MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 12, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 1,665,031.77
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED August 12, 2026	$ 1,665,031.77
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	$ 83,440.64
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	$ 827,827.28
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED August 12, 2026	$ 911,267.92
GRAND TOTAL FOR APPROVAL ON August 12, 2026	$ 2,576,299.69

APPROVED

AUG 12 2026

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 12, 2026

PAYABLES AND PAYROLL			
8/7/2026	Weekly Payables	456,002.55	
8/10/2026	Morris & Dickson - MMC Rx	21,178.61	
8/10/2026	McKesson - 340B Prescription Expense	20,375.65	
8/10/2026	Cencora-340B Prescription Expense	7.02	
8/10/2026	Cencora-340B Prescription Expense	1,633.73	
8/10/2026	Payroll Liabilities - Payroll Taxes	127,633.70	
8/10/2026	Payroll	402,316.89	
Prosperity Electronic Bank Payments			
8/10/2026	90 Degree Benefits - employee insurance claims	259,976.86	
8/10/2026	90 Degree Benefits - employee insurance claims	88,498.29	
8/10/2026	TCDRS July 2026 Retirement	282,466.30	
8/10/2026	Pay Plus - Patient Claims Processing Fee	1,022.98	
8/10/2026	Credit Card Lease Fee	610.46	
8/10/2026	Credit Card Processing Fee	708.62	
8/10/2026	Authnet Gateway	25.00	
8/10/2026	Loyal Health Trubridge - Credit Card Processing Fee	1,477.29	
8/10/2026	Health Equity - HSA Contributions	1,097.82	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,665,031.77**
GRAND TOTAL DISBURSEMENTS APPROVED August 12, 2026			**$ 1,665,031.77**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
8/7/2026	MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error	11,302.55	
8/7/2026	MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error	12,929.07	
8/7/2026	MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error	59,147.01	
8/7/2026	MMC Operating to Solera West Houston - Correction of insurance payment deposited into MMC Operating in error	62.01	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 83,440.64**
NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS			
8/10/2026	Nursing Home UPL - Cantex Transfer	2,214.76	
8/10/2026	Nursing Home UPL - Nexion Transfer	279,590.89	
8/10/2026	Nursing Home UPL - Tuscany Transfer	250,011.18	
8/10/2026	Nursing Home UPL - HSL Transfer	295,945.17	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
8/3/2026	Prosperity NH Solera to MMC Prosperity Operating - Closing of Account	65.28	
TOTAL NURSING HOME UPL EXPENSES			**$ 827,827.28**
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED August 12, 2026			**$ 911,267.92**

Vendor#	Vendor Name	Class	Pay Code
18268	AAP IMPLANTS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
19015327		08/04/202	07/30/202	08/04/202			7,500.00	0.00	0.00	7,500.00
	SURGICAL SUPPLIES / twist drill, K-wire, Cortical screw									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18268	AAP IMPLANTS INC	7,500.00	0.00	0.00	7,500.00

Vendor#	Vendor Name	Class	Pay Code
18416	ADVANTAGE BUSINESS CAPITAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11961		07/01/202	05/14/202	08/04/202			5,229.25	0.00	0.00	5,229.25
	L&D TRAVEL NURSE Catherine Reyes 5/1, 5/3, 5/6, 5/7									
11969		07/01/202	05/21/202	08/04/202			3,708.00	0.00	0.00	3,708.00
	L&D TRAVEL NURSE Catherine Reyes 5/8, 5/9, 5/14									
11976		07/01/202	05/28/202	08/04/202			3,605.00	0.00	0.00	3,605.00
	L&D TRAVEL NURSE Catherine Reyes 5/15, 5/20, 5/21									
12014		07/01/202	06/02/202	08/04/202			3,630.75	0.00	0.00	3,630.75
	L&D TRAVEL NURSE Catherine Reyes 6/19, 6/20, 6/25									
11983		07/01/202	06/04/202	08/04/202			7,141.75	0.00	0.00	7,141.75
	L&D TRAVEL NURSE Catherine Reyes 5/22, 5/23, 5/24, 5/27, 5/28									
12021		07/01/202	06/09/202	08/04/202			5,191.00	0.00	0.00	5,191.00
	L&D TRAVEL NURSE Catherine Reyes 6/26, 6/27, 7/1, 7/2									
11991		07/01/202	06/11/202	08/04/202			8,710.00	0.00	0.00	8,710.00
	L&D TRAVEL NURSE Catherine Reyes 5/29, 5/31, 6/1, 6/3, 6/4									
12028		07/01/202	06/16/202	08/04/202			5,956.50	0.00	0.00	5,956.50
	Catherine Reyes 7/3, 7/4, 7/5, 7/9									
11999		07/01/202	06/18/202	08/04/202			3,682.25	0.00	0.00	3,682.25
	L&D TRAVEL NURSE Catherine Reyes 6/5, 6/6, 6/11									
12034		07/01/202	06/23/202	08/04/202			5,152.75	0.00	0.00	5,152.75
	L&D TRAVEL NURSE Catherine Reyes 7/10, 7/11, 7/15, 7/16									
12007		07/01/202	06/25/202	08/04/202			3,630.75	0.00	0.00	3,630.75
	L&D TRAVEL NURSE Catherine Reyes 6/12, 6/17, 6/18									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18416	ADVANTAGE BUSINESS CAPITAL INC	55,638.00	0.00	0.00	55,638.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5526502212		07/30/202	07/31/202	08/20/202			1,485.10	0.00	0.00	1,485.10
	OXYGEN									
9174301025		07/30/202	07/31/202	08/20/202			2,790.97	0.00	0.00	2,790.97
	OXYGEN									
5526502431		07/30/202	07/31/202	08/20/202			127.13	0.00	0.00	127.13
	OXYGEN/NITROUS OXIDE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	4,403.20	0.00	0.00	4,403.20

Vendor#	Vendor Name	Class	Pay Code
A1705	ALIMED LLC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV004610531		08/04/202	07/17/202	08/01/202			88.45	0.00	0.00	88.45
	THERAPY PUTTY / red & yellow									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED LLC	88.45	0.00	0.00	88.45

Vendor#	Vendor Name				Class	Pay Code				
15456	AMERITEX ELEVATOR TEXAS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV46909X7K5		08/03/202	08/01/202	08/01/202			750.00	0.00	0.00	750.00
		ELEVATOR MAINTENANCE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15456	AMERITEX ELEVATOR TEXAS LLC					750.00	0.00	0.00	750.00
Vendor#	Vendor Name				Class	Pay Code				
10095	APEX PRACTICE SOLUTIONS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	7933		08/03/202	08/01/202	08/01/202			16,600.00	0.00	0.00	16,600.00
		CREDENTIALING SERVICES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10095	APEX PRACTICE SOLUTIONS INC					16,600.00	0.00	0.00	16,600.00
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
	928173038		08/04/202	07/17/202	08/04/202			610.00	0.00	0.00	610.00
		ARTHROSCOPY PUMP TUBING									
	928186411		08/04/202	07/20/202	07/20/202			2,365.00	0.00	0.00	2,365.00
		BONE CUTTER/ SURGERY SUPPI / Oval Burr 8 Flute, Aspirating Ablator 90°									
	928183444		08/04/202	07/20/202	08/04/202			175.00	0.00	0.00	175.00
		TRIMANO BEACH CHAIR KIT x2									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A2271	ARTHREX, INC					3,150.00	0.00	0.00	3,150.00
Vendor#	Vendor Name				Class	Pay Code				
11247	AVENO NETWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	17051		08/04/202	08/01/202	08/11/202			850.00	0.00	0.00	850.00
		Data center Hosting & maintenance services									
	17048		08/04/202	08/01/202	08/11/202			4,500.00	0.00	0.00	4,500.00
		CLOUD BACKUP/ SERVER MAINT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11247	AVENO NETWORKS					5,350.00	0.00	0.00	5,350.00
Vendor#	Vendor Name				Class	Pay Code				
B1220	BECKMAN COULTER INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	5517542		07/01/202	07/21/202	08/15/202			1,935.15	0.00	0.00	1,935.15
		LEASE CHARGE: ACCESS 2 IMMU Unoassay analyzer x2									
	4624820		08/05/202	07/21/202	08/15/202			1,484.00	0.00	0.00	1,484.00
		SERVICE CONTRACT ACCESS 2 Immunoassay analyzer									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC					3,419.15	0.00	0.00	3,419.15
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
	MIN0347323		08/04/202	07/30/202	08/04/202			597.00	0.00	0.00	597.00
		TOMOSPOT FOR MOLES/SCARS/ Nipples x6									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		B1320	BEEKLEY CORPORATION					597.00	0.00	0.00	597.00
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
	909400656		07/01/202	07/16/202	08/04/202			1,189.81	0.00	0.00	1,189.81
		ETHANOL/AMMONIA 1 LIQ & 3 LIQ									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	11072	BIO-RAD LABORATORIES, INC					1,189.81	0.00	0.00	1,189.81
Vendor#	Vendor Name				Class	Pay Code				
10541	CARESFIELD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	200033925		08/04/202	07/21/202	08/20/202			273.68	0.00	0.00	273.68 ✓
		BLOOD TRANSFER HOLDER DEVice/lock butterfly collection/tube holder									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10541	CARESFIELD					273.68	0.00	0.00	273.68
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
✓	AK2JZ7Y		07/01/202	07/17/202	08/16/202			655.71	0.00	0.00	655.71 ✓
		LCD 120V TWR/ APC BACK UPS F									
✓	AK2I82R		07/01/202	07/17/202	08/16/202			192.51	0.00	0.00	192.51 ✓
		POLY VL 50 HS UC HEADSET									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.					848.22	0.00	0.00	848.22
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
✓	20260727A		08/03/202	07/27/202	08/20/202			63.05	0.00	0.00	63.05 ✓
		EYE DILATION GEL SYRINGES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1390	CENTRAL DRUG					63.05	0.00	0.00	63.05
Vendor#	Vendor Name				Class	Pay Code					
13264	CERVEY, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	43745		08/04/202	08/01/202	08/20/202			2,150.00	0.00	0.00	2,150.00 ✓
		340B FEES/monthly									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13264	CERVEY, LLC					2,150.00	0.00	0.00	2,150.00
Vendor#	Vendor Name				Class	Pay Code					
13000	CLEARFLY										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	INV838214		08/04/202	08/01/202	08/01/202			1,241.68	0.00	0.00	1,241.68 ✓
		ALLWORX PHONES 1601 N.Virginia St & 815 N.Virginia St.									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13000	CLEARFLY					1,241.68	0.00	0.00	1,241.68
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
✓	8439750		07/28/202	07/22/202	08/16/202			293.65	0.00	0.00	293.65 ✓
		PAPER FOR CLINIC									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON					293.65	0.00	0.00	293.65
Vendor#	Vendor Name				Class	Pay Code					
11011	DIAMOND HEALTHCARE CORP										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	IN20057002		07/01/202	08/01/202	08/01/202			19,166.67	0.00	0.00	19,166.67 ✓
		JULY CPR									
✓	IN20057001		07/01/202	08/01/202	08/01/202			32,506.61	0.00	0.00	32,506.61 ✓
		JULY BEV HEALTH VAN EXPENSE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11011	DIAMOND HEALTHCARE CORP					51,673.28	0.00	0.00	51,673.28
Vendor#	Vendor Name				Class	Pay Code					
10789	DISCOVERY MEDICAL NETWORK INC										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC071526		07/01/202	07/15/202	07/16/202			118,133.85	0.00	0.00	118,133.85
	6/30-7/10 phys. salary									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC					118,133.85	0.00	0.00	118,133.85

