MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 19, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	376,605.43
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED August 19, 2026	$	376,605.43
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	$	77,015.33
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	$	384,318.01
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED August 19, 2026	$	461,333.34
GRAND TOTAL FOR APPROVAL ON August 19, 2026	$	837,938.77

APPROVED

AUG 19 2026

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 19, 2026

PAYABLES AND PAYROLL

8/13/2026	Weekly Payables	322,491.65	
8/14/2026	Patient Refunds	653.18	
8/17/2026	Morris & Dickson - MMC Rx	18,674.62	
8/17/2026	US Bank Credit Card-see attached (Erin)	2,372.00	
8/17/2026	US Bank Credit Card-see attached (Michelle)	233.48	
8/17/2026	McKesson - 340B Prescription Expense	5,421.57	
8/17/2026	Cencora-340B Prescription Expense	302.13	
8/17/2026	Cencora-340B Prescription Expense	2,286.04	

Prosperity Electronic Bank Payments

8/17/2026	90 Degree Benefits - employee insurance claims	15,905.65	
8/17/2026	Sales Tax - July 2026 - Difference	2,623.02	
8/17/2026	Pay Plus - Patient Claims Processing Fee	1,199.50	
8/17/2026	Credit Card Bank Fee	183.20	
8/17/2026	Credit Card Processing Fee	4,259.39	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 376,605.43**

GRAND TOTAL DISBURSEMENTS APPROVED August 19, 2026 **$ 376,605.43**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

8/14/2026	MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error	19,157.81	
8/14/2026	MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error	23,977.30	
8/14/2026	MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error	33,528.27	
8/14/2026	MMC Operating to Cantex Health Care Centers LLC - Correction of insurance payment deposited into MMC Operating in error	351.95	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 77,015.33**

NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS

8/17/2026	Nursing Home UPL - Nexion Transfer	51,807.84	
8/17/2026	Nursing Home UPL - Tuscany Transfer	178,309.04	
8/17/2026	Nursing Home UPL - HSL Transfer	154,201.13	
TOTAL NURSING HOME UPL EXPENSES			**$ 384,318.01**

GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED August 19, 2026 **$ 461,333.34**

08/13/2026 MEMORIAL MEDICAL CENTER 0
11:25 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/27/2026

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073126		07/01/202	07/31/202	08/25/202			385.98	0.00	0.00	385.98
	MAINT SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	385.98	0.00	0.00	385.98

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV2908		08/11/202	08/20/202	08/20/202			1,400.00	0.00	0.00	1,400.00
	PHYS TIME STUDY FOR MED REI									

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

Vendor#	Vendor Name	Class	Pay Code
13180	ADVANCED STERILIZATION PRODUCT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8021097572		08/10/202	07/24/202	08/10/202			636.36	0.00	0.00	636.36
	APTIMAX TRAY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13180	ADVANCED STERILIZATION PRODUCT	636.36	0.00	0.00	636.36

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
5526501845		07/01/202	07/31/202	08/25/202			681.66	0.00	0.00	681.66

Oxygen, Helium, Nitrogen, & Carbon Dioxide

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	681.66	0.00	0.00	681.66

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6012672428		08/04/202	07/31/202	08/10/202			1,170.32	0.00	0.00	1,170.32
	CT DUAL SYRINGE KIT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	1,170.32	0.00	0.00	1,170.32

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7407650		07/01/202	07/20/202	08/14/202			8,571.60	0.00	0.00	8,571.60
	METER BILLING FOR DXC700AU .									
5517695		07/01/202	07/25/202	08/19/202			1,337.05	0.00	0.00	1,337.05
	LEASE CHARGE FOR AS4/ DXM 1									
112788392		08/10/202	07/24/202	08/18/202			108.10	0.00	0.00	108.10
	ACCESS WASH BUFFER									
112792518		08/10/202	07/27/202	08/21/202			174.79	0.00	0.00	174.79
	25-OH VITAMIN D									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	10,191.54	0.00	0.00	10,191.54

Vendor#	Vendor Name	Class	Pay Code
B1650	BOSART LOCK & KEY INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
131872		08/11/202	08/11/202	08/11/202			60.00	0.00	0.00	60.00

12 KEYS

KEYS

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC	60.00	0.00	0.00	60.00

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
073126	ELETRIC BILL / 701 N. Virginia St.	07/01/202	07/31/202	07/31/202			864.72	0.00	0.00	864.72
073126A	ELETRIC BILL / Hospital St. ODLT 122LED	07/01/202	07/31/202	07/31/202			17.44	0.00	0.00	17.44
073126B	ELETRIC BILL / Hospital St.	07/01/202	07/31/202	07/31/202			34,634.85	0.00	0.00	34,634.85
073126C	ELETRIC BILL FOR CLINIC / 1016 N. Virginia St.	07/01/202	07/31/202	07/31/202			2,563.82	0.00	0.00	2,563.82

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	38,080.83	0.00	0.00	38,080.83

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
8004270155	NUC MED SUPPLIES	08/11/202	07/31/202	08/25/202			280.20	0.00	0.00	280.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	280.20	0.00	0.00	280.20

Vendor#	Vendor Name	Class	Pay Code
11030	CHUBB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CK920260801	BENEFIT TERM	08/11/202	08/01/202	08/01/202			457.20	0.00	0.00	457.20

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
53633769010	Beverages for Dietary	08/11/202	08/05/202	08/05/202			507.95	0.00	0.00	507.95

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES	507.95	0.00	0.00	507.95

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
SINV024361	THERMOMETERS	08/11/202	01/28/202	01/28/202			21.96	0.00	0.00	21.96

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11616	CONTROL SOLUTIONS	21.96	0.00	0.00	21.96

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
MMC073126	PHYSICIAN SERVICES FOR MMC	07/16/202	07/31/202	08/01/202			89,457.32	0.00	0.00	89,457.32

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	89,457.32	0.00	0.00	89,457.32

Vendor#	Vendor Name	Class	Pay Code
11091	ECOLAB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6360647287	DISHWASER LEASE 080126-0831:	08/11/202	08/01/202	08/01/202			258.48	0.00	0.00	258.48

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

Vendor#	Vendor Name	Class	Pay Code
11944	EQUIFAX WORKFORCE SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2075443048		08/11/202	07/31/202	07/31/202			10.99	0.00	0.00	10.99
	CREDIT REPORTING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11944	EQUIFAX WORKFORCE SOLUTIONS	10.99	0.00	0.00	10.99

Vendor#	Vendor Name	Class	Pay Code
S0501	EVOQUA WATER TECHNOLOGIES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907673183		08/11/202	07/22/202	08/16/202			2,897.64	0.00	0.00	2,897.64
	Service billing, emergency labor charge, pump retrofit kit									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	2,897.64	0.00	0.00	2,897.64

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
07CS26MMC		08/11/202	07/29/202	08/13/202			435.00	0.00	0.00	435.00
	ANNUAL AI DEFENSE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION	435.00	0.00	0.00	435.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
938296044		08/12/202	07/16/202	08/10/202			38.91	0.00	0.00	38.91
	FREIGHT									
940124467		08/12/202	07/30/202	08/24/202			113.05	0.00	0.00	113.05
	FREIGHT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	151.96	0.00	0.00	151.96

