | 0.00 | 25,579.81 |
| 071726B | " | 07/21/202 | 07/17/202 | 08/07/202 | | | 10,119.03 | 0.00 | 0.00 | 10,119.03 |
| 072026 | " | 07/21/202 | 07/20/202 | 08/07/202 | | | 11,520.00 | 0.00 | 0.00 | 11,520.00 |
| 072026B | " | 07/21/202 | 07/20/202 | 08/07/202 | | | 1,805.60 | 0.00 | 0.00 | 1,805.60 |
| 072026A | " | 07/21/202 | 07/20/202 | 08/07/202 | | | 7,080.00 | 0.00 | 0.00 | 7,080.00 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 13004 | TUSCANY VILLAGE | 122,971.16 | 0.00 | 0.00 | 122,971.16 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 122,971.16 | 0.00 | 0.00 | 122,971.16 |

APPROVED ON

JUL 24 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 213759

APPROVED ON

JUL 27 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/27/2026

| 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 | | 228,322.22 | 228,222.22 | 215,263.04 | | - | 215,363.04 | 215,263.04 |
| | | | | | | Bank Balance | 215,363.04 | |
| | | | | | | 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 215,263.04

Approved:
Caitlin Clevenger, Controller 7/27/2026

| Golden Creek | | Transfer-Out | Transfer-In | MMC PORTION | NH PORTION |
|---|---|---|---|---|---|
| 7/24/2026 | Deposit | - | 23,159.89 | | 23,159.89 |
| 7/24/2026 | Deposit | - | 96,218.13 | | 96,218.13 |
| 7/24/2026 | GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356 | - | 2,075.00 | | 2,075.00 |
| 7/23/2026 | HNB - ECHO - HCCLAIMPMT TRN*1*1255634792*13 41858379\ 746003411 | - | 21,383.57 | | 21,383.57 |
| 7/23/2026 | TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 072326 543684555876917 | - | 1,685.26 | | 1,685.26 |
| 7/23/2026 | NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7882100*1205296137*000004011~ 676097 | - | 64,520.19 | | 64,520.19 |
| 7/22/2026 | Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC | 228,222.22 | - | | - |
| 7/21/2026 | HNB - ECHO - HCCLAIMPMT TRN*1*1255180000*13 41858379\ 746003411 | - | 2,007.00 | | 2,007.00 |
| 7/20/2026 | TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 072026 543684555876917 | - | 4,214.00 | | 4,214.00 |
| | | **228,222.22** | **215,263.04** | **-** | **215,263.04** |

# Transaction Report

PROSPERITY BANK

## Transaction Report for account *4454

Reported on Mon Jul 27 14:41:00 GMT 2026

**Current Balance** $218,739.69
**Interest Accrued** $161.54
**Available Balance** $218,739.69

| Date | | Description | Credit | Debit | Running Balance |
|---|---|---|---|---|---|
| [redacted] | | [redacted] | [redacted] | | [redacted] |
| 07/24/2026 | 123872052650842 | Deposit<br>Deposit | 23159.89 | | 215363.04 |
| 07/24/2026 | 123872052650772 | Deposit<br>Deposit | 96218.13 | | 192203.15 |
| 07/24/2026 | | External Deposit<br>GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP<br>1220356 | 2075.00 | | 95985.02 |
| 07/23/2026 | | External Deposit<br>HNB - ECHO - HCCLAIMPMT TRN*1*1255634792*13<br>41858379\ 746003411 | 21383.57 | | 93910.02 |
| 07/23/2026 | | External Deposit<br>TSYS/TRANSFIRST - CR CD DEP 543684555876917<br>9GOLDEN CREEK HEALTHCARE CR CD DEP 072326 543684555876917 | 1685.26 | | 72526.45 |
| 07/23/2026 | | External Deposit<br>NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF<br>T7882100*1205296137*000004011~ 676097 | 64520.19 | | 70841.19 |
| 07/22/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT NEXION HEAL<br>TH d/b/a GOLDEN CREEK HC | | 228222.22 | 6321.00 |
| 07/21/2026 | | External Deposit<br>HNB - ECHO - HCCLAIMPMT TRN*1*1255180000*13<br>41858379\ 746003411 | 2007.00 | | 234543.22 |
| 07/20/2026 | | External Deposit<br>TSYS/TRANSFIRST - CR CD DEP 543684555876917<br>9GOLDEN CREEK HEALTHCARE CR CD DEP 072026 543684555876917 | 4214.00 | | 232536.22 |
| 07/17/2026 | | External Withdrawal<br>GOLDENCREEKHEALT MERCHANT DEBIT - ELEC DEBIT<br>1220356 | | 4325.00 | 228322.22 |

