MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 9, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 848,312.63
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED September 9, 2026	$ 848,312.63
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	$ 296,362.73
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	$ 650,166.75
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED September 9, 2026	$ 946,529.48
GRAND TOTAL FOR APPROVAL ON September 9, 2026	$ 1,794,842.11

APPROVED

SEP 09 2026

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 9, 2026

PAYABLES AND PAYROLL

9/4/2026	Weekly Payables	220,209.88	
9/4/2026	Patient Refunds	326.94	
9/8/2026	Morris & Dickson - MMC Rx	59,199.29	
9/8/2026	McKesson-340B Prescription Expense	20,360.25	
9/8/2026	Cencora-340B Prescription Expense	1,436.93	
9/8/2026	Cencora-340B Prescription Expense	110.54	
9/8/2026	Payroll Liabilities - Payroll Taxes	124,173.78	
9/8/2026	Payroll	397,067.22	

Prosperity Electronic Bank Payments

9/8/2026	90 Degree Benefits - employee insurance claims	21,500.37	
9/8/2026	Pay Plus - Patient Claims Processing Fee	809.16	
9/8/2026	Credit Card Processing Fee	658.26	
9/8/2026	Authnet Gateway	25.00	
9/8/2026	Loyal Health Trubridge - Credit Card Processing Fee	1,337.19	
9/8/2026	Health Equity - HSA Contributions	1,097.82	

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	**$**	**848,312.63**

GRAND TOTAL DISBURSEMENTS APPROVED September 9, 2026	**$**	**848,312.63**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

9/4/2026	MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error	11,880.66	
9/4/2026	MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error	167,761.64	
9/4/2026	MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error	116,720.43	

TOTAL TRANSFERS BETWEEN FUNDS	**$**	**296,362.73**

NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS

9/8/2026	Nursing Home UPL - Nexion Transfer	188,063.74	
9/8/2026	Nursing Home UPL - Tuscany Transfer	302,045.84	
9/8/2026	Nursing Home UPL - HSL Transfer	160,057.17	

TOTAL NURSING HOME UPL EXPENSES	**$**	**650,166.75**

GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED September 9, 2026	**$**	**946,529.48**

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
9174896899		09/02/202	08/21/202	09/15/202			3,381.14	0.00	0.00	3,381.14
	OXYGEN 3 chlorinating tablets									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,381.14	0.00	0.00	3,381.14

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
1NK1WWJMT9N3		08/31/202	08/14/202	09/13/202			185.14	0.00	0.00	185.14
	TV REMOTE									
1JWCHDGM4VMV		08/31/202	08/17/202	09/16/202			156.40	0.00	0.00	156.40
	ADHESIVE SIGN x20									
1CFFRL466P93		08/31/202	08/17/202	09/16/202			35.98	0.00	0.00	35.98
	LED LIGHT									
16R4VPPW6HKX		08/31/202	08/18/202	09/17/202			359.97	0.00	0.00	359.97
	SURGICAL MEDICAL EXAM LAMP x3									
13RD6T1TY6FL		08/31/202	08/19/202	09/10/202			19.69	0.00	0.00	19.69
	SHARPIE MARKERS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	757.18	0.00	0.00	757.18

Vendor#	Vendor Name	Class	Pay Code
10095	APEX PRACTICE SOLUTIONS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7960		09/02/202	09/01/202	09/01/202			4,800.00	0.00	0.00	4,800.00
	CRNA/ HOSPITAL CREDENTIALING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10095	APEX PRACTICE SOLUTIONS INC	4,800.00	0.00	0.00	4,800.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112593376		08/01/202	04/02/202	04/27/202			1,153.29	0.00	0.00	1,153.29
	SUPPLIES Sample cup, Access wash buffer II, waste bags, reaction vessel,									
31433548		08/31/202	08/14/202	09/08/202			4,128.00	0.00	0.00	4,128.00
	ACCESS 2 IMMUNOASSAY ANALYZER 3 brush									
31434102		08/31/202	08/20/202	09/14/202			4,644.00	0.00	0.00	4,644.00
	DXM 1040 MICROSCAN WALKAWAY									
4627963		08/31/202	08/21/202	09/15/202			1,484.00	0.00	0.00	1,484.00
	ACCESS 2 IMMUNOASSAY analyzer									
112805586		09/02/202	08/04/202	08/29/202			625.30	0.00	0.00	625.30
	DXH DILUENT/ DXH CLEANER									
112806147		09/02/202	08/04/202	08/29/202			92.83	0.00	0.00	92.83
	FP S CALIBRATOR									
7409313		09/02/202	08/20/202	09/10/202			8,889.45	0.00	0.00	8,889.45
	METER BILLING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	21,016.87	0.00	0.00	21,016.87