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
0020171		07/27/202	07/14/202	08/10/202			220.80	0.00	0.00	220.80
	FS 15X16MM DIA BLOCK									
0181639		08/04/202	07/21/202	08/15/202			368.44	0.00	0.00	368.44
	BIOHAZARD BAGS, BG Auto PP Red									
6384635		08/10/202	01/29/202	02/23/202			-179.68	0.00	0.00	-179.68
	SUPPLY CREDIT									
7567337		08/10/202	03/23/202	04/17/202			65.80	0.00	0.00	65.80
	TEST STRIP									
7567336		08/10/202	03/23/202	04/17/202			614.74	0.00	0.00	614.74
	FILMARRAY GI CONTROL PANEL									
0303616		08/10/202	07/27/202	08/21/202			198.20	0.00	0.00	198.20
	COLLECTION TUBE									
0303617		08/10/202	07/27/202	08/21/202			1,217.16	0.00	0.00	1,217.16
	HYDROXYBUTYRATE KIT									
0336101		08/10/202	07/28/202	08/22/202			23.55	0.00	0.00	23.55
	BLOOD COLLECTION KIT									
0336102		08/10/202	07/28/202	08/22/202			60.80	0.00	0.00	60.80
	BUFFERED SALINE 10L									
0369288		08/10/202	07/29/202	08/23/202			513.43	0.00	0.00	513.43
	UNIVERSAL WASH RAEGANT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	F1400	FISHER HEALTHCARE					3,103.24	0.00	0.00	3,103.24
Vendor#	Vendor Name				Class	Pay Code				
13528	FLEX FINANCIAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	906319552		07/31/202	07/28/202	08/27/202			2,369.80	0.00	0.00	2,369.80
		SURG LEASE AGMNT 9758265113									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13528	FLEX FINANCIAL					2,369.80	0.00	0.00	2,369.80
Vendor#	Vendor Name				Class	Pay Code				
10599	FORVIS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2995538		08/11/202	07/31/202	08/25/202			8,925.00	0.00	0.00	8,925.00
		AUDIT SERVICES, Assistance w/ updated enteries July 2026, admin fee									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10599	FORVIS					8,925.00	0.00	0.00	8,925.00
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
	42627048		08/11/202	07/30/202	08/24/202			10,342.24	0.00	0.00	10,342.24
		PRINTER LEASE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12948	GREAT AMERICA FINANCIAL SVCS					10,342.24	0.00	0.00	10,342.24
Vendor#	Vendor Name				Class	Pay Code				
11784	HALF LEAGUE STORAGE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	080426		08/04/202	08/04/202	08/04/202			360.00	0.00	0.00	360.00
		STORAGE UNITS AUG-OCT 2026									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11784	HALF LEAGUE STORAGE					360.00	0.00	0.00	360.00
Vendor#	Vendor Name				Class	Pay Code				
10922	HUNTER PHARMACY SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	7036		07/01/202	07/31/202	08/20/202			15,653.69	0.00	0.00	15,653.69
		PHARMACIST SALARY INV FOR J									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10922	HUNTER PHARMACY SERVICES					15,653.69	0.00	0.00	15,653.69
Vendor#	Vendor Name				Class	Pay Code				
11285	ITA RESOURCES INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MMC082026		08/11/202	08/01/202	08/21/202			43,616.75	0.00	0.00	43,616.75
		AUGT INV FOR CARD/RESP SALA									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11285	ITA RESOURCES INC					43,616.75	0.00	0.00	43,616.75
Vendor#	Vendor Name				Class	Pay Code				
L0700	LABCORP OF AMERICA HOLDINGS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	87529137		08/11/202	06/27/202	07/22/202			82.00	0.00	0.00	82.00
		LAB DRAWS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		L0700	LABCORP OF AMERICA HOLDINGS					82.00	0.00	0.00	82.00
Vendor#	Vendor Name				Class	Pay Code				
10972	M G TRUST									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	081026		08/11/202	08/10/202	08/10/202			295.00	0.00	0.00	295.00
		EMPLOYEE RETIREMENT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	10972	M G TRUST					295.00	0.00	0.00	295.00
Vendor#	Vendor Name				Class	Pay Code				
M1511	MARKETLAB, INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV002731605		07/01/202	05/06/202	06/01/202		43.55	0.00	0.00	43.55
		LOT SIGNAL LABELS								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		M1511	MARKETLAB, INC				43.55	0.00	0.00	43.55
Vendor#	Vendor Name				Class	Pay Code				
11760	MARVELOUS GARDENS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	19298		08/12/202	03/09/202	03/09/202		875.00	0.00	0.00	875.00
		IRRIGATION LEAK REPAIR								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11760	MARVELOUS GARDENS, INC				875.00	0.00	0.00	875.00
Vendor#	Vendor Name				Class	Pay Code				
11141	MEDICAL DATA SYSTEMS, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	217313		07/01/202	07/31/202	07/31/202		584.61	0.00	0.00	584.61
		COLLECTION FEES								
	217314		07/01/202	07/31/202	07/31/202		352.08	0.00	0.00	352.08
		COLLECTION FEES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11141	MEDICAL DATA SYSTEMS, INC.				936.69	0.00	0.00	936.69
Vendor#	Vendor Name				Class	Pay Code				
12588	MEDICAL TECHNOLOGY ASSOCIATES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	QT213114		08/04/202	07/09/202	08/03/202		2,604.50	0.00	0.00	2,604.50
		MEDICAL AIR EMERGENCY PUMF								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		12588	MEDICAL TECHNOLOGY ASSOCIATES				2,604.50	0.00	0.00	2,604.50
Vendor#	Vendor Name				Class	Pay Code				
10613	MEDIMPACT HEALTHCARE SYS, INC.				A/P					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	080626		08/11/202	08/06/202	08/06/202		12.51	0.00	0.00	12.51
		EOB CYCLE# 51174								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10613	MEDIMPACT HEALTHCARE SYS, INC.				12.51	0.00	0.00	12.51
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
	2424818193		07/01/202	05/06/202	05/31/202		82.08	0.00	0.00	82.08
		DRAPE SHEET x2								
	2435188938		08/04/202	07/15/202	08/09/202		5,400.58	0.00	0.00	5,400.58
		FEEDING TUBE/TISSUE PAPER/E								
	2436347958		08/10/202	07/22/202	08/16/202		77.08	0.00	0.00	77.08
		POLYCARBONATE - Blue								
	2436347953		08/10/202	07/22/202	08/16/202		33.09	0.00	0.00	33.09
		PENICILLIN								
	2436347954		08/10/202	07/22/202	08/16/202		127.29	0.00	0.00	127.29
		ANKLE SUPPORT STIRRUP, Stockinette, lumber puncture tray								
	2436347979		08/10/202	07/22/202	08/16/202		294.94	0.00	0.00	294.94
		STERILE ARTHRO KNEE DRAPE								
	2436347963		08/10/202	07/22/202	08/16/202		12.47	0.00	0.00	12.47
		KNEE SPLINT								
	2436347964		08/10/202	07/22/202	08/16/202		78.67	0.00	0.00	78.67