APPROVED ON

JUL 27 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
7/27/2026

| 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 | | 139,755.75 | 139,655.75 | 248,390.33 | - | - | | - | 248,490.33 | 248,390.33 |
| | | | | | | | Bank Balance | | 248,490.33 | |
| | | | | | | | Variance | | - | |
| | | | | | | | Leave in Balance | | 100.00 | |

Adjust Balance/Transfer Amt 248,390.33

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

Approved:
Caitlin Clevenger, Controller 7/27/2026

| Tuscany Village | Transfer-Out | Transfer-In | MMC PORTION | NH PORTION |
|---|---|---|---|---|
| 7/24/2026 Merchant Capture Deposit | - | 129.57 | | 129.57 |
| 7/23/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7882741*1205296137*000004011~ 676201 | - | 28,141.01 | | 28,141.01 |
| 7/22/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE | 139,655.75 | - | | - |
| 7/22/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1255444113*13 41858379\ 746003411 | - | 17,747.10 | | 17,747.10 |
| 7/22/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7880513*1205296137*000004011~ 676201 | - | 10,688.74 | | 10,688.74 |
| 7/21/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1255634791*13 41858379\ 746003411 | - | 2,888.35 | | 2,888.35 |
| 7/21/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7877970*1205296137*000004011~ 676201 | - | 173,331.26 | | 173,331.26 |
| 7/20/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1254905247*13 41858379\ 746003411 | - | 2,739.30 | | 2,739.30 |
| 7/20/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1254986903*13 41858379\ 746003411 | - | 6,699.89 | | 6,699.89 |
| 7/20/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1254986902*13 41858379\ 746003411 | - | 6,025.11 | | 6,025.11 |
| | **139,655.75** | **248,390.33** | - | **248,390.33** |

# Transaction Report

PROSPERITY BANK

## Transaction Report for account *3407

Reported on Mon Jul 27 15:08:00 GMT 2026

**Current Balance** $285,494.32
**Interest Accrued** $233.04
**Available Balance** $285,494.32

| Date | | Description | Credit | Debit | Running Balance |
|---|---|---|---|---|---|
| [redacted] | | [redacted] | [redacted] | | [redacted] |
| [redacted] | | [redacted] | [redacted] | | [redacted] |
| [redacted] | [redacted] | [redacted] | [redacted] | | [redacted] |
| 07/24/2026 | 9074427241 | Descriptive Deposit<br>Merchant Capture Deposit | 129.57 | | 248490.33 |
| 07/23/2026 | | External Deposit<br>NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7882741*1205296137*000004011~ 676201 | 28141.01 | | 248360.76 |
| 07/22/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE | | 139655.75 | 220219.75 |
| 07/22/2026 | | External Deposit<br>HNB - ECHO - HCCLAIMPMT TRN*1*1255444113*13 41858379\ 746003411 | 17747.10 | | 359875.50 |
| 07/22/2026 | | External Deposit<br>NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7880513*1205296137*000004011~ 676201 | 10688.74 | | 342128.40 |
| 07/21/2026 | | External Deposit<br>HNB - ECHO - HCCLAIMPMT TRN*1*1255634791*13 41858379\ 746003411 | 2888.35 | | 331439.66 |
| 07/21/2026 | | External Deposit<br>NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7877970*1205296137*000004011~ 676201 | 173331.26 | | 328551.31 |
| 07/20/2026 | | External Deposit<br>HNB - ECHO - HCCLAIMPMT TRN*1*1254905247*13 41858379\ 746003411 | 2739.30 | | 155220.05 |

