MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 5, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	272,236.77
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED August 5, 2026	$	272,236.77
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	$	194,467.61
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	$	616,543.68
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED August 5, 2026	$	811,011.29
GRAND TOTAL FOR APPROVAL ON August 5, 2026	$	1,083,248.06

APPROVED

AUG 05 2026

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 5, 2026

PAYABLES AND PAYROLL			
7/30/2026	Weekly Payables	223,312.46	
7/30/2026	Patient Refunds	180.00	
8/3/2026	Morris & Dickson - MMC Rx	1,978.57	
8/3/2026	McKesson - 340B Prescription Expense	2,070.54	
8/3/2026	Cencora - 340B Prescription Expense	468.04	
Prosperity Electronic Bank Payments			
8/3/2026	90 Degree Benefits - employee insurance claims	22,214.88	
8/3/2026	90 Degree Benefits - employee insurance claims	13,825.56	
8/3/2026	90 Degree Benefits - employee insurance claims	7,366.44	
8/3/2026	Pay Plus - Patient Claims Processing Fee	820.28	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 272,236.77**
GRAND TOTAL DISBURSEMENTS APPROVED August 5, 2026			**$ 272,236.77**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
7/30/2026	MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error	3,584.40	
7/30/2026	MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error	123,812.96	
7/30/2026	MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error	67,070.25	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 194,467.61**
NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS			
8/3/2026	Nursing Home UPL - Nexion Transfer	78,293.40	
8/3/2026	Nursing Home UPL - Tuscany Transfer	285,412.40	
8/3/2026	Nursing Home UPL - HSL Transfer	156,619.75	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
8/3/2026	Golden Creek to Tuscany Village - Claim funds owed to Tuscany Village from Golden Creek	96,218.13	
TOTAL NURSING HOME UPL EXPENSES			**$ 616,543.68**
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED August 5, 2026			**$ 811,011.29**

RECEIVED
JUL 30 2026
Calhoun County Auditor

Vendor#	Vendor Name	Class	Pay Code
13180	ADVANCED STERILIZATION PRODUCT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8021090504		07/27/202	07/10/202	08/10/202			775.90	0.00	0.00	775.90
	STERRAD VELOCITY BI/PCD 60 ct									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13180	ADVANCED STERILIZATION PRODUCT	775.90	0.00	0.00	775.90

Vendor#	Vendor Name	Class	Pay Code
11672	ALLEGION ACCESS TECHNOLOGY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90162273		07/27/202	05/07/202	08/10/202			14,409.00	0.00	0.00	14,409.00
	ER GLASS INSTALL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11672	ALLEGION ACCESS TECHNOLOGY	14,409.00	0.00	0.00	14,409.00

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
1967LYRWKKGM		07/15/202	06/16/202	08/10/202			-664.80	0.00	0.00	-664.80
	~~SUPPLIES~~ Credit - Plastic Bulk Box Truck x2									
1LPDHPK3DKXC		07/27/202	07/08/202	08/10/202			440.00	0.00	0.00	440.00
	FURNITURE/CRATE MOVER x1									
147NTTPN3WTY		07/27/202	07/10/202	08/09/202			10.58	0.00	0.00	10.58
	PRINTABLE ADDRESS LABELS x2									
1WPWQDL16QQM		07/27/202	07/14/202	08/10/202			549.95	0.00	0.00	549.95
	RETROFIT KIT TROFFER REPAIR, lighting x5									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	335.73	0.00	0.00	335.73

Vendor#	Vendor Name	Class	Pay Code
A2271	ARTHREX, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
928110963		07/28/202	07/10/202	07/10/202			1,505.00	0.00	0.00	1,505.00
	BONE CUTTER/ ASPIRATING ABLator 90°									
928109202		07/28/202	07/10/202	07/28/202			600.00	0.00	0.00	600.00
	VELCRO STAR SLEEVE x1									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2271	ARTHREX, INC	2,105.00	0.00	0.00	2,105.00

Vendor#	Vendor Name	Class	Pay Code
A1551	ASPEN SURGICAL PRODUCTS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CD3761954		07/27/202	07/09/202	08/10/202			432.59	0.00	0.00	432.59
	BIRTH CERTIFICATE SCRIPT x1									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1551	ASPEN SURGICAL PRODUCTS INC	432.59	0.00	0.00	432.59

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
85712285		07/29/202	07/22/202	08/01/202			488.86	0.00	0.00	488.86
	BLOOD FILTER 1 Continu-flo Soln Set									
85719407		07/29/202	07/23/202	08/01/202			69.06	0.00	0.00	69.06
	STERILE WATER FOR IRRIGATIO									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	557.92	0.00	0.00	557.92

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
	112762622		07/27/202	07/10/202	08/10/202			285.75	0.00	0.00	285.75
		INOCULATION SYSTEM									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC					285.75	0.00	0.00	285.75
Vendor#	Vendor Name				Class	Pay Code				
B1320	BEEKLEY CORPORATION				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MIN0340512		07/27/202	07/09/202	08/10/202			398.00	0.00	0.00	398.00
		NIPPLE MARKERS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		B1320	BEEKLEY CORPORATION					398.00	0.00	0.00	398.00
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
	909373638		07/27/202	07/07/202	08/10/202			807.57	0.00	0.00	807.57
		TORCH P UNASSY NEG LIQ									
	909377906		07/27/202	07/08/202	08/10/202			628.05	0.00	0.00	628.05
		IA PLUS TRI LIQ 12X5ML									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11072	BIO-RAD LABORATORIES, INC					1,435.62	0.00	0.00	1,435.62
Vendor#	Vendor Name				Class	Pay Code				
C1048	CALHOUN COUNTY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	072426		07/29/202	07/24/202	07/24/202			161.17	0.00	0.00	161.17
		FUEL / Voyagir									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1048	CALHOUN COUNTY					161.17	0.00	0.00	161.17
Vendor#	Vendor Name				Class	Pay Code				
C1325	CARDINAL HEALTH 414, INC.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8004257179		07/28/202	07/23/202	08/13/202			289.37	0.00	0.00	289.37
		NUC MED SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.					289.37	0.00	0.00	289.37
Vendor#	Vendor Name				Class	Pay Code				
14260	CAREFUSION SOLUTIONS, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	10028000809		07/28/202	07/11/202	07/11/202			1,788.00	0.00	0.00	1,788.00
		PHARMACY SOFTWARE									
	10028000817		07/28/202	07/11/202	07/11/202			2.00	0.00	0.00	2.00
		PHARMACY SOFTWARE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14260	CAREFUSION SOLUTIONS, LLC					1,790.00	0.00	0.00	1,790.00
Vendor#	Vendor Name				Class	Pay Code				
10541	CARESFIELD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	200033798		07/27/202	07/07/202	08/10/202			531.21	0.00	0.00	531.21
		BLOOD TRANSFER HOLDER DEV									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10541	CARESFIELD					531.21	0.00	0.00	531.21
Vendor#	Vendor Name				Class	Pay Code				
C1992	CDW GOVERNMENT, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