Vendor#	Vendor Name	Class	Pay Code
11072	BIO-RAD LABORATORIES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
909486588		09/01/202	08/19/202	09/01/202			1,981.80	0.00	0.00	1,981.80
	Viroclear, Virotrol I, Virotrol II, 3 Virotrol III									

VIROCLEAR/VIROTROL

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	1,981.80	0.00	0.00	1,981.80

Vendor# 10926 Vendor Name: CAITLIN CLEVENGER — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090126		09/01/202	09/01/202	09/01/202			278.21	0.00	0.00	278.21
	QIPP PRGRAM VISIT - travel: golden creek & tuscany village									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10926	CAITLIN CLEVENGER	278.21	0.00	0.00	278.21

Vendor# 14120 Vendor Name: CALHOUN COUNTY EMS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202608		08/02/202	09/01/202	09/01/202			6,160.00	0.00	0.00	6,160.00
	EMS transfers 8/4-8/31									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14120	CALHOUN COUNTY EMS	6,160.00	0.00	0.00	6,160.00

Vendor# 13000 Vendor Name: CLEARFLY — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV847209		09/01/202	09/01/202	09/01/202			1,240.83	0.00	0.00	1,240.83
	ALLWORX PHONES - 1014 N. Virginia st. & 815 N. Virginia St.									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13000	CLEARFLY	1,240.83	0.00	0.00	1,240.83

Vendor# 10212 Vendor Name: CLINICAL PATHOLOGY LABS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17656073126		08/01/202	07/31/202	07/31/202			19,294.38	0.00	0.00	19,294.38
	JULY INVOICE/ PT LAB DRAWS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS	19,294.38	0.00	0.00	19,294.38

Vendor# 11616 Vendor Name: CONTROL SOLUTIONS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DSINV036082		09/02/202	08/18/202	08/18/202			83.21	0.00	0.00	83.21
	CALIBRATION FOR REFRIG/FREE LER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11616	CONTROL SOLUTIONS	83.21	0.00	0.00	83.21

Vendor# 10368 Vendor Name: DEWITT POTH & SON — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8470310		09/01/202	08/18/202	09/12/202			424.42	0.00	0.00	424.42
	LASER PRINT CARTRIDGES & Storage files									
8470311		09/01/202	08/19/202	09/13/202			48.51	0.00	0.00	48.51
	STORAGE FILES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	472.93	0.00	0.00	472.93

Vendor# 12484 Vendor Name: EL CAMPO REFRIGERATION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
113145		09/01/202	09/01/202	09/01/202			825.00	0.00	0.00	825.00
	ICE WATER DISPENSER x3									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12484	EL CAMPO REFRIGERATION	825.00	0.00	0.00	825.00

Vendor# F1400 Vendor Name: FISHER HEALTHCARE — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0089243		08/04/202	07/16/202	08/10/202			4,018.94	0.00	0.00	4,018.94
	HIV MONITORING KIT, Lipid Profile, ½ Labcraft Dionz Wtr									
0737136		08/31/202	08/14/202	09/08/202			188.55	0.00	0.00	188.55
	DS CALIBRATOR KIT									
0767204		08/31/202	08/17/202	09/11/202			129.13	0.00	0.00	129.13
	FB APPLCTR COTTON TIP									
0832513		08/31/202	08/19/202	09/13/202			221.15	0.00	0.00	221.15
	PIPETTE TIPS ½ Surevo Rota Central 2x1 mL									
0990800		08/31/202	08/26/202	09/10/202			4,077.44	0.00	0.00	4,077.44
	LIPID PROFILE CASSETTES ½ 6 in wood applicator									
1024071		08/31/202	08/27/202	09/10/202			58.04	0.00	0.00	58.04
	WIPES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	8,693.25	0.00	0.00	8,693.25

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082326		09/02/202	08/23/202	08/23/202			40.42	0.00	0.00	40.42
	FAX LINES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	40.42	0.00	0.00	40.42

Vendor#	Vendor Name	Class	Pay Code
14156	FUJI FILM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91838782		08/02/202	08/25/202	08/27/202			7,916.67	0.00	0.00	7,916.67
	MRI MACHINE MAINT/ AUG INV									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14156	FUJI FILM	7,916.67	0.00	0.00	7,916.67