Single-use needle

	NEEDLES							
2436347961		08/10/202	07/22/202	08/16/202	338.86	0.00	0.00	338.86
	MBO-SET SOLUTION							
2436347955		08/10/202	07/22/202	08/16/202	952.25	0.00	0.00	952.25
	SUTURES/METHANOL/PROBE							
2436347960		08/10/202	07/22/202	08/16/202	3.28	0.00	0.00	3.28
	GAUZE							
2436347956		08/10/202	07/22/202	08/16/202	111.01	0.00	0.00	111.01
	BOWIE-DICK TEST PACK							
2436347959		08/10/202	07/22/202	08/16/202	77.08	0.00	0.00	77.08
	BLUE PLYCARBONATE							
2436347980		08/10/202	07/22/202	08/16/202	25.23	0.00	0.00	25.23
	HIP ABDUCTION PILLOW							
2436347982		08/10/202	07/22/202	08/16/202	393.47	0.00	0.00	393.47
	SHOULDER/ARTH DRAPE							
2436347968		08/10/202	07/22/202	08/16/202	1,305.58	0.00	0.00	1,305.58
	SPIROMETER/TUBING/URINE PAN							
2436347957		08/10/202	07/22/202	08/16/202	77.08	0.00	0.00	77.08
	BLUE PLYCARBONATE							
2436347952		08/10/202	07/22/202	08/16/202	7.10	0.00	0.00	7.10
	FOREARM WRIST SPLINT							
2436347976		08/10/202	07/22/202	08/16/202	4,522.95	0.00	0.00	4,522.95
	ABD COMPRESSION BINDER/CAT							
2437979920		08/10/202	07/31/202	08/25/202	-23.15	0.00	0.00	-23.15
	SUPPLIES CREDIT							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	13,896.94	0.00	0.00	13,896.94

Vendor#	Vendor Name	Class	Pay Code
14704	METTLER-TOLEDO RAININ, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
679369589		07/01/202	07/17/202	08/04/202			184.30	0.00	0.00	184.30
	SINGLE CHANNEL/PREV MAINT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14704	METTLER-TOLEDO RAININ, LLC	184.30	0.00	0.00	184.30

Vendor#	Vendor Name	Class	Pay Code
12096	NEOGENOMICS LABORATORIES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10583997		08/11/202	07/31/202	07/31/202			387.00	0.00	0.00	387.00
	LAB SPECIMENS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12096	NEOGENOMICS LABORATORIES	387.00	0.00	0.00	387.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073126		07/01/202	07/31/202	07/31/202			1,000.00	0.00	0.00	1,000.00
	TELEMED REIMBURSEMENT									

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

Vendor#	Vendor Name	Class	Pay Code
O1500	OLYMPUS AMERICA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
66260546		08/04/202	07/17/202	08/11/202			366.35	0.00	0.00	366.35
	ELECTRO-SURGICAL SNARE									
66332908		08/04/202	07/31/202	08/20/202			225.45	0.00	0.00	225.45
66296285		08/10/202	07/24/202	08/18/202			153.70	0.00	0.00	153.70

COMBO CLEANING BRUSH

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	745.50	0.00	0.00	745.50

Vendor#	Vendor Name	Class	Pay Code
10152	PARTSSOURCE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
06432714		08/04/202	07/23/202	08/22/202			39.65	0.00	0.00	39.65
	DOOR LITHIUM BATTER + high freight									
06436962		08/04/202	07/27/202	08/26/202			39.59	0.00	0.00	39.59
	DOOR LITHIUM BATTERY + high freight									
06442652		08/04/202	07/30/202	08/20/202			943.16	0.00	0.00	943.16
	REPAIR FOR PHILIPS INTELLIVUE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC	1,022.40	0.00	0.00	1,022.40

Vendor#	Vendor Name	Class	Pay Code
S0905	PERFORMANCE HEALTH SUPPLY LLC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN100294670		08/10/202	07/24/202	08/18/202			51.77	0.00	0.00	51.77
	THERABAND DISPENSER BOX									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0905	PERFORMANCE HEALTH SUPPLY LLC	51.77	0.00	0.00	51.77

Vendor#	Vendor Name	Class	Pay Code
12480	PRO ENERGY PARTNERS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
R43204		07/01/202	08/09/202	08/24/202			2,438.79	0.00	0.00	2,438.79
	NATURAL GAS JULY INVOICE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LLC	2,438.79	0.00	0.00	2,438.79

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	08/23/202			2,162.16	0.00	0.00	2,162.16
	Aplx Basic - Hosp x328									

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
S2001	SIEMENS MEDICAL SOLUTIONS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116944853		08/11/202	07/24/202	08/18/202			3,612.95	0.00	0.00	3,612.95
	LUMINOS AGILE MA 072426-0823									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC	3,612.95	0.00	0.00	3,612.95

Vendor#	Vendor Name	Class	Pay Code
17852	SINGLETON ASSOCIATES PA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
246073126001		07/01/202	08/07/202	08/07/202			9,688.78	0.00	0.00	9,688.78
	MNTHLY OFFSITE RAD SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17852	SINGLETON ASSOCIATES PA	9,688.78	0.00	0.00	9,688.78

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
985549733		08/10/202	07/24/202	08/10/202			6,800.00	0.00	0.00	6,800.00
	SURGERY SUPPLIES									
985551888		08/10/202	07/25/202	08/10/202			3,035.00	0.00	0.00	3,035.00
	RALLY HV ALL IN ONE SYSTEM									

985549732		08/12/202	07/24/202	08/12/202		7,557.84	0.00	0.00	7,557.84
	THREADED HOLE COVER/OXINIL								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.	17,392.84	0.00	0.00	17,392.84

Vendor#	Vendor Name	Class	Pay Code
11296	SOUTH TEXAS BLOOD & TISSUE CEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
I07062538		07/01/202	07/31/202	08/25/202			5,735.72	0.00	0.00	5,735.72
	BLOOD DRAWS									
CM18288		07/01/202	07/31/202	08/25/202			-1,830.40	0.00	0.00	-1,830.40
	BLOOD DRAW CREDITS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	3,905.32	0.00	0.00	3,905.32

Vendor#	Vendor Name	Class	Pay Code
10735	STRYKER SALES, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9212977487		08/12/202	07/24/202	08/23/202			375.23	0.00	0.00	375.23
	IRRAGATION SYSTEM FOR ORTH									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SALES, LLC	375.23	0.00	0.00	375.23

Vendor#	Vendor Name	Class	Pay Code
14212	SURGICAL DIRECT SOUTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9387		07/01/202	07/28/202	08/22/202			6,825.00	0.00	0.00	6,825.00
	SURGICAL SUPPLIES JULY INV									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14212	SURGICAL DIRECT SOUTH	6,825.00	0.00	0.00	6,825.00

Vendor#	Vendor Name	Class	Pay Code
14524	SYSMEX AMERICA, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
96604227		08/10/202	07/24/202	08/10/202			527.44	0.00	0.00	527.44
	BEYOND CARE REMOTE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14524	SYSMEX AMERICA, INC.	527.44	0.00	0.00	527.44

Vendor#	Vendor Name	Class	Pay Code
T2204	TEXAS MUTUAL INSURANCE CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1008364239		07/15/202	08/06/202	08/26/202			7,817.00	0.00	0.00	7,817.00
	PAYROLL REPORT 070126-08012(									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	7,817.00	0.00	0.00	7,817.00

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
0CA85A78		08/11/202	08/10/202	08/10/202			10.96	0.00	0.00	10.96
	DISTILLED WATER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14064	TREVIPAY- WALMART	10.96	0.00	0.00	10.96

