MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 2, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	664,603.65
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED September 2, 2026	$	664,603.65
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	$	165,464.38
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	$	220,700.60
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED September 2, 2026	$	386,164.98
GRAND TOTAL FOR APPROVAL ON September 2, 2026	$	1,050,768.63

APPROVED

SEP 0 2 2026

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 2, 2026

PAYABLES AND PAYROLL			
8/28/2026	Weekly Payables	434,033.37	
8/31/2026	Morris & Dickson - MMC Rx	34,990.83	
8/31/2026	McKesson - 340B Prescription Expense	5,650.05	
8/31/2026	Cencora-340B Prescription Expense	1,025.59	
8/31/2026	Cencora-340B Prescription Expense	1,027.85	
Prosperity Electronic Bank Payments			
8/31/2026	90 Degree Benefits - employee insurance claims	23,067.47	
8/31/2026	HPHG - August healh insurance premium payment	82,370.87	
8/31/2026	HPHG - September healh insurance premium payment	80,265.53	
8/31/2026	Pay Plus - Patient Claims Processing Fee	2,172.09	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 664,603.65**
GRAND TOTAL DISBURSEMENTS APPROVED September 2, 2026			**$ 664,603.65**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
8/28/2026	MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error	28,791.65	
8/28/2026	MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error	2,435.66	
8/28/2026	MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error	134,237.07	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 165,464.38**
NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS			
8/31/2026	Nursing Home UPL - Nexion Transfer	99,125.77	
8/31/2026	Nursing Home UPL - Tuscany Transfer	70,093.76	
8/31/2026	Nursing Home UPL - HSL Transfer	47,658.07	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
8/31/2026	Lavaca Bay to MMC - Medicare Cost Report Withholding 12-31-2025	129.36	
8/31/2026	Lavaca Bay to MMC - Medicare Cost Report Withholding 12-31-2025	3,038.47	
8/31/2026	Lavaca Bay to MMC - Medicare Cost Report Withholding 12-31-2025	299.33	
8/31/2026	Lavaca Bay to MMC - Medicare Final Cost Report Withholding 12-31-2025	355.84	
TOTAL NURSING HOME UPL EXPENSES			**$ 220,700.60**
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED September 2, 2026			**$ 386,164.98**

Vendor#	Vendor Name	Class	Pay Code
14028	AMAZON CAPITAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17L1FFGCKNGD		08/24/202	08/10/202	09/09/202			366.01	0.00	0.00	366.01
	ELECTRONIC KEYPAD LOCK, wireless doorbell, door alarm, replaceable cable									
1V9WY1T9GCK3		08/24/202	08/11/202	09/10/202			121.83	0.00	0.00	121.83
	ENVELOPES/DVDR DISKS									
1PPFYD97TMMG		08/24/202	08/14/202	09/10/202			27.46	0.00	0.00	27.46
	THERMAL PAPER ROLLS & labels									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	515.30	0.00	0.00	515.30

Vendor#	Vendor Name	Class	Pay Code
13024	AZALIA BONUZ		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082526		08/27/202	08/25/202	08/25/202			7.50	0.00	0.00	7.50
	VEHICLE REGISTRATION RENEWAL - 2007/Chevy									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13024	AZALIA BONUZ	7.50	0.00	0.00	7.50

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
112598758		08/01/202	04/06/202	05/01/202			22,357.32	0.00	0.00	22,357.32
	LAB SUPPLIES									
112823458		08/19/202	08/13/202	09/07/202			5,016.58	0.00	0.00	5,016.58
	HEMATOLOGY BILLING HARDWARE & Service									
112817454		08/24/202	08/10/202	09/04/202			237.09	0.00	0.00	237.09
	ACESS PTH CALIBRATORS									
5518595		08/25/202	08/21/202	09/01/202			1,935.15	0.00	0.00	1,935.15
	ACCESS 2 IMMUNOASSAY LEASE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	29,546.14	0.00	0.00	29,546.14

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
082426		08/26/202	08/24/202	08/24/202			45.41	0.00	0.00	45.41
	FUEL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	45.41	0.00	0.00	45.41

Vendor#	Vendor Name	Class	Pay Code
14120	CALHOUN COUNTY EMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202607		08/25/202	08/01/202	08/26/202			6,600.00	0.00	0.00	6,600.00
	EMS TRANSFERS FOR JULY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14120	CALHOUN COUNTY EMS	6,600.00	0.00	0.00	6,600.00

Vendor#	Vendor Name	Class	Pay Code
C1325	CARDINAL HEALTH 414, INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8004277840		08/19/202	08/13/202	09/07/202			517.29	0.00	0.00	517.29
	NUC MED SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	517.29	0.00	0.00	517.29