Vendor#	Vendor Name	Class	Pay Code
11149	GBS ADMINISTRATORS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
492624677755		09/02/202	08/20/202	09/01/202			5,049.88	0.00	0.00	5,049.88
	employee benefits									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11149	GBS ADMINISTRATORS, INC	5,049.88	0.00	0.00	5,049.88

Vendor#	Vendor Name	Class	Pay Code
18460	GOLDEN CRESCENT PAIN MANAGEMEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202608		08/25/202	08/31/202	08/31/202			5,300.00	0.00	0.00	5,300.00
	NSPM PROFESSIONAL SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18460	GOLDEN CRESCENT PAIN MANAGEMEN	5,300.00	0.00	0.00	5,300.00

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
42878770		09/02/202	08/30/202	09/10/202			11,476.86	0.00	0.00	11,476.86
	PRINTER LEASE FOR SEPTEMBER - Kyocera									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS	11,476.86	0.00	0.00	11,476.86

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
083126		08/02/202	08/31/202	08/31/202			25.00	0.00	0.00	25.00
	LAB REPORT DELIVERY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	G0401	GULF COAST DELIVERY					25.00	0.00	0.00	25.00
Vendor#	Vendor Name				Class	Pay Code				
H0031	HEB CREDIT RECEIVABLES DEPT308									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	082626A		09/03/202	08/26/202	08/26/202		130.61	0.00	0.00	130.61
		DIETARY SUPPLIES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		H0031	HEB CREDIT RECEIVABLES DEPT308				130.61	0.00	0.00	130.61
Vendor#	Vendor Name				Class	Pay Code				
18388	IMPERIAL DADE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	42832150		08/31/202	08/19/202	08/31/202		147.31	0.00	0.00	147.31
		FLOOR STRIPPING PAD								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		18388	IMPERIAL DADE				147.31	0.00	0.00	147.31
Vendor#	Vendor Name				Class	Pay Code				
11600	LEGAL SHIELD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	081526		08/02/202	08/15/202	08/15/202		409.85	0.00	0.00	409.85
		employee benefits								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11600	LEGAL SHIELD				409.85	0.00	0.00	409.85
Vendor#	Vendor Name				Class	Pay Code				
18456	LISA BLACKETTER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	090126		09/01/202	09/01/202	09/01/202		840.00	0.00	0.00	840.00
		REIMB FOR PRO FEES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		18456	LISA BLACKETTER				840.00	0.00	0.00	840.00
Vendor#	Vendor Name				Class	Pay Code				
10371	LOFTIN EQUIPMENT COMPANY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	00085571		09/02/202	05/01/202	09/02/202		910.00	0.00	0.00	910.00
		GENERATOR MAINT								
	00090859		09/02/202	07/08/202	09/02/202		1,045.00	0.00	0.00	1,045.00
		GENERATOR MAINT								
	SFIN106264		09/02/202	08/19/202	09/10/202		13.65	0.00	0.00	13.65
		FINANCE CHARGE								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10371	LOFTIN EQUIPMENT COMPANY				1,968.65	0.00	0.00	1,968.65
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
	25995501		08/31/202	08/04/202	08/19/202		100.95	0.00	0.00	100.95
		CHLOR APP/ CERVICAL COLLAR								
	26013304		08/31/202	08/06/202	08/21/202		2,137.85	0.00	0.00	2,137.85
		MTS A/B/D MONOCOLONAL GRP								
	26010867		08/31/202	08/06/202	08/21/202		365.12	0.00	0.00	365.12
		ALUMINIUM CRUTCHES								
	26010869		08/31/202	08/06/202	08/21/202		1,483.95	0.00	0.00	1,483.95
		DCA HBA1C RAEGANT KIT								
	26011129		08/31/202	08/06/202	08/21/202		34.41	0.00	0.00	34.41
		CERVICAL COLLAR								
	26023094		08/31/202	08/10/202	08/25/202		1,751.72	0.00	0.00	1,751.72
		ANIT-DD MTS CARD								
	26026021		08/31/202	08/10/202	08/25/202		221.55	0.00	0.00	221.55