APPROVED ON

JUL 27 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
7/27/2026

| 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 | | 50,845.16 | 50,745.16 | 147,125.49 | | | - | 147,225.49 | 147,125.49 |
| | | | | | | | Bank Balance | 147,225.49 | |
| | | | | | | | Variance | - | |
| | | | | | | | Leave in Balance | 100.00 | |

Adjust Balance/Transfer Amt 147,125.49

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

Approved:
Caitlin Clevenger, Controller 7/27/2026

| Lavaca Bay Nursing and Rehab | | Transfer-Out | Transfer-In | MMC PORTION | NH PORTION |
|---|---|---|---|---|---|
| 7/24/2026 | Deposit | - | 52,927.99 | | 52,927.99 |
| 7/24/2026 | HOSPICE OF SOUTH - Payments Lavaca Bay NF | - | 1,444.05 | | 1,444.05 |
| 7/24/2026 | NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7884812*1205296137*000004011~ 676481 | - | 95.21 | | 95.21 |
| 7/23/2026 | HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S03068515387198 36*1746000156~ 17460034113016 | - | 2,386.97 | | 2,386.97 |
| 7/22/2026 | Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC | 50,745.16 | - | | - |
| 7/22/2026 | 36 TREAS 310 - MISC PAY ISA*00*00000000 00*00*0000000000*ZZ*US TREASURY 310*ZZ*VENDOR PAYMENTS*260721*054 3*U*0( | - | 214.73 | | 214.73 |
| 7/21/2026 | NDC SWEEP SWEEP FROM X2983 - FAC 02330 | - | 697.90 | | 697.90 |
| 7/21/2026 | Deposit | - | 9,734.37 | | 9,734.37 |
| 7/21/2026 | NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7878038*1205296137*000004011~ 676481 | - | 79,624.27 | | 79,624.27 |
| | | **50,745.16** | **147,125.49** | - | **147,125.49** |

# Balances Overview

PROSPERITY BANK

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Jul 27, 2026 9:48:59 AM CDT

## Account Activity

### DDA(14)

| | Current Balance | Available Balance |
|---|---|---|
| | $2,767,245.58 | $2,767,245.58 |
| Account Name | | |
| *4357 MEMORIAL MEDICAL - OPERATING | $2,018,058.40 | $2,018,058.40 |
| *4381 MEMORIAL MEDICAL / NH ASHFORD | $0.00 | $0.00 |
| *4403 MEMORIAL MEDICAL / NH BROADMOOR | $0.00 | $0.00 |
| *4411 MEMORIAL MEDICAL / NH CRESCENT | $0.00 | $0.00 |
| *4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON | $0.00 | $0.00 |
| *4446 MEMORIAL MEDICAL / NH FORT BEND | $0.00 | $0.00 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | $218,739.89 | $218,739.89 |
| *4551 CAL CO INDIGENT HEALTHCARE | $9,033.81 | $9,033.81 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | $0.00 | $0.00 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | $0.00 | $0.00 |
| *5506 MMC -NH LAVACA BAY NURSING & REHAB | $147,225.49 | $147,225.49 |
| *3407 MMC -NH TUSCANY VILLAGE | $285,494.32 | $285,494.32 |
| *2998 MMC -MONEY MARKET FUND | $75,255.07 | $75,255.07 |
| *7168 MEMORIAL MEDICAL LOCK BOX | $13,438.60 | $13,438.60 |
| **Total Balance** | **$2,767,245.58** | **$2,767,245.58** |

# Memorial Medical Center
## Transfer Request

**Amount:** 100.00

**Date:** 7/27/2026

**From Account:** Prosperity NH Solera *4438

**To Account:** Prosperity Operating *4357

APPROVED ON
JUL 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**Explanation:**