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
080426		07/01/202	08/04/202	08/04/202			4,100.00	0.00	0.00	4,100.00
	OB CALL FOR JULY 7/6-7/8, 7/17-7/19, 7/27-7/30, 7/31									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14832	DR JOHN CLINTON					4,100.00	0.00	0.00	4,100.00

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
080426		07/01/202	08/04/202	08/04/202			3,000.00	0.00	0.00	3,000.00
	OB CALL FOR JULY 7/9, 7/10-7/12, 7/13-7/16									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14924	DR. TIMU KWI					3,000.00	0.00	0.00	3,000.00

Vendor#	Vendor Name	Class	Pay Code
12484	EL CAMPO REFRIGERATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112746		08/03/202	07/18/202	08/01/202			825.00	0.00	0.00	825.00
	ICE WATER DISPENSER LEASE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12484	EL CAMPO REFRIGERATION					825.00	0.00	0.00	825.00

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
45566		07/01/202	07/31/202	07/31/202			47,382.50	0.00	0.00	47,382.50
	ER PHYS SERVICES 16TH-EOM									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS					47,382.50	0.00	0.00	47,382.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37304088		08/04/202	07/17/202	07/17/202			169.50	0.00	0.00	169.50
	ERBEFLO EDNOSCOPY SUPPLIE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS					169.50	0.00	0.00	169.50

Vendor#	Vendor Name	Class	Pay Code
10689	FASTHEALTH CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
08A26MMC		08/03/202	08/01/202	08/16/202			545.00	0.00	0.00	545.00
	WEBSITE MONTHLY INVOICE AU									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION					545.00	0.00	0.00	545.00

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0089241		08/04/202	07/16/202	08/10/202			52.89	0.00	0.00	52.89
	1UL LOOP RIGID PLASTIC									
0089242		08/04/202	07/16/202	08/10/202			228.16	0.00	0.00	228.16
	CULTURE TUBE									
0119371		08/04/202	07/17/202	08/11/202			97.36	0.00	0.00	97.36
	BATH ALGAECIDE & Sabouraud Dextrose Agar									

0181637	08/04/202	07/21/202	08/15/202		222.47	0.00	0.00	222.47
FILTERED PIPETTE								
0181640	08/04/202	07/21/202	08/15/202		574.46	0.00	0.00	574.46
BG AUTO PP RED/ VAC PLS								
0181638	08/04/202	07/21/202	08/15/202		3,324.50	0.00	0.00	3,324.50
FB 18 CUFT MANUAL DEFROST F								
0214229	08/04/202	07/22/202	08/16/202		307.92	0.00	0.00	307.92
TIBC ORTHO LIN LW 5X2ML/PK								
0245402	08/04/202	07/23/202	08/17/202		853.92	0.00	0.00	853.92
DESICCANT PAKCS/ LACTATE SL								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE			5,661.68	0.00	0.00	5,661.68
Vendor#	Vendor Name			Class	Pay Code			
10599	FORVIS							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
2992490		07/30/202	07/30/202	08/20/202		4,725.00	0.00	0.00	4,725.00
	ADMINISTRATIVE FEES & services w/ 2025 AHHA/ASCBS survey								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	10599	FORVIS				4,725.00	0.00	0.00	4,725.00
Vendor#	Vendor Name			Class	Pay Code				
11183	FRONTIER								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
072326A	Fax lines	08/06/202	07/23/202	07/23/202		40.42	0.00	0.00	40.42
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	11183	FRONTIER				40.42	0.00	0.00	40.42
Vendor#	Vendor Name			Class	Pay Code				
12636	FUSION CONNECT								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1029558381	Telephone	08/06/202	07/16/202	08/15/202		1,446.46	0.00	0.00	1,446.46
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	12636	FUSION CONNECT				1,446.46	0.00	0.00	1,446.46
Vendor#	Vendor Name			Class	Pay Code				
12404	GE PRECISION HEALTHCARE, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
6003275253	radiology supplies	08/04/202	08/01/202	08/01/202		13,695.01	0.00	0.00	13,695.01
6003275113		08/04/202	08/01/202	08/01/202		1,083.94	0.00	0.00	1,083.94
	LOGIQ S7 EXPERT R3 DEMO x2								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC				14,778.95	0.00	0.00	14,778.95
Vendor#	Vendor Name			Class	Pay Code				
12948	GREAT AMERICA FINANCIAL SVCS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
42627047		08/03/202	07/30/202	07/30/202		92.53	0.00	0.00	92.53
	IT PRINTER LEASE / Kyocera ECOSYS								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS				92.53	0.00	0.00	92.53
Vendor#	Vendor Name			Class	Pay Code				
H0031	HEB CREDIT RECEIVABLES DEPT308								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
072926		07/01/202	07/29/202	07/29/202		98.82	0.00	0.00	98.82
	DIETARY SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308				98.82	0.00	0.00	98.82

Vendor#	Vendor Name				Class	Pay Code				
12504	HEB GROCERY COMPANY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	CPF00896	receipt copy fee	07/01/202	08/04/202				5.00	0.00	0.00	5.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12504	HEB GROCERY COMPANY					5.00	0.00	0.00	5.00
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
	11856702		08/04/202	07/28/202	08/04/202			3,414.00	0.00	0.00	3,414.00
		STERILE DEVICE									
	11863649		08/04/202	07/31/202	08/04/202			506.00	0.00	0.00	506.00
		MAMMOPAD BULK PACK x2									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		H0416	HOLOGIC INC					3,920.00	0.00	0.00	3,920.00
Vendor#	Vendor Name				Class	Pay Code				
17872	JAEGER MEDICAL AMERICA INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	92608275RI		08/04/202	07/21/202	07/21/202			3,777.00	0.00	0.00	3,777.00
		PFT SYSTEM									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17872	JAEGER MEDICAL AMERICA INC					3,777.00	0.00	0.00	3,777.00
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
	080426		07/01/202	08/04/202	08/04/202			4,800.00	0.00	0.00	4,800.00
		OB CALL FOR JULY 7/1-7/2, 7/3-7/5, 7/20-7/23, 7/24-7/26									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		W1372	JOHN B WRIGHT LLC					4,800.00	0.00	0.00	4,800.00
Vendor#	Vendor Name				Class	Pay Code				
K0530	KCI USA				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	34320534		07/01/202	07/16/202	08/16/202			382.26	0.00	0.00	382.26
		INFOVAC CANISTER W/ GEL									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		K0530	KCI USA					382.26	0.00	0.00	382.26
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
	25944221		07/27/202	07/24/202	08/08/202			471.83	0.00	0.00	471.83
		ULTRAPURE WATER IWASH x2									
	25852985		08/04/202	07/06/202	07/21/202			293.53	0.00	0.00	293.53
		CHARGE PAK REPLACEMENT KIT									
	25859151		08/04/202	07/07/202	07/22/202			233.77	0.00	0.00	233.77
		BLOOD COLLECTION TUBE									
	25860277		08/04/202	07/07/202	07/22/202			9.64	0.00	0.00	9.64
		BLOOD COLLECTION TUBE									
	25864888		08/04/202	07/08/202	07/23/202			769.55	0.00	0.00	769.55
		IV PUMP SET x4									
	25872703		08/04/202	07/09/202	07/24/202			39.55	0.00	0.00	39.55
		NASAL PACKING STRIP x8									
	25869629		08/04/202	07/09/202	07/24/202			102.29	0.00	0.00	102.29
		ULTRASOUND GEL									
	25878075		08/04/202	07/10/202	07/25/202			140.49	0.00	0.00	140.49
		TRANSFER PIPETTE									

25877820	08/04/202	07/10/202	07/25/202	67.31	0.00	0.00	67.31
CULTURE SWAB x 2							
25906708	08/04/202	07/16/202	07/31/202	381.84	0.00	0.00	381.84
A1C1 RAEGENT KIT							
25911737	08/04/202	07/17/202	08/01/202	489.61	0.00	0.00	489.61
ROTAVIRUS TEST KIT							
25919068	08/04/202	07/20/202	08/04/202	1,116.58	0.00	0.00	1,116.58
RAEGENT KIT x3							
25926625	08/04/202	07/21/202	08/05/202	38.89	0.00	0.00	38.89
ULTRASOUND GEL							
25956374	08/04/202	07/27/202	08/11/202	731.17	0.00	0.00	731.17
SWAB CONTROL KIT x3							
25968292	08/04/202	07/29/202	08/13/202	414.97	0.00	0.00	414.97
MICROCLAVE CONNECTOR x3							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	5,301.02	0.00	0.00	5,301.02