Skin Stapler, Sponge, & Swab Stick

	SKIN STAPLER/ SPONGE/ SWABS							
26033168		08/31/202	08/11/202	08/26/202	231.83	0.00	0.00	231.83
	IGLOO WOUND IRRIGATOR & IV admin set							
26032983		08/31/202	08/11/202	08/26/202	102.66	0.00	0.00	102.66
	IV ADMIN SET x2							
26072822		08/31/202	08/18/202	09/02/202	1,236.45	0.00	0.00	1,236.45
	URINALYSIS ANALYZER STARTEI							
26074816		08/31/202	08/19/202	09/03/202	163.10	0.00	0.00	163.10
	BLOOD COLLECTION TUBES							
26074831		08/31/202	08/19/202	09/03/202	1,481.48	0.00	0.00	1,481.48
	DCA HBA1C RAEGENT KIT							
26074222		08/31/202	08/19/202	09/03/202	126.70	0.00	0.00	126.70
	IGLOO WOUND IRRIGATOR							
26101808		08/31/202	08/24/202	09/08/202	400.90	0.00	0.00	400.90
	IV PUMP & Solution Set							
26104609		08/31/202	08/25/202	09/09/202	25.88	0.00	0.00	25.88
	BLOOD COLLECT TUBE							
26118392		08/31/202	08/27/202	09/11/202	44.43	0.00	0.00	44.43
	CHLORAPREP APPLICATOR							
26125792		08/31/202	08/28/202	09/12/202	104.45	0.00	0.00	104.45
	CHLORAPREP APPLICATORS							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	10,013.43	0.00	0.00	10,013.43

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
2439542559		08/24/202	08/11/202	09/05/202			177.24	0.00	0.00	177.24
	TOURNIQUET									
2440800150		08/31/202	08/19/202	09/13/202			426.10	0.00	0.00	426.10
	COVID TEST & RSV Control swab									
2440800158		08/31/202	08/19/202	09/13/202			348.03	0.00	0.00	348.03
	SPINAL NEEDLE									
2440800154		08/31/202	08/19/202	09/13/202			105.06	0.00	0.00	105.06
	IV CATHETER									
2440800151		08/31/202	08/19/202	09/13/202			19.68	0.00	0.00	19.68
	HIP ABDUCTION PILLOW									
2440800153		08/31/202	08/19/202	09/13/202			6,418.45	0.00	0.00	6,418.45
	COVID TEST									
2440800147		08/31/202	08/19/202	09/13/202			864.72	0.00	0.00	864.72
	COVID TEST									
2440800148		08/31/202	08/19/202	09/13/202			1,626.94	0.00	0.00	1,626.94
	ODOR SPRAY/SPINAL EPID TRAY									
2440800149		08/31/202	08/19/202	09/13/202			23,974.81	0.00	0.00	23,974.81
	FLU TEST/ SURG GLOVES/ SUTU RE									
2440800157		08/31/202	08/19/202	09/13/202			397.80	0.00	0.00	397.80
	CAVI WIPE/SHARPS CONTAINER									
2440800155		08/31/202	08/19/202	09/13/202			787.13	0.00	0.00	787.13
	SUCT TUBING/GAUZE/GERM WIP									
2440655713		09/01/202	08/18/202	09/12/202			28.70	0.00	0.00	28.70
	WALKING ORTHOPEDIC BOOT									
2440655714		09/01/202	08/18/202	09/12/202			31.41	0.00	0.00	31.41
	SURGICAL DRAPE									
2440800152		09/01/202	08/19/202	09/13/202			24.97	0.00	0.00	24.97
	HIP ABDUCTION PILLOW									
2440800156		09/01/202	08/19/202	09/13/202			2,964.63	0.00	0.00	2,964.63
	ARMBOARD/WRISTBAND/LAXATI									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC					38,195.67	0.00	0.00	38,195.67

Vendor#	Vendor Name	Class	Pay Code
M2621	MMC AUXILIARY GIFT SHOP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090226		08/02/202	09/02/202	09/02/202			243.82	0.00	0.00	243.82
	EMPLOYEE PAYROLL DEDUCT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	243.82	0.00	0.00	243.82

Vendor#	Vendor Name	Class	Pay Code
18356	MSTS RECEIVABLES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CF83D8FBA		09/04/202	08/31/202	09/10/202			75.93	0.00	0.00	75.93
	WOODEN DOLLYS, Steel dolly, & work gloves									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18356	MSTS RECEIVABLES LLC	75.93	0.00	0.00	75.93

Vendor#	Vendor Name	Class	Pay Code
15224	MUTUAL OF OMAHA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
002179669997		08/02/202	09/01/202	09/01/202			24,206.04	0.00	0.00	24,206.04
	EMPLOYEE INSURANCE/ AUG IN'									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15224	MUTUAL OF OMAHA	24,206.04	0.00	0.00	24,206.04