Safety Slide Lock Butterfly Blood Collection Set

ZR01393429		07/28/202	07/28/202	08/01/202		19.95	0.00	0.00	19.95
	NCE TEAMS ESS AAD								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.				19.95	0.00	0.00	19.95
Vendor#	Vendor Name				Class	Pay Code			
10723	CLIA LABORATORY PROGRAM								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041426		07/27/202	07/27/202	08/10/202			4,222.00	0.00	0.00	4,222.00
	COMPLIANCE FEE								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	10723	CLIA LABORATORY PROGRAM				4,222.00	0.00	0.00	4,222.00
Vendor#	Vendor Name				Class	Pay Code			
L1430	CONMED LINVATEC				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5022317		07/27/202	07/13/202	08/10/202			154.40	0.00	0.00	154.40
	UNIVERSAL CANNULA SET W FE nestrations x10									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	L1430	CONMED LINVATEC				154.40	0.00	0.00	154.40
Vendor#	Vendor Name				Class	Pay Code			
11616	CONTROL SOLUTIONS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SINV013190		07/27/202	07/29/202	08/10/202			75.80	0.00	0.00	75.80
	REFRIGERATOR CALIBRATION									
SINV023835		07/27/202	01/16/202	08/10/202			397.34	0.00	0.00	397.34
	VACCINE MONITORING DATA LOgger kit									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	11616	CONTROL SOLUTIONS				473.14	0.00	0.00	473.14
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
8428430		07/27/202	07/13/202	08/10/202			574.67	0.00	0.00	574.67
	OFFICE SUPPLIES, paper, highlighters, pens, etc.									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON				574.67	0.00	0.00	574.67
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
79436		07/28/202	07/27/202	08/01/202			505.00	0.00	0.00	505.00
	PEST CONTROL / 815 N. Virginia St.									
79456		07/28/202	07/27/202	08/01/202			105.00	0.00	0.00	105.00
	PEST CONTROL FOR CLINIC / 1016 N. Virginia St.									
79457		07/28/202	07/27/202	08/01/202			160.00	0.00	0.00	160.00
	PEST CONTROL FOR CLINIC / 1016 N. Virginia St.									
79420		07/28/202	07/27/202	08/01/202			260.00	0.00	0.00	260.00
	MOSQUITO TREATMENT / 815 N. Virginia St.									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL				1,030.00	0.00	0.00	1,030.00
Vendor#	Vendor Name				Class	Pay Code			
14336	FIRETRON, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SFOINV18635		07/28/202	07/27/202	08/01/202			300.00	0.00	0.00	300.00
	FIRE ALARM INSPECTION									
SFOINV18624		07/28/202	07/27/202	08/01/202			150.00	0.00	0.00	150.00
	SMOKE DETECTOR REMOUNT									
SFOINV18637		07/28/202	07/27/202	08/01/202			300.00	0.00	0.00	300.00
	SPRINKLER INSPECTION									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14336	FIRETRON, INC					750.00	0.00	0.00	750.00
Vendor#	Vendor Name				Class	Pay Code				
F1400	FISHER HEALTHCARE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	9927275		07/27/202	07/09/202	08/10/202		928.51	0.00	0.00	928.51 ✓
		DRY BLOCK THERMOMETER								
✓	9927274		07/27/202	07/09/202	08/10/202		589.90	0.00	0.00	589.90 ✓
		TRANSFER PIPETTE ✗ KOVA SLD11								
✓	9957101		07/27/202	07/10/202	08/10/202		141.00	0.00	0.00	141.00 ✓
		FM TRANSFER PIPETTE 5ML 500								
✓	0020170		07/27/202	07/14/202	08/08/202		601.62	0.00	0.00	601.62 ✓
		ST NT PROBNP II RANGE 2 PK								
✓	0020169		07/27/202	07/14/202	08/10/202		-644.15	0.00	0.00	-644.15 ✓
		SUPPLY CREDIT - Omni immun pro								
✓	0055447		07/27/202	07/15/202	08/09/202		782.50	0.00	0.00	782.50 ✓
		URINLYSS CNTRL LEVIII N 4PK								
✓	0055448		07/27/202	07/15/202	08/09/202		272.32	0.00	0.00	272.32 ✓
		PIPETTE TIPS 50 PK								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				2,671.70	0.00	0.00	2,671.70
Vendor#	Vendor Name				Class	Pay Code				
14156	FUJI FILM									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	91826997		07/28/202	07/25/202	07/25/202		7,916.67	0.00	0.00	7,916.67 ✓
		MRI MACHINE MAINT CONTRACT								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14156	FUJI FILM				7,916.67	0.00	0.00	7,916.67
Vendor#	Vendor Name				Class	Pay Code				
11078	FUSION MEDICAL STAFFING, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	INV1016050		07/28/202	07/11/202	08/05/202		2,542.50	0.00	0.00	2,542.50 ✓
		PT TRAVEL NURSE Sarah Wilmore 7/3, 7/4, 7/5, 7/7, 7/8, 7/9								
✓	INV1016282		07/28/202	07/18/202	08/12/202		503.75	0.00	0.00	503.75 ✓
		PT TRAVEL NURSE Sarah Wilmore 7/10								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11078	FUSION MEDICAL STAFFING, LLC				3,046.25	0.00	0.00	3,046.25
Vendor#	Vendor Name				Class	Pay Code				
18440	FX SHOULDER SOLUTIONS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	INV21111		07/28/202	07/20/202	07/28/202		8,760.00	0.00	0.00	8,760.00 ✓
		SURGERY SCREWS/PLATES/ DRI								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		18440	FX SHOULDER SOLUTIONS INC				8,760.00	0.00	0.00	8,760.00
Vendor#	Vendor Name				Class	Pay Code				
11149	GBS ADMINISTRATORS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	555845885715		07/28/202	08/01/202	08/01/202		5,270.78	0.00	0.00	5,270.78 ✓
		LONG TERM DISABILITY INV								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11149	GBS ADMINISTRATORS, INC				5,270.78	0.00	0.00	5,270.78
Vendor#	Vendor Name				Class	Pay Code				
H0416	HOLOGIC INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	11833147		07/27/202	07/09/202	08/10/202		1,012.00	0.00	0.00	1,012.00 ✓
		BULK LARGE MAMMOPAD x4								

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC					1,012.00	0.00	0.00	1,012.00
Vendor#	Vendor Name				Class	Pay Code				
18388	IMPERIAL DADE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	42422558		07/28/202	07/15/202	07/28/202		478.84	0.00	0.00	478.84
		FLOOR FINISH SHINE								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	18388	IMPERIAL DADE					478.84	0.00	0.00	478.84
Vendor#	Vendor Name				Class	Pay Code				
14976	INOVALON PROVIDER INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	26M0086898		07/28/202	07/22/202	07/22/202		808.48	0.00	0.00	808.48
		SCHEDULER & OSM MODEL								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14976	INOVALON PROVIDER INC.					808.48	0.00	0.00	808.48
Vendor#	Vendor Name				Class	Pay Code				
14864	INTERNATIONAL BIOMEDICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	245920		07/27/202	07/27/202	08/10/202		220.66	0.00	0.00	220.66
		SWEET-EASE 1 ML VIAL								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14864	INTERNATIONAL BIOMEDICAL					220.66	0.00	0.00	220.66
Vendor#	Vendor Name				Class	Pay Code				
11600	LEGAL SHIELD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	071526		07/28/202	07/15/202	07/15/202		442.75	0.00	0.00	442.75
		EMPLY PAYROLL DEDUCT SERV								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD					442.75	0.00	0.00	442.75
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
	25945319		07/27/202	07/24/202	08/08/202		29.99	0.00	0.00	29.99
		DILUENT CELLPACK								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC					29.99	0.00	0.00	29.99
Vendor#	Vendor Name				Class	Pay Code				
11612	MEDICAL AIR SERVICES ASSOC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2425920		07/28/202	08/01/202	08/01/202		1,660.00	0.00	0.00	1,660.00
		EMPLYEE DED MED AIR SERVICE								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11612	MEDICAL AIR SERVICES ASSOC.					1,660.00	0.00	0.00	1,660.00
Vendor#	Vendor Name				Class	Pay Code				
M2470	MEDLINE INDUSTRIES INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2434341878		07/27/202	07/09/202	08/10/202		52.30	0.00	0.00	52.30
		LAP SPONGE								
	2435369858		07/27/202	07/15/202	08/10/202		-28.25	0.00	0.00	-28.25
		FETAL SCOPE ELECTRODE - Credit								
	1703735745		07/29/202	07/25/202	07/25/202		137.19	0.00	0.00	137.19
		INTEREST CHARGE								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC					161.24	0.00	0.00	161.24
Vendor#	Vendor Name				Class	Pay Code				

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
072826		07/28/202	07/28/202	07/28/202			315.94	0.00	0.00	315.94
	EMPLYEE GIFT SHOP DED									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	315.94	0.00	0.00	315.94

Vendor#	Vendor Name	Class	Pay Code
13548	NACOGDOCHES TRANSCRIPTION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9093		07/28/202	07/22/202	08/01/202			109.34	0.00	0.00	109.34
	TRANSCRIPTION SERVICES FOR									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	109.34	0.00	0.00	109.34