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
2432572782		07/01/202	06/27/202	07/22/202			117.84	0.00	0.00	117.84
EASY STAIN SET x4										
2432797111		07/01/202	06/30/202	07/25/202			117.84	0.00	0.00	117.84
SET EAST STAIN x4										
2432797113		07/01/202	06/30/202	07/25/202			235.68	0.00	0.00	235.68
SET EASY STAIN 16 OZ x4										
2427643434		08/04/202	05/26/202	06/20/202			163.73	0.00	0.00	163.73
TROPICALIS ATCC										
2427751900		08/04/202	05/27/202	06/21/202			475.21	0.00	0.00	475.21
CATHETER/GLVOES/NIPPLE SHI										
2427751394		08/04/202	05/27/202	06/21/202			929.79	0.00	0.00	929.79
CRUTCHES/ GLVOES/SYRINGES/mask										
2435188934		08/04/202	07/15/202	08/09/202			14.67	0.00	0.00	14.67
CLAVICLE STRAP & cervical collar										
2435188935		08/04/202	07/15/202	08/09/202			157.99	0.00	0.00	157.99
FETAL SCALP ELECTRODE/SYRI, syringe, dressing change tray, ankle stirrup										
2435188936		08/04/202	07/15/202	08/09/202			67.65	0.00	0.00	67.65
SOFTECH CANNULA sample line										
2435188941		08/04/202	07/15/202	08/09/202			215.52	0.00	0.00	215.52
SHOULDER IMMOBILIZER w/ abduction										
2435188942		08/04/202	07/15/202	08/09/202			88.62	0.00	0.00	88.62
TORNIQUET blue										
2435188939		08/04/202	07/15/202	08/09/202			111.01	0.00	0.00	111.01
AIRVIEW BOWIE DICK TEST PACI										
2435188937		08/04/202	07/15/202	08/09/202			1,954.59	0.00	0.00	1,954.59
SYRINGES/GAUZE/SWABS/PROB										
2435188940		08/04/202	07/15/202	08/09/202			4.05	0.00	0.00	4.05
CLAVICLE SPLINT										
2436278736		08/04/202	07/21/202	08/15/202			143.59	0.00	0.00	143.59
SUTURE REMOVAL TRAY										
2437825572		08/04/202	07/30/202	08/07/202			-52.30	0.00	0.00	-52.30
SUPPLY CREDIT										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	4,745.48	0.00	0.00	4,745.48

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

080326	08/03/202	08/01/202	08/03/202		244.98	0.00	0.00	244.98
EMPLYEE DEDUCTIONS GIFT SH								
Vendor Totals: Number	Name				Gross	Discount	No-Pay	Net
M2621	MMC AUXILIARY GIFT SHOP				244.98	0.00	0.00	244.98

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
8801355589		08/04/202	07/29/202	08/20/202			139.08	0.00	0.00	139.08
US GEL										
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
M2659	MXR IMAGING, INC						139.08	0.00	0.00	139.08

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
9099		07/31/202	08/05/202	08/15/202			78.82	0.00	0.00	78.82
TRANSCRIPTION SERVICES										
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
13548	NACOGDOCHES TRANSCRIPTION						78.82	0.00	0.00	78.82

Vendor#	Vendor Name	Class	Pay Code
11155	PARAREV		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2036809		07/01/202	07/01/202	07/31/202			3,084.00	0.00	0.00	3,084.00
REVENUE/PRICING SERVICES / Data Maintenance										
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
11155	PARAREV						3,084.00	0.00	0.00	3,084.00

Vendor#	Vendor Name	Class	Pay Code
10032	PHILIPS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9061766887		07/27/202	07/23/202	07/23/202			96.93	0.00	0.00	96.93
THERMAL PAPER										
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
10032	PHILIPS HEALTHCARE						96.93	0.00	0.00	96.93

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
481		08/05/202	07/31/202	07/31/202			525.00	0.00	0.00	525.00
BLS x7										
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
14764	PL-CPR, LLC						525.00	0.00	0.00	525.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9362374814		08/04/202	07/16/202	08/15/202			681.20	0.00	0.00	681.20
LBL DTSLIT x20										
9362395264		08/04/202	07/20/202	08/19/202			18.06	0.00	0.00	18.06
TAPE/RM NUMBER/ PATIENT/DO(										
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
10372	PRECISION DYNAMICS CORP (PDC)						699.26	0.00	0.00	699.26

Vendor#	Vendor Name	Class	Pay Code
15196	PROVATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INVPVM73549		08/03/202	08/03/202	08/03/202			2,162.16	0.00	0.00	~~2,162.16~~
≠ Removed										
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
15196	PROVATION						2,162.16	0.00	0.00	~~2,162.16~~

Vendor#	Vendor Name	Class	Pay Code

10896 QIAGEN INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1000150139		07/01/202	07/15/202	08/14/202			402.00	0.00	0.00	402.00
	POSITIVE AND NEGATIVE CONTR 201s									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10896	QIAGEN INC	402.00	0.00	0.00	402.00

Vendor#	Vendor Name	Class	Pay Code
14536	QUVA PHARMA INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WA0000096022		07/30/202	06/17/202	06/17/202			312.00	0.00	0.00	312.00
	PHARM SUPPLIES R.E.C.K									
PH0000079030		07/30/202	07/27/202	07/27/202			305.76	0.00	0.00	305.76
	PHARM SUPPLIES R.E.C.K									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14536	QUVA PHARMA INC	617.76	0.00	0.00	617.76

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0847001463944		07/30/202	07/26/202	07/26/202			2,461.71	0.00	0.00	2,461.71
	TRASH SERVICE 1601 N Virginia St., 701 N. Virginia St., 815 N Virginia St.									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14920	REPUBLIC SERVICES, INC.	2,461.71	0.00	0.00	2,461.71

Vendor#	Vendor Name	Class	Pay Code
15824	RICHARD ARROYO-DIAZ		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072826		08/03/202	07/28/202	07/28/202			66.37	0.00	0.00	66.37
	Claim payment correction from MMC opt.									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15824	RICHARD ARROYO-DIAZ	66.37	0.00	0.00	66.37

Vendor#	Vendor Name	Class	Pay Code
C1010	SPARKLIGHT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080426		08/04/202	08/04/202	08/05/202			3,596.00	0.00	0.00	3,596.00
	INTERNET / 815 N. Virginia St.									

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

Vendor#	Vendor Name	Class	Pay Code
12288	SPBS CLINICAL EQUIPMENT SRVC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV050000826		08/04/202	08/01/202	08/02/202			10,230.40	0.00	0.00	10,230.40
	BIOMED SERVICE CONTRACT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQUIPMENT SRVC	10,230.40	0.00	0.00	10,230.40

Vendor#	Vendor Name	Class	Pay Code
10845	STAPLES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6070246407		08/04/202	07/31/202	07/31/202			79.80	0.00	0.00	79.80
	AAA/AA BATTERIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10845	STAPLES	79.80	0.00	0.00	79.80

Vendor#	Vendor Name	Class	Pay Code
S3960	STERICYCLE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8014899818		08/03/202	07/18/202	08/17/202			3,359.11	0.00	0.00	3,359.11
	BIOHAZARD WASTE DISPOSAL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	S3960	STERICYCLE, INC					3,359.11	0.00	0.00	3,359.11
Vendor#	Vendor Name				Class	Pay Code				
T2539	T-SYSTEM, INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2037240		07/01/202	07/31/202	07/31/202		6,276.42	0.00	0.00	6,276.42
		PHYSICIAN NURSE TRACKING JL								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC				6,276.42	0.00	0.00	6,276.42
Vendor#	Vendor Name				Class	Pay Code				
B1941	THE BACK OFFICE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	0252470		07/30/202	08/01/202	08/01/202		1,673.75	0.00	0.00	1,673.75
		SHRED SERVICES JULY								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		B1941	THE BACK OFFICE				1,673.75	0.00	0.00	1,673.75
Vendor#	Vendor Name				Class	Pay Code				
15396	THIRD COAST DISTRIBUTING LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	073126		07/31/202	07/31/202	07/31/202		423.50	0.00	0.00	423.50
		AUTO SUPPLIES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		15396	THIRD COAST DISTRIBUTING LLC				423.50	0.00	0.00	423.50
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
	2921092756		07/01/202	07/16/202	08/10/202		333.15	0.00	0.00	333.15
		UNIFORMS								
	2921093281		07/01/202	07/23/202	08/17/202		4,389.75	0.00	0.00	4,389.75
		LINENS/SUPPLIES								
	2921092939		07/21/202	07/20/202	08/14/202		93.57	0.00	0.00	93.57
		UNIFORMS								
	2921093301		07/28/202	07/23/202	08/17/202		319.48	0.00	0.00	319.48
		SUPPLIES/LINENS								
	2921093294		07/28/202	07/23/202	08/17/202		333.15	0.00	0.00	333.15
		UNIFORMS								
	2921093287		07/28/202	07/23/202	08/17/202		80.41	0.00	0.00	80.41
		UNIFORMS								
	2921093348		07/28/202	07/23/202	08/17/202		430.39	0.00	0.00	430.39
		LINENS/SUPPLIES								
	2921093910		08/03/202	07/30/202	08/20/202		169.70	0.00	0.00	169.70
		SUPPLIES/LINENS								
	2921088468		08/03/202	05/21/202	06/15/202		468.43	0.00	0.00	468.43
		LINENS/SUPPLIES								
	2921093303		08/03/202	07/23/202	08/17/202		171.58	0.00	0.00	171.58
		LINENS/SUPPLIES								
	2921093307		08/03/202	07/23/202	08/17/202		621.53	0.00	0.00	621.53
		UNIFORMS/LINENS/SUPPLIES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC				7,411.14	0.00	0.00	7,411.14
Vendor#	Vendor Name				Class	Pay Code				
11280	VICTORIA ADVOCATE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	0364962		07/01/202	07/01/202	07/01/202		30.00	0.00	0.00	30.00
		NEWSPAPER								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11280	VICTORIA ADVOCATE				30.00	0.00	0.00	30.00