Closing of Account

**Requested by:** Autumn Wilson **Date:** 7/27/2026

**Authorized by:** [signature] **Date:** 7/27/26

# Transaction Report

PROSPERITY BANK

## Transaction Report for account *4438

Reported on Mon Jul 27 15:35:00 GMT 2026

**Current Balance** $0.00
**Interest Accrued** $65.10
**Available Balance** $0.00

| Date | | Description | Credit | Debit | Running Balance |
|---|---|---|---|---|---|
| 07/23/2026 | | Withdrawal<br>Withdrawal xfer from 4438 to 4357 - CLOSING O F ACCOUNT | | 100.00 | 0.00 |
| 07/22/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III | | 1000.00 | 100.00 |
| 07/22/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III | | 115445.26 | 1100.00 |
| 07/15/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III | | 95845.82 | 116545.26 |
| 07/15/2026 | 1786619022643608 | Deposit<br>Deposit | 116465.56 | | 212391.08 |
| 07/15/2026 | | Analysis Service Charges<br>Enhance Analysis Service Charge | | 20.30 | 95925.52 |
| 07/07/2026 | 1238718826451B5 | Deposit<br>Deposit | 95842.78 | | 95945.82 |
| 07/01/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III | | 1861.73 | 103.04 |
| 06/30/2026 | | Credit Interest<br>Credit Interest | 3.04 | | 1964.77 |
| 06/15/2026 | | Analysis Service Charges<br>Enhance Analysis Service Charge | | 21.27 | 1961.73 |
| 06/03/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III | | 7363.99 | 1983.00 |
| 05/29/2026 | | Credit Interest<br>Credit Interest | 5.81 | | 9346.99 |

# Memorial Medical Center
## Transfer Request

**Amount:** 100.00 ✓ Date: 7/27/2026

**From Account:** Prosperity NH Crescent *4411 ✓

**To Account:** Prosperity Operating *4357 ✓

APPROVED ON
JUL 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**Explanation:**

Closing of Account ✓

**Requested by:** Autumn Wilson **Date:** 7/27/2026

**Authorized by:** ✓ **Date:** 7/27/26

# Transaction Report

PROSPERITY BANK

## Transaction Report for account *4411

Reported on Mon Jul 27 15:19:00 GMT 2026

**Current Balance** $0.00
**Interest Accrued** $1.72
**Available Balance** $0.00

| Date | | Description | Credit | Debit | Running Balance |
|---|---|---|---|---|---|
| 07/23/2026 | | Withdrawal<br>Withdrawal xfer from 4411 to 4357 - CLOSING O F ACCOUNT | | 100.00 | 0.00 |
| 07/08/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III | | 5648.29 | 100.00 |
| 06/30/2026 | | Credit Interest<br>Credit Interest | 0.78 | | 5748.29 |
| 06/30/2026 | | External Deposit<br>PNC-ECHO - HCCLAIMPMT TRN*1*1251955371*1341 858379\ 746003411 | 5647.51 | | 5747.51 |
| 06/10/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III | | 1146.41 | 100.00 |
| 05/29/2026 | | Credit Interest<br>Credit Interest | 0.98 | | 1246.41 |
| 05/14/2026 | 127051342653812 | Deposit<br>Deposit | 1143.76 | | 1245.43 |
| 04/30/2026 | | Credit Interest<br>Credit Interest | 0.13 | | 101.67 |
| 04/01/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III | | 6779.78 | 101.54 |
| 03/31/2026 | | Credit Interest<br>Credit Interest | 1.54 | | 6881.32 |
| 03/27/2026 | | External Deposit<br>PNC-ECHO - HCCLAIMPMT TRN*1*1236695161*1341 858379\ 746003411 | 6743.92 | | 6879.78 |
| 03/17/2026 | 123870762640543 | Deposit<br>Deposit | 35.03 | | 135.86 |