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
TRI304159		08/11/202	07/28/202	08/12/202			232.29	0.00	0.00	232.29
	FREIGHT									
TRI304996		08/12/202	08/05/202	08/20/202			109.15	0.00	0.00	109.15
	FREIGHT									
TRI217528CMA		08/13/202	08/07/202	08/22/202			-331.67	0.00	0.00	-331.67

Duplicate Invoice Credit

INVOICE CREDIT

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC	9.77	0.00	0.00	9.77

Vendor# U1064 Vendor Name UNIFIRST HOLDINGS INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921093638	LINENS/SUPPLIES	07/01/202	07/27/202	08/21/202			6,759.66	0.00	0.00	6,759.66
2921093887	SUPPLIES/LINENS	07/01/202	07/30/202	08/24/202			4,493.46	0.00	0.00	4,493.46
2921093581	UNIFORMS	08/03/202	07/27/202	08/21/202			88.77	0.00	0.00	88.77
2921093902	UNIFORMS	08/03/202	07/30/202	08/24/202			333.15	0.00	0.00	333.15
2921093965	LINENS/SUPPLIES	08/03/202	07/30/202	08/24/202			390.77	0.00	0.00	390.77
2921093895	UNIFORMS	08/03/202	07/30/202	08/24/202			76.67	0.00	0.00	76.67
2921093916	LINENS/SUPPLIES/ UNIFORMS	08/03/202	07/30/202	08/24/202			482.30	0.00	0.00	482.30
2921093966	SUPPLIES/LINENS	08/03/202	07/30/202	08/24/202			870.71	0.00	0.00	870.71
2921093908	SUPPLIES/LINENS	08/03/202	07/30/202	08/24/202			319.48	0.00	0.00	319.48

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	13,814.97	0.00	0.00	13,814.97

Vendor# 11018 Vendor Name WEBPT, INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV786286	WEB PT EMR SYSTEM	08/03/202	08/04/202	08/23/202			317.17	0.00	0.00	317.17

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11018	WEBPT, INC	317.17	0.00	0.00	317.17

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	322,491.65	0.00	0.00	322,491.65

APPROVED ON

AUG 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#213894-213949

RUN DATE: 08/13/26 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 10:03 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER		PAYEE NAME		DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1681300	01	[redacted]		081226	145.38		2	[redacted]	
			TX 77979						
1687516	01			081226	220.00		2		
			TX 77979						
1687692	01			081226	287.80		2		
			TX 77979						
		ARID=0001 TOTAL			653.18				
TOTAL					653.18				

CHK#213954-213956

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	213894	08/19/26	385.98	ACE HARDWARE 15521
A/P	213895	08/19/26	1,400.00	ACUTE CARE INC
A/P	213896	08/19/26	636.36	ADVANCED STERILIZATION PRODUCT
A/P	213897	08/19/26	681.66	AIRGAS USA, LLC - CENTRAL DIV
A/P	213898	08/19/26	1,170.32	BAYER HEALTHCARE
A/P	213899	08/19/26	10,191.54	BECKMAN COULTER INC
A/P	213900	08/19/26	60.00	BOSART LOCK & KEY INC
A/P	213901	08/19/26	38,080.83	CALHOUN COUNTY
A/P	213902	08/19/26	280.20	CARDINAL HEALTH 414, INC.
A/P	213903	08/19/26	457.20	CHUBB
A/P	213904	08/19/26	507.95	COCA COLA SOUTHWEST BEVERAGES
A/P	213905	08/19/26	21.96	CONTROL SOLUTIONS
A/P	213906	08/19/26	89,457.32	DISCOVERY MEDICAL NETWORK INC
A/P	213907	08/19/26	258.48	ECOLAB
A/P	213908	08/19/26	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	213909	08/19/26	2,897.64	EVOQUA WATER TECHNOLOGIES LLC
A/P	213910	08/19/26	435.00	FASTHEALTH CORPORATION
A/P	213911	08/19/26	151.96	FEDERAL EXPRESS CORP.
A/P	213912	08/19/26	.00	VOIDED
A/P	213913	08/19/26	3,103.24	FISHER HEALTHCARE
A/P	213914	08/19/26	2,369.80	FLEX FINANCIAL
A/P	213915	08/19/26	8,925.00	FORVIS
A/P	213916	08/19/26	10,342.24	GREAT AMERICA FINANCIAL SVCS
A/P	213917	08/19/26	360.00	HALF LEAGUE STORAGE
A/P	213918	08/19/26	15,653.69	HUNTER PHARMACY SERVICES
A/P	213919	08/19/26	43,616.75	ITA RESOURCES INC
A/P	213920	08/19/26	82.00	LABCORP OF AMERICA HOLDINGS
A/P	213921	08/19/26	295.00	M G TRUST
A/P	213922	08/19/26	43.55	MARKETLAB, INC
A/P	213923	08/19/26	875.00	MARVELOUS GARDENS, INC
A/P	213924	08/19/26	936.69	MEDICAL DATA SYSTEMS, INC.
A/P	213925	08/19/26	2,604.50	MEDICAL TECHNOLOGY ASSOCIATES
A/P	213926	08/19/26	12.51	MEDIMPACT HEALTHCARE SYS, INC.
A/P	213927	08/19/26	.00	VOIDED
A/P	213928	08/19/26	.00	VOIDED
A/P	213929	08/19/26	13,896.94	MEDLINE INDUSTRIES INC
A/P	213930	08/19/26	184.30	METTLER-TOLEDO RAININ, LLC
A/P	213931	08/19/26	387.00	NEOGENOMICS LABORATORIES
A/P	213932	08/19/26	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	213933	08/19/26	745.50	OLYMPUS AMERICA INC
A/P	213934	08/19/26	1,022.40	PARTSSOURCE, LLC
A/P	213935	08/19/26	51.77	PERFORMANCE HEALTH SUPPLY LLC
A/P	213936	08/19/26	2,438.79	PRO ENERGY PARTNERS LLC
A/P	213937	08/19/26	2,162.16	PROVATION
A/P	213938	08/19/26	3,612.95	SIEMENS MEDICAL SOLUTIONS INC
A/P	213939	08/19/26	9,688.78	SINGLETON ASSOCIATES PA
A/P	213940	08/19/26	17,392.84	SMITH & NEPHEW, INC.
A/P	213941	08/19/26	3,905.32	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	213942	08/19/26	375.23	STRYKER SALES, LLC
A/P	213943	08/19/26	6,825.00	SURGICAL DIRECT SOUTH

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	213944	08/19/26	527.44	SYSMEX AMERICA, INC.
A/P	213945	08/19/26	7,817.00	TEXAS MUTUAL INSURANCE CO
A/P	213946	08/19/26	10.96	TREVIPAY- WALMART
A/P	213947	08/19/26	9.77	TRIOSE, INC
A/P	213948	08/19/26	13,814.97	UNIFIRST HOLDINGS INC
A/P	213949	08/19/26	317.17	WEBPT, INC
A/P	213950	08/19/26	351.95	CANTEX HEALTH CARE CENTERS LLC
A/P	213951	08/19/26	23,977.30	GOLDENCREEK HEALTHCARE
A/P	213952	08/19/26	19,157.81	LAVACA BAY NURSING AND REHAB
A/P	213953	08/19/26	33,528.27	TUSCANY VILLAGE
A/P	213954	08/19/26	145.38	[redacted]
A/P	213955	08/19/26	220.00	
A/P	213956	08/19/26	287.80	
TOTALS:			400,160.16	