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
	9112265395		07/01/202	07/15/202	08/09/202			1,571.67	0.00	0.00	1,571.67
		CONTRACT 5000005128 BILLING									
	9112267815		08/04/202	07/17/202	08/11/202			1,955.19	0.00	0.00	1,955.19
		ACL TOP CUVETTES									
	9112269004		08/04/202	07/20/202	08/14/202			2,286.71	0.00	0.00	2,286.71
		BLOOD GAS TESTING SYSTEM									
	9112269003		08/04/202	07/20/202	08/14/202			9,376.74	0.00	0.00	9,376.74
		HEMOSIL D-DIMER HS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC					15,190.31	0.00	0.00	15,190.31
Vendor#	Vendor Name				Class	Pay Code				
11580	WILLIAM CROWLEY III, DO									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	080326		08/05/202	08/03/202	08/03/202			166.13	0.00	0.00	166.13
		VHC payment correction									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11580	WILLIAM CROWLEY III, DO					166.13	0.00	0.00	166.13
Vendor#	Vendor Name				Class	Pay Code				
10556	WOUND CARE SPECIALISTS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	WCS00007972		07/01/202	07/10/202	08/08/202			18,289.00	0.00	0.00	18,289.00
		WOUND CARE CLINIC SERVICES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10556	WOUND CARE SPECIALISTS					18,289.00	0.00	0.00	18,289.00
Vendor#	Vendor Name				Class	Pay Code				
17880	YOUR PHONE GUYS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	22963		08/04/202	08/01/202	08/01/202			1,000.00	0.00	0.00	1,000.00
		ALLWRX MNTHLY SERVICE AGRI									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17880	YOUR PHONE GUYS LLC					1,000.00	0.00	0.00	1,000.00
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
	9006224969		07/01/202	07/21/202	08/04/202			701.44	0.00	0.00	701.44
		SUTURE ANCHORS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		Z1005	ZIMMER US, INC.					701.44	0.00	0.00	701.44

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	458,164.71	0.00	0.00	~~458,164.71~~

458,164.71
2,162.16 — removed invalid
456,002.55 — new total

APPROVED ON

AUG 07 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 213823 - 213888

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	213823	08/12/26	7,500.00	AAP IMPLANTS INC
A/P	213824	08/12/26	55,638.00	ADVANTAGE BUSINESS CAPITAL INC
A/P	213825	08/12/26	4,403.20	AIRGAS USA, LLC - CENTRAL DIV
A/P	213826	08/12/26	88.45	ALIMED LLC
A/P	213827	08/12/26	750.00	AMERITEX ELEVATOR TEXAS LLC
A/P	213828	08/12/26	16,600.00	APEX PRACTICE SOLUTIONS INC
A/P	213829	08/12/26	3,150.00	ARTHREX, INC
A/P	213830	08/12/26	5,350.00	AVENO NETWORKS
A/P	213831	08/12/26	3,419.15	BECKMAN COULTER INC
A/P	213832	08/12/26	597.00	BEEKLEY CORPORATION
A/P	213833	08/12/26	1,189.81	BIO-RAD LABORATORIES, INC
A/P	213834	08/12/26	273.68	CARESFIELD
A/P	213835	08/12/26	848.22	CDW GOVERNMENT, INC.
A/P	213836	08/12/26	63.05	CENTRAL DRUG
A/P	213837	08/12/26	2,150.00	CERVEY, LLC
A/P	213838	08/12/26	1,241.68	CLEARFLY
A/P	213839	08/12/26	293.65	DEWITT POTH & SON
A/P	213840	08/12/26	51,673.28	DIAMOND HEALTHCARE CORP
A/P	213841	08/12/26	118,133.85	DISCOVERY MEDICAL NETWORK INC
A/P	213842	08/12/26	4,100.00	DR JOHN CLINTON
A/P	213843	08/12/26	3,000.00	DR. TIMU KWI
A/P	213844	08/12/26	825.00	EL CAMPO REFRIGERATION
A/P	213845	08/12/26	47,382.50	EMERGENCY STAFFING SOLUTIONS
A/P	213846	08/12/26	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	213847	08/12/26	545.00	FASTHEALTH CORPORATION
A/P	213848	08/12/26	5,661.68	FISHER HEALTHCARE
A/P	213849	08/12/26	4,725.00	FORVIS
A/P	213850	08/12/26	40.42	FRONTIER
A/P	213851	08/12/26	1,446.46	FUSION CONNECT
A/P	213852	08/12/26	14,778.95	GE PRECISION HEALTHCARE, LLC
A/P	213853	08/12/26	92.53	GREAT AMERICA FINANCIAL SVCS
A/P	213854	08/12/26	98.82	HEB CREDIT RECEIVABLES DEPT308
A/P	213855	08/12/26	5.00	HEB GROCERY COMPANY
A/P	213856	08/12/26	3,920.00	HOLOGIC INC
A/P	213857	08/12/26	3,777.00	JAEGER MEDICAL AMERICA INC
A/P	213858	08/12/26	4,800.00	JOHN B WRIGHT LLC
A/P	213859	08/12/26	382.26	KCI USA
A/P	213860	08/12/26	.00	VOIDED
A/P	213861	08/12/26	5,301.02	MCKESSON MEDICAL SURGICAL INC
A/P	213862	08/12/26	.00	VOIDED
A/P	213863	08/12/26	4,745.48	MEDLINE INDUSTRIES INC
A/P	213864	08/12/26	244.98	MMC AUXILIARY GIFT SHOP
A/P	213865	08/12/26	139.08	MXR IMAGING, INC
A/P	213866	08/12/26	78.82	NACOGDOCHES TRANSCRIPTION
A/P	213867	08/12/26	3,084.00	PARAREV
A/P	213868	08/12/26	96.93	PHILIPS HEALTHCARE
A/P	213869	08/12/26	525.00	PL-CPR, LLC
A/P	213870	08/12/26	699.26	PRECISION DYNAMICS CORP (PDC)
A/P	213871	08/12/26	402.00	QIAGEN INC
A/P	213872	08/12/26	617.76	QUVA PHARMA INC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	213873	08/12/26	2,461.71	REPUBLIC SERVICES, INC.
A/P	213874	08/12/26	66.37	RICHARD ARROYO-DIAZ
A/P	213875	08/12/26	3,596.00	SPARKLIGHT
A/P	213876	08/12/26	10,230.40	SPBS CLINICAL EQUIPMENT SRVC
A/P	213877	08/12/26	79.80	STAPLES
A/P	213878	08/12/26	3,359.11	STERICYCLE, INC
A/P	213879	08/12/26	6,276.42	T-SYSTEM, INC
A/P	213880	08/12/26	1,673.75	THE BACK OFFICE
A/P	213881	08/12/26	423.50	THIRD COAST DISTRIBUTING LLC
A/P	213882	08/12/26	7,411.14	UNIFIRST HOLDINGS INC
A/P	213883	08/12/26	30.00	VICTORIA ADVOCATE
A/P	213884	08/12/26	15,190.31	WERFEN USA LLC
A/P	213885	08/12/26	166.13	WILLIAM CROWLEY III, DO
A/P	213886	08/12/26	18,289.00	WOUND CARE SPECIALISTS
A/P	213887	08/12/26	1,000.00	YOUR PHONE GUYS LLC
A/P	213888	08/12/26	701.44	ZIMMER US, INC.
A/P	213889	08/12/26	12,929.07	GOLDENCREEK HEALTHCARE
A/P	213890	08/12/26	11,302.55	LAVACA BAY NURSING AND REHAB
A/P	213891	08/12/26	62.01	SOLERA WEST HOUSTON
A/P	213892	08/12/26	59,147.01	TUSCANY VILLAGE
TOTALS:			539,443.19	

456,002.55 ← payables
11,302.55 ← lavaca bay
12,929.07 ← golden creek
59,147.01 ← tuscany
62.01 ← solera
539,443.19 =

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
8/6/2026	8/25/2026	5151217	2451.85
8/6/2026	8/25/2026	5151218	6766.46
8/3/2026	8/25/2026	223645	11960.3
			21,178.61

Caitlin Clevenger - Controller

APPROVED ON

AUG 10 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 08/07/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 08/07/2026

APPROVED ON AUG 10 2026 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 08/07/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 08/07/2026 **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: 20,791.48 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 08/11/2026, Pay This Amount: 20,375.65 USD

If Paid After 08/11/2026, Pay this Amount: 20,791.48 USD

Due If Paid On Time: USD 20,375.65

Disc lost if paid late: 415.83

Due If Paid Late: USD 20,791.48

20,347.01 +
28.64 +
20,375.65 =

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 08/07/2026

Page: 001

DC: 8115
Customer INV SupplID:
Territory: 7001

Customer: 256342
Date: 08/07/2026

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 08/07/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 08/07/2026