# Memorial Medical Center
## Transfer Request

**Amount:** 100.68

Date: 7/27/2026

**From Account:** Prosperity NH Broadmoor *4403

**To Account:** Prosperity Operating *4357

APPROVED ON
JUL 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**Explanation:**

Closing of Account

**Requested by:** Autumn Wilson **Date:** 7/27/2026

**Authorized by:** [signature] **Date:** 7/27/26

# Transaction Report

PROSPERITY BANK

## Transaction Report for account *4403

Reported on Mon Jul 27 15:06:00 GMT 2026

**Current Balance** $0.00
**Interest Accrued** $0.09
**Available Balance** $0.00

| Date | | Description | Credit | Debit | Running Balance |
|---|---|---|---|---|---|
| 07/23/2026 | | Withdrawal<br>Withdrawal xfer from 4403 to 4357 - CLOSING O F ACCOUNT | | 100.68 | 0.00 |
| 06/30/2026 | | Credit Interest<br>Credit Interest | 0.12 | | 100.68 |
| 06/11/2026 | | Deposit<br>Deposit xfer from 4357 to 4403 - TRNSFR TO CO RRECT DEPOSIT ERROR per | 1883.00 | | 100.56 |
| 06/10/2026 | 302 | Over Counter Check<br>Over Counter Check | | 1883.00 | -1782.44 |
| 05/29/2026 | | Credit Interest<br>Credit Interest | 0.13 | | 100.56 |
| 04/30/2026 | | Credit Interest<br>Credit Interest | 0.43 | | 100.43 |
| 04/29/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III | | 1224.17 | 100.00 |
| 04/23/2026 | 127051132648451 | Deposit<br>Deposit | 1224.00 | | 1324.17 |
| 03/31/2026 | | Credit Interest<br>Credit Interest | 0.17 | | 100.17 |
| 03/25/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III | | 177.58 | 100.00 |
| 03/19/2026 | | External Deposit<br>RNB - ECHO - HCCLAIMPMT TRN*1*1235247302*13 41658379\ 746003411 | 176.00 | | 277.58 |
| 02/27/2026 | | Credit Interest<br>Credit Interest | 0.05 | | 101.58 |

# Memorial Medical Center
## Transfer Request

**Amount:** 65.30

**Date:** 7/27/2026

**From Account:** Prosperity NH Ashford *4381

**To Account:** Prosperity Operating *4357

APPROVED ON
JUL 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**Explanation:**

Closing of Account

**Requested by:** Autumn Wilson **Date:** 7/27/2026

**Authorized by:** [signature] **Date:** 7/27/26

# Transaction Report

PROSPERITY BANK

## Transaction Report for account *4381

Reported on Mon Jul 27 15:52:00 GMT 2026

**Current Balance** $0.00
**Interest Accrued** $0.07
**Available Balance** $0.00

| Date | | Description | Credit | Debit | Running Balance |
|---|---|---|---|---|---|
| 07/23/2026 | | Withdrawal<br>Withdrawal xfer from 4381 to 4357 - CLOSING O F ACCOUNT | | 65.30 | 0.00 |
| 07/15/2026 | | Analysis Service Charges<br>Enhance Analysis Service Charge | | 20.01 | 65.30 |
| 06/30/2026 | | Credit Interest<br>Credit Interest | 0.12 | | 85.31 |
| 06/15/2026 | | Analysis Service Charges<br>Enhance Analysis Service Charge | | 20.46 | 85.19 |
| 05/29/2026 | | Credit Interest<br>Credit Interest | 0.66 | | 105.65 |
| 05/15/2026 | | Analysis Service Charges<br>Enhance Analysis Service Charge | | 20.01 | 104.99 |
| 05/14/2026 | 127051342653597 | Deposit<br>Deposit | 25.00 | | 125.00 |
| 05/13/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT ASHFORD HEA LTH CARE CENTER LTD | | 1434.47 | 100.00 |
| 05/04/2026 | | External Deposit<br>PNC-ECHO - HCCLAIMPMT TRN*1*1242319842*1341 858379\ 746003411 | 1464.40 | | 1534.47 |
| 04/30/2026 | | Credit Interest<br>Credit Interest | 0.10 | | 70.07 |
| 04/15/2026 | | Analysis Service Charges<br>Enhance Analysis Service Charge | | 30.22 | 69.97 |
| 03/31/2026 | | Credit Interest<br>Credit Interest | 0.19 | | 100.19 |
| 03/18/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT ASHFORD HEA LTH CARE CENTER LTD | | 339.80 | 100.00 |