322,491.65 +— payables
653.18 +— pt. refunds
19,157.81 +— lavaca bay
23,977.30 +— golden creek
33,528.27 +— tuscany
351.95 +— cantex
400,160.16 =

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
8/9/2026	8/25/2026	5158360	918.86
8/9/2026	8/25/2026	5158359	101.82
8/10/2026	8/25/2026	5164345	438.16
8/10/2026	8/25/2026	5164346	139.33
8/11/2026	8/25/2026	5172064	446.06
8/11/2026	8/25/2026	5172063	99.10
8/11/2026	8/25/2026	5172062	33.40
8/13/2026	8/25/2026	5183487	435.53
8/13/2026	8/25/2026	5183486	284.02
8/13/2026	8/25/2026	5180083	221.37
8/13/2026	8/25/2026	5180943	245.10
8/13/2026	8/25/2026	5183485	191.09
8/13/2026	8/25/2026	5182552	4,755.76
8/13/2026	8/25/2026	5182551	6,161.33
8/13/2026	8/25/2026	5182553	195.01
8/12/2026	8/25/2026	5174418	517.99
8/12/2026	8/25/2026	5174417	78.99
8/12/2026	8/25/2026	5175070	71.04
8/12/2026	8/25/2026	5177267	55.46
8/12/2026	8/25/2026	5177266	3,285.20
			18,674.62

APPROVED ON

AUG 17 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Caitlin Clevenger - Controller

Account Number [redacted]
Unique ID: [redacted]
MICHELLE CUMBERLAND
Statement Date : 08-06-2026

Account Summary

Previous Balance	$0.00
Purchases and Other Charges	$233.48
Cash Advances	$0.00
Cash Advance Fees	$0.00
Late Payment Charges	$0.00
Credits	$0.00 CR
Payments	$0.00 PY
Total Activity	**$233.48**
Disputed Amount	$0.00

General Information

Total Activity $233.48

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

New Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
08-04	08-04	55432866216202400613780	FAXAGE DENVER CO	233.48

APPROVED ON
AUG 17 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

PD. 8-20-26
$2605.48
Confirmation # DWR-04333238

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

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

MEMO STATEMENT ONLY
DO NOT REMIT PAYMENT

106481984571490 S

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

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: US Bank

Date: 8/10/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Faxage - Fax lines for July			233.48
2						
3						
4						
5						
6						
7						
8						
9						
10						

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

NOTES:

charges to Michelle Cumberland's MC ~~xxx~~ 4949

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____

Account Number : [redacted]
Unique ID: [redacted]
ERIN CLEVENGER
Statement Date : 08-06-2026

Account Summary

Previous Balance	$0.00
Purchases and Other Charges	$2,372.00
Cash Advances	$0.00
Cash Advance Fees	$0.00
Late Payment Charges	$0.00
Credits	$0.00 CR
Payments	$0.00 PY
Total Activity	**$2,372.00**
Disputed Amount	$0.00

General Information

Total Activity $2,372.00

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

New Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
07-29	07-28	05134376210600069030604	NPDB NPDB.HRSA.GOV ROCKVILLE MD	50.00
07-29	07-28	05134376210600069030786	NPDB NPDB.HRSA.GOV ROCKVILLE MD	2.50
07-31	07-30	05134376212600109770274	CLIA LABORATORY PROGRA BALTIMORE MD	2,252.00
07-31	07-31	55432866212200769843893	LSVT GLOBAL INC TUCSON AZ	65.00
08-04	08-03	05134376216600113453723	NPDB NPDB.HRSA.GOV ROCKVILLE MD	2.50

APPROVED ON
AUG 17 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

MEMO STATEMENT ONLY
DO NOT REMIT PAYMENT

106481984571437 S

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

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: US Bank

Date: 8/10/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 20 Renewals (Providers)	2.50		50.00 ✓
2	—		NPDB - 1 Enrollment (Provider)			2.50 ✓
3	—		CLIA Laboratory Program			2252.00 ✓
4			Fee for inspection			
5	—		LSVT Global - Renewal Course			65.00 ✓
6			for April Kubala, PT			
7	—		NPDB - 1 Enrollment (Provider)			2.50 ✓
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST ✓ 2372.00

NOTES:

charges to Erin Clevengers MC xxx 6334

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO ✓ _____

Administrator _____

Wire Transfer

DWR-04333238 - COUNTY OF CALHOUN TEXAS (COUNT1923)

PROSPERITY BANK

Wire Details

Transaction Number	[redacted]
Recurring Frequency	One-Time Payment
Template Name	US BANK STATE PRGRM -MMC CARDS
Amount	USD 2,605.48
Debit Account	*4357 - DDA (MEMORIAL MEDICAL - OPERATING)
Notify Initiator Options	Pending Actions: Notify via EMAIL Pending Release: Notify via EMAIL Pending Processing: Notify via EMAIL System Events: Notify via EMAIL Complete - Unsuccessful: Notify via EMAIL Complete - Successful: Notify via EMAIL Early Action Taken: Notify via EMAIL Early Action Removed: Notify via EMAIL Expired: Notify via EMAIL
Payment Date	08/20/2026

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

Beneficiary / Payee Information

Name	U.S. BANK CORPORATE PAYMENT SY STEM
Beneficiary ID Type	Account Number
Beneficiary ID	[redacted]
Beneficiary Country	US
Beneficiary Address 1	[redacted]
Beneficiary Address 2	[redacted]
Beneficiary Address 3	[redacted]
Contact Name	
Phone Number	

Beneficiary Bank Information

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

Additional Reference Information

Purpose Of Payment	
Additional Information For Beneficiary	[redacted]

Status History

Timestamp	Status	Initiator	Description
Aug 20, 2026 1:05:00 PM CDT	Delivered	SYSTEM	Wire has been delivered to the bank.
Aug 20, 2026 1:03:21 PM CDT	Created	COUNT1923 / CalCo9275 (RHONDA S. KOKENA)	Wire Created.

McKESSON

Company: 8000

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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/14/2026 Page: 002

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 08/15/2026

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

As of: 08/14/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 08/15/2026 **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: 5,532.21 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 08/18/2026,
Pay This Amount: 5,421.57 USD

If Paid After 08/18/2026,
Pay this Amount: 5,532.21 USD

Due If Paid On Time:
USD 5,421.57

Disc lost if paid late:
110.64

Due If Paid Late:
USD 5,532.21

0.83 +
4,142.26 +
1,278.48 +
5,421.57 *

APPROVED ON
AUG 17 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/14/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 190813
Date: 08/15/2026

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

As of: 08/14/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 08/15/2026 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
08/12/2026	08/18/2026	7651736097	5098001	115Invoice	0.02	0.85		0.83		7651736097	

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

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

Subtotals: 0.85 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 44,309.78
07/20/2026

If Paid By 08/18/2026, Pay This Amount: 0.83 USD

If Paid After 08/18/2026, Pay this Amount: 0.85 USD

Due If Paid On Time: USD 0.83

Disc lost if paid late: 0.02

Due If Paid Late: USD 0.85

APPROVED ON
AUG 17 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 08/14/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 08/15/2026