Vendor#	Vendor Name	Class	Pay Code
13548	NACOGDOCHES TRANSCRIPTION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9118		09/02/202	09/01/202	09/11/202			56.28	0.00	0.00	56.28
	TRANSCRIPTION SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	56.28	0.00	0.00	56.28

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
4661		09/01/202	08/27/202	09/01/202			450.00	0.00	0.00	450.00
	MOVE MED/ SURG NURSES Station desk outlets									

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
14920	REPUBLIC SERVICES, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0847001468677		09/03/202	08/26/202	08/26/202			2,529.20	0.00	0.00	2,529.20
	TRASH SERVICES - 1016 N. Virginia St., 701 N. Virginia St., 815 N. Virginia St.									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14920	REPUBLIC SERVICES, INC.	2,529.20	0.00	0.00	2,529.20

Vendor#	Vendor Name	Class	Pay Code
S1001	SANOFI VACCINES US INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7145754396		09/02/202	08/24/202	08/24/202			2,747.88	0.00	0.00	2,747.88
	FLU VACCINES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S1001	SANOFI VACCINES US INC	2,747.88	0.00	0.00	2,747.88

Vendor#	Vendor Name	Class	Pay Code
S1850	SHIP SHUTTLE TAXI SERVICE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5548		08/31/202	07/25/202	07/25/202			42.00	0.00	0.00	42.00
	SHUTTLE SERVICE FOR PATIENT									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S1850	SHIP SHUTTLE TAXI SERVICE					42.00	0.00	0.00	42.00
Vendor#	Vendor Name				Class	Pay Code				
14240	SMILE MAKERS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9937200		09/02/202	05/27/202	09/02/202		114.89	0.00	0.00	114.89
		STICKERS								
	9939824		09/02/202	06/02/202	09/02/202		52.95	0.00	0.00	52.95
		STICKERS								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14240	SMILE MAKERS					167.84	0.00	0.00	167.84
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
	985626197		08/31/202	08/17/202	08/31/202		7,242.84	0.00	0.00	7,242.84
		R3 20 DEG XLPE ACET LNR 36MM - Hole cover, Hole Shell								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.					7,242.84	0.00	0.00	7,242.84
Vendor#	Vendor Name				Class	Pay Code				
12288	SPBS CLINICAL EQUIPMENT SRVC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1869634		09/02/202	08/18/202	08/19/202		33.75	0.00	0.00	33.75
		LABOR								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQUIPMENT SRVC					33.75	0.00	0.00	33.75
Vendor#	Vendor Name				Class	Pay Code				
10094	ST DAVIDS HEALTHCARE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	MMCPL202607		09/03/202	09/02/202	09/02/202		375.00	0.00	0.00	375.00
		CONNECTIVITY FEE JULY								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTHCARE					375.00	0.00	0.00	375.00
Vendor#	Vendor Name				Class	Pay Code				
10845	STAPLES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	6065136382		08/19/202	05/31/202	06/15/202		288.40	0.00	0.00	288.40
		SHARPIE MARKER/ PRINTER INK								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10845	STAPLES					288.40	0.00	0.00	288.40
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
	9389		08/02/202	08/25/202	09/01/202		5,250.00	0.00	0.00	5,250.00
		SURGICAL SUPPLIES/ AUG INVOI								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14212	SURGICAL DIRECT SOUTH					5,250.00	0.00	0.00	5,250.00
Vendor#	Vendor Name				Class	Pay Code				
10765	TEXAS HOSPITAL ASSOCIATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	0900188146		09/03/202	08/04/202			8,569.00	0.00	0.00	8,569.00
		THA MEMBERSHIP DUES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10765	TEXAS HOSPITAL ASSOCIATION					8,569.00	0.00	0.00	8,569.00
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