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
66225338		07/28/202	07/10/202	08/04/202			153.70	0.00	0.00	153.70
	COMBO CLEANING BRUSH									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	153.70	0.00	0.00	153.70

Vendor#	Vendor Name	Class	Pay Code
11480	PORT LAVACA PLUMBING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TBD		07/28/202	07/28/202	07/28/202			1,500.00	0.00	0.00	1,500.00
	HYDROJET FOR COMM KITCH DRain line									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11480	PORT LAVACA PLUMBING	1,500.00	0.00	0.00	1,500.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9100511538		07/28/202	07/11/202	08/10/202			585.29	0.00	0.00	585.29
	LAB SUPPLIES									
9100511229		07/28/202	07/11/202	08/10/202			311.53	0.00	0.00	311.53
	ORTHO CONFIDENCE MANUAL System									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1416	QUIDELORTHO SALES COMPANY LLC	896.82	0.00	0.00	896.82

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
701308205		07/14/202	07/08/202	08/07/202			33.40	0.00	0.00	33.40
	~~SUPPLIES~~ Zurn Repair Kit x2									
701309055		07/27/202	07/16/202	08/10/202			15.48	0.00	0.00	15.48
	BODY GASKET									
701309054		07/27/202	07/16/202	08/12/202			50.84	0.00	0.00	50.84
	FLANGE GASKETS x2									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY OF VICTORIA INC	99.72	0.00	0.00	99.72

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
985511351		07/27/202	07/14/202	08/10/202			6,650.00	0.00	0.00	6,650.00
	SURGERY SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.	6,650.00	0.00	0.00	6,650.00

Vendor#	Vendor Name	Class	Pay Code
S3940	STERIS CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17035129		07/27/202	07/10/202	08/10/202			550.87	0.00	0.00	550.87
	TEST STRIPS - Def Disposable									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION					550.87	0.00	0.00	550.87

Vendor#	Vendor Name	Class	Pay Code
14064	TREVIPAY- WALMART		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
FEAD2B39		07/28/202	07/15/202	08/11/202			20.55	0.00	0.00	20.55
	DISTILLED WATER x15									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14064	TREVIPAY- WALMART					20.55	0.00	0.00	20.55

Vendor#	Vendor Name	Class	Pay Code
13616	TRIOSE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TRI303418		07/28/202	07/21/202	08/05/202			415.15	0.00	0.00	415.15
	FREIGHT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC					415.15	0.00	0.00	415.15

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
T2607091378		07/15/202	07/09/202	08/07/202			122,712.75	0.00	0.00	122,712.75
	CONSULTING SERVICE JULY INV # Business Service									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE					122,712.75	0.00	0.00	122,712.75

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
2921092505		07/21/202	07/13/202	08/07/202			5,401.45	0.00	0.00	5,401.45
	SUPPLIES/LINENS									
2921092760		07/21/202	07/16/202	08/10/202			319.48	0.00	0.00	319.48
	SUPPLIES/LINENS									
2921092767		07/21/202	07/16/202	08/10/202			482.30	0.00	0.00	482.30
	SUPPLIES/LINENS									
2921092748		07/21/202	07/16/202	08/10/202			54.89	0.00	0.00	54.89
	SUPPLIES/LINENS									
2921092828		07/28/202	07/16/202	08/10/202			457.50	0.00	0.00	457.50
	LINENS/ SUPPLIES									
2921092827		07/28/202	07/16/202	08/10/202			5,913.07	0.00	0.00	5,913.07
	LINENS/SUPPLIES									
2921093019		07/28/202	07/20/202	08/13/202			5,819.39	0.00	0.00	5,819.39
	LINENS/SUPPLIES									
2921093321		07/28/202	07/23/202	08/01/202			172.39	0.00	0.00	172.39
	LINENS/ SUPPLIES									
2921092247A		07/29/202	07/09/202	08/03/202			333.15	0.00	0.00	333.15
	UNIFORMS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					18,953.62	0.00	0.00	18,953.62

Vendor#	Vendor Name	Class	Pay Code
U2000	US POSTAL SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072726		07/28/202	07/27/202	07/27/202			2,200.00	0.00	0.00	2,200.00
	POSTAGE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE					2,200.00	0.00	0.00	2,200.00

Vendor#	Vendor Name				Class	Pay Code				
15444	VANDERBILT HEALTH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	CI00151187		07/28/202	07/01/202	07/01/202			450.00	0.00	0.00	450.00
		ANNUAL FEE JULY-SEPT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15444	VANDERBILT HEALTH					450.00	0.00	0.00	450.00
Vendor#	Vendor Name				Class	Pay Code				
W1040	WATERMARK GRAPHICS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	120051		07/29/202	07/09/202	08/08/202			1,116.83	0.00	0.00	1,116.83
		MMC VOLUNTEER UNIFORMS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		W1040	WATERMARK GRAPHICS INC					1,116.83	0.00	0.00	1,116.83
Vendor#	Vendor Name				Class	Pay Code				
I1110	WERFEN USA LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9112262145		07/14/202	07/13/202	08/07/202			522.60	0.00	0.00	522.60
		~~SUPPLIES~~ HemosIL D-Dimer Controls									
	9112259366		07/27/202	07/08/202	08/10/202			482.56	0.00	0.00	482.56
		HEMOSIL QFA THROMBIN 2 ML									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC					1,005.16	0.00	0.00	1,005.16
Vendor#	Vendor Name				Class	Pay Code				
11400	WEST COAST MEDICAL RESOURCES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV144807		07/27/202	07/13/202	08/12/202			100.00	0.00	0.00	100.00
		TRAC THREADED CANNULA KIT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11400	WEST COAST MEDICAL RESOURCES					100.00	0.00	0.00	100.00
Vendor#	Vendor Name				Class	Pay Code				
Z1005	ZIMMER US, INC.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9006165074		07/28/202	07/13/202	07/28/202			2,851.23	0.00	0.00	2,851.23
		SUTURE NEEDLE & Ventrix Link KNTLS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		Z1005	ZIMMER US, INC.					2,851.23	0.00	0.00	2,851.23

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	223,312.46	0.00	0.00	223,312.46

APPROVED ON

JUL 30 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 213769 - 213819

RECEIVED
JUL 30 2026
Calhoun County Auditor

RUN DATE: 07/30/26 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 09:13 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME		DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1641120	01 [redacted]		072926	150.00	1	[redacted]		
		TX 77979						
1669122	01 [redacted]		072926	30.00	2			
		TX 77465						
	ARID=0001 TOTAL			180.00				
TOTAL				180.00				

APPROVED ON
JUL 30 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk # 213760 & 213764

RUN DATE:08/03/26 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:04 CHECK REGISTER GLCKREG
08/05/26 THRU 08/05/26