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

As of: 08/14/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 08/15/2026 **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											
08/10/2026	08/18/2026	7651298615	292386178	115Invoice	5.10	254.82		249.72		7651298615	
08/10/2026	08/18/2026	7651298616	292432470	115Invoice	11.34	567.24		555.90		7651298616	
08/11/2026	08/18/2026	7651545748	292386178	115Invoice	1.06	52.96		51.90		7651545748	
08/11/2026	08/18/2026	7651545749	292432470	115Invoice	0.53	26.48		25.95		7651545749	
08/11/2026	08/18/2026	7651545750	283399889	115Invoice	0.36	18.18		17.82		7651545750	
08/11/2026	08/18/2026	7651545751	290658747	115Invoice	5.67	283.62		277.95		7651545751	
08/11/2026	08/18/2026	7651545752	290719536	115Invoice	5.67	283.62		277.95		7651545752	
08/12/2026	08/18/2026	7651807245	291911843	115Invoice	28.72	1,435.76		1,407.04		7651807245	
08/12/2026	08/18/2026	7651807246	292809101	115Invoice	2.55	127.41		124.86		7651807246	
08/12/2026	08/18/2026	7651807247	288515485	115Invoice	2.73	136.51		133.78		7651807247	
08/12/2026	08/18/2026	7651807248	287945752	115Invoice	5.22	261.01		255.79		7651807248	
08/13/2026	08/18/2026	7652076966	283093899	115Invoice	0.02	0.95		0.93		7652076966	
08/13/2026	08/18/2026	7652076967	290825562	115Invoice	5.67	283.62		277.95		7652076967	
08/13/2026	08/18/2026	7652076968	292971570	115Invoice	1.35	67.49		66.14		7652076968	
08/13/2026	08/18/2026	7652076969	292971570	115Invoice	5.12	256.05		250.93		7652076969	
08/14/2026	08/18/2026	7652283074	288659010	115Invoice	2.28	114.11		111.83		7652283074	
08/14/2026	08/18/2026	7652283075	283250761	115Invoice	0.01	0.32		0.31		7652283075	
08/14/2026	08/18/2026	7652283076	286918485	115Invoice	1.13	56.64		55.51		7652283076	

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: 4,226.79 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 20,375.65
08/10/2026

If Paid By 08/18/2026,
Pay This Amount: 4,142.26 USD

If Paid After 08/18/2026,
Pay this Amount: 4,226.79 USD

Due If Paid On Time:
USD 4,142.26

Disc lost if paid late:
84.53

Due If Paid Late:
USD 4,226.79

APPROVED ON
AUG 17 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: 08/14/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 08/15/2026

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

As of: 08/14/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 08/15/2026 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											
08/14/2026	08/18/2026	7652125054	B2608-055-450075	115Invoice	26.09	1,304.57		1,278.48		7652125054	

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

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

Subtotals: 1,304.57 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 20,375.65
08/10/2026

If Paid By 08/18/2026, Pay This Amount: 1,278.48 USD

If Paid After 08/18/2026, Pay this Amount: 1,304.57 USD

Due If Paid On Time:
USD 1,278.48

Disc lost if paid late:
26.09

Due If Paid Late:
USD 1,304.57

APPROVED ON
AUG 17 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 72675090
Date: 08-14-2026

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:	302.13
Past Due:	0.00
Total Due:	302.13
Account Balance:	302.13

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-10-2026	08-21-2026	3259880329	7012420790	Invoice	152.70		0.00	152.70
08-10-2026	08-21-2026	3259880650	7012426596	Invoice	148.01		0.00	148.01
08-14-2026	08-21-2026	3260522367	7012450146	Invoice	1.42		0.00	1.42

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
302.13	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
08-21-2026	302.13
Total Due:	302.13

APPROVED ON
AUG 17 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

cencora

STATEMENT

Statement Number: 72660458
Date: 08-14-2026

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:	2,286.04
Past Due:	0.00
Total Due:	2,286.04
Account Balance:	2,286.04

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-10-2026	08-21-2026	3259901981	7012416195	Invoice	120.96		0.00	120.96
08-10-2026	08-21-2026	3259901982	7012426568	Invoice	1,019.92		0.00	1,019.92
08-13-2026	08-21-2026	3260351438	7012439305	Invoice	1,145.16		0.00	1,145.16

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,286.04	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
08-21-2026	2,286.04
Total Due:	2,286.04

APPROVED ON
AUG 17 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: 0000007725005278 Document Type: Customer Statement 20260815015523

CHKNO	GRPNO	LOCNO	EMPNO	DEPND	CLMYR	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYID	CVGID	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PAYNO
9358	76351	2	97	0	2026	218001187	0	8/14/2026	$44.82	1	PORT LAVACA CLINIC	P	177	0			OV	F	7/22/2026	7/22/2026	742605670
9359	76351	2	5	0	2026	225000760	0	8/14/2026	$61.79	1	CIOX HEALTH, LLC	P	846	0			INVC	F	7/17/2026	7/17/2026	582659941
9360	76351	2	5	0	2026	225000767	0	8/14/2026	$62.86	1	CIOX HEALTH, LLC	P	846	0			INVC	F	7/17/2026	7/17/2026	582659941
9361	76351	2	5	0	2026	225000843	0	8/14/2026	$68.06	1	CIOX HEALTH, LLC	P	846	0			INVC	F	7/17/2026	7/17/2026	582659941
9362	76351	2	5	0	2026	225000796	0	8/14/2026	$82.69	1	CIOX HEALTH, LLC	P	846	0			INVC	F	7/17/2026	7/17/2026	582659941
9363	76351	2	5	0	2026	225000801	0	8/14/2026	$143.30	1	CIOX HEALTH, LLC	P	846	0			INVC	F	7/17/2026	7/17/2026	582659941
9364	76351	2	5	0	2026	225000807	0	8/14/2026	$168.33	1	CIOX HEALTH, LLC	P	846	0			INVC	F	7/17/2026	7/17/2026	582659941
9365	76351	2	38	0	2026	223000086	0	8/14/2026	$361.86	1	THE PHIA GROUP, LLC	P	846	0			INVC	F	7/16/2026	7/16/2026	43504115
9366	76351	2	38	0	2026	223000142	0	8/14/2026	$361.86	1	THE PHIA GROUP, LLC	P	846	0			INVC	F	7/16/2026	7/16/2026	43504115
9367	76351	2	38	0	2026	223000054	0	8/14/2026	$1,025.73	1	US ANES PARTNERS OF TX PA	P	176	0			AO	F	11/21/2025	11/21/2025	760482007
9368	76351	2	38	0	2026	223000099	0	8/14/2026	$1,025.73	1	US ANES PARTNERS OF TX PA	P	176	0			AO	F	11/21/2025	11/21/2025	760482007
9369	76351	3	16	1	2026	217001286	0	8/14/2026	$59.68	1	CLINICAL PATHOLOGY LABORATORIES INC	P	172	0			AB	F	7/23/2026	7/23/2026	742554159
9371	76351	3	88	0	2026	217001209	0	8/14/2026	$118.97	1	CITIZENS MEDICAL PROFESSIONAL	P	177	0			OV	F	7/23/2026	7/23/2026	471158090
9374	76351	3	94	0	2026	217001254	0	8/14/2026	$220.55	1	HOUSTON METHODIST SPECIALTY PHYSICIANS	P	457	0			OVS	F	7/29/2026	7/29/2026	332241086
9377	76360	3	71	2	2026	224000524	0	8/14/2026	$9,956.90	1	MHHS HERMANN HOSPITAL	P	418	0			RB	F	7/26/2026	7/29/2026	741152597
9378	76360	3	45	0	2026	218001222	0	8/14/2026	$36.32	1	SINGLETON ASSOCIATES PA	P	327	0			BONE	F	7/21/2026	7/21/2026	741680498
9379	76360	3	155	0	2026	219000162	0	8/14/2026	$45.00	1	JACKSON MEDICAL CLINIC EDNA	P	177	0			OV	F	7/17/2026	7/17/2026	741738475
9380	76360	3	53	0	2026	217001275	0	8/14/2026	$59.68	1	CLINICAL PATHOLOGY LABORATORIES INC	P	172	0			AB	F	7/7/2026	7/7/2026	742554159
9386	76360	3	138	2	2026	217001217	0	8/14/2026	$122.00	1	COUNSELING4LIFE LLC	P	360	0			POV	F	7/31/2026	7/31/2026	455131564
9387	76360	3	83	0	2026	218000298	0	8/14/2026	$139.71	1	AMERICAN GASTRO HEALTH	P	457	0			OVS	F	6/26/2026	6/26/2026	474758983
9388	76360	3	40	0	2026	219000198	0	8/14/2026	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	7/21/2026	7/21/2026	815248556
9389	76360	3	68	1	2026	223000076	0	8/14/2026	$195.49	1	CHRISTUS TRINITY CLINIC TEXAS	P	177	0			OV	F	7/9/2026	7/9/2026	752616977
9390	76360	3	40	0	2026	222000190	0	8/14/2026	$233.75	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	7/21/2026	7/21/2026	741680498
9391	76360	3	45	0	2026	218001200	0	8/14/2026	$247.81	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	7/20/2026	7/20/2026	741680498
9392	76360	3	90	0	2026	218001208	0	8/14/2026	$247.81	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	7/21/2026	7/21/2026	741680498
9396	76360	3	68	1	2026	222000189	0	8/14/2026	$417.88	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	7/22/2026	7/22/2026	741680498
9398	76370	3	62	0	2026	218001242	0	8/14/2026	$247.81	1	SINGLETON ASSOCIATES PA	P	294	0			MAM2	F	7/21/2026	7/21/2026	741680498
									$15,905.65												