Vendor#	Vendor Name				Class	Pay Code				
14260	CAREFUSION SOLUTIONS, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	10028184629		08/25/202	08/09/202	08/09/202			2.00	0.00	0.00	2.00
		PHARMACY SOFTWARE / Codonics									
	10028184611		08/25/202	08/09/202	08/09/202			1,788.00	0.00	0.00	1,788.00
		PHARMACY SOFTWARE AUGUST									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14260	CAREFUSION SOLUTIONS, LLC					1,790.00	0.00	0.00	1,790.00
Vendor#	Vendor Name				Class	Pay Code				
10541	CARESFIELD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	200034118		08/24/202	08/12/202	09/08/202			288.98	0.00	0.00	288.98
		BLOOD TRASNFER HOLDER DEVice, butterfly blood collection & holder for blood tube									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10541	CARESFIELD					288.98	0.00	0.00	288.98
Vendor#	Vendor Name				Class	Pay Code				
12768	CHEMAQUA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9741278		08/26/202	08/15/202	08/25/202			652.27	0.00	0.00	652.27
		WATER TREATMENT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12768	CHEMAQUA					652.27	0.00	0.00	652.27
Vendor#	Vendor Name				Class	Pay Code				
C1730	CITY OF PORT LAVACA				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	081226		08/25/202	08/12/202	08/12/202			99.73	0.00	0.00	99.73
		UTILITY BILL FOR AUGUST / 701 N. Virginia St.									
	081226A		08/25/202	08/12/202	08/12/202			3,217.39	0.00	0.00	3,217.39
		AUGUST UTILITIES / 815 N. Virginia St.									
	081226B		08/25/202	08/12/202	08/12/202			52.01	0.00	0.00	52.01
		AUGUST UTILITIES / 815 N. Virginia St.									
	081226CC		08/26/202	08/12/202	08/12/202			96.53	0.00	0.00	96.53
		UTILITY BILL FOR MMC CLINIC / 1016 N. Virginia St.									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1730	CITY OF PORT LAVACA					3,465.66	0.00	0.00	3,465.66
Vendor#	Vendor Name				Class	Pay Code				
13932	COVIDIEN SALES LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	5878087965		08/19/202	06/01/202	06/12/202			2,735.00	0.00	0.00	2,735.00
		SERVICE COVERAGE FOR VENTI									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13932	COVIDIEN SALES LLC					2,735.00	0.00	0.00	2,735.00
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
	8461880		08/24/202	08/11/202	09/05/202			571.74	0.00	0.00	571.74
		ADHESIVE NOTES/ ENVELOPES, rubber bands, spot paper									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON					571.74	0.00	0.00	571.74
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
	MMC081526		08/19/202	08/15/202	09/06/202			120,508.19	0.00	0.00	120,508.19
		AUG1-15TH PHYS SALARY									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	10789	DISCOVERY MEDICAL NETWORK INC					120,508.19	0.00	0.00	120,508.19
Vendor#	Vendor Name				Class	Pay Code				
11291	DOWELL PEST CONTROL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	81455		08/26/202	08/24/202	08/24/202		160.00	0.00	0.00	160.00 ✓
		PEST CONTROL - mosquito treatment / 1016 N. Virginia St.								
✓	81426		08/26/202	08/24/202	08/24/202		505.00	0.00	0.00	505.00 ✓
		PEST CONTROL / 815 N. Virginia St.								
✓	81408		08/26/202	08/24/202	08/24/202		260.00	0.00	0.00	260.00 ✓
		MOSQUITO TREATMENT / 815 N. Virginia St.								
✓	81454		08/26/202	08/24/202	08/24/202		105.00	0.00	0.00	105.00 ✓
		PEST CONTROL / 1016 N. Virginia St.								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11291	DOWELL PEST CONTROL				1,030.00	0.00	0.00	1,030.00
Vendor#	Vendor Name				Class	Pay Code				
E1090	EDWARDS LIFESCIENCES				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	15819757		08/24/202	08/10/202	08/11/202		172.50	0.00	0.00	172.50 ✓
		PRESSURE MONITORING SET								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		E1090	EDWARDS LIFESCIENCES				172.50	0.00	0.00	172.50
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
✓	45679		08/25/202	03/31/202	04/10/202		2,880.00	0.00	0.00	2,880.00 ✓
		MARCH 2026 TRUE UP								
✓	45680		08/25/202	04/30/202	05/10/202		4,770.00	0.00	0.00	4,770.00 ✓
		APRIL TRUE UP 2026								
✓	45681		08/25/202	05/31/202	06/10/202		5,655.00	0.00	0.00	5,655.00 ✓
		MAY TRUE UP 2026								
✓	45682		08/25/202	06/30/202	07/10/202		9,877.50	0.00	0.00	9,877.50 ✓
		JUNE TRUE UP 2026								
✓	45678		08/25/202	08/03/202	08/13/202		4,680.00	0.00	0.00	4,680.00 ✓
		FEB TRUE UP 2026								
✓	45733		08/27/202	07/31/202	08/10/202		7,320.00	0.00	0.00	7,320.00 ✓
		JULY TRUE UP INVOICE 2026								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11284	EMERGENCY STAFFING SOLUTIONS				35,182.50	0.00	0.00	35,182.50
Vendor#	Vendor Name				Class	Pay Code				
15832	EVERON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	161394154		08/25/202	08/02/202	09/01/202		63.69	0.00	0.00	63.69
		FIRE MONITORING FOR AUGUST / 815 N. Virginia St.								✓
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		15832	EVERON				63.69	0.00	0.00	63.69
Vendor#	Vendor Name				Class	Pay Code				
10689	FASTHEALTH CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	09A26MMC		08/25/202	09/01/202	09/01/202		545.00	0.00	0.00	545.00 ✓
		MONTHLY WEBSITE INVOICE SEI								
	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
✓	9894583		08/19/202	07/08/202	08/10/202		1,401.15	0.00	0.00	1,401.15 ✓

DS ECI maintenance pack

	DS ECI MAINTENANCE PACK							
0613446	08/24/202	08/10/202	09/04/202		3,828.95	0.00	0.00	3,828.95
	LIPID PROFILE CASSETTE							
0644345	08/24/202	08/11/202	09/05/202		529.55	0.00	0.00	529.55
	HEMACYTOMETER & Kova caps 500/pk							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	5,759.65	0.00	0.00	5,759.65

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
1029568866		08/26/202	08/16/202	08/16/202			840.69	0.00	0.00	840.69
	TELEPHONE / 815 N. Virginia St. & 701 N. Virginia St.									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12636	FUSION CONNECT	840.69	0.00	0.00	840.69

Vendor#	Vendor Name	Class	Pay Code
G0401	GULF COAST DELIVERY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073126		08/26/202	07/31/202	08/30/202			100.00	0.00	0.00	100.00
	DELIVERY/TRANSPORT SERVICE 7/13 - 7/29									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY	100.00	0.00	0.00	100.00

Vendor#	Vendor Name	Class	Pay Code
15208	HOSPITAL CARE CONSULTANTS INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7234		08/26/202	06/30/202	07/10/202			7,821.00	0.00	0.00	7,821.00
	QTRLY VOLUME INVOICE April - June									
7243		08/26/202	08/31/202	09/10/202			23,663.00	0.00	0.00	23,663.00
	EOM HOSP PHYSICIAN SERVICES 16th - EOM									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15208	HOSPITAL CARE CONSULTANTS INC.	31,484.00	0.00	0.00	31,484.00

Vendor#	Vendor Name	Class	Pay Code
14976	INOVALON PROVIDER INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26M0099415		08/25/202	08/21/202	08/21/202			808.48	0.00	0.00	808.48
	SCHEDULER & OSM MODEL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14976	INOVALON PROVIDER INC.	808.48	0.00	0.00	808.48

Vendor#	Vendor Name	Class	Pay Code
L1640	LOWE'S BUSINESS ACCT/SYNCB	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080226		08/27/202	08/02/202	08/02/202			1,210.61	0.00	0.00	1,210.61
	ROCK SALT/ STONE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L1640	LOWE'S BUSINESS ACCT/SYNCB	1,210.61	0.00	0.00	1,210.61

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
082526		08/25/202	08/25/202	08/25/202			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
J1350	M.C. JOHNSON COMPANY INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00401339		08/24/202	08/11/202	08/24/202			95.33	0.00	0.00	95.33
	CATHETER/ TUBE HOLDER									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	J1350	M.C. JOHNSON COMPANY INC					95.33	0.00	0.00	95.33

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
25886201		08/19/202	07/13/202	07/28/202			81.82	0.00	0.00	81.82
	HEMATOLOGY LYSERCELL & Stiffneck Sel Cervical Collar									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	81.82	0.00	0.00	81.82

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
2433794574		08/18/202	08/18/202	09/03/202			353.12	0.00	0.00	353.12
	BILIRUBIN-URINE TEST x5									
2409470715		08/19/202	01/28/202	02/22/202			282.65	0.00	0.00	282.65
	SPIROMETER/US GEL/ADHESIVE liquid & Swab									
2441146256		08/24/202	08/20/202	09/10/202			-286.92	0.00	0.00	-286.92
	IV SOLUTION SET - credit									
1703749762		08/25/202	08/22/202	09/01/202			176.47	0.00	0.00	176.47
	INTEREST CHARGES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	525.32	0.00	0.00	525.32

Vendor#	Vendor Name	Class	Pay Code
G0333	MICHAEL GAINES	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082526		08/26/202	08/25/202	08/25/202			888.00	0.00	0.00	888.00
	DEA LICENSE RENEWAL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0333	MICHAEL GAINES	888.00	0.00	0.00	888.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4831660		08/25/202	09/01/202	09/01/202			2,751.84	0.00	0.00	2,751.84
	LIFE ISNURANCE PREMIUM									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9940007617		08/24/202	08/11/202	09/05/202			226.42	0.00	0.00	226.42
	SURGICAL SNARE Master Plus Hot/Cold									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	226.42	0.00	0.00	226.42

Vendor#	Vendor Name	Class	Pay Code
18112	OSTEOREMEDIES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10075329		08/25/202	07/30/202	08/25/202			1,000.00	0.00	0.00	1,000.00
	SURGICAL IRRIGATION BOTTLES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18112	OSTEOREMEDIES LLC	1,000.00	0.00	0.00	1,000.00