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	[redacted]			
A/P				
A/P				
A/P				
A/P				
A/P				
A/P *				
A/P				
A/P	213769	08/05/26	775.90	ADVANCED STERILIZATION PRODUCT
A/P	213770	08/05/26	14,409.00	ALLEGION ACCESS TECHNOLOGY
A/P	213771	08/05/26	335.73	AMAZON CAPITAL SERVICES
A/P	213772	08/05/26	2,105.00	ARTHREX, INC
A/P	213773	08/05/26	432.59	ASPEN SURGICAL PRODUCTS INC
A/P	213774	08/05/26	557.92	BAXTER HEALTHCARE
A/P	213775	08/05/26	285.75	BECKMAN COULTER INC
A/P	213776	08/05/26	398.00	BEEKLEY CORPORATION
A/P	213777	08/05/26	1,435.62	BIO-RAD LABORATORIES, INC
A/P	213778	08/05/26	161.17	CALHOUN COUNTY
A/P	213779	08/05/26	289.37	CARDINAL HEALTH 414, INC.
A/P	213780	08/05/26	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	213781	08/05/26	531.21	CARESFIELD
A/P	213782	08/05/26	19.95	CDW GOVERNMENT, INC.
A/P	213783	08/05/26	4,222.00	CLIA LABORATORY PROGRAM
A/P	213784	08/05/26	154.40	CONMED LINVATEC
A/P	213785	08/05/26	473.14	CONTROL SOLUTIONS
A/P	213786	08/05/26	574.67	DEWITT POTH & SON
A/P	213787	08/05/26	1,030.00	DOWELL PEST CONTROL
A/P	213788	08/05/26	750.00	FIRETRON, INC
A/P	213789	08/05/26	2,671.70	FISHER HEALTHCARE
A/P	213790	08/05/26	7,916.67	FUJI FILM
A/P	213791	08/05/26	3,046.25	FUSION MEDICAL STAFFING, LLC
A/P	213792	08/05/26	8,760.00	FX SHOULDER SOLUTIONS INC
A/P	213793	08/05/26	5,270.78	GBS ADMINISTRATORS, INC
A/P	213794	08/05/26	1,012.00	HOLOGIC INC
A/P	213795	08/05/26	478.84	IMPERIAL DADE
A/P	213796	08/05/26	808.48	INOVALON PROVIDER INC.
A/P	213797	08/05/26	220.66	INTERNATIONAL BIOMEDICAL
A/P	213798	08/05/26	442.75	LEGAL SHIELD
A/P	213799	08/05/26	29.99	MCKESSON MEDICAL SURGICAL INC
A/P	213800	08/05/26	1,660.00	MEDICAL AIR SERVICES ASSOC.
A/P	213801	08/05/26	161.24	MEDLINE INDUSTRIES INC
A/P	213802	08/05/26	315.94	MMC AUXILIARY GIFT SHOP
A/P	213803	08/05/26	109.34	NACOGDOCHES TRANSCRIPTION
A/P	213804	08/05/26	153.70	OLYMPUS AMERICA INC
A/P	213805	08/05/26	1,500.00	PORT LAVACA PLUMBING
A/P	213806	08/05/26	896.82	QUIDELORTHO SALES COMPANY LLC
A/P	213807	08/05/26	99.72	SERVICE SUPPLY OF VICTORIA INC
A/P	213808	08/05/26	6,650.00	SMITH & NEPHEW, INC.
A/P	213809	08/05/26	550.87	STERIS CORPORATION
A/P	213810	08/05/26	20.55	TREVIPAY- WALMART

REISSUED CHECKS — TOTAL: 532.06

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	213811	08/05/26	415.15	TRIOSE, INC
A/P	213812	08/05/26	122,712.75	TRUBRIDGE
A/P	213813	08/05/26	18,953.62	UNIFIRST HOLDINGS INC
A/P	213814	08/05/26	2,200.00	US POSTAL SERVICE
A/P	213815	08/05/26	450.00	VANDERBILT HEALTH
A/P	213816	08/05/26	1,116.83	WATERMARK GRAPHICS INC
A/P	213817	08/05/26	1,005.16	WERFEN USA LLC
A/P	213818	08/05/26	100.00	WEST COAST MEDICAL RESOURCES
A/P	213819	08/05/26	2,851.23	ZIMMER US, INC.
A/P	213820	08/05/26	123,812.96	GOLDENCREEK HEALTHCARE
A/P	213821	08/05/26	3,584.40	LAVACA BAY NURSING AND REHAB
A/P	213822	08/05/26	67,070.25	TUSCANY VILLAGE
TOTALS:			418,492.13	

A/P TOTAL

417,960.07

223,312.46 — payables
180.00 — pt. refund
3,584.40 — lavaca bay
123,812.96 — golden creek
67,070.25 — tuscany
417,960.07 *

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
7/26/2026	8/10/2026	5098157	545.80
7/26/2026	8/10/2026	5098158	195.90
7/26/2026	8/10/2026	5098159	418.21
7/27/2026	8/10/2026	SC1872	32.70
7/28/2026	8/10/2026	5111842	22.79
7/28/2026	8/10/2026	5111843	357.74
7/27/2026	8/10/2026	5104872	158.51
7/27/2026	8/10/2026	5104873	246.92
			1,978.57

mr

Michelle Cumberland, CFO

APPROVED ON

AUG 03 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 07/31/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 08/01/2026

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

As of: 07/31/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 08/01/2026 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,070.54 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 08/04/2026, Pay This Amount: 2,029.12 USD

If Paid After 08/04/2026, Pay this Amount: 2,070.54 USD

Due If Paid On Time: USD 2,029.12

Disc lost if paid late: 41 42

Due If Paid Late: USD 2,070.54

APPROVED ON
AUG 03 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 07/31/2026 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 08/01/2026

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

As of: 07/31/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 08/01/2026 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											
07/28/2026	08/04/2026	7648856046	288659010	115Invoice	2.55	127.41		124.86		7648856046	
07/28/2026	08/04/2026	7648856047	287643950	115Invoice	10.88	544.04		533.16		7648856047	
07/28/2026	08/04/2026	7648856048	287788074	115Invoice	5.44	272.02		266.58		7648856048	
07/28/2026	08/04/2026	7648856049	288199224	115Invoice	5.44	272.02		266.58		7648856049	
07/28/2026	08/04/2026	7648868537	287187914	115Invoice	0.01	0.32		0.31		7648868537	
07/28/2026	08/04/2026	7648868538	289834232	115Invoice	0.01	0.32		0.31		7648868538	
07/30/2026	08/04/2026	7649382539	291232131	115Invoice	4.90	244.79		239.89		7649382539	
07/31/2026	08/04/2026	7649605901	291376051	115Invoice	2.51	125.53		123.02		7649605901	
07/31/2026	08/04/2026	7649605902	291376051	115Invoice	7.66	382.78		375.12		7649605902	

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: 1,969.23 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,342.75
07/27/2026

If Paid By 08/04/2026, Pay This Amount: 1,929.83 USD

If Paid After 08/04/2026, Pay this Amount: 1,969.23 USD

Due If Paid On Time:
USD 1,929.83

Disc lost if paid late:
39.40

Due If Paid Late:
USD 1,969.23

APPROVED ON
AUG 03 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 07/31/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 08/01/2026

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

As of: 07/31/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 08/01/2026 **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											
07/27/2026	08/04/2026	7648357828	B2607-055-429211	115Invoice	0.29	14.72		14.43		7648357828	
07/30/2026	08/04/2026	7649205719	B2607-055-433312	115Invoice	0.07	3.73		3.66		7649205719	
07/31/2026	08/04/2026	7649425546	B2607-055-434797	115Invoice	1.66	82.86		81.20		7649425546	

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: 101.31 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 44,309.78
07/20/2026

If Paid By 08/04/2026,
Pay This Amount: 99.29 USD

If Paid After 08/04/2026,
Pay this Amount: 101.31 USD

Due If Paid On Time:
USD 99.29

Disc lost if paid late:
2.02

Due If Paid Late:
USD 101.31

APPROVED ON
AUG 03 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 72551222
Date: 07-31-2026

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

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

Summary

Not Yet Due:	0.00
Current:	468.04
Past Due:	0.00
Total Due:	468.04
Account Balance:	468.04

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-27-2026	08-07-2026	3258463045	7012342116	Invoice	31.52		0.00	31.52
07-27-2026	08-07-2026	3258463046	7012347147	Invoice	7.08		0.00	7.08
07-27-2026	08-07-2026	3258463047	7012351971	Invoice	6.50		0.00	6.50
07-29-2026	08-07-2026	3258683364	4568259416	Invoice	43.42		0.00	43.42
07-30-2026	08-07-2026	3258882336	7012369096	Invoice	11.88		0.00	11.88
07-31-2026	08-07-2026	3259014895	7012373850	Invoice	277.17		0.00	277.17
07-31-2026	08-07-2026	3259014896	7012373949	Invoice	90.47		0.00	90.47

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
468.04	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
07-31-2026	(312.91)

Reminders

Due Date	Amount
08-07-2026	468.04
Total Due:	468.04

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AUG 03 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Wholesale distribution and other related pharmacy and pharmaceutical solution services sold by Cencora are performed through Cencora subsidiary companies and brands including AmerisourceBergen Drug Corporation, ASD Specialty Healthcare LLC, Besse Medical, Oncology Supply, SmartSource, and Good Neighbor Pharmacy.