APPROVED ON

AUG 17 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Aug 10, 2026 - August 16, 2026

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
8/10/2026	TSYS/TRANSFIRST - MERCH FEES 39300982541616	- Credit Card Processing Fee	546.25	902629	40440076
8/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332385	- Credit Card Processing Fee	406.28	902630	40440076
8/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332393	- Credit Card Processing Fee	1,473.15	902631	40440076
8/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332401	- Credit Card Processing Fee	1,373.34	902632	40440076
8/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332419	- Credit Card Processing Fee	74.65	902633	40440076
8/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801368397	- Credit Card Processing Fee	385.72	902634	40440076
8/10/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#162796703 162650784	- 3rd Party Payor Fee	138.13	902635	40440076
8/11/2026	MCKESSON DRUG - AUTO ACH ACH07188911	- 340B Drug Program Expense	20,375.65*	902636	60310000
8/11/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#163282013 163271332	- 3rd Party Payor Fee	16.31	902637	40440076
8/12/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#163762051 163703025	- 3rd Party Payor Fee	21.73	902638	40440076
8/12/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	21,178.61*	902639	10450000
8/13/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#164291335 164048835	- 3rd Party Payor Fee	1,019.91	902640	40440076
8/13/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#164198141 164176508	- 3rd Party Payor Fee	3.02	902641	40440076
8/14/2026	MEMORIAL MEDICAL - PAYROLL		402,316.89*		
8/14/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#164536894 164536894	- 3rd Party Payor Fee	0.40	902642	40440076
8/14/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	1,640.75*	902643	60310000
8/14/2026	HEALTHEQUITY INC - HealthEqui	- EmpDeduct/Employer Contribut	1,097.82*	902644	PAYROLL- 20280000
8/14/2026	Enhance Analysis Service Charge	- Bank Fees	183.20	902645	40910090
			452,251.81		

* approved on 08.12.26 ^^

Caitlin Clevenger, Controller
Memorial Medical Center

August 17, 2026

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
8/20/2026	WEBFILE TAX PYMT	- Sales Tax	2,623.02
			2,623.02

Caitlin Clevenger, Controller
Memorial Medical Center

August 17, 2026

APPROVED ON
AUG 17 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

546.25 +
406.28 +
1,473.15 +
452,251.81 + 1,373.34 + processing fee
20,375.65 - 74.65 +
21,178.61 - 385.72 +
402,316.89 - 4,259.39
1,640.75 -
1,097.82 - 138.13 +
4,259.39 16.31 +
1,199.50 21.73 + pay plus
183.20 1,019.91 +
0.00 * 3.02 +
0.40 +
1,199.50
183.20 +
183.20 bank fee

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Dan Huffines
Texas Comptroller of Public Accounts

Menu

Sales and Use Tax Period Ending 07/31/2026 (2607)

Taxpayer ID: [redacted]
User ID: [redacted]
Reference Number: [redacted]
Date and Time of Filing:
08/05/2026, 04:30:51 PM

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

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

PAYMENT SUMMARY

Electronic Check
State Amount: $1,987.14
Local Amount: $635.88
Amount to Pay: $2,623.02
Electronic Check: $2,623.02

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

Type of Bank Account: Checking
Accountholder Name:
Memorial Medical Center Operating
Bank Routing Number [redacted]
Bank Account Numbe [redacted]
Payment Effective Date: 08/19/2026

CREDIT SUMMARY

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	31,954	31,954	0.00	31,954	1,997.13	31,954	0.02	639.08
SubTotal	**31,954**	**31,954**	**0**	**31,954**	**1,997.13**	**31,954**		**639.08**

Total Tax for Locations **2,636.21**

Total Tax Due:	$2,636.21
Timely Filing Discount:	- $13.19
Balance Due:	$2,623.02
Pending Payments:	- $0.00
Total Amount Due and Payable:	**$2,623.02**

(State amount due is $1,987.14) (Local amount due is $635.88)

08/13/2026
09:20

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/28/2026

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080526		08/12/202	08/05/202	08/28/202			24.28	0.00	0.00	24.28
080726	ins. pay. dep. into mmc opt. correction	08/12/202	08/07/202	08/28/202			1,104.96	0.00	0.00	1,104.96
080726A	"	08/12/202	08/07/202	08/28/202			7,068.91	0.00	0.00	7,068.91
081026	"	08/12/202	08/10/202	08/28/202			10,959.66	0.00	0.00	10,959.66

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	19,157.81	0.00	0.00	19,157.81

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	19,157.81	0.00	0.00	19,157.81

CHK#213952

08/13/2026
09:20

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/28/2026

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
080526		08/12/202	08/05/202	08/28/202			23,474.00	0.00	0.00	23,474.00
081026	ins. pay. dep. into mmc opt. correction	08/12/202	08/10/202	08/28/202			503.30	0.00	0.00	503.30

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	23,977.30	0.00	0.00	23,977.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	23,977.30	0.00	0.00	23,977.30