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342	**WALMART 1098/MEM MED PHS**										
08/03/2026	08/11/2026	7649933219	291549179	115Invoice	52.23	2,611.53		2,559.30		7649933219	
08/06/2026	08/11/2026	7650656309	290418323	115Invoice	0.40	19.97		19.57		7650656309	
08/06/2026	08/11/2026	7650656310	281632092	115Invoice	0.74	37.08		36.34		7650656310	
08/06/2026	08/11/2026	7650656311	282514814	115Invoice	0.74	37.08		36.34		7650656311	
08/06/2026	08/11/2026	7650656312	287322621	115Invoice	1.48	74.22		72.74		7650656312	
08/06/2026	08/11/2026	7650656313	287394729	115Invoice	0.74	37.11		36.37		7650656313	
08/06/2026	08/11/2026	7650656314	288199224	115Invoice	0.74	37.11		36.37		7650656314	
08/06/2026	08/11/2026	7650679425	281632092	115Invoice	0.03	1.58		1.55		7650679425	
08/06/2026	08/11/2026	7650679431	282931297	115Invoice	0.05	2.53		2.48		7650679431	
08/06/2026	08/11/2026	7650679439	283093899	115Invoice	0.11	5.38		5.27		7650679439	
08/06/2026	08/11/2026	7650679444	286342888	115Invoice	2.65	132.49		129.84		7650679444	
08/06/2026	08/11/2026	7650679450	286282358	115Invoice	0.01	0.63		0.62		7650679450	
08/06/2026	08/11/2026	7650679456	286282358	115Invoice	2.37	118.34		115.97		7650679456	
08/06/2026	08/11/2026	7650679461	287788074	115Invoice	0.73	36.41		35.68		7650679461	
08/06/2026	08/11/2026	7650679466	281632092	115Invoice	1.47	73.52		72.05		7650679466	
08/06/2026	08/11/2026	7650679471	289217854	115Invoice	2.18	108.95		106.77		7650679471	
08/06/2026	08/11/2026	7650679477	291549179	115Invoice	2.18	108.95		106.77		7650679477	
08/06/2026	08/11/2026	7650679482	291610424	115Invoice	2.18	108.95		106.77		7650679482	
08/06/2026	08/11/2026	7650679486	281632092	115Invoice	0.73	36.37		35.64		7650679486	
08/06/2026	08/11/2026	7650679491	285561296	115Invoice	0.01	0.32		0.31		7650679491	
08/06/2026	08/11/2026	7650679497	286243261	115Invoice	0.02	0.95		0.93		7650679497	
08/06/2026	08/11/2026	7650679502	286313556	115Invoice	0.01	0.63		0.62		7650679502	
08/06/2026	08/11/2026	7650679506	285139340	115Invoice	29.22	1,461.02		1,431.80		7650679506	
08/06/2026	08/11/2026	7650679512	290418323	115Invoice	2.55	127.41		124.86		7650679512	
08/06/2026	08/11/2026	7650679517	286612746	115Invoice	1.32	66.24		64.92		7650679517	
08/06/2026	08/11/2026	7650679522	288199224	115Invoice	5.44	272.02		266.58		7650679522	
08/06/2026	08/11/2026	7650679529	289375368	115Invoice	5.67	283.62		277.95		7650679529	
08/06/2026	08/11/2026	7650679537	289686660	115Invoice	5.67	283.62		277.95		7650679537	
08/06/2026	08/11/2026	7650679542	290109561	115Invoice	28.36	1,418.11		1,389.75		7650679542	
08/06/2026	08/11/2026	7650679547	290499334	115Invoice	17.02	850.87		833.85		7650679547	
08/06/2026	08/11/2026	7650679552	290576861	115Invoice	5.67	283.62		277.95		7650679552	

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 08/07/2026 Page: 002

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 08/07/2026

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

As of: 08/07/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 08/07/2026 **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	
08/06/2026	08/11/2026	7650679556	283093899	115Invoice	0.02	0.95		0.93		7650679556	
08/06/2026	08/11/2026	7650679561	282673457	115Invoice	9.12	455.86		446.74		7650679561	
08/06/2026	08/11/2026	7650679566	282931297	115Invoice	9.12	455.86		446.74		7650679566	
08/06/2026	08/11/2026	7650679569	284834899	115Invoice	4.46	222.82		218.36		7650679569	
08/06/2026	08/11/2026	7650679572	287788074	115Invoice	2.44	122.04		119.60		7650679572	
08/06/2026	08/11/2026	7650679575	288199224	115Invoice	0.01	0.63		0.62		7650679575	
08/06/2026	08/11/2026	7650679578	291307452	115Invoice	7.66	382.78		375.12		7650679578	
08/06/2026	08/11/2026	7650679582	288659010	115Invoice	5.10	254.82		249.72		7650679582	
08/06/2026	08/11/2026	7650679587	289733260	115Invoice	5.10	254.82		249.72		7650679587	
08/06/2026	08/11/2026	7650679591	289804803	115Invoice	5.10	254.82		249.72		7650679591	
08/06/2026	08/11/2026	7650679595	290269942	115Invoice	10.19	509.63		499.44		7650679595	
08/06/2026	08/11/2026	7650679599	290418323	115Invoice	5.10	254.82		249.72		7650679599	
08/06/2026	08/11/2026	7650679603	290658747	115Invoice	5.10	254.82		249.72		7650679603	
08/06/2026	08/11/2026	7650679607	291064742	115Invoice	15.29	764.45		749.16		7650679607	
08/06/2026	08/11/2026	7650679611	292074966	115Invoice	10.19	509.63		499.44		7650679611	
08/06/2026	08/11/2026	7650679615	292147801	115Invoice	5.10	254.82		249.72		7650679615	
08/06/2026	08/11/2026	7650679619	289375368	115Invoice	1.31	65.54		64.23		7650679619	
08/06/2026	08/11/2026	7650679624	286040182	115Invoice	2.25	112.68		110.43		7650679624	
08/06/2026	08/11/2026	7650679630	287156464	115Invoice	2.25	112.68		110.43		7650679630	
08/06/2026	08/11/2026	7650679635	286918485	115Invoice	3.40	169.93		166.53		7650679635	
08/06/2026	08/11/2026	7650679640	287945752	115Invoice	5.22	261.01		255.79		7650679640	
08/06/2026	08/11/2026	7650679645	284009561	115Invoice	4.27	213.51		209.24		7650679645	
08/06/2026	08/11/2026	7650679650	290418323	115Invoice	16.14	806.93		790.79		7650679650	
08/06/2026	08/11/2026	7650679654	290775973	115Invoice	16.14	806.93		790.79		7650679654	
08/06/2026	08/11/2026	7650679659	283399889	115Invoice	22.63	1,131.39		1,108.76		7650679659	
08/06/2026	08/11/2026	7650679664	289526206	115Invoice	3.58	178.99		175.41		7650679664	
08/06/2026	08/11/2026	7650679669	289597945	115Invoice	1.19	59.66		58.47		7650679669	
08/06/2026	08/11/2026	7650679674	290109561	115Invoice	2.27	113.45		111.18		7650679674	
08/06/2026	08/11/2026	7650679679	283695726	115Invoice	1.48	74.15		72.67		7650679679	
08/06/2026	08/11/2026	7650679684	289526206	115Invoice	24.24	1,211.91		1,187.67		7650679684	
08/07/2026	08/11/2026	7650940771	291814838	115Invoice	24.24	1,211.91		1,187.67		7650940771	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/07/2026 Page: 003

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 08/07/2026

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

As of: 08/07/2026 Page: 003
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 08/07/2026 **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	
08/07/2026	08/11/2026	7650940772	284103558	115Invoice	1.48	74.15		72.67		7650940772	
08/07/2026	08/11/2026	7650940773	290576861	115Invoice	5.67	283.62		277.95		7650940773	
08/07/2026	08/11/2026	7650940774	290658747	115Invoice	5.67	283.62		277.95		7650940774	

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: 20,762.26 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,029.12
08/03/2026

If Paid By 08/11/2026,
Pay This Amount: 20,347.01 USD

If Paid After 08/11/2026,
Pay this Amount: 20,762.26 USD

Due If Paid On Time:
USD 20,347.01

Disc lost if paid late:
415.25

Due If Paid Late:
USD 20,762.26

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/07/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 08/07/2026

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

As of: 08/07/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 08/07/2026 **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											
08/06/2026	08/11/2026	7650483723	B2608-055-440472	115Invoice	0.43	21.50		21.07		7650483723	
08/07/2026	08/11/2026	7650773606	B2608-055-442481	115Invoice	0.15	7.72		7.57		7650773606	

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: 29.22 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,029.12
08/03/2026

If Paid By 08/11/2026,
Pay This Amount: 28.64 USD

If Paid After 08/11/2026,
Pay this Amount: 29.22 USD

Due If Paid On Time:
USD 28.64

Disc lost if paid late:
0.58

Due If Paid Late:
USD 29.22

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 72630568
Date: 08-07-2026

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:	7.02
Past Due:	0.00
Total Due:	7.02
Account Balance:	7.02

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-04-2026	08-14-2026	3259333376	7012395073	Invoice	4.62		0.00	4.62
08-05-2026	08-14-2026	3259461827	7012399953	Invoice	2.40		0.00	2.40

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
7.02	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
08-07-2026	(468.04)

Reminders

Due Date	Amount
08-14-2026	7.02
Total Due:	7.02

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CALHOUN COUNTY, TEXAS

Processing Number: 0000007709639548 Document Type: Customer Statement 2026080800152 14

cencora

STATEMENT

Statement Number: 72645253
Date: 08-07-2026

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:	1,633.73
Past Due:	0.00
Total Due:	1,633.73
Account Balance:	1,633.73

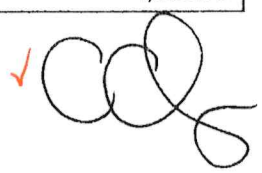
Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-03-2026	08-14-2026	3259148143	7012390114	Invoice	1,521.48		0.00	1,521.48
08-03-2026	08-14-2026	3259218564	7012395353	Invoice	8.28		0.00	8.28
08-04-2026	08-14-2026	3259364244	7012401474	Invoice	99.67		0.00	99.67
08-07-2026	08-14-2026	3259781911	7012415546	Invoice	4.30		0.00	4.30

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,633.73	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
08-14-2026	1,633.73
Total Due:	1,633.73