Processing Number: 0000007[illegible]972 Document Type: Customer Statement 20260801015321

9232	76351	2	86	0	2026	209000461	0	7/31/2026	$8,572.46	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	315	0	[redacted]	PET	F	4/28/2026	4/28/2026	760545192
9233	76351	2	86	0	2026	201000883	0	7/31/2026	$97.43	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]	XRAY	F	6/24/2026	6/24/2026	741680498
9234	76351	2	33	0	2026	201000964	0	7/31/2026	$134.82	1	BCM PHYSICIANS	P	457	0	[redacted]	OVS	F	7/13/2026	7/13/2026	300791563
9235	76351	2	96	2	2026	208000819	0	7/31/2026	$801.30	1	PHSYICIAN MANAGEMENT SERVICES OF TEXAS	P	172	0	[redacted]	AB	F	7/22/2026	7/22/2026	842167725
9236	76351	3	24	0	2026	201000960	0	7/31/2026	$20.37	1	CLINICAL PATHOLOGY LABORATORIES INC	P	172	0	[redacted]	AB	F	6/17/2026	6/17/2026	742554159
9237	76351	3	94	0	2026	204001083	0	7/31/2026	$22.67	1	ORTHOLONESTAR PLLC	P	457	0	[redacted]	OVS	F	7/1/2026	7/1/2026	842136648
9238	76351	3	36	0	2026	203000843	0	7/31/2026	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]	OV	F	7/17/2026	7/17/2026	742605670
9239	76351	3	43	0	2026	204001076	0	7/31/2026	$65.89	1	PORT LAVACA CLINIC	P	177	0	[redacted]	OV	F	7/20/2026	7/20/2026	742605670
9242	76351	3	73	0	2026	201000944	0	7/31/2026	$80.00	1	INTEGRITY URGENT CARE	P	487	0	[redacted]	URG	F	5/7/2026	5/7/2026	812117336
9244	76351	3	9	1	2026	210000639	0	7/31/2026	$154.21	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]	CAT	F	7/17/2026	7/17/2026	741680498
9246	76351	3	43	0	2026	205000710	0	7/31/2026	$188.72	1	PORT LAVACA CLINIC	P	178	0	[redacted]	SO	F	7/13/2026	7/13/2026	742605670
9247	76351	3	43	0	2026	202000828	0	7/31/2026	$226.41	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]	ERD	F	7/7/2026	7/7/2026	815248556
9248	76351	3	45	0	2026	209000113	0	7/31/2026	$247.81	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]	AB	F	7/8/2026	7/8/2026	741680498
9250	76351	3	36	0	2026	204001089	0	7/31/2026	$359.98	1	CITIZENS MEDICAL PROFESSIONALS	P	176	0	[redacted]	AO	F	6/10/2026	6/10/2026	471158090
9251	76351	3	43	0	2026	205000598	0	7/31/2026	$360.03	1	PORT LAVACA CLINIC	P	172	0	[redacted]	AB	F	7/13/2026	7/13/2026	742605670
9252	76351	3	45	0	2026	205000615	0	7/31/2026	$580.20	1	PORT LAVACA CLINIC	P	172	0	[redacted]	AB	F	7/17/2026	7/17/2026	742605670
9253	76351	3	72	0	2026	204000289	0	7/31/2026	$661.87	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]	ERD	F	7/8/2026	7/8/2026	741680498
9256	76351	3	43	0	2026	203000541	0	7/31/2026	$4,315.82	1	DETAR HEALTHCARE SYSTEM	P	186	0	[redacted]	HLAB	F	7/13/2026	7/13/2026	621754940
9257	76360	3	104	0	2026	201000963	0	7/31/2026	$20.37	1	CLINICAL PATHOLOGY LABORATORIES INC	P	172	0	[redacted]	AB	F	6/25/2026	6/25/2026	742554159
9258	76360	3	14	0	2026	208000756	0	7/31/2026	$36.32	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]	XRAY	F	7/16/2026	7/16/2026	741680498
9260	76360	3	74	2	2026	205000663	0	7/31/2026	$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0	[redacted]	OVS	F	7/22/2026	7/22/2026	273335355
9261	76360	3	74	0	2026	205000698	0	7/31/2026	$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0	[redacted]	OVS	F	7/22/2026	7/22/2026	273335355
9262	76360	3	145	0	2026	203000246	0	7/31/2026	$52.85	1	AESTHETIC FACIAL & OCULOPLASTIC SURGEON	P	457	0	[redacted]	OVS	F	6/20/2026	6/20/2026	272210846
9263	76360	3	128	1	2026	204000992	0	7/31/2026	$55.89	1	NOE R OLVERA MD PA	P	457	0	[redacted]	OVS	F	7/13/2026	7/13/2026	262712038
9270	76360	3	105	0	2026	201000897	0	7/31/2026	$87.47	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]	ERD	F	6/13/2026	6/13/2026	815248556
9275	76360	3	125	0	2026	205000604	0	7/31/2026	$102.55	1	SINGLETON ASSOCIATES PA	P	603	0	[redacted]	US	F	7/13/2026	7/13/2026	741680498
9278	76360	3	82	0	2026	208000768	0	7/31/2026	$109.47	1	WILSON A ALMONTE MD PLLC	P	457	0	[redacted]	OVS	F	7/23/2026	7/23/2026	474898361
9279	76360	3	138	2	2026	203000862	0	7/31/2026	$122.00	1	COUNSELING4LIFE LLC	P	360	0	[redacted]	POV	F	7/17/2026	7/17/2026	455131564
9280	76360	3	120	0	2026	208000805	0	7/31/2026	$122.20	1	BEACON BEHAVIORAL OF TEXAS	P	752	0	[redacted]	TELS	F	7/9/2026	7/9/2026	263158703
9281	76360	3	59	1	2026	203000824	0	7/31/2026	$127.79	1	FAMILY CARE CENTER	P	360	0	[redacted]	POV	F	7/13/2026	7/13/2026	810970561
9282	76360	3	40	0	2026	204001082	0	7/31/2026	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]	ERD	F	7/8/2026	7/8/2026	815248556
9283	76360	3	121	0	2026	208000128	0	7/31/2026	$247.81	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]	AB	F	7/8/2026	7/8/2026	741680498
9287	76360	3	68	1	2026	210000641	0	7/31/2026	$317.89	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]	CAT	F	7/17/2026	7/17/2026	741680498
9288	76360	3	26	0	2026	208000744	0	7/31/2026	$374.00	1	CITIZENS MEDICAL PROFESSIONAL	P	176	0	[redacted]	AO	F	6/16/2026	6/16/2026	471158090
9290	76360	3	71	2	2026	202000822	0	7/31/2026	$701.25	1	CITIZENS MEDICAL PROFESSIONALS	P	175	0	[redacted]	AI	F	5/18/2026	5/18/2026	471158090
9294	76360	3	90	1	2026	204000536	0	7/31/2026	$2,532.00	1	CITIZENS MEDICAL CENTER	P	702	0	[redacted]	ABS	F	7/14/2026	7/14/2026	741698143
									$22,214.88											

APPROVED ON

AUG 0 3 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTR	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
8877	76351	2	5	0	2026	162001288	0	6/25/2026	$13,825.56	1	MD ANDERSON CANCER CENT	P	459	0	[redacted]		HCT	F	6/4/2026	6/4/2026	746001118
									$13,825.56												

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AUG 0 3 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	MASTNO	GROUPNAME	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	EMPLOYEE_FIRSTNAME	EMPLOYEE_LASTNAME	CODE	VOID	FROMDT
9047	76350	MEMORIAL MEDIC	76351	2	5	0	2026	181000550	0	2026-07-1	$7,366.44	1	MD ANDERSON CANCER CENT	P	186	0			HLAB	F	2026-06-24
											$7,366.44										

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AUG 03 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — July 27, 2026 - August 2, 2026