Vendor#	Vendor Name	Class	Pay Code
12708	POC ELECTRIC, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4653		08/25/202	08/14/202	09/01/202			450.00	0.00	0.00	450.00
	OUTLET DEMO IN LAB									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	12708	POC ELECTRIC, LLC					450.00	0.00	0.00	450.00
Vendor#	Vendor Name				Class	Pay Code				
O1416	QUIDELORTHO SALES COMPANY LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9100555258		08/18/202	08/09/202	09/08/202		311.53	0.00	0.00	311.53
		ORTHO CONFIDENCE MANUAL System								
	9100555257		08/18/202	08/09/202	09/08/202		585.29	0.00	0.00	585.29
		AFFIRMAGEN/SELECTOGEN/ Coombs control, Surg 3x10mL								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		O1416	QUIDELORTHO SALES COMPANY LLC				896.82	0.00	0.00	896.82
Vendor#	Vendor Name				Class	Pay Code				
11080	RADSOURCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	PSI011050		08/19/202	08/12/202	09/06/202		2,050.00	0.00	0.00	2,050.00
		SERV AGMNT SAMSUNG GC80								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11080	RADSOURCE				2,050.00	0.00	0.00	2,050.00
Vendor#	Vendor Name				Class	Pay Code				
S1800	SHERWIN WILLIAMS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	073126		08/26/202	07/31/202	08/15/202		1,580.53	0.00	0.00	1,580.53
		PAINT								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS				1,580.53	0.00	0.00	1,580.53
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
	116957409		08/24/202	08/17/202	09/10/202		2,617.41	0.00	0.00	2,617.41
		SYMBIA EVO EXCEL								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC				2,617.41	0.00	0.00	2,617.41
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
	I07062927		08/19/202	08/15/202	09/09/202		7,994.12	0.00	0.00	7,994.12
		BLOOD BANK								
	CM18417		08/19/202	08/15/202	09/09/202		-3,525.44	0.00	0.00	-3,525.44
		BLOOD DRAW CREDIT								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN				4,468.68	0.00	0.00	4,468.68
Vendor#	Vendor Name				Class	Pay Code				
S2694	STANFORD VACUUM SERVICE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	659447		08/25/202	08/06/202	08/06/202		625.00	0.00	0.00	625.00
		GREASE TRAP PUMP OUT								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		S2694	STANFORD VACUUM SERVICE				625.00	0.00	0.00	625.00
Vendor#	Vendor Name				Class	Pay Code				
S3960	STERICYCLE, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	8015196582		08/26/202	08/26/202	08/26/202		3,356.82	0.00	0.00	3,356.82
		BIOHAZARD WASTE DISPOSAL / 815 N. Virginia & 1014 N. Virginia St.								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		S3960	STERICYCLE, INC				3,356.82	0.00	0.00	3,356.82
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
9212815034		08/24/202	07/10/202	08/09/202			157.55	0.00	0.00	157.55
	SAGITTAL BLADE									
9213193199		08/24/202	08/11/202	09/10/202			610.20	0.00	0.00	610.20
	LITHIUM BATTER PACK									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10735	STRYKER SALES, LLC					767.75	0.00	0.00	767.75

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
TRI306492		08/25/202	08/19/202	09/03/202			96.13	0.00	0.00	96.13
	FREIGHT - MC Johnson Co Inc & Stevis Corp.									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC					96.13	0.00	0.00	96.13

Vendor#	Vendor Name	Class	Pay Code
C2510	TRUBRIDGE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
T2608101378		08/25/202	08/10/202	09/04/202			2,838.50	0.00	0.00	2,838.50
	MEDICAL CODING									
A2608101378		08/25/202	08/10/202	09/04/202			341.00	0.00	0.00	341.00
	BLOOD BANK SUPPORT - Technical Support									
T2608171378		08/25/202	08/17/202	09/01/202			133,521.85	0.00	0.00	133,521.85
	CONSULTIMS SERVICE FOR AUG - Business Services, N-Trust Fee									
T26081B1378		08/25/202	08/17/202	09/01/202			2,500.00	0.00	0.00	2,500.00
	PRO FEE CHARGE MASTER - Consulting Service, Rev Cycle Consulting									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE					139,201.35	0.00	0.00	139,201.35

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
2921095008		08/19/202	08/13/202	09/07/202			81.26	0.00	0.00	81.26
	UNIFORMS									
2921095071		08/19/202	08/13/202	09/07/202			6,977.92	0.00	0.00	6,977.92
	SUPPLIES/LINENS									
2921094998		08/19/202	08/13/202	09/07/202			360.44	0.00	0.00	360.44
	UNIFORMS									
2921095007		08/19/202	08/13/202	09/07/202			188.83	0.00	0.00	188.83
	LINES/SUPPLIES									
2921095072		08/19/202	08/13/202	09/07/202			492.54	0.00	0.00	492.54
	LINENS/SUPPLIES									
2921094638		08/25/202	08/10/202	09/04/202			96.01	0.00	0.00	96.01
	UNIFORMS									
2921095002		08/25/202	08/13/202	09/07/202			790.12	0.00	0.00	790.12
	SUPPLIES/LINENS									
2921094990		08/25/202	08/13/202	09/07/202			68.42	0.00	0.00	68.42
	UNIFORMS									
2921095184		08/25/202	08/17/202	09/10/202			96.01	0.00	0.00	96.01
	UNIFORMS									
2921094734		08/26/202	08/10/202	09/04/202			8,433.04	0.00	0.00	8,433.04
	LINENS/SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					17,584.59	0.00	0.00	17,584.59

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
9112290077		08/24/202	08/10/202	09/04/202			1,772.00	0.00	0.00	1,772.00
	Blood Gas Analyzer									

BLOOD GAS ANALYZER

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,772.00	0.00	0.00	1,772.00

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
082426		08/26/202	08/24/202	08/24/202			415.96	0.00	0.00	415.96

Check dep. into mmc opt. belongs to Dr. Crowley

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11580	WILLIAM CROWLEY III, DO	415.96	0.00	0.00	415.96

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
WCS00008011		08/26/202	08/12/202	09/10/202			7,846.00	0.00	0.00	7,846.00

WOUNDCARE CLINIC INV FOR JULY

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	7,846.00	0.00	0.00	7,846.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	434,033.37	0.00	0.00	434,033.37