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

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

		####	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	26	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	09	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 127,633.70	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 67,333.88	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 15,747.42	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 44,552.40	#
☐	"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		7/24/2026					
PAY PERIOD: END		8/6/2026					
PAY DATE:		8/14/2026					
GROSS PAY:	$	580,340.86			$ -		$ 580,340.86
DEDUCTIONS:							
A/R	$	507.42					$ 507.42
ADVANC							$ -
BOOTS							$ -
~~MUTUAL CRITICAL ILLNESS~~							$ -
~~MUTUAL ACCIDENT~~							$ -
IRS TAX							$ -
~~MUTUAL SHORT TERM DIS~~							$ -
MUTUAL VISION	$	850.64					$ 850.64
CAFÉ-D	$	1,350.12					$ 1,350.12
CAFÉ-H	$	30,038.17					$ 30,038.17
	$	-					$ -
	$	-					$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	-					$ -
CLINIC							$ -
COMBIN	$	195.70					$ 195.70
CREDUN	$	-					$ -
DENTAL	$	-					$ -
DEP-LF							$ -
MUTUAL TERM LIFE	$	1,176.88					$ 1,176.88
MUTUAL HOSP INDEM	$	669.50					$ 669.50
FED TAX	$	44,552.40					$ 44,552.40
FICA-M	$	7,873.71					$ 7,873.71
FICA-O	$	33,666.94					$ 33,666.94
FICA-M ADDITIONAL							$ -
FIRST C							$ -
FLEX S	$	4,792.97					$ 4,792.97
FLX-FE	$	-					$ -
GIFT S	$	479.71					$ 479.71
MUTUAL CRITICAL ILLNESS	$	873.28					$ 873.28
MUTUAL ACCIDENT	$	647.06					$ 647.06
MUTUAL SHORT TERM DIS	$	1,780.57					$ 1,780.57
LEGAL	$	1,027.98					$ 1,027.98
OTHER	$	6,708.11					$ 6,708.11
NATIONAL FARM LIFE	$	1,297.01					$ 1,297.01
MED SURCHARGE							$ -
Blank							$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	295.00					$ 295.00
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	39,240.80					$ 39,240.80
UW/HOS	$	-					$ -
TOTAL DEDUCTIONS:	$	178,023.97	$ -	$ -	$ -	$ -	$ 178,023.97
			SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**
NET PAY:	$	402,316.89	$ -	$ -	$ -	$ -	$ 402,316.89
			SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**
TOTAL CAFÉ 125 PLAN:	$	37,326.90	**Less Exempt:**				
TAXABLE PAY:	$	543,013.96	$ 543,013.96				**Exempt Amt:**

			CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$	7,873.70		
FICA - MED (EE)	1.45%	$	7,873.70	$ 7,873.71	$ (0.01)
FICA - SOC SEC (ER)	6.20%	$	33,666.87		
FICA - SOC SEC (EE)	6.20%	$	33,666.87	$ 33,666.94	$ (0.07)
FED WITHHOLDING		$	44,552.40	$ 44,552.40	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL:

TAX DEPOSIT:		$ 127,633.54	$ 127,633.70	
FICA - MEDICARE	2.90%	$ 15,747.40	$15,747.42	
FICA - SOCIAL SECURITY	12.40%	$ 67,333.74	$67,333.88	**PREPARED BY:** Andrie Flores
FED WITHHOLDING		**$ 44,552.40**	$44,552.40	**PREPARED DATE:** 8/10/2026
TOTAL TAX:		**$ 127,633.54**	**$127,633.70**	**$ (0.16)**

Final Summary

-- PayCode Summary --

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9301.50	N		N	N		233098.07
1	REGULAR PAY-S1	2186.00	N		N	N	N	123527.26
1	REGULAR PAY-S1	231.25	Y		N	N		9680.20
2	REGULAR PAY-S2	2568.00	N		N	N		75159.25
2	REGULAR PAY-S2	111.50	Y		N	N		4917.41
3	REGULAR PAY-S3	1747.00	N		N	N		63672.38
3	REGULAR PAY-S3	80.75	Y		N	N		4133.66
4	CALL BACK PAY	25.25	N	1	N	N	Y	643.87
4	CALL BACK PAY	2.00	N	2	N	N	Y	70.56
4	CALL BACK PAY	2.00	N	3	N	N	Y	72.56
C	CALL PAY	64.00	N		N	N	N	128.00
C	CALL PAY	2589.75	N	1	N	N		5179.50
E	EXTRA WAGES		N		N	N	N	7703.20
E	EXTRA WAGES		N	1	N	N	N	1718.50
I	INSERVICE	3.75	N		N	N	N	135.90
I	INSERVICE	16.25	N	1	N	N		590.17
K	EXTENDED-ILLNESS-BANK	212.00	N	1	N	N		7082.73
N	CRNA Pay	72.00	N		N	N	N	9360.00
P	PAID-TIME-OFF	127.71	N		N	N	N	2983.15
P	PAID-TIME-OFF	964.00	N	1	N	N		28092.49
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	88.00	N	1	N	N		264.00
t	PHONE & DATA		N		N	N	N	1795.00

-- Deductions Summary --

Code	Amount				
A/R	405.00	A/R2	102.42	A/R3	
ADVANC		AWARDS		BADGE	20.00
BCBSVI		BOOTS		CAFE H	
CAFE-1		CAFE-2		CAFE-3	
CAFE-4		CAFE-5		CAFE-C	
CAFE-D	1350.12	CAFE-F		CAFE-H	30038.17
CAFE-I		CAFE-L		CAFE-P	
CANCER		CHILD		CLINIC	
COMBIN	195.70	CREDUN		DD ADV	
DENTAL		DEP-LF		DIS-LF	
EAT		EATCSH		FEDTAX	44552.40
FICA-M	7873.71	FICA-O	33666.94	FIRSTC	
FLEX S	4220.15	FLX PE		FORT D	
FUTA		GIFT S	479.71	GRANT	
GRP-IN		GTL		HOSP-I	
HSA	572.82	ID TFT		IRSTAX	
LEAF		LEGAL	204.98	MASA	823.00
MEALS	4371.53	METVIS		MISC	
MISC/		MMCSHR		MOOACC	647.06
MOOILL	873.28	MOOIND	669.50	MOOLIF	1176.88
MOOSTD	1780.57	MOOVIS	850.64	NATFML	1297.01
OTHER		PHI		PHI***	
PR PIN		RELAY		REPAY	
SAMS		SCRUBS		SIGNON	
ST-TX		STONDF	295.00	STONE	
STONE2		STUDEN		SUNACC	
SUNILL		SUNIND		SUNLIF	
SUNSTD		SUNVIS		SURCHG	
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	39240.80	TUTION	
UNIFOR	2316.58	UW/HOS			

Grand Totals: 20536.71 ------- (Gross: 580340.86 Deductions: 178023.97 Net: 402316.89

Checks Count:- FT 203 PT 11 Other 45 Female 234 Male 24 Credit OverAmt 19 ZeroNet Term Total: 258

8548	76360	3	134	2	2026	131001529	0	5/19/2026	$259,976.86		1	TEXAS CHILDRENS HOSPITAL	P		485	D	[redacted]	INLM	F	1/4/2026	1/31/2026	741100555
									$259,976.86													

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CALHOUN COUNTY, TEXAS

9298	76351	1	1	0	2026	212001058	0	8/7/2026	$27,463.30	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	[redacted]	PCS	F	7/13/2026	7/26/2026	464334244
9299	76351	1	70	0	2026	215000908	0	8/7/2026	$158.13	1	CITIZENS MEDICAL PROFESSIONALS	P	177	0	[redacted]	OV	F	7/16/2026	7/16/2026	471158090
9300	76351	1	1	0	2026	215001966	0	8/7/2026	$288.56	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0	[redacted]	INVC	F	8/1/2026	8/31/2026	591031071
9301	76351	1	1	0	2026	216000022	0	8/7/2026	$665.85	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0	[redacted]	INVC	F	8/1/2026	8/31/2026	591031071
9302	76351	2	96	2	2026	211000938	0	8/7/2026	$95.96	1	HOMETOWN PEDIATRIC CARE	P	172	0	[redacted]	AB	F	7/22/2026	7/22/2026	742872709
9303	76351	2	38	0	2026	215001221	0	8/7/2026	$183.21	1	HOUSTON RETINA ASSOCIATES	P	457	0	[redacted]	OVS	F	7/24/2026	7/24/2026	10699322
9304	76351	2	86	0	2026	215000255	0	8/7/2026	$246.23	1	UNIVERSITY EYE INSTITUTE	P	457	0	[redacted]	OVS	F	7/9/2026	7/9/2026	746001399
9305	76351	2	86	0	2026	215000966	0	8/7/2026	$399.14	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0	[redacted]	INVC	F	4/28/2026	4/28/2026	591031071
9307	76351	3	36	0	2026	218001232	0	8/7/2026	$74.50	1	MSIWA LLC	P	470	0	[redacted]	DME	F	7/2/2026	7/2/2026	202536458
9309	76351	3	24	0	2026	211000987	0	8/7/2026	$84.58	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]	OV	F	7/27/2026	7/27/2026	742605670
9310	76351	3	69	1	2026	216001057	0	8/7/2026	$87.73	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]	OV	F	7/29/2026	7/29/2026	742605670
9313	76351	3	85	0	2026	217000286	0	8/7/2026	$127.25	1	COMMUNITY PATHOLOGY ASSOCIATES	P	185	0	[redacted]	LAB	F	7/21/2026	7/21/2026	760421006
9314	76351	3	36	0	2026	215001233	0	8/7/2026	$133.29	1	MSIWA LLC	P	474	0	[redacted]	MMS	F	7/2/2026	7/2/2026	202536458
9315	76351	3	16	1	2026	215000935	0	8/7/2026	$135.00	1	VICTORIA WOMENS CLINIC	P	172	0	[redacted]	AB	F	7/23/2026	7/23/2026	741831291
9316	76351	3	65	0	2026	215000949	0	8/7/2026	$140.92	1	GUELVALDIVIA VERONICA	P	220	0	[redacted]	WLB	F	7/28/2026	7/28/2026	742640162
9317	76351	3	29	0	2026	216001058	0	8/7/2026	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]	ERD	F	6/27/2026	6/27/2026	815248556
9319	76351	3	43	0	2026	212000208	0	8/7/2026	$921.06	1	COMMUNITY PATHOLOGY ASSOCIATES	P	172	0	[redacted]	AB	F	7/14/2026	7/14/2026	760421006
9324	76360	2	16	0	2026	211000098	0	8/7/2026	$12.40	1	M AND S RADIOLOGY ASSOCIATES PA	P	189	0	[redacted]	ERD	F	6/19/2026	6/19/2026	200376970
9325	76360	3	105	0	2026	215000586	0	8/7/2026	$56,093.63	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	434	0	[redacted]	OHS	F	6/8/2026	6/11/2026	760545192
9327	76360	3	155	0	2026	211001332	0	8/7/2026	$31.76	1	JACKSON COUNTY HOSPITAL DISTRICT	P	172	0	[redacted]	AB	F	7/17/2026	7/17/2026	741738475
9328	76360	3	105	0	2026	215001015	0	8/7/2026	$50.30	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0	[redacted]	INVC	F	6/8/2026	6/8/2026	591031071
9334	76360	3	21	0	2026	211001016	0	8/7/2026	$93.81	1	REGIONAL EMPLOYEE ASSISTANCE PROGRAM INC	P	177	0	[redacted]	OV	F	1/27/2026	1/27/2026	760423386
9339	76360	3	138	2	2026	211001025	0	8/7/2026	$122.00	1	COUNSELING4LIFE LLC	P	360	0	[redacted]	POV	F	7/24/2026	7/24/2026	455131564
9341	76360	3	125	0	2026	216001020	0	8/7/2026	$160.40	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]	ERD	F	5/7/2026	5/7/2026	815248556
9342	76360	3	26	1	2026	215000929	0	8/7/2026	$200.97	1	VICTORIA HEART VASCULAR CENTER	P	457	0	[redacted]	OVS	F	7/23/2026	7/23/2026	562284144
9343	76360	3	82	0	2026	217000292	0	8/7/2026	$271.33	1	SINGLETON ASSOCIATES PA	P	321	0	[redacted]	MRIO	F	7/21/2026	7/21/2026	741680498
9355	76370	2	21	0	2026	217000359	0	8/7/2026	$107.72	1	SOLO ANESTHESIA SERVICES PLLC	P	176	0	[redacted]	AO	F	6/30/2026	6/30/2026	473312325
									$88,496.29											