2E8D06B5		08/02/202	08/31/202	08/31/202		37.53	0.00	0.00	37.53
	COUNTERTOP - double burner cooktop								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	14064	TREVIPAY- WALMART				37.53	0.00	0.00	37.53
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
	TRI307201		09/02/202	08/26/202	09/10/202		204.92	0.00	0.00	204.92
	FREIGHT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC					204.92	0.00	0.00	204.92
Vendor#	Vendor Name				Class	Pay Code				
15872	TYPENEX MEDICAL LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	26082441		08/31/202	08/12/202	08/31/202		548.75	0.00	0.00	548.75
	BLOOD DISPENSER x4									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15872	TYPENEX MEDICAL LLC					548.75	0.00	0.00	548.75
Vendor#	Vendor Name				Class	Pay Code				
U1064	UNIFIRST HOLDINGS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2921095174		08/19/202	08/17/202	09/12/202		5,847.72	0.00	0.00	5,847.72
	SUPPLIES/LINENS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					5,847.72	0.00	0.00	5,847.72
Vendor#	Vendor Name				Class	Pay Code				
V0552	VERATHON INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	81464587		08/31/202	08/14/202	09/08/202		880.00	0.00	0.00	880.00
	GLIDESCOPE SPECTRUM QC HY									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	V0552	VERATHON INC					880.00	0.00	0.00	880.00
Vendor#	Vendor Name				Class	Pay Code				
I1110	WERFEN USA LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9112298382		08/31/202	08/18/202	09/12/202		1,571.67	0.00	0.00	1,571.67
	CONTRACT 5000005128									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC					1,571.67	0.00	0.00	1,571.67
Vendor#	Vendor Name				Class	Pay Code				
18464	WINNIE STOWELL HOSP DIST 1									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	062526		09/03/202	06/25/202	06/25/202		8,342.16	0.00	0.00	8,342.16
	GULF POINTE Y7 IGT REFUND									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	18464	WINNIE STOWELL HOSP DIST 1					8,342.16	0.00	0.00	8,342.16

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	220,209.88	0.00	0.00	220,209.88

APPROVED ON

SEP 04 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 214078 - 214128

RUN DATE: 09/03/26 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 11:17 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER		PAYEE NAME		DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
6002857	01	[redacted]		083126	40.00	5		[redacted]	
			TX	77979					
6004245	01			083126	34.44	5			
6007638	01			083126	75.00	5			
			TX	77979					
6014493	01			083126	26.00	5			
6021983	01			090326	22.50	5			
			TX	77983					
6025345	01			083126	22.50	5			
			TX	77465					
6033289	01			083126	84.00	5			
			TX	77983					
6041823	01			083126	22.50	5			
			TX	77990					

ARID=0001 TOTAL 326.94

TOTAL 326.94

Chk# 214132 - 214139

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	214078	09/09/26	3,381.14	AIRGAS USA, LLC - CENTRAL DIV
A/P	214079	09/09/26	757.18	AMAZON CAPITAL SERVICES
A/P	214080	09/09/26	4,800.00	APEX PRACTICE SOLUTIONS INC
A/P	214081	09/09/26	21,016.87	BECKMAN COULTER INC
A/P	214082	09/09/26	1,981.80	BIO-RAD LABORATORIES, INC
A/P	214083	09/09/26	278.21	CAITLIN CLEVENGER
A/P	214084	09/09/26	6,160.00	CALHOUN COUNTY EMS
A/P	214085	09/09/26	1,240.83	CLEARFLY
A/P	214086	09/09/26	19,294.38	CLINICAL PATHOLOGY LABS
A/P	214087	09/09/26	83.21	CONTROL SOLUTIONS
A/P	214088	09/09/26	472.93	DEWITT POTH & SON
A/P	214089	09/09/26	825.00	EL CAMPO REFRIGERATION
A/P	214090	09/09/26	8,693.25	FISHER HEALTHCARE
A/P	214091	09/09/26	40.42	FRONTIER
A/P	214092	09/09/26	7,916.67	FUJI FILM
A/P	214093	09/09/26	5,049.88	GBS ADMINISTRATORS, INC
A/P	214094	09/09/26	5,300.00	GOLDEN CRESCENT PAIN MANAGEMEN
A/P	214095	09/09/26	11,476.86	GREAT AMERICA FINANCIAL SVCS
A/P	214096	09/09/26	25.00	GULF COAST DELIVERY
A/P	214097	09/09/26	130.61	HEB CREDIT RECEIVABLES DEPT308
A/P	214098	09/09/26	147.31	IMPERIAL DADE
A/P	214099	09/09/26	409.85	LEGAL SHIELD
A/P	214100	09/09/26	840.00	LISA BLACKETTER
A/P	214101	09/09/26	1,968.65	LOFTIN EQUIPMENT COMPANY
A/P	214102	09/09/26	.00	VOIDED
A/P	214103	09/09/26	.00	VOIDED
A/P	214104	09/09/26	10,013.43	MCKESSON MEDICAL SURGICAL INC
A/P	214105	09/09/26	.00	VOIDED
A/P	214106	09/09/26	38,195.67	MEDLINE INDUSTRIES INC
A/P	214107	09/09/26	243.82	MMC AUXILIARY GIFT SHOP
A/P	214108	09/09/26	75.93	MSTS RECEIVABLES LLC
A/P	214109	09/09/26	24,206.04	MUTUAL OF OMAHA
A/P	214110	09/09/26	56.28	NACOGDOCHES TRANSCRIPTION
A/P	214111	09/09/26	450.00	POC ELECTRIC, LLC
A/P	214112	09/09/26	2,529.20	REPUBLIC SERVICES, INC.
A/P	214113	09/09/26	2,747.88	SANOFI VACCINES US INC
A/P	214114	09/09/26	42.00	SHIP SHUTTLE TAXI SERVICE
A/P	214115	09/09/26	167.84	SMILE MAKERS
A/P	214116	09/09/26	7,242.84	SMITH & NEPHEW, INC.
A/P	214117	09/09/26	33.75	SPBS CLINICAL EQUIPMENT SRVC
A/P	214118	09/09/26	375.00	ST DAVIDS HEALTHCARE
A/P	214119	09/09/26	288.40	STAPLES
A/P	214120	09/09/26	5,250.00	SURGICAL DIRECT SOUTH
A/P	214121	09/09/26	8,569.00	TEXAS HOSPITAL ASSOCIATION
A/P	214122	09/09/26	37.53	TREVIPAY- WALMART
A/P	214123	09/09/26	204.92	TRIOSE, INC
A/P	214124	09/09/26	548.75	TYPENEX MEDICAL LLC
A/P	214125	09/09/26	5,847.72	UNIFIRST HOLDINGS INC
A/P	214126	09/09/26	880.00	VERATHON INC
A/P	214127	09/09/26	1,571.67	WERFEN USA LLC