APPROVED ON

AUG 28 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#214028 - 214074

BANK--CHECK--				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	214028	09/02/26	515.30	AMAZON CAPITAL SERVICES
A/P	214029	09/02/26	7.50	AZALIA BONUZ
A/P	214030	09/02/26	29,546.14	BECKMAN COULTER INC
A/P	214031	09/02/26	45.41	CALHOUN COUNTY
A/P	214032	09/02/26	6,600.00	CALHOUN COUNTY EMS
A/P	214033	09/02/26	517.29	CARDINAL HEALTH 414, INC.
A/P	214034	09/02/26	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	214035	09/02/26	288.98	CARESFIELD
A/P	214036	09/02/26	652.27	CHEMAQUA
A/P	214037	09/02/26	3,465.66	CITY OF PORT LAVACA
A/P	214038	09/02/26	2,735.00	COVIDIEN SALES LLC
A/P	214039	09/02/26	571.74	DEWITT POTH & SON
A/P	214040	09/02/26	120,508.19	DISCOVERY MEDICAL NETWORK INC
A/P	214041	09/02/26	1,030.00	DOWELL PEST CONTROL
A/P	214042	09/02/26	172.50	EDWARDS LIFESCIENCES
A/P	214043	09/02/26	35,182.50	EMERGENCY STAFFING SOLUTIONS
A/P	214044	09/02/26	63.69	EVERON
A/P	214045	09/02/26	545.00	FASTHEALTH CORPORATION
A/P	214046	09/02/26	5,759.65	FISHER HEALTHCARE
A/P	214047	09/02/26	840.69	FUSION CONNECT
A/P	214048	09/02/26	100.00	GULF COAST DELIVERY
A/P	214049	09/02/26	31,484.00	HOSPITAL CARE CONSULTANTS INC.
A/P	214050	09/02/26	808.48	INOVALON PROVIDER INC.
A/P	214051	09/02/26	1,210.61	LOWE'S BUSINESS ACCT/SYNCB
A/P	214052	09/02/26	295.00	M G TRUST
A/P	214053	09/02/26	95.33	M.C. JOHNSON COMPANY INC
A/P	214054	09/02/26	81.82	MCKESSON MEDICAL SURGICAL INC
A/P	214055	09/02/26	525.32	MEDLINE INDUSTRIES INC
A/P	214056	09/02/26	888.00	MICHAEL GAINES
A/P	214057	09/02/26	2,751.84	NATIONAL FARM LIFE INSURANCE
A/P	214058	09/02/26	226.42	OLYMPUS AMERICA INC
A/P	214059	09/02/26	1,000.00	OSTEOREMEDIES LLC
A/P	214060	09/02/26	450.00	POC ELECTRIC, LLC
A/P	214061	09/02/26	896.82	QUIDELORTHO SALES COMPANY LLC
A/P	214062	09/02/26	2,050.00	RADSOURCE
A/P	214063	09/02/26	1,580.53	SHERWIN WILLIAMS
A/P	214064	09/02/26	2,617.41	SIEMENS MEDICAL SOLUTIONS INC
A/P	214065	09/02/26	4,468.68	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	214066	09/02/26	625.00	STANFORD VACUUM SERVICE
A/P	214067	09/02/26	3,356.82	STERICYCLE, INC
A/P	214068	09/02/26	767.75	STRYKER SALES, LLC
A/P	214069	09/02/26	96.13	TRIOSE, INC
A/P	214070	09/02/26	139,201.35	TRUBRIDGE
A/P	214071	09/02/26	17,584.59	UNIFIRST HOLDINGS INC
A/P	214072	09/02/26	1,772.00	WERFEN USA LLC
A/P	214073	09/02/26	415.96	WILLIAM CROWLEY III, DO
A/P	214074	09/02/26	7,846.00	WOUND CARE SPECIALISTS
A/P	214075	09/02/26	2,435.66	GOLDENCREEK HEALTHCARE
A/P	214076	09/02/26	28,791.65	LAVACA BAY NURSING AND REHAB
A/P	214077	09/02/26	134,237.07	TUSCANY VILLAGE
TOTALS:			599,497.75	

434,033.37 — payables
28,791.65 — lavaca bay
2,435.66 — golden creek
134,237.07 — tuscany
599,497.75

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
8/19/2026	9/10/2026	5208085	34.74
8/19/2026	9/10/2026	5204677	2,177.37
8/19/2026	9/10/2026	5205963	23.68
8/19/2026	9/10/2026	5205964	60.24
8/19/2026	9/10/2026	5215063	3,439.48
8/20/2026	9/10/2026	5212764	57.94
8/20/2026	9/10/2026	5211843	29.17
8/20/2026	9/10/2026	5215062	223.55
8/20/2026	9/10/2026	5219739	140.67
8/23/2026	9/10/2026	5219735	10.66
8/23/2026	9/10/2026	5219740	172.14
8/23/2026	9/10/2026	5222319	25.34
8/23/2026	9/10/2026	5222318	1,760.76
8/23/2026	9/10/2026	5219737	57.94
8/23/2026	9/10/2026	5222320	1,316.55
8/23/2026	9/10/2026	5219736	40.72
8/23/2026	9/10/2026	5226819	143.54
8/24/2026	9/10/2026	0228287	5,520.18
8/25/2026	9/10/2026	5232536	4,755.76
8/25/2026	9/10/2026	5232535	467.96
8/25/2026	9/10/2026	5232534	173.03
8/24/2026	9/10/2026	5224192	125.38
8/24/2026	9/10/2026	5226818	13.39
8/26/2026	9/10/2026	0228573	2,200.00
8/26/2026	9/10/2026	0228434	4,472.00
8/26/2026	9/10/2026	5238934	4,053.42
8/26/2026	9/10/2026	5237310	11.07
8/26/2026	9/10/2026	5238508	1,998.01
8/26/2026	9/10/2026	5238509	731.13
8/26/2026	9/10/2026	5237488	50.04
8/26/2026	9/10/2026	5238510	29.95
8/26/2026	9/10/2026	5237311	423.15
8/26/2026	9/10/2026	5237751	251.87
			34,990.83

APPROVED ON

AUG 31 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Caitlin Clevenger - Controller

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/28/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 08/29/2026

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

As of: 08/28/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 08/29/2026 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: 5,765.38 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 09/01/2026,
Pay This Amount: 5,650.05 USD

If Paid After 09/01/2026,
Pay this Amount: 5,765.38 USD

Due If Paid On Time:
USD 5,650.05

Disc lost if paid late: 115.33

Due If Paid Late:
USD 5,765.38

5,644.90
5.15
5,650.05

APPROVED ON
AUG 31 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: 08/28/2026 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 08/29/2026

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

As of: 08/28/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 08/29/2026 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											
08/22/2026	09/01/2026	7653705698	291814838	115Invoice	5.67	283.62		277.95		7653705698	✓
08/22/2026	09/01/2026	7653705699	284493984	115Invoice	0.02	0.95		0.93		7653705699	✓
08/24/2026	09/01/2026	7653962483	284834899	115Invoice	0.01	0.32		0.31		7653962483	✓
08/24/2026	09/01/2026	7653962484	294216691	115Invoice	5.67	283.62		277.95		7653962484	✓
08/25/2026	09/01/2026	7654207788	286040182	115Invoice	4.46	222.82		218.36		7654207788	✓
08/25/2026	09/01/2026	7654207789	291064742	115Invoice	2.28	114.11		111.83		7654207789	✓
08/25/2026	09/01/2026	7654207790	294471978	115Invoice	5.67	283.62		277.95		7654207790	✓
08/25/2026	09/01/2026	7654207791	284834899	115Invoice	0.01	0.32		0.31		7654207791	✓
08/25/2026	09/01/2026	7654207792	294047415	115Invoice	60.50	3,024.77		2,964.27		7654207792	✓
08/26/2026	09/01/2026	7654459893	294639955	115Invoice	2.51	125.53		123.02		7654459893	✓
08/26/2026	09/01/2026	7654459894	294639955	115Invoice	5.67	283.62		277.95		7654459894	✓
08/26/2026	09/01/2026	7654459895	293121946	115Invoice	2.33	116.28		113.95		7654459895	✓
08/27/2026	09/01/2026	7654700935	294876305	115Invoice	5.10	254.82		249.72		7654700935	✓
08/28/2026	09/01/2026	7654925956	294953273	115Invoice	0.03	1.27		1.24		7654925956	✓
08/28/2026	09/01/2026	7654925957	294953273	115Invoice	15.29	764.45		749.16		7654925957	✓

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: 5,760.12 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 322,335.55
08/24/2026