APPROVED ON

AUG 10 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON

AUG 10 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Aug 3, 2026 - August 9, 2026

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
8/3/2026	IRS - USATAXPYMT 270661544566243	- Payroll Taxes	140,719.11**	902602	0.40 +
8/3/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#160280568 160280568	- 3rd Party Payor Fee	0.40	902603	147.54 +
8/3/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#160471386 160308935	- 3rd Party Payor Fee	147.54	902604	1.08 +
8/3/2026	MERCHANT BANKCD - FEE 971160913887	- Credit Card Processing Fee	175.15	902605	149.53 +
8/3/2026	MERCHANT BANKCD - INTERCHNG 971160913887	- Credit Card Processing Fee	152.05	902606	6.65 +
8/3/2026	MERCHANT BANKCD - DISCOUNT 971160913887	- Credit Card Processing Fee	381.42	902607	259.07 +
8/4/2026	AUTHNET GATEWAY - BILLING 149391645	- 3rd Party Payor Fee	25.00	902608	0.79 +
8/4/2026	MCKESSON DRUG - AUTO ACH ACH07173027	- 340B Drug Program Expense	2,029.12*	902609	175.24 +
8/4/2026	LOYALE LLC TRUBRIDGE9828 - RIDGE9828I 8704	- Credit Card Processing Fee online pymts	1,477.29	902610	282.68 +
8/4/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#160674064 160674064	- 3rd Party Payor Fee	1.08	902611	1,022.98
8/4/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#160853711 160704737	- 3rd Party Payor Fee	149.53	902612	
8/5/2026	FDMS 00000000000000008308 - FDMS EQUIP 52-16 01830-000	- Credit Card Machine Lease Fee	32.45	902613	175.15 +
8/5/2026	FDMS 00000000000000008308 - FDMS EQUIP 52-21 82545-000	- Credit Card Machine Lease Fee	45.64	902614	152.05 +
8/5/2026	FDMS 00000000000000008308 - FDMS EQUIP 52-21 82557-000	- Credit Card Machine Lease Fee	181.77	902615	381.42 +
8/5/2026	FDMS 00000000000000008308 - FDMS EQUIP 52-23 96180-000	- Credit Card Machine Lease Fee	58.44	902616	708.62
8/5/2026	FDMS 00000000000000008308 - FDMS EQUIP 52-23 96181-000	- Credit Card Machine Lease Fee	116.87	902617	
8/5/2026	FDMS 00000000000000008308 - FDMS EQUIP 52-23 96182-000	- Credit Card Machine Lease Fee	175.29	902618	
8/5/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#161133519 161133519	- 3rd Party Payor Fee	6.65	902619	
8/5/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#161430684 161195924	- 3rd Party Payor Fee	259.07	902620	
8/5/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	1,978.57*	902621	
8/6/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#161735110 161735110	- 3rd Party Payor Fee	0.79	902622	
8/6/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#161863182 161646361	- 3rd Party Payor Fee	175.24	902623	
8/7/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 6.25.26 MemMedCtr PtLav	- Health Insurance Claim Payments	13,825.56*	902624	
8/7/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 7.14.26 MemMedCtr PtLav	- Health Insurance Claim Payments	7,366.44*	902625	
8/7/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 7.31.26 MemMedCtr PtLav	- Health Insurance Claim Payments	22,214.88*	902626	
8/7/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	468.04*	902627	
8/7/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#162440343 162090747	- 3rd Party Payor Fee	282.68	902628	
			192,446.07		

pay plus

processing fee

leasing fee

authnet gateway

Loyal Health

* approved 8.5.26 cc
** approved 7.29.26 cc

192,446.07 +
140,719.11 −
2,029.12 −
1,978.57 −
13,825.56 −
7,366.44 −
22,214.88 −
468.04 −
1,022.98
708.62
610.46
25.00
1,477.29
0.00 *

32.45 +
45.64 +
181.77 +
58.44 +
116.87 +
175.29 +
610.46
25.00 +
25.00
1,477.29 +
1,477.29

Caitlin Clevenger, Controller
Memorial Medical Center

August 10, 2026

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
8/15/2026	TEXAS COUNTY DRS	- Retirement Funding	282,466.30
			282,466.30

Caitlin Clevenger, Controller
Memorial Medical Center

August 10, 2026

Date/Time	08-05-2026 / 04:45 PM
Submitted By	agibson419
Pay Date	07-31-2026
Employee Deposits	$115,427.12
Employer Contributions	$167,039.18
Group Term Life Premiums	$0.00
Total	$282,466.30
Comments	
Payroll File	Jul 2026.xlsx

CLOSE PRINT

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	$ 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	8/1/2026	$ -	$ 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
		$ 572.82	$ 525.00
	Total	$ 1,097.82 ✓	

APPROVED ON

AUG 10 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

AUG 07 2026

Calhoun County Auditor

08/06/2026 MEMORIAL MEDICAL CENTER 0

09:51 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 08/21/2026

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
073026		07/01/202	07/30/202	08/21/202			6,076.00	0.00	0.00	6,076.00
073126A	ins. pay. dep into mmc opt. correction	07/01/202	07/31/202	08/21/202			4,340.00	0.00	0.00	4,340.00
073126	"	07/01/202	07/31/202	08/21/202			886.55	0.00	0.00	886.55

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	11,302.55	0.00	0.00	11,302.55

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,302.55	0.00	0.00	11,302.55

APPROVED ON

AUG 07 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 213890

08/06/2026 09:37

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/21/2026

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
072826		07/01/202	07/28/202	08/21/202			2,477.10	0.00	0.00	2,477.10
072926B	ins. pay. dep. into mmc opt. correction	07/01/202	07/29/202	08/21/202			3,410.99	0.00	0.00	3,410.99
072926C		07/01/202	07/29/202	08/21/202			1,093.53	0.00	0.00	1,093.53
072926		07/01/202	07/29/202	08/21/202			691.70	0.00	0.00	691.70
072926A		07/01/202	07/29/202	08/21/202			2,131.20	0.00	0.00	2,131.20
073126		07/01/202	07/31/202	08/21/202			2,000.00	0.00	0.00	2,000.00
073126A		07/01/202	07/31/202	08/21/202			433.20	0.00	0.00	433.20
080326		08/05/202	08/03/202	08/21/202			691.35	0.00	0.00	691.35

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	12,929.07	0.00	0.00	12,929.07

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	12,929.07	0.00	0.00	12,929.07

Chk#213889

08/06/2026 09:37

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/21/2026

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
072826	ins. pay. dep. into mmc opt. correction	07/01/202	07/28/202	08/21/202			248.00	0.00	0.00	248.00
072926	"	07/01/202	07/29/202	08/21/202			3,472.00	0.00	0.00	3,472.00
072926A	"	07/01/202	07/29/202	08/21/202			246.26	0.00	0.00	246.26
073126A	"	07/01/202	07/31/202	08/21/202			28,789.03	0.00	0.00	28,789.03
073126	"	07/01/202	07/31/202	08/21/202			72.00	0.00	0.00	72.00
080326A	"	08/05/202	08/03/202	08/21/202			11,610.42	0.00	0.00	11,610.42
080326	"	08/05/202	08/03/202	08/21/202			8,775.00	0.00	0.00	8,775.00
080426	"	08/05/202	08/04/202	08/21/202			434.00	0.00	0.00	434.00
080426A	"	08/05/202	08/04/202	08/21/202			5,500.30	0.00	0.00	5,500.30

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	59,147.01	0.00	0.00	59,147.01

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	59,147.01	0.00	0.00	59,147.01

Chk# 213892

08/06/2026 MEMORIAL MEDICAL CENTER 0
09:36 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/21/2026

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080326		08/05/202	08/03/202	08/21/202			62.01	0.00	0.00	62.01

ins pay dep into mmc opt. correction

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	62.01	0.00	0.00	62.01

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	62.01	0.00	0.00	62.01

CHK# 213891

APPROVED ON

AUG 10 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/10/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home	Total Withheld from Transfer
Ashford Gardens		-	-	-			-	0	
						Bank Balance	-		
						Variance	-		100.00
						Leave in Balance	100.00		

Routing Information for Ashford Gardens:

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

						Adjust Balance/Transfer Amt	(100.00)		
Broadmoor		-	-	-			-	0	
						Bank Balance	-		100.00
						Variance	-		
						Leave in Balance	100.00		
						Adjust Balance/Transfer Amt	(100.00)		
Crescent		-	-	-			-	0	
						Bank Balance	-		
						Variance	-		
						Leave in Balance	100.00		
						Adjust Balance/Transfer Amt	(100.00)		
Fort Bend		-	-	-			-		
						Bank Balance	-		
						Variance	-		
						Leave in Balance	100.00		
						Adjust Balance/Transfer Amt	(100.00)		
Solera at W Houston		2,214.76	2,280.60	2,280.60			2,214.76	2,214.76	
						Bank Balance	2,214.76		
						Variance	-		
						Leave in Balance			