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
7/27/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#158121882 158121882	- 3rd Party Payor Fee	0.40	902588	40440076
7/27/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#158328961 158178133	- 3rd Party Payor Fee	32.38	902589	40440076
7/28/2026	MCKESSON DRUG - AUTO ACH ACH07165854	- 340B Drug Program Expense	6,342.75 *	902590	60310000
7/28/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#158741092 158584029	- 3rd Party Payor Fee	51.34	902591	40440076
7/29/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#159191155 158931283	- 3rd Party Payor Fee	217.02	902592	40440076
7/29/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	42,364.95 *	902593	10450000
7/30/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 7.24.26 MemMedCtr PtLav	- Health Insurance Claim Payments	57,903.82 *	902594	60320000
7/30/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#159558153 159383339	- 3rd Party Payor Fee	124.07	902595	40440076
7/30/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#159352333 159351968	- 3rd Party Payor Fee	59.53	902596	40440076
7/31/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 6.22.26 SPCK MemMedCtr PtLav	- Health Insurance Claim Payments	66,725.07 *	902597	60320000
7/31/2026	MEMORIAL MEDICAL - PAYROLL		448,632.51 *		
7/31/2026	HPHG LLC 90 DB PREMIUM - MEMOR PREM MEMORIAL MEDICAL PREMIUM PORT LAVACA JULY MemMedCtr PtLav	- Health Insurance Premium Payment	77,278.24 *	902598	60320000
7/31/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	312.91 *	902599	60310000
7/31/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#160100749 159835672	- 3rd Party Payor Fee	333.82	902600	40440076
7/31/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#159805332 159805098	- 3rd Party Payor Fee	1.72	902601	40440076
			700,380.53		

* approved 7.21.26 cc

Michelle Cumberland

August 3, 2026

Michelle Cumberland, CFO
Memorial Medical Center

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
			-

August 3, 2026

Michelle Cumberland, CFO
Memorial Medical Center

APPROVED ON
AUG 03 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

0.40 +
32.38 +
51.34 +
217.02 +
124.07 +
59.53 +
333.82 +
1.72 +
820.28

700,380.53 +
6,342.75 -
42,364.95 -
57,903.82 -
66,725.07 -
448,632.51 -
77,278.24 -
312.91 -
820.28
0.00 *

Pay Plus

RECEIVED
JUL 30 2026
Calhoun County Auditor

07/30/2026 MEMORIAL MEDICAL CENTER 0
08:57 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/14/2026

Vendor#	Vendor Name	Class	Pay Code
12792	LAVACA BAY NURSING AND REHAB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072426		07/30/202	07/24/202	08/14/202			3,584.40	0.00	0.00	3,584.40

ins. pay. dep. into mmc opt. correction

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	3,584.40	0.00	0.00	3,584.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,584.40	0.00	0.00	3,584.40

APPROVED ON
JUL 30 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 213821

RECEIVED

JUL 30 2026

Calhoun County Auditor

07/30/2026 MEMORIAL MEDICAL CENTER 0

08:55 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 08/14/2026

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072226		07/29/202	07/22/202	08/14/202			1,687.77	0.00	0.00	1,687.77
072326		07/29/202	07/23/202	08/14/202			41,713.29	0.00	0.00	41,713.29
072426		07/29/202	07/24/202	08/14/202			17,791.40	0.00	0.00	17,791.40
072726		07/29/202	07/27/202	08/14/202			62,620.50	0.00	0.00	62,620.50

ins. pay. dep. into mmc opt. Correction

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	123,812.96	0.00	0.00	123,812.96

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	123,812.96	0.00	0.00	123,812.96

APPROVED ON

JUL 30 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 213820

RECEIVED

JUL 30 2026

Calhoun County Auditor

07/30/2026
08:48

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/14/2026

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
072126		07/29/202	07/21/202	08/14/202			25,500.00	0.00	0.00	25,500.00
072226		07/29/202	07/22/202	08/14/202			10,743.47	0.00	0.00	10,743.47
072326A		07/29/202	07/23/202	08/14/202			216.00	0.00	0.00	216.00
072326		07/29/202	07/23/202	08/14/202			27,490.78	0.00	0.00	27,490.78
072426		07/29/202	07/24/202	08/14/202			3,120.00	0.00	0.00	3,120.00

ins. pay. dep. into mm c opt. correction

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	67,070.25	0.00	0.00	67,070.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	67,070.25	0.00	0.00	67,070.25

APPROVED ON

JUL 30 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 213822

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/3/2026

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		215,363.04	215,263.04	174,511.53		-	174,611.53	78,293.40
						Bank Balance	174,611.53	
						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.

Claims owed to Tuscany	96,218.13
Adjust Balance/Transfer Amt	78,293.40

Approved:
Michelle Cumberland, CFO 8/3/2026

APPROVED ON
AUG 03 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
7/31/2026	Credit Interest	-	201.12		201.12
7/31/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	3,777.20		3,777.20
7/30/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,717.90		1,717.90
7/29/2026	Deposit	-	148,610.13		148,610.13
7/29/2026	Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	215,263.04	-		-
7/29/2026	TSYS/TRANSFIRST - CR CD DEP 5436845558769179GOLDEN CREEK HEALTHCARE CR CD DEP 072926 5436845558769179	-	1,815.00		1,815.00
7/29/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	2,412.00		2,412.00
7/29/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1256574920*13 41858379\ 746003411	-	1,058.51		1,058.51
7/28/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,468.00		1,468.00
7/28/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7888855*1205296137*000004011~ 676097	-	10,074.82		10,074.82
7/27/2026	TSYS/TRANSFIRST - CR CD DEP 5436845558769179GOLDEN CREEK HEALTHCARE CR CD DEP 072726 5436845558769179	-	3,376.85		3,376.85
		215,263.04	**174,511.53**	**-**	**174,511.53**

Transaction Report

PROSPERITY BANK

Transaction Report for account *4454

Reported on Mon Aug 03 14:19:00 GMT 2026

Current Balance $179,726.53
Interest Accrued $14.35
Available Balance $179,726.53

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
07/31/2026		Credit Interest Credit Interest	201.12		174611.53
07/31/2026		External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	3777.20		174410.41
07/30/2026		External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	1717.90		170633.21
07/29/2026	178662102649468	Deposit Deposit	148610.13		168915.31
07/29/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		215263.04	20305.18
07/29/2026		External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 072926 543684555876917	1815.00		235568.22
07/29/2026		External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	2412.00		233753.22
07/29/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1256574920*13 41858379\ 746003411	1058.51		231341.22
07/26/2026		External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	1468.00		230282.71
07/28/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7888855*1205296137*000004011~ 676097	10074.82		228814.71

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
8/3/2026

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		248,490.33	248,390.33	285,412.40	-	-	-	285,512.40	285,412.40
							Bank Balance	285,512.40	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 285,412.40

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

Approved:
Michelle Cumberland, CFO 8/3/2026

APPROVED ON
AUG 03 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
7/31/2026	Credit Interest	-	299.17		299.17
7/31/2026	Merchant Capture Deposit	-	17,230.00		17,230.00
7/30/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1256757546*13 41858379\ 746003411	-	6,939.27		6,939.27
7/29/2026	Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	248,390.33	-		-
7/28/2026	Deposit	-	205,743.60		205,743.60
7/28/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7889368*1205296137*000004011~ 676201	-	18,196.37		18,196.37
7/27/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1256574919*13 41858379\ 746003411	-	412.62		412.62
7/27/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1256098925*13 41858379\ 746003411	-	19,823.76		19,823.76
7/27/2026	Merchant Capture Deposit	-	16,767.61		16,767.61
		248,390.33	285,412.40	-	285,412.40

Transaction Report

PROSPERITY BANK

Transaction Report for account *3407

Reported on Mon Aug 03 14:16:00 GMT 2026

Current Balance $294,012.30
Interest Accrued $23.47
Available Balance $294,012.30

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
07/31/2026		Credit Interest Credit Interest	299.17		285512.40
07/31/2026	9074460112	Descriptive Deposit Merchant Capture Deposit	17230.00		285213.23
07/30/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1256757546*13 41858379\ 746003411	6939.27		267983.23
07/29/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		248390.33	261043.96
07/28/2026	127052092645115	Deposit Deposit	205743.60		509434.29
07/28/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7889368*1205296137*000004011~ 676201	18196.37		303690.69
07/27/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1256574919*13 41858379\ 746003411	412.62		285494.32
07/27/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1256098925*13 41858379\ 746003411	19823.76		285081.70
07/27/2026	9074432189	Descriptive Deposit Merchant Capture Deposit	16767.81		265257.94
07/24/2026	9074427241	Descriptive Deposit Merchant Capture Deposit	129.57		248490.33