If Paid By 09/01/2026,
Pay This Amount: 5,644.90 USD

If Paid After 09/01/2026,
Pay this Amount: 5,760.12 USD

Due If Paid On Time:
USD 5,644.90

Disc lost if paid late:
115.22

Due If Paid Late:
USD 5,760.12

APPROVED ON
AUG 31 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 08/28/2026

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 08/29/2026

Page: 001

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

As of: 08/28/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 08/29/2026 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											
08/24/2026	09/01/2026	7653725240	B2608-055-460102	115Invoice	0.11	5.26		5.15		7653725240	

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: 5.26 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 322,335.55
08/24/2026

If Paid By 09/01/2026,
Pay This Amount: 5.15 USD

If Paid After 09/01/2026,
Pay this Amount: 5.26 USD

Due If Paid On Time:
USD 5.15

Disc lost if paid late:
0.11

Due If Paid Late:
USD 5.26

APPROVED ON
AUG 31 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 72755363
Date: 08-28-2026

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:	1,025.59
Past Due:	0.00
Total Due:	1,025.59
Account Balance:	1,025.59

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-24-2026	09-04-2026	3261336623	7012497512	Invoice	768.92		0.00	768.92
08-28-2026	09-04-2026	3261956783	7012523004	Invoice	256.67		0.00	256.67

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,025.59	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
09-04-2026	1,025.59
Total Due:	1,025.59

APPROVED ON
AUG 31 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Processing Number: 900000775624301 Document Type: Customer Statement 20260828020951

cencora

STATEMENT

Statement Number: 72740756
Date: 08-28-2026

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:	1,027.85
Past Due:	0.00
Total Due:	1,027.85
Account Balance:	1,027.85

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-24-2026	09-04-2026	3261356007	7012485503	Invoice	1.32		0.00	1.32
08-24-2026	09-04-2026	3261356008	7012492044	Invoice	3.20		0.00	3.20
08-26-2026	09-04-2026	3261642550	7012507867	Invoice	14.29		0.00	14.29
08-28-2026	09-04-2026	3261919084	7012518640	Invoice	1,009.04		0.00	1,009.04

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,027.85	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
08-28-2026	(69.82)

Reminders

Due Date	Amount
09-04-2026	1,027.85
Total Due:	1,027.85

APPROVED ON
AUG 31 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Processing Number: 0000077542 7044 Document Type: Customer Statement 20260828070358

BATCH	GROUP	TECH	ENTRY	BANK	CLAIM	CLAIM	CLAIM	CKDT	AMT	CLASS	PAYEE	PAYTP	CHGRP	CVSEP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PAYNO
8548	76360	3	134	2	2026	131001529	1000	8/28/2026	-$259,976.86	1	TEXAS CHILDRENS HOSPITAL	P	485	0			INLM	T	1/4/2026	1/31/2026	741100555
9430	76351	2	5	0	2026	233001470	0	8/28/2026	$387.50	1	HPCMS LLC	P	604	0			CASE	F	7/6/2026	7/29/2026	271837628
9432	76351	3	43	0	2026	233001386	0	8/28/2026	$38.75	1	HPCMS LLC	P	604	0			CASE	F	7/30/2026	7/30/2026	271837628
9437	76360	3	71	2	2026	237000446	0	8/28/2026	$19,388.82	1	MHHS HERMANN HOSPITAL	P	485	0			INLM	F	7/26/2026	7/29/2026	741152597
9438	76360	3	111	1	2026	233001255	0	8/28/2026	$38.75	1	HPCMS LLC	P	604	0			CASE	F	7/15/2026	7/15/2026	271837628
9439	76360	3	30	1	2026	233001369	0	8/28/2026	$38.75	1	HPCMS LLC	P	604	0			CASE	F	7/1/2026	7/1/2026	271837628
9446	76360	3	71	2	2026	239000703	0	8/28/2026	$3,174.90	1	CITIZENS MEDICAL CENTER	P	406	0			ER	F	12/25/2024	12/25/2024	741698143
									$23,067.47												

TOTAL CHECKS	**$23,067.47**
TOTAL VOIDS	**($259,976.86)**
TOTAL TO FUND	**$23,067.47**

APPROVED ON

AUG 31 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 8/1/2026

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

Master Group Totals

			Total Due
SPEC AGG	171	$70,393.42	$70,393.42
ADMIN FEES	171	$7,609.50	$7,609.50
PPO UR	171	$3,667.95	$3,667.95
CHIC FEE		$700.00	$700.00

Balance Forward:		$77,278.24
Payments:	-	$0.00
Adjustments:	+	$0.00
Beginning Balance:		$77,278.24
Current Amount Due:	+	$82,370.87
Current Adjustments:	+	$0.00
Total Amount Due:		**$159,649.11**

July Amount Due	**$77,278.24**
August Amount Due	**$82,370.87**

Description	Medical
EE	102
ES	16
EF	17
EC	36
Mst Total	171

APPROVED ON
AUG 31 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 9/1/2026

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

Master Group Totals

							Total Due
	SPEC AGG	168	$69,538.60	Adjustments	5	($854.82)	$68,683.78
	ADMIN FEES	168	$7,476.00	Adjustments	5	($133.50)	$7,342.50
	PPO UR	168	$3,603.60	Adjustments	5	($64.35)	$3,539.25
	CHIC FEE		$700.00				$700.00

Balance Forward:		$159,649.11
Payments:	-	$77,278.24
Adjustments:	+	$0.00
Beginning Balance:		$82,370.87
Current Amount Due:	+	$81,318.20
Current Adjustments:	+	($1,052.67)
Total Amount Due:		**$162,636.40**

August Amount Due **$82,370.87**
September Amount Due **$80,265.53**

Description	Medical
EE	100
ES	14
EF	18
EC	36
Mst Total	168

APPROVED ON
AUG 31 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Aug 24, 2026 - August 30, 2026

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
8/24/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 8.14.26 MemMedCtr PtLav	- Health Insurance Claim Payments	15,905.65 **	902661	60320000
8/24/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 5.19.26 MemMedCtr PtLav	- Health Insurance Claim Payments	259,976.86 ***	902662	60320000
8/24/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#167551823 167551823	- 3rd Party Payor Fee	0.40	902663	40440076
8/24/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#167660891 167634580	- 3rd Party Payor Fee	7.19	902664	40440076
8/25/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#168269737 168121119	- 3rd Party Payor Fee	47.35	902665	40440076
8/25/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#168055961 168055961	- 3rd Party Payor Fee	0.79	902666	40440076
8/25/2026	MCKESSON DRUG - AUTO ACH ACH07211049	- 340B Drug Program Expense	322,335.55 *	902667	60310000
8/26/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#168522259 168522259	- 3rd Party Payor Fee	0.92	902668	40440076
8/26/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#168752891 168543474	- 3rd Party Payor Fee	311.09	902669	40440076
8/26/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	14,128.22 *	902670	10450000
8/27/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#169254562 168950661	- 3rd Party Payor Fee	1,034.28	902671	40440076
8/27/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#169040749 169040749	- 3rd Party Payor Fee	1.72	902672	40440076
8/28/2026	MEMORIAL MEDICAL - PAYROLL		391,954.40 *		
8/28/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 8.21.26 MemMedCtr PtLav	- Health Insurance Claim Payments	40,031.06 *	902673	60320000
8/28/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#169493342 169493342	- 3rd Party Payor Fee	64.45	902674	40440076
8/28/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#169757864 169524379	- 3rd Party Payor Fee	703.90	902675	40440076
8/28/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	69.82 *	902676	60310000
8/28/2026	HEALTHEQUITY INC - HealthEqui	- EmpDeduct/Employer Contribut	1,097.82 *	902677	PAYROLL- 20280000
			1,047,671.47		