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	214128	09/09/26	8,342.16	WINNIE STOWELL HOSP DIST 1
A/P	214129	09/09/26	167,761.64	GOLDENCREEK HEALTHCARE
A/P	214130	09/09/26	11,880.66	LAVACA BAY NURSING AND REHAB
A/P	214131	09/09/26	116,720.43	TUSCANY VILLAGE
A/P	214132	09/09/26	34.44	[redacted]
A/P	214133	09/09/26	26.00	
A/P	214134	09/09/26	84.00	
A/P	214135	09/09/26	22.50	
A/P	214136	09/09/26	22.50	
A/P	214137	09/09/26	22.50	
A/P	214138	09/09/26	40.00	
A/P	214139	09/09/26	75.00	
TOTALS:			516,899.55	

220,209.88 — payables
326.94 — pt. refunds
11,880.66 — lavaca bay
167,761.64 — golden creek
116,720.43 — tuscany
516,899.55

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
8/18/2026	9/10/2026	5198645	5,783.26
8/18/2026	9/10/2026	0226861	5,711.31
8/19/2026	9/10/2026	5204642	1,902.01
8/19/2026	9/10/2026	5204654	2,891.63
8/20/2026	9/10/2026	5212763	56.49
8/25/2026	9/10/2026	SC2133	92.53
8/25/2026	9/10/2026	SC2134	93.06
8/25/2026	9/10/2026	5229751	205.13
8/27/2026	9/10/2026	0228673	2,143.23
8/27/2026	9/10/2026	5241569	2,141.36
8/27/2026	9/10/2026	5244762	51.89
8/27/2026	9/10/2026	5244763	52.67
8/27/2026	9/10/2026	5247401	221.37
8/28/2026	9/10/2026	5247614	3,409.90
8/30/2026	9/10/2026	5253626	764.02
8/30/2026	9/10/2026	5253627	41.69
8/30/2026	9/10/2026	5253628	606.31
8/31/2026	9/10/2026	5258496	108.08
8/31/2026	9/10/2026	5258497	871.26
9/1/2026	9/25/2026	0229567	5,711.31
9/1/2026	9/10/2026	5261621	26.97
9/1/2026	9/10/2026	5261622	71.33
9/1/2026	9/10/2026	5261623	44.12
9/1/2026	9/10/2026	5263259	20.76
9/1/2026	9/10/2026	5263260	211.46
9/1/2026	9/10/2026	5263261	51.20
9/2/2026	9/9/2026	4038	25.00
9/2/2026	9/25/2026	5267973	326.92
9/2/2026	9/25/2026	5270800	413.08
9/2/2026	9/25/2026	5270799	49.23
9/2/2026	9/25/2026	5267972	426.14
9/2/2026	9/25/2026	5267974	577.35
9/2/2026	9/25/2026	5267971	41.50
9/3/2026	9/25/2026	0230128	4,963.06
9/3/2026	9/25/2026	5276168	11.58
9/3/2026	9/25/2026	5276166	326.11
9/3/2026	9/25/2026	5276167	1,705.97
9/3/2026	9/2/2026	4037	25.00
8/7/2026	8/25/2026	0224565	2,143.23
7/15/2026	7/25/2026	0220021	5,520.18
7/17/2026	8/10/2026	0220348	3,577.23
7/13/2026	7/25/2026	5041051	5,783.36
			59,199.29