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
8/3/2026

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		147,225.49	147,125.49	156,619.75			-	156,719.75	156,619.75
							Bank Balance	156,719.75	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 156,619.75

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

Approved:
Michelle Cumberland, CFO 8/3/2026

APPROVED ON
AUG 03 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
7/31/2026	Credit Interest	-	116.93		116.93
7/31/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7894491*1205296137*000004011~ 676481	-	433.55		433.55
7/30/2026	Deposit	-	19,158.47		19,158.47
7/30/2026	HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	-	1,444.05		1,444.05
7/29/2026	Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	147,125.49	-		-
7/29/2026	Deposit	-	8,775.75		8,775.75
7/28/2026	Deposit	-	584.07		584.07
7/28/2026	CENTENE CORP - HCCLAIMPMT TRN*1*0913401553* 1742770542\	-	126,106.93		126,106.93
		147,125.49	**156,619.75**	**-**	**156,619.75**

Balances Overview

PROSPERITY BANK®

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Aug 3, 2026 9:05:38 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$2,222,824.74	$2,222,824.74
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$1,488,978.11	$1,488,978.11
*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	$2,280.04	$2,280.04
*4446 MEMORIAL MEDICAL / NH FORT BEND	$0.00	$0.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$179,726.53	$179,726.53
*4551 CAL CO INDIGENT HEALTHCARE	$4,860.81	$4,860.81
*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	$156,719.75	$156,719.75
*3407 MMC -NH TUSCANY VILLAGE	$294,012.30	$294,012.30
*2998 MMC -MONEY MARKET FUND	$75,350.94	$75,350.94
*7168 MEMORIAL MEDICAL LOCK BOX	$20,896.26	$20,896.26
Total Balance	**$2,222,824.74**	**$2,222,824.74**

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: Tuscany ✓

Date Requested: 8/4/2026

APPROVED ON AUG 04 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#000263

FOR ACCT USE ONLY

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

AMOUNT: $ 96,218.13 ✓

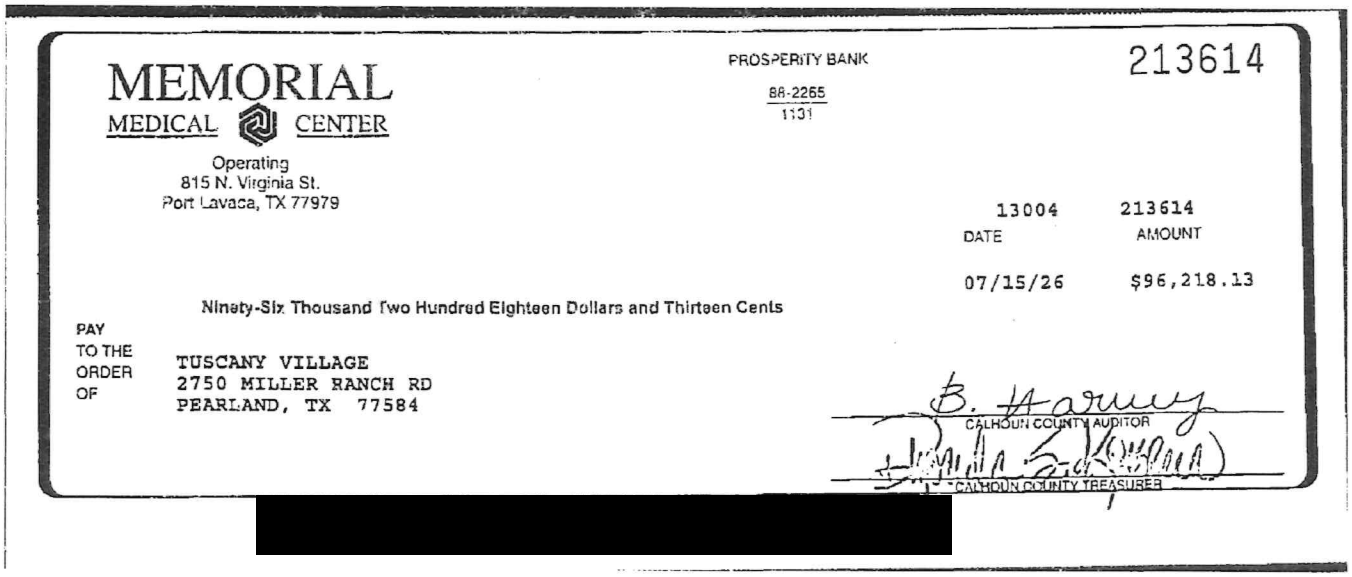
G/L NUMBER:

EXPLANATION: To transfer funds deposited to Golden Creek in error ✓

REQUESTED BY: Caitlin Clevenger ✓

AUTHORIZED BY: ✓

Front



MEMORIAL
MEDICAL CENTER

Operating
815 N. Virginia St.
Port Lavaca, TX 77979

PROSPERITY BANK
88-2265
1131

213614

13004 DATE | 213614 AMOUNT

07/15/26 | $96,218.13

Ninety-Six Thousand Two Hundred Eighteen Dollars and Thirteen Cents

PAY TO THE ORDER OF

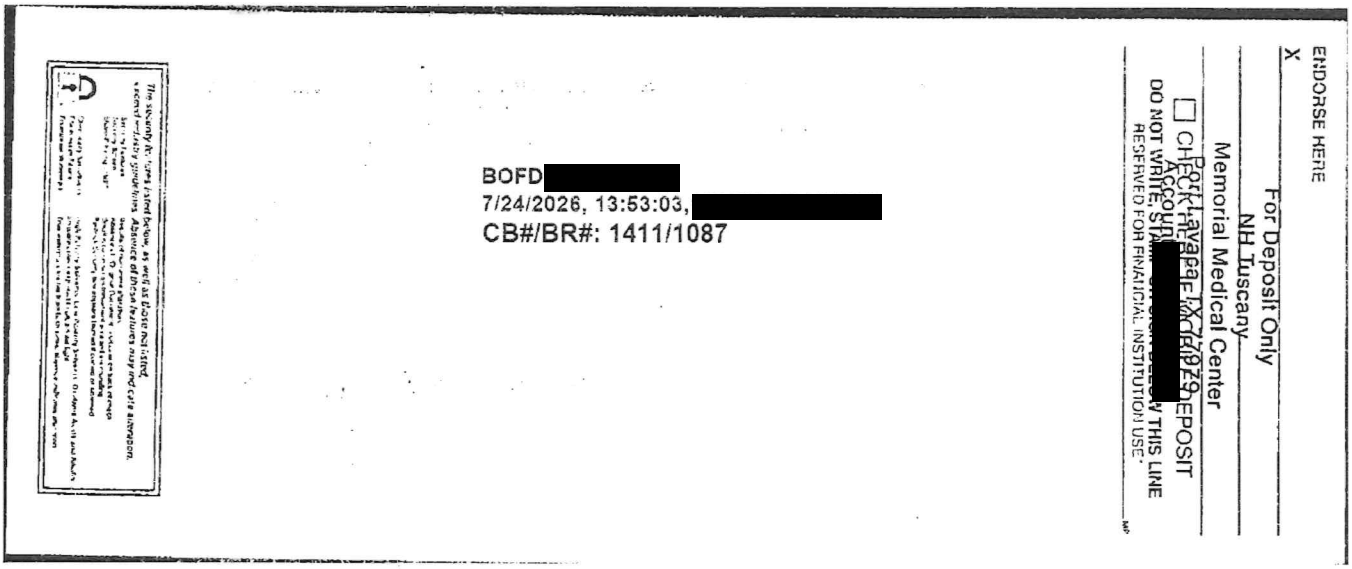
TUSCANY VILLAGE
2750 MILLER RANCH RD
PEARLAND, TX 77584

B. Harvey
CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

[redacted]