* approved 08.26.26 cc
** approved 08.19.26 cc
*** approved 08.12.26 cc

August 31, 2026
Caitlin Clevenger, Controller
Memorial Medical Center

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes		
			1,047,671.47 +	0.40 +
			15,905.65 -	7.19 +
			259,976.86 -	47.35 +
			322,335.55 -	0.79 +
			14,128.22 -	0.92 +
			391,954.40 -	311.09 +
			40,031.06 -	1,034.28 +
			69.82 -	1.72 +
			1,097.82 -	64.45 +
			2,172.09	703.90 +
			0.00 =	2,172.09

pay plus

August 31, 2026
Caitlin Clevenger, Controller
Memorial Medical Center

APPROVED ON
AUG 31 2026
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

08/26/2026
17:38

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/11/2026

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
081826		08/26/202	08/18/202	09/11/202			28,791.65	0.00	0.00	28,791.65

ins. pay. dep. into mmc opt. correction

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	28,791.65	0.00	0.00	28,791.65

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	28,791.65	0.00	0.00	28,791.65

Chk# 214076

08/26/2026
17:38

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/11/2026

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
081926		08/26/202	08/19/202	09/11/202			2,435.66	0.00	0.00	2,435.66

ins. pay. dep. into nmmc opt. Correction

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	2,435.66	0.00	0.00	2,435.66

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,435.66	0.00	0.00	2,435.66

CHK# 214075

08/26/2026
17:37

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/11/2026

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
081826	ins. pay. dep. into mmc opt. correction	08/26/202	08/18/202	09/11/202			94,913.74	0.00	0.00	94,913.74
082026	"	08/26/202	08/20/202	09/11/202			6,944.00	0.00	" 0.00	6,944.00
082126B	"	08/26/202	08/21/202	09/11/202			11,520.00	0.00	0.00	11,520.00
082126A	"	08/26/202	08/21/202	09/11/202			11,929.31	0.00	" 0.00	11,929.31
082126	"	08/26/202	08/21/202	09/11/202			8,930.02	0.00	" 0.00	8,930.02

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	134,237.07	0.00	0.00	134,237.07

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	134,237.07	0.00	0.00	134,237.07

Chk#214077

APPROVED ON

AUG 31 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/31/2026

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		54,047.57	53,947.57	99,125.77		-	99,225.77	99,125.77
						Bank Balance	99,225.77	
						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 99,125.77

Approved:
Caitlin Clevenger, Controller 8/31/2026

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/28/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 082826 543684555876917	-	3,980.00		3,980.00
8/28/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	2,412.00		2,412.00
8/28/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S0732471588075964*1746000156~ 17460034113011	-	9,240.26		9,240.26
8/26/2026	Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	53,947.57	-		-
8/26/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 082626 543684555876917	-	1,685.26		1,685.26
8/26/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1261204405*13 41858379\ 746003411	-	882.09		882.09
8/24/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 082426 543684555876917	-	1,887.00		1,887.00
8/24/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 082426 543684555876917	-	660.00		660.00
8/24/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7920453*1205296137*000004011~ 676097	-	78,379.16		78,379.16
		53,947.57	**99,125.77**	**-**	**99,125.77**

Transaction Report

PROSPERITY BANK

Transaction Report for account *4454

Reported on Mon Aug 31 15:15:00 GMT 2026

Current Balance $107,432.64
Interest Accrued $146.36
Available Balance $107,432.64

Date	Description	Credit	Debit	Running Balance
[redacted]	[redacted]	[redacted]		[redacted]
[redacted]	[redacted]	[redacted]		[redacted]
[redacted]	[redacted]	[redacted]		[redacted]
[redacted]	[redacted]	[redacted]		[redacted]
08/28/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 082826 543684555876917	$3,980.00		$99,225.77
08/28/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	$2,412.00		$95,245.77
08/28/2026	External Deposit HEALTH HUMAN SVC 529174600015S - HCCLAIMPMT TRN*1*0507324715880759S4*1746000156~ 1746003411301	$9,240.26		$92,833.77
08/26/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		$53,947.57	$83,593.51
08/26/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 082626 543684555876917	$1,685.26		$137,541.08

APPROVED ON

AUG 31 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
8/31/2026

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		401,237.26	401,137.26	70,093.76	-	-		-	70,193.76	70,093.76
							Bank Balance		70,193.76	
							Variance		-	
							Leave in Balance		100.00	

Adjust Balance/Transfer Amt 70,093.76

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 8/31/2026

Tuscany Village	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/27/2026 Merchant Capture Deposit	-	434.00		434.00
8/27/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1261376542*13 41858379\ 746003411	-	6,920.28		6,920.28
8/26/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	401,137.26	-		-
8/26/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1261686221*13 41858379\ 746003411	-	28,889.43		28,889.43
8/26/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1261686220*13 41858379\ 746003411	-	4,186.99		4,186.99
8/25/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7922999*1205296137*000004011~ 676201	-	14,836.20		14,836.20
8/24/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7921124*1205296137*000004011~ 676201	-	14,826.86		14,826.86
	401,137.26	**70,093.76**	**-**	**70,093.76**

Transaction Report

PROSPERITY BANK

Transaction Report for account *3407

Reported on Mon Aug 31 15:41:00 GMT 2026

Current Balance $105,904.31
Interest Accrued $290.28
Available Balance $105,904.31

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
08/27/2026	9074573963	Descriptive Deposit Merchant Capture Deposit	$434.00		$70,193.76
08/27/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1261376542*1341858379\ 746003411	$6,920.28		$69,759.76
08/26/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE		$401,137.26	$62,839.48
08/26/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1261686221*1341858379\ 746003411	$28,889.43		$463,976.74
08/26/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1261686220*1341858379\ 746003411	$4,186.99		$435,087.31
08/25/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EFT7922999*1205296137*00000401 i~ 676201	$14,836.20		$430,900.32
08/24/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EFT7921124*1205296137*00000401~ 676201	$14,826.86		$416,064.12
08/21/2026	178662332641372	Deposit Deposit	$33,528.27		$401,237.26

APPROVED ON

AUG 31 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
8/31/2026

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		205,694.83	205,594.83	51,481.07			-	51,581.07	47,658.07
							Bank Balance	51,581.07	
							Variance	-	
							Leave in Balance	100.00	
							Claims owed to MMC	3,823.00	
							Adjust Balance/Transfer Amt	47,658.07	

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 8/31/2026

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/28/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1261686224*13 41858379\ 746003411	-	3,744.86		3,744.86
8/28/2026	HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	-	2,477.65		2,477.65
8/27/2026	HIC KY 1729371 - HCCLAIMPMT TRN*1*1979459932 60825*1611311685\ 4239641	-	7,524.68		7,524.68
8/26/2026	Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	205,594.83	-		-
8/26/2026	CENTENE CORP - HCCLAIMPMT TRN*1*0913518077* 1742770542\	-	597.89		597.89
8/25/2026	Deposit	-	23,288.15		23,288.15
8/25/2026	BCBS OF TX - PAYMENT TRN*1*C26236E28937420* 1361236610*0E2893742\ 168379773	-	1,953.00		1,953.00
8/25/2026	CENTENE CORP - HCCLAIMPMT TRN*1*0913506598* 1742770542\	-	104.21		104.21
8/25/2026	HUMANA INS CO 1728320 - HCCLAIMPMT TRN*1*197 534574260822*1391263473\ 3689698	-	11,507.00		11,507.00
8/24/2026	BCBS ILLINOIS PAYABLE - HCCLAIMPMT TRN*1*M26 232E60465060*1731350270*MA20260820E604650600-1536719836\ M26232E604	-	283.63		283.63
		205,594.83	**51,481.07**	**-**	**51,481.07**