Chk# 213951

08/13/2026
09:20

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/28/2026

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
080526	ins. pay. dep. into mmc opt. correction	08/12/202	08/05/202	08/28/202			2,600.00	0.00	0.00	2,600.00
080526A	"	08/12/202	08/05/202	08/28/202			6,468.27	0.00	0.00	6,468.27
081026	"	08/12/202	08/10/202	08/28/202			24,460.00	0.00	0.00	24,460.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	33,528.27	0.00	0.00	33,528.27

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	33,528.27	0.00	0.00	33,528.27

Chk # 213953

RECEIVED
AUG 14 2026
Calhoun County Auditor

08/13/2026
10:06

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/28/2026

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11088	CANTEX HEALTH CARE CENTERS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081026		08/13/202	08/10/202	08/28/202			351.95	0.00	0.00	351.95

ins. pay. dep. into mmc opt. correction

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11088	CANTEX HEALTH CARE CENTERS LLC	351.95	0.00	0.00	351.95

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	351.95	0.00	0.00	351.95

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

CHK# 213950

APPROVED ON

AUG 17 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/17/2026

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		279,690.89	279,590.89	51,807.84		-	51,907.84	51,807.84
						Bank Balance	51,907.84	
						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 51,807.84

Approved:
Caitlin Clevenger, Controller 8/17/2026

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/14/2026	Deposit	-	12,929.07		12,929.07
8/14/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 081426 543684555876917	-	2,670.20		2,670.20
8/14/2026	AETNA AS01 - HCCLAIMPMT TRN*1*8826222010048 81*1066033492\ 1588075964	-	7,119.42		7,119.42
8/13/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1259090557*13 41858379\ 746003411	-	176.73		176.73
8/13/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 081326 543684555876917	-	700.00		700.00
8/13/2026	AETNA AS01 - HCCLAIMPMT TRN*1*8826220010344 23*1066033492\ 1588075964	-	3,575.00		3,575.00
8/12/2026	Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	183,372.76	-		-
8/12/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 081226 543684555876917	-	8,341.42		8,341.42
8/12/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,304.90		1,304.90
8/11/2026	Over Counter Check	96,218.13	-		-
8/11/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	5,115.00		5,115.00
8/11/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7905608*1205296137*000004011~ 676097	-	2,108.10		2,108.10
8/10/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 081026 543684555876917	-	793.00		793.00
8/10/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 081026 543684555876917	-	6,975.00		6,975.00
		279,590.89	**51,807.84**	**-**	**51,807.84**

Transaction Report

PROSPERITY BANK

Transaction Report for account *4454

Reported on Mon Aug 17 14:01:00 GMT 2026

Current Balance $53,195.84
Interest Accrued $103.73
Available Balance $53,195.84

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
08/14/2026	127052262654142	Deposit Deposit	$12,929.07		$51,907.84
08/14/2026		External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876517 9GOLDEN CREEK HEALTHCARE CR CD DEP 081426 543684555876917	$2,670.20		$38,978.77
08/14/2026		External Deposit AETNA AS01 - HCCLAIMPMT TRN*1*8826222010048 81*1066033492\ 1588075964	$7,119.42		$36,308.57
08/13/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1259090557*13 41858379\ 746003411	$176.73		$29,189.15
08/13/2026		External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 081326 543684555876917	$700.00		$29,012.42
08/13/2026		External Deposit AETNA AS01 - HCCLAIMPMT TRN*1*8826220010344 23*1066033492\ 1588075964	$3,575.00		$28,312.42
08/12/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		$183,372.76	$24,737.42
08/12/2026		External Deposit TSYS/TRANSFIRST - CR CD DEP 543584555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 081226 543684555876917	$8,341.42		$208,110.18

APPROVED ON

AUG 17 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
8/17/2026

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		250,111.18	250,011.18	178,309.04	-	-		-	178,409.04	178,309.04
							Bank Balance		178,409.04	
							Variance		-	
							Leave in Balance		100.00	

Adjust Balance/Transfer Amt 178,309.04

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 **8/17/2026**

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/14/2026	Deposit	-	59,147.01		59,147.01
8/13/2026	Merchant Capture Deposit	-	18,271.63		18,271.63
8/12/2026	Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	250,011.18	-		-
8/12/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7907201*1205296137*000004011~ 676201	-	563.75		563.75
8/11/2026	Deposit	-	96,218.13		96,218.13
8/10/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7904044*1205296137*000004011~ 676201	-	4,108.52		4,108.52
		250,011.18	178,309.04	-	178,309.04

Transaction Report

PROSPERITY BANK

Transaction Report for account *3407

Reported on Mon Aug 17 14:39:00 GMT 2026

Current Balance $217,889.43
Interest Accrued $150.88
Available Balance $217,889.43

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
08/14/2026	127052262654197	Deposit Deposit	$59,147.01		$178,409.04
08/13/2026	9074515873	Descriptive Deposit Merchant Capture Deposit	$18,271.63		$119,262.03
08/12/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		$250,011.18	$100,990.40
08/12/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7907201*1205296137*000004011~ 676201	$563.75		$351,001.58
08/11/2026	178662232655597	Deposit Deposit	$96,218.13		$350,437.83
08/10/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7904044*1205296137*000004011~ 676201	$4,108.52		$254,219.70
08/07/2026	127052192636968	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

APPROVED ON

AUG 17 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
8/17/2026

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		296,045.17	295,945.17	154,201.13			-	154,301.13	154,201.13
							Bank Balance	154,301.13	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 154,201.13

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 8/17/2026

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/14/2026	Deposit	-	11,302.55		11,302.55
8/14/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S0569721538719836*1746000156~ 17460034113016	-	9,412.92		9,412.92
8/14/2026	CENTENE CORP - HCCLAIMPMT TRN*1*0913471921* 1742770542\	-	109,939.37		109,939.37
8/13/2026	HOSPICE OF SOUTH - Payments Lavaca Bay NF	-	2,475.51		2,475.51
8/12/2026	Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	295,945.17	-		-
8/12/2026	HIC KY 1720345 - HCCLAIMPMT TRN*1*1965165532 60811*1611311685\ 2425782	-	3,722.71		3,722.71
8/12/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S0530511538719836*1746000156~ 17460034113016	-	2,546.11		2,546.11
8/11/2026	Deposit	-	14,801.96		14,801.96
		295,945.17	**154,201.13**	-	**154,201.13**

Transaction Report

PROSPERITY BANK

Transaction Report for account *5506

Reported on Mon Aug 17 14:19:00 GMT 2026

Current Balance $166,812.45
Interest Accrued $133.53
Available Balance $166,812.45

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
08/14/2026	127052262654071	Deposit Deposit	$11,302.55		$154,301.13
08/14/2026		External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*050569721538719836*1746000156~ 17460034113016	$9,412.92		$142,998.58
08/14/2026		External Deposit CENTENE CORP - HCCLAIMPMT TRN*1*0913471921* 1742770542\	$109,939.37		$133,585.66
08/13/2026		External Deposit HOSPICE OF SOUTH - Payments Lavaca Bay NF	$2,475.51		$23,646.29
08/12/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		$295,945.17	$21,170.78
08/12/2026		External Deposit HIC KY 1720345 - HCCLAIMPMT TRN*1*1965165532 60811*1611311685\ 2425782	$3,722.71		$317,115.95
08/12/2026		External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*050530511538719836*1746000156~ 17460034113016	$2,546.11		$313,393.24