# Memorial Medical Center
## Transfer Request

**Amount:** 140.22 ✓ Date: 7/27/2026

**From Account:** Prosperity NH Gulf Pointe Private Pay *5433 ✓

**To Account:** Prosperity Operating *4357 ✓

APPROVED ON
JUL 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**Explanation:**

Closing of Account ✓

**Requested by:** Autumn Wilson **Date:** 7/27/2026

**Authorized by:** ✓ **Date:** 7/27/26

# Transaction Report

PROSPERITY BANK

## Transaction Report for account *5433

Reported on Mon Jul 27 15:01:00 GMT 2026

**Current Balance** $0.00
**Interest Accrued** $0.13
**Available Balance** $0.00

| Date | | Description | Credit | Debit | Running Balance |
|---|---|---|---|---|---|
| 07/23/2026 | | Withdrawal<br>Withdrawal xfer from 5433 to 4357 - CLOSING O F ACCOUNT | | 140.22 | 0.00 |
| 06/30/2026 | | Credit Interest<br>Credit Interest | 0.17 | | 140.22 |
| 05/29/2026 | | Credit Interest<br>Credit Interest | 0.18 | | 140.05 |
| 04/30/2026 | | Credit Interest<br>Credit Interest | 0.17 | | 139.87 |
| 03/31/2026 | | Credit Interest<br>Credit Interest | 39.70 | | 139.70 |
| 03/26/2026 | 1165 | Over Counter Check<br>Over Counter Check | | 38519.19 | 100.00 |
| 02/27/2026 | | Credit Interest<br>Credit Interest | 19.04 | | 38619.19 |
| 02/16/2026 | | Accr Earning Pymt<br>Added to Account | 37.32 | | 38600.15 |
| 02/12/2026 | 1163 | Check | | 519.77 | 38562.83 |
| 02/09/2026 | 1161 | Check | | 3441.27 | 39082.60 |
| 02/03/2026 | 1160 | Check | | 129505.82 | 42523.87 |
| 02/03/2026 | | ACH Deposit<br>HNB - ECHO HCCLAIMPMT 746003411 440000238998 | 519.77 | | 172029.69 |
| 01/31/2026 | | Accr Earning Pymt<br>Added to Account | 195.53 | | 171509.92 |
| 01/30/2026 | | ACH Deposit<br>HNB - ECHO HCCLAIMPMT 746003411 440000215161 | 115.50 | | 171314.39 |
| 01/29/2026 | | ACH Deposit<br>HNB - ECHO HCCLAIMPMT 746003411 440000257152 | 108.68 | | 171198.89 |

# Memorial Medical Center
## Transfer Request

**Amount:** 100.53

**Date:** 7/27/2026

**From Account:** Prosperity NH Fort Bend *4446

**To Account:** Prosperity Operating *4357

APPROVED ON
JUL 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**Explanation:**