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

Adjust Balance/Transfer Amt	2,214.76
TOTAL TRANSFERS	**2,214.76**

Approved:
Caitlin Clevenger, Controller — 8/10/2026

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

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

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

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

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

Solera at West Houston		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/7/2026	Credit Interest	0	0.56		-
8/7/2026	Closeout Withdrawal	0.56	-		-
8/7/2026	Withdrawal xfer from 4438 to 4357 - CLOSE ACC OUNT	65.28	-		-
8/7/2026	Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III	2,214.76	-		
7/31/2026	Credit Interest	-	65.28		
7/30/2026	Peoples Health A - HCCLAIMPMT TRN*1*C776258 8*1721267232*000072126\ 746003411	-	2,214.76		
		2,280.60	2,280.60	-	-
	TOTALS	2,280.60	-	-	-

Transaction Report

PROSPERITY BANK

Transaction Report for account *4438

Reported on Mon Aug 10 14:10:00 GMT 2026

Current Balance $0.00
Interest Accrued $0.56
Available Balance $0.00

Date	Description	Credit	Debit	Running Balance
08/07/2026	Credit Interest Credit Interest	$0.56		$0.00
08/07/2026	Closeout Withdrawal Closeout Withdrawal		$0.56	-$0.56
08/07/2026	Withdrawal Withdrawal xfer from 4438 to 4357 - CLOSE ACC OUNT		$65.28	$0.00
08/07/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III		$2,214.76	$65.28
07/31/2026	Credit Interest Credit Interest	$65.28		$2,280.04
07/30/2026	External Deposit Peoples Health A - HCCLAIMPMT TRN*1*C776258 8*1721267232*000072126\ 746003411	$2,214.76		$2,214.76
07/23/2026	Withdrawal Withdrawal xfer from 4438 to 4357 - CLOSING O F ACCOUNT		$100.00	$0.00
07/22/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III		$1,000.00	$100.00
07/22/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III		$115,445.26	$1,100.00
07/15/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III		$95,845.82	$116,545.26

APPROVED ON

AUG 10 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/10/2026

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		174,611.53	78,293.40	183,372.76		-	279,690.89	279,590.89
						Bank Balance	279,690.89	
						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 279,590.89

Approved:
Caitlin Clevenger, Controller 8/10/2026

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/7/2026	Deposit	-	123,812.96		123,812.96
8/7/2026	TSYS/TRANSFIRST - CR CD DEP S436845558769179GOLDEN CREEK HEALTHCARE CR CD DEP 080726 543684555876917	-	1,584.00		1,584.00
8/7/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	4,970.19		4,970.19
8/7/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0504810315880759647*1746000156~ 17460034113011	-	2,608.82		2,608.82
8/6/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	8,443.00		8,443.00
8/6/2026	Am Health TX - PAYMENT 21531	-	10,000.00		10,000.00
8/5/2026	Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	78,293.40	-		-
8/5/2026	Deposit	-	4,112.92		4,112.92
8/5/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1257700359*13 41858379\ 746003411	-	10,372.43		10,372.43
8/5/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	3,195.86		3,195.86
8/5/2026	TSYS/TRANSFIRST - CR CD DEP S436845558769179GOLDEN CREEK HEALTHCARE CR CD DEP 080526 543684555876917	-	3,288.90		3,288.90
8/4/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,771.00		1,771.00
8/4/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	4,097.68		4,097.68
8/3/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	5,115.00		5,115.00
		78,293.40	**183,372.76**	**-**	**183,372.76**

Transaction Report

PROSPERITY BANK

Transaction Report for account *4454

Reported on Mon Aug 10 14:54:00 GMT 2026

Current Balance $287,458.89
Interest Accrued $75.15
Available Balance $287,458.89

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
08/07/2026	127052192637063	Deposit Deposit	$123,812.96		$279,690.89
08/07/2026		External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 080726 54368455587691 7	$1,584.00		$155,877.93
08/07/2026		External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	$4,970.19		$154,293.93
08/07/2026		External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S048103158807596 4*1746000156~ 17460034113011	$2,608.82		$149,323.74
08/06/2026		External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	$8,443.00		$146,714.92
08/06/2026		External Deposit Am Health TX - PAYMENT 21531	$10,000.00		$138,271.92
08/05/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		$78,293.40	$128,271.92
08/05/2026	178662172646212	Deposit Deposit	$4,112.92		$206,565.32

APPROVED ON

AUG 10 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
8/10/2026

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		285,512.40	285,412.40	250,011.18	-	-		-	250,111.18	250,011.18
							Bank Balance		250,111.18	
							Variance		-	
								Leave in Balance	100.00	

Adjust Balance/Transfer Amt 250,011.18

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 8/10/2026

Tuscany Village		✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
8/7/2026	Deposit	-	67,070.25		67,070.25
8/7/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7902317*1205296137*000004011~ 676201	-	22.37		22.37
8/6/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7900661*1205296137*000004011~ 676201	-	3,881.39		3,881.39
8/5/2026	Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	285,412.40	-		-
8/5/2026	Deposit	-	122,971.16		122,971.16
8/5/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1258228198*13 41858379\ 746003411	-	5,757.11		5,757.11
8/5/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7898973*1205296137*000004011~ 676201	-	2,158.46		2,158.46
8/4/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7897623*1205296137*000004011~ 676201	-	39,650.54		39,650.54
8/3/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1257575893*13 41858379\ 746003411	-	308.69		308.69
8/3/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7895685*1205296137*000004011~ 676201	-	8,191.21		8,191.21
		285,412.40	**250,011.18**	**-**	**250,011.18**

Transaction Report

PROSPERITY BANK

Transaction Report for account *3407

Reported on Mon Aug 10 14:10:00 GMT 2026

Current Balance $254,219.70
Interest Accrued $94.98
Available Balance $254,219.70

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
08/07/2026	1270521926369 68	Deposit Deposit	$67,070.25		$250,111.18
08/07/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7902317*1205296137*000004011~ 676201	$22.37		$183,040.93
08/06/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7900661*1205296137*000004011~ 676201	$3,881.39		$183,018.56
08/05/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		$285,412.40	$179,137.17
08/05/2026	1786621726463 03	Deposit Deposit	$122,971.16		$464,549.57
08/05/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1258228198*13 41858379\ 746003411	$5,757.11		$341,578.41
08/05/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7898973*1205296137*000004011~ 676201	$2,158.46		$335,821.30
08/04/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7897623*1205296137*000004011~ 676201	$39,650.54		$333,662.84

APPROVED ON

AUG 10 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
8/10/2026

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		156,719.75	156,619.75	295,945.17				296,045.17	295,945.17
							Bank Balance	296,045.17	
							Variance	-	
							Leave in Balance	100.00	

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

Adjust Balance/Transfer Amt 295,945.17

Approved:
Caitlin Clevenger, Controller 8/10/2026

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/7/2026	Deposit	-	3,584.40		3,584.40
8/7/2026	HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	-	412.59		412.59
8/5/2026	Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	156,619.75	-		-
8/5/2026	Deposit	-	71,867.15		71,867.15
8/5/2026	Deposit	-	39,105.92		39,105.92
8/5/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1257700361*13 41858379\ 746003411	-	11,167.26		11,167.26
8/5/2026	BCBS OF TX - PAYMENT TRN*1*C26216E24965170* 1361236610*0E2496517\ 161542487	-	6,293.00		6,293.00
8/5/2026	CENTENE CORP - HCCLAIMPMT TRN*1*0913438056* 1742770542\	-	128,094.85		128,094.85
8/5/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7899626*1205296137*000004011~ 676481	-	5.29		5.29
8/4/2026	NDC SWEEP SWEEP FROM X2983 - FAC 02330	-	31,503.91		31,503.91
8/4/2026	CURO HEALTH SERV DYNAMICS EFT DEPOSIT - PAYAB LES MEMORI034	-	3,910.80		3,910.80
		156,619.75	295,945.17	-	295,945.17

Balances Overview

Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	$1,866,063.12	$1,866,063.12
*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	$287,458.89	$287,458.89
*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	$296,045.17 ✓	$296,045.17 ✓
*3407 MMC -NH TUSCANY VILLAGE	$254,219.70	$254,219.70
*2998 MMC -MONEY MARKET FUND	$75,350.94	$75,350.94
*7168 MEMORIAL MEDICAL LOCK BOX	$25,319.31	$25,319.31
Total Balance	**$2,809,317.94**	**$2,809,317.94**

Memorial Medical Center
Transfer Request

Amount: 65.28

Date: 8/7/2026

From Account: Prosperity NH Solera West Houston *4438

To Account: Prosperity Operating *4357

APPROVED ON
AUG 10 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

To Close Account

Requested by: Autumn Wilson **Date:** 8/7/2026

Authorized by: [signature] **Date:** 8/10/26

Transaction Report

PROSPERITY BANK

Transaction Report for account *4438

Reported on Fri Aug 07 13:05:00 GMT 2026

Current Balance $2,280.04
Interest Accrued $0.56
Available Balance $2,280.04

Date		Description	Credit	Debit	Running Balance
07/31/2026		Credit Interest Credit Interest	65.28		2280.04
07/30/2026		External Deposit Peoples Health A - HCCLAIMPMT TRN*1*0776258 8*172126732*000072126\ 746803411	2214.76		2214.76
07/23/2026		Withdrawal Withdrawal xfer from 4438 to 4057 - CLOSING O F ACCOUNT		100.00	0.00
07/22/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III		1000.00	100.00
07/22/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III		115445.26	1100.00
07/15/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III		95845.82	116545.26
07/15/2026	178661962643608	Deposit Deposit	116465.56		212391.08
07/15/2026		Analysis Service Charges Enhance Analysis Service Charge		20.30	95925.52
07/07/2026	1238718626451B5	Deposit Deposit	95842.78		95945.82
07/01/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III		1861.73	103.04
06/30/2026		Credit Interest Credit Interest	3.04		1964.77
06/15/2026		Analysis Service Charges Enhance Analysis Service Charge		21.27	1961.73