Transaction Report

PROSPERITY BANK

Transaction Report for account *5506

Reported on Mon Aug 31 15:45:00 GMT 2026

Current Balance $53,534.07
Interest Accrued $209.44
Available Balance $53,534.07

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
08/28/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1261686224*1341858379\ 746003411	$3,744.86		$51,581.07
08/28/2026		External Deposit HOSPICE OF SOUTH - Payments Lavaca Bay Nursing NF	$2,477.65		$47,836.21
08/27/2026		External Deposit HIC KY 1729371 - HCCLAIMPMT TRN*1*1979459932 60825*1611311685\ 4239641	$7,524.68		$45,358.56
08/26/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		$205,594.83	$37,833.88
08/26/2026		External Deposit CENTENE CORP - HCCLAIMPMT TRN*1*0913518077*1742770542\	$597.89		$243,428.71
08/25/2026	127052372646339	Deposit Deposit	$23,288.15		$242,830.82
08/25/2026		External Deposit BCBS OF TX - PAYMENT TRN*1*C26236E28937420*1361236610*0E2893742\ 168379773	$1,953.00		$219,542.67
08/25/2026		External Deposit CENTENE CORP - HCCLAIMPMT TRN*1*0913506598*1742770542\	$104.21		$217,589.67

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC ✓

Date Requested: 8-27-26

APPROVED ON AUG 31 2026 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CHK#001184

FOR ACCT. USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Voucher Check

AMOUNT $129.36 ✓

G/L NUMBER: 20656000

EXPLANATION: Medicare withhold Lavaca Bay final cost report 12-31-25

Remit #00812 8-26-26

REQUESTED BY: K. Palacios

AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
815 NORTH VIRGINIA ST
PORT LAVACA, TX 779793025

NOVITAS SOLUTIONS
MEDICARE A
P O BOX 3113
MECHANICSBURG, PA 170551828

PROVIDER #: [redacted]
PAID DATE: 8/26/2026
TRACE #[redacted]
FISCAL PERIOD: 12/31/2026
PAYMENT: $0.00

PATIENT NAME PATIENT ID CODE FROM DT THRU DT CLM STAT TOB	PAT CNTRL NUM MED REC NUM ICN NUMBER INSURED ID CODE	COST COVD NCOVD	TOTAL CHGS OTHER PAY COST OUTLIER MSP PAYMENT	DRG NUM DRG AMOUNT DRG OPR AMT DRG CAP AMT	COVD CHGS NCOVD CHGS DENIED CHGS MISC ADJ	COINSURANCE COPAYMENT DEDUCTIBLE PAT OTHER RESP	CONTRACT ADJ REIMB RATE HCPCS AMOUNT PAYMENT AMT
REPORT SUMMARY		0 0 0	0.00 0.00 0.00 0.00	 0.00 0.00 0.00	0.00 0.00 0.00 0.00	62.20 0.00 0.00 0.00	-191.56 0.00 0.00 129.36

PAID DATE	FISCAL PERIOD	PROVIDER #	TOB	CLAIMS	CHARGES	PAYMENT	CONTRACT	PAY+CONT
8/26/2026	12/31/2026	[redacted]	71	2	0.00	129.36	-191.56	-62.20
				2	0.00	129.36	-191.56	-62.20

PROVIDER LEVEL ADJUSTMENTS

PROVIDER #	FISCAL PERIOD	REASON CODE	DESCRIPTION	AMOUNT
[redacted]	12/31/2026	OB AFFILIATE WITHHOLDINGS - SETTLEM	Offset for Affiliated Providers	129.36
				129.36

(Positive Amounts Decrease Payment)

Lavaca Bay Final cost report 12-31-25

Reason Codes	Description
2	Coinsurance Amount
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer (s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
253	Sequestration - reduction in federal payment

Remark Codes	Description
M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
MA01	Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

Claim Status	Description
1	Processed as Primary
22	Reversal of Previous Payment

[redacted]

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC ✓

Date Requested: 8-27-26

APPROVED ON
AUG 31 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CWK #001184

FOR ACCT. USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Voucher Check

AMOUNT $3038.47 ✓

G/L NUMBER: 2065000

EXPLANATION: Medicare withheld Lavaca Bay final cost report 12-31-25

EFT 927368 8-27-26

REQUESTED BY: K. Pokluda

AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA, TX 779793025

NOVITAS SOLUTIONS
MEDICARE A
P O BOX 3113
MECHANICSBURG, PA 170551828

PROVIDER #: [redacted]
PAID DATE: 8/27/2026
TRACE #: [redacted]
FISCAL PERIOD: 12/31/2026
PAYMENT: $1,380.03

PATIENT NAME PATIENT ID CODE FROM DT THRU DT CLM STAT TOB	PAT CNTRL NUM MED REC NUM ICN NUMBER INSURED ID CODE	COST COVD NCOVD	TOTAL CHGS OTHER PAY COST OUTLIER MSP PAYMENT	DRG NUM DRG AMOUNT DRG OPR AMT DRG CAP AMT	COVD CHGS NCOVD CHGS DENIED CHGS MISC ADJ	COINSURANCE COPAYMENT DEDUCTIBLE PAT OTHER RESP	CONTRACT ADJ REIMB RATE HCPCS AMOUNT PAYMENT AMT
REPORT SUMMARY		0 0 0	46,546.00 0.00 0.00 0.00	 0.00 0.00 0.00	47,091.00 98.00 -643.00 0.00	8,676.80 0.00 0.00 0.00	33,995.70 0.00 139.14 4,418.50

PAID DATE	FISCAL PERIOD	PROVIDER #	TOB	CLAIMS	CHARGES	PAYMENT	CONTRACT	PAY+CONT
8/27/2026	12/31/2026	[redacted]	85	6	46,546.00	4,418.50	33,995.70	38,414.20
				6	46,546.00	4,418.50	33,995.70	38,414.20

PROVIDER LEVEL ADJUSTMENTS

PROVIDER #	FISCAL PERIOD	REASON CODE	DESCRIPTION	AMOUNT
[redacted]	12/31/2026	OB AFFILIATE WITHHOLDINGS - SETTLEM	Offset for Affiliated Providers	3,038.47
(Positive Amounts Decrease Payment)				3,038.47

Lavaca Bay final cost report 12-31-25

[redacted]

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC ✓

Date Requested: 8-27-26

APPROVED ON
AUG 31 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#001184

FOR ACCT. USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Voucher Check

AMOUNT #29933 ✓

G/L NUMBER: 2065000

EXPLANATION: Medicare withheld Lavaca Bay final cost report 12-31-25

Remit #04571 8-26-26

REQUESTED BY: K. Polchuda

AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA, TX 779793025

NOVITAS SOLUTIONS
MEDICARE A
P O BOX 3113
MECHANICSBURG, PA 170551828

PROVIDER # [redacted]
PAID DATE: 8/26/2026
TRACE #: [redacted]
FISCAL PERIOD: 12/31/2026
PAYMENT: $0.00