Closing of Account

**Requested by:** Autumn Wilson **Date:** 7/27/2026

**Authorized by:** **Date:** 7/27/26

# Transaction Report

PROSPERITY BANK

## Transaction Report for account *4446

Reported on Mon Jul 27 15:46:00 GMT 2026

**Current Balance** $0.00
**Interest Accrued** $0.09
**Available Balance** $0.00

| Date | Description | Credit | Debit | Running Balance |
|---|---|---|---|---|
| 07/23/2026 | Withdrawal<br>Withdrawal xfer from 4446 to 4357 - CLOSING O<br>F ACCOUNT | | 100.53 | 0.00 |
| 06/30/2026 | Credit Interest<br>Credit Interest | 0.12 | | 100.53 |
| 05/29/2026 | Credit Interest<br>Credit Interest | 0.13 | | 100.41 |
| 04/30/2026 | Credit Interest<br>Credit Interest | 0.12 | | 100.28 |
| 03/31/2026 | Credit Interest<br>Credit Interest | 0.16 | | 100.16 |
| 03/18/2026 | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT CANTEX HEAL<br>TH CARE CENTERS III | | 115.60 | 100.00 |
| 03/12/2026 | External Deposit<br>AARP Supplementa - HCCLAIMPMT TRN*1*1140779<br>5053*1362739571*000036273\ 746003411 | 111.01 | | 215.60 |
| 02/27/2026 | Credit Interest<br>Credit Interest | 0.05 | | 104.59 |
| 02/16/2026 | Accr Earning Pymt<br>Added to Account | 0.07 | | 104.54 |
| 01/31/2026 | Accr Earning Pymt<br>Added to Account | 4.47 | | 104.47 |
| 01/28/2026 | CM Wire Domestic<br>WIRE OUT CANTEX HEALTH CARE CENTERS III | | 9908.51 | 100.00 |
| 01/22/2026 | ACH Deposit<br>HNB - ECHO HCCLAIMPMT 746003411 440000231586 | 9908.51 | | 10008.51 |
| 01/14/2026 | CM Wire Domestic<br>WIRE OUT CANTEX HEALTH CARE CENTERS III | | 5235.69 | 100.00 |

# Memorial Medical Center
## Transfer Request

**Amount:** 102.48 ✓

Date: 7/27/2026

**From Account:** Prosperity NH Gulf Pointe Medicare/Medicaid *5441 ✓

APPROVED ON

JUL 27 2026

**To Account:** Prosperity Operating *4357 ✓

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**Explanation:**

Closing of Account ✓

**Requested by:** Autumn Wilson ✓ **Date:** 7/27/2026

**Authorized by:** CCS **Date:** 7/27/26

# Transaction Report

PROSPERITY BANK

## Transaction Report for account *5441

Reported on Mon Jul 27 15:18:00 GMT 2026

**Current Balance** $0.00
**Interest Accrued** $0.09
**Available Balance** $0.00

| Date | | Description | Credit | Debit | Running Balance |
|---|---|---|---|---|---|
| 07/23/2026 | | Withdrawal<br>Withdrawal xfer from 5441 to 4357 - CLOSING O<br>F ACCOUNT | | 102.48 ✓ | 0.00 |
| 06/30/2026 | | Credit Interest<br>Credit Interest | 0.13 | | 102.48 |
| 05/29/2026 | | Credit Interest<br>Credit Interest | 0.13 | | 102.35 |
| 04/30/2026 | | Credit Interest<br>Credit Interest | 0.13 | | 102.22 |
| 03/31/2026 | | Credit Interest<br>Credit Interest | 0.13 | | 102.09 |
| 02/27/2026 | | Credit Interest<br>Credit Interest | 0.05 | | 101.96 |
| 02/16/2026 | | Accr Earning Pymt<br>Added to Account | 0.07 | | 101.91 |
| 01/31/2026 | | Accr Earning Pymt<br>Added to Account | 0.13 | | 101.84 |
| 12/31/2025 | | Accr Earning Pymt<br>Added to Account | 1.71 | | 101.71 |
| 12/11/2025 | | CM Wire Domestic<br>WIRE OUT HMG Rockport SNF, LP - Commerical | | 5486.51 | 100.00 |
| 12/04/2025 | 8074699231 | Deposit | 5486.00 | | 5586.51 |
| 11/30/2025 | | Accr Earning Pymt<br>Added to Account | 0.12 | | 100.51 |
| 10/31/2025 | | Accr Earning Pymt<br>Added to Account | 0.13 | | 100.39 |
| 09/30/2025 | | Accr Earning Pymt<br>Added to Account | 0.12 | | 100.26 |