Back



BOFD[redacted]
7/24/2026, 13:53:03, [redacted]
CB#/BR#: 1411/1087

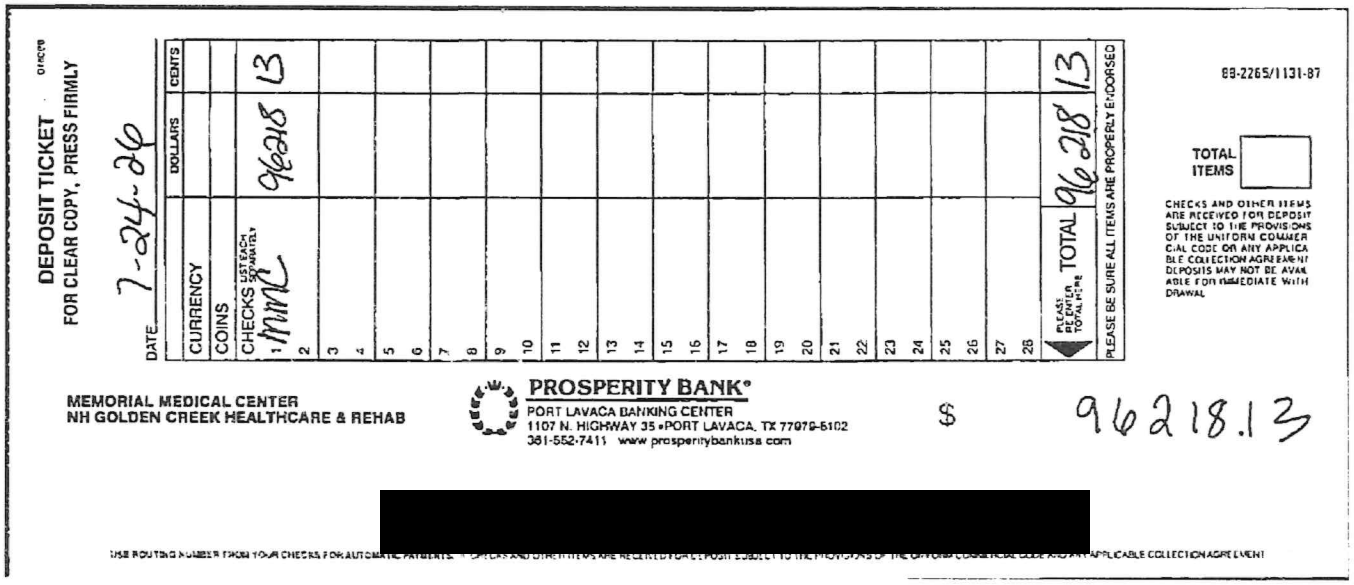
ENDORSE HERE
X
For Deposit Only
NH Tuscany
Memorial Medical Center
Port Lavaca, TX
☐ CHECK HERE IF DEPOSIT
ACCOUNT [redacted]
DO NOT WRITE, STAMP OR [redacted] THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

Image Report

PROSPERITY BANK®

ABA Number	521000000
Account Number	216844454
Amount	$96,218.13
Deposit Date	07/24/2026

Front



DEPOSIT TICKET
FOR CLEAR COPY, PRESS FIRMLY

DATE 7-24-26

	DOLLARS	CENTS
CURRENCY		
COINS		
CHECKS LIST EACH SEPARATELY 1 MMC	96218	13
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27		
28		
PLEASE RE-ENTER TOTAL HERE TOTAL	96218	13

PLEASE BE SURE ALL ITEMS ARE PROPERLY ENDORSED

88-2265/1131-87

TOTAL ITEMS

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT. DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB

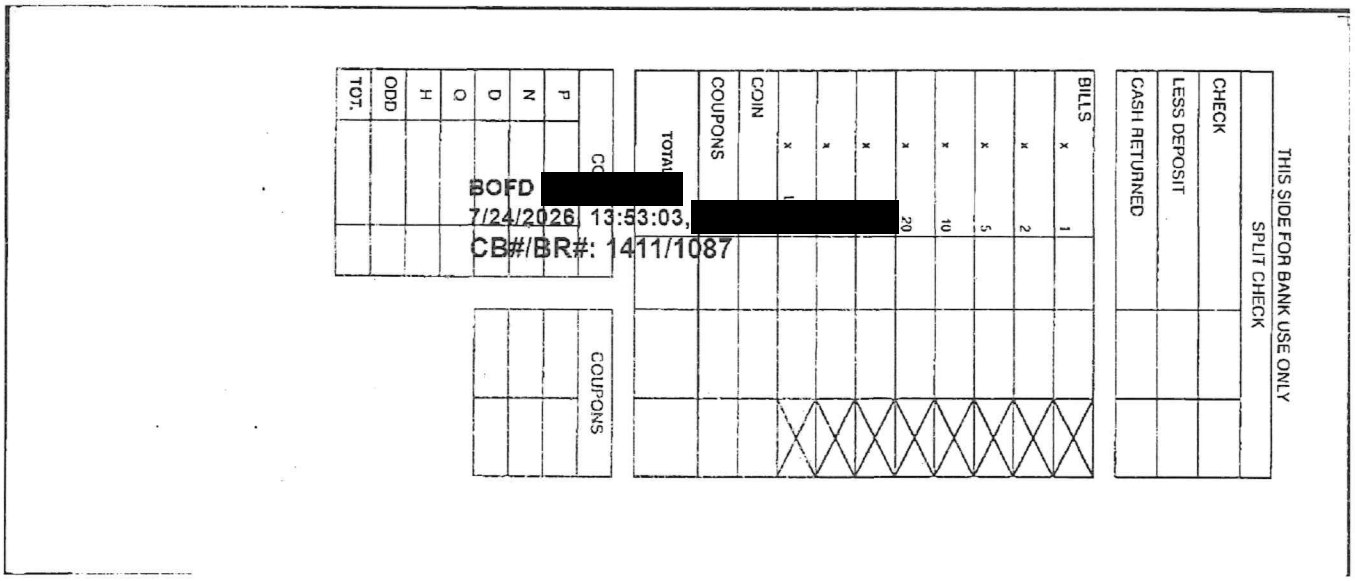
PROSPERITY BANK®
PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

$ 96218.13

[redacted]

USE ROUTING NUMBER FROM YOUR CHECKS FOR AUTOMATIC PAYMENTS. CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE AND ANY APPLICABLE COLLECTION AGREEMENT

Back



TOT.	ODD	H	Q	D	N	P	COUPONS

BOFD [redacted]
7/24/2026 13:53:03, [redacted]
CB#/BR#: 1411/1087

COUPONS												
TOTAL												
COUPONS												
COIN												
BILLS	x 1	x 2	x 5	x 10	x 20	x	x	x	x	x	x	x

CASH RETURNED	LESS DEPOSIT	CHECK	THIS SIDE FOR BANK USE ONLY
			SPLIT CHECK

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

MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP

000263

88-2265/1131

Date 8-5-26

PAY
TO THE ORDER OF Tuscany Village

$ 96,218.13

Ninty six thousand two hundred and eighteen 13/100 **DOLLARS**

PROSPERITY BANK

MP

FOR Claims

Security features are included. Details on back.

[redacted]

Balances Overview

COUNTY OF CALHOUN TEXAS
AGIBSON
as of Aug 5, 2026 3:35:35 PM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	$2,712,873.76	$2,712,873.76
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$2,005,666.58	$2,005,666.58
*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	$2,280.04	$2,280.04
*4446 MEMORIAL MEDICAL / NH FORT BEND	$0.00	$0.00
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$128,271.92	$128,271.92
*4551 CAL CO INDIGENT HEALTHCARE	$4,860.81	$4,860.81
*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	$292,048.18	$292,048.18
*3407 MMC -NH TUSCANY VILLAGE	$179,137.17	$179,137.17
*2998 MMC -MONEY MARKET FUND	$75,350.94	$75,350.94
*7168 MEMORIAL MEDICAL LOCK BOX	$25,258.12	$25,258.12
Total Balance	**$2,712,873.76**	**$2,712,873.76**

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	000263	08/05/26	96,218.13	TUSCANY VILLAGE
TOTALS:			96,218.13	