PATIENT NAME PATIENT ID CODE FROM DT THRU DT CLM STAT TOB	PAT CNTRL NUM MED REC NUM ICN NUMBER INSURED ID CODE	COST COVD NCOVD	TOTAL CHGS OTHER PAY COST OUTLIER MSP PAYMENT	DRG NUM DRG AMOUNT DRG OPR AMT DRG CAP AMT	COVD CHGS NCOVD CHGS DENIED CHGS MISC ADJ	COINSURANCE COPAYMENT DEDUCTIBLE PAT OTHER RESP	CONTRACT ADJ REIMB RATE HCPCS AMOUNT PAYMENT AMT
REPORT SUMMARY		0 0 0	8,459.00 124.93 0.00 0.00	 0.00 0.00 0.00	2,544.00 36.00 5,879.00 0.00	280.60 0.00 0.00 0.00	1,839.14 0.00 0.00 299.33

PAID DATE	FISCAL PERIOD	PROVIDER #	TOB	CLAIMS	CHARGES	PAYMENT	CONTRACT	PAY+CONT
8/26/2026	12/31/2026	[redacted]	11	1	6,690.00	0.00	0.00	0.00
8/26/2026	12/31/2026		85	8	1,769.00	299.33	1,839.14	2,138.47
				9	8,459.00	299.33	1,839.14	2,138.47

PROVIDER LEVEL ADJUSTMENTS

PROVIDER #	FISCAL PERIOD	REASON CODE	DESCRIPTION	AMOUNT
[redacted]	12/31/2026	OB AFFILIATE WITHHOLDINGS - SETTLEM	Offset for Affiliated Providers	299.33
				299.33

(Positive Amounts Decrease Payment)

Lavaca Bay final cost report 12-31-25

Reason Codes	Description
2	Coinsurance Amount
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
18	Exact duplicate claim/service. (Use only with Group Code OA except where state workers' compensation regulations requires CO)
22	This care may be covered by another payer per coordination of benefits.
23	The impact of prior payer(s) adjudication including payments and/or adjustments.
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer (s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
253	Sequestration - reduction in federal payment

Remark Codes	Description
M50	Missing/incomplete/invalid revenue code(s).
MA01	Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
MA02	Alert: If you do not agree with this determination, you have the right to appeal. You must file a written request for an appeal within 180 days of the date you receive this notice.
MA18	Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
N522	Duplicate of a claim processed, or to be processed, as a crossover claim.
N598	Health care policy coverage is primary.
N643	The services billed are considered Not Covered or Non-Covered (NC) in the applicable state fee schedule.

Claim Status	Description
1	Processed as Primary
2	Processed as Secondary
4	Denied
19	Processed as Primary, Forwarded to Additional Payer(s)
22	Reversal of Previous Payment

[redacted]

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC ✓

Date Requested: 8-27-26

FOR ACCT. USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Voucher Check

APPROVED ON AUG 31 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 001524

AMOUNT #355.84 ✓

G/L NUMBER: 2656000

EXPLANATION: Medicare withhold Lavaca Bay final cost report 12-31-25

Remit #02204 8-26-26

REQUESTED BY: K. Pokluda

AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
1016 N VIRGINIA ST
PORT LAVACA, TX 779793000

NOVITAS SOLUTIONS
MEDICARE A
P O BOX 3113
MECHANICSBURG, PA 170551828

PROVIDER #: [redacted]
PAID DATE: 8/26/2026
TRACE #: [redacted]
FISCAL PERIOD: 12/31/2026
PAYMENT: $0.00

PATIENT NAME PATIENT ID CODE FROM DT THRU DT CLM STAT TOB	PAT CNTRL NUM MED REC NUM ICN NUMBER INSURED ID CODE	COST COVD NCOVD	TOTAL CHGS OTHER PAY COST OUTLIER MSP PAYMENT	DRG NUM DRG AMOUNT DRG OPR AMT DRG CAP AMT	COVD CHGS NCOVD CHGS DENIED CHGS MISC ADJ	COINSURANCE COPAYMENT DEDUCTIBLE PAT OTHER RESP	CONTRACT ADJ REIMB RATE HCPCS AMOUNT PAYMENT AMT
REPORT SUMMARY		0 0 0	295.00 0.00 0.00 0.00	 0.00 0.00 0.00	175.00 0.00 120.00 0.00	79.00 0.00 0.00 0.00	-259.84 0.00 0.00 355.84

PAID DATE	FISCAL PERIOD	PROVIDER #	TOB	CLAIMS	CHARGES	PAYMENT	CONTRACT	PAY+CONT
8/26/2026	12/31/2026	[redacted]	71	4	295.00	355.84	-259.84	96.00
				4	295.00	355.84	-259.84	96.00

PROVIDER LEVEL ADJUSTMENTS

PROVIDER #	FISCAL PERIOD	REASON CODE	DESCRIPTION	AMOUNT
[redacted]	12/31/2026	OB AFFILIATE WITHHOLDINGS - SETTLEM	Offset for Affiliated Providers	355.84
(Positive Amounts Decrease Payment)				355.84

Lavaca Bay final cost report 12-31-25

Reason Codes	Description
2	Coinsurance Amount
18	Exact duplicate claim/service. (Use only with Group Code OA except where state workers' compensation regulations requires CO)
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer (s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
94	Processed in Excess of charges.
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
253	Sequestration - reduction in federal payment

Remark Codes	Description
M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
MA01	Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
MA18	Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
N522	Duplicate of a claim processed, or to be processed, as a crossover claim.

Claim Status	Description
1	Processed as Primary
4	Denied
19	Processed as Primary, Forwarded to Additional Payer(s)
22	Reversal of Previous Payment

[redacted]

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

MP

MEMORIAL MEDICAL CENTER
LAVACA BAY NURSING & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001184

Date 9-3-26 88-2265/1131

PAY
TO THE
ORDER OF MMC Operating $ 3,823.00

Three thousand eight hundred twenty-three & 00/100 DOLLARS

PROSPERITY BANK®

MP

FOR Cost Report

Security features are included. Details on back.

[redacted]

Transaction Report

PROSPERITY BANK

Transaction Report for account *5506

Reported on Thu Sep 03 15:15:00 GMT 2026

Current Balance $13,586.95
Interest Accrued $3.08
Available Balance $13,586.95

Date		Description	Credit	Debit	Running Balance
09/02/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		$47,658.07	$13,586.95
08/31/2026		Credit Interest Credit Interest	$211.95		$61,245.02
08/31/2026	123872432647780	Deposit Deposit	$7,499.00		$61,033.07
08/31/2026		External Deposit HUMANA INS CO 1731357 - HCCLAIMPMT TRN*1*198194448260827*1391263473\ 4491100	$1,953.00		$53,534.07
08/28/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1261686224*1341858379\ 746003411	$3,744.86		$51,581.07
08/28/2026		External Deposit HOSPICE OF SOUTH - Payments Lavaca Bay Nursing NF	$2,477.65		$47,836.21
08/27/2026		External Deposit HIC KY 1729371 - HCCLAIMPMT TRN*1*1979459932 60825*1611311685\ 4239641	$7,524.68		$45,358.56
08/26/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		$205,594.83	$37,833.88
08/26/2026		External Deposit CENTENE CORP - HCCLAIMPMT TRN*1*0913518077*1742770542\	$597.89		$243,428.71
08/25/2026	127052372646339	Deposit Deposit	$23,288.15		$242,830.82

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
BSL	001184	09/03/26	3,823.00	MMC OPERATING
TOTALS:			3,823.00	