APPROVED ON

SEP 08 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MSC

Michelle Cumberland, CFO

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: 09/04/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 09/04/2026

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

As of: 09/04/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 09/04/2026 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 20,790.42 USD

Future Due: 0.00

Past Due: 719.85-

Last Payment 2,451.97
08/07/2017

If Paid By 09/08/2026, Pay This Amount: 20,360.25 USD

If Paid After 09/08/2026, Pay this Amount: 20,790.42 USD

Due If Paid On Time: USD 20,360.25
Disc lost if paid late: ~~439.17~~

Due If Paid Late: USD 20,790.42

20,346.97
13.28
20,360.25

APPROVED ON
SEP 08 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/04/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 09/04/2026

APPROVED ON
SEP 08 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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As of: 09/04/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 09/04/2026

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342	**WALMART 1098/MEM MED PHS**										
08/29/2026	09/08/2026	7655008697	292876269	115Invoice	5.67	283.62		277.95		7655008697	✓
08/29/2026	09/08/2026	7655008698	286040182	115Invoice	9.13	456.30		447.17		7655008698	✓
08/31/2026	09/08/2026	7655256523	290014541	115Invoice	4.36	218.24		213.88		7655256523	✓
08/31/2026	09/08/2026	7655256524	291464773	115Invoice	2.28	114.11		111.83		7655256524	✓
08/31/2026	09/08/2026	7655256525	286282358	115Invoice	0.01	0.63		0.62		7655256525	✓
08/31/2026	09/08/2026	7655256527	284834899	115Invoice	0.01	0.63		0.62		7655256527	✓
08/31/2026	09/08/2026	7655256528	285139340	115Invoice	0.01	0.32		0.31		7655256528	✓
08/31/2026	09/08/2026	7655256529	293409496	115Invoice	5.67	283.62		277.95		7655256529	✓
08/31/2026	09/08/2026	7655256530	295200154	115Invoice	0.01	0.63		0.62		7655256530	✓
08/31/2026	09/08/2026	7655256531	295200154	115Invoice	10.19	509.63		499.44		7655256531	✓
08/31/2026	09/08/2026	7655256532	295231487	115Invoice	10.19	509.63		499.44		7655256532	✓
09/01/2026	09/08/2026	7655506555	291549179	115Invoice	2.28	114.11		111.83		7655506555	✓
09/01/2026	09/08/2026	7655506556	290620515	115Invoice	14.69	734.54		719.85		7655506556	✓
09/01/2026	09/08/2026	7655506557	293375967	115Invoice	1.31	65.54		64.23		7655506557	✓
09/02/2026	09/08/2026	7655773986	288659010	115Invoice	7.44	372.09		364.65		7655773986	✓
09/02/2026	09/08/2026	7655773987	295536633	115Invoice	28.72	1,435.76		1,407.04		7655773987	✓
09/02/2026	09/08/2026	7655773988	284999160	163Invoice	8.80	440.00		431.20		7655773988	✓
09/02/2026	09/08/2026	7655773989	285139340	115Invoice	0.02	0.95		0.93		7655773989	✓
09/02/2026	09/08/2026	7655773990	285207325	115Invoice	0.01	0.32		0.31		7655773990	✓
09/02/2026	09/08/2026	7655773991	285004116	115Invoice	5.83	291.59		285.76		7655773991	✓
09/02/2026	09/08/2026	7655773992	284999159	120Invoice	0.01	0.32		0.31		7655773992	✓
09/02/2026	09/08/2026	7655773993	285386800	195Invoice	8.51	425.27		416.76		7655773993	✓
09/02/2026	09/08/2026	7655773994	294639955	115Invoice	5.67	283.62		277.95		7655773994	✓
09/02/2026	09/08/2026	7655773995	295261608	115Invoice	5.67	283.62		277.95		7655773995	✓
09/02/2026	09/08/2026	7655773996	285150986	165Invoice	2.12	106.18		104.06		7655773996	✓
09/02/2026	09/08/2026	7655773997	285150984	115Invoice	87.05	4,352.33		4,265.28		7655773997	✓
09/02/2026	09/08/2026	7655773998	284999159	120Invoice	56.24	2,812.18		2,755.94		7655773998	✓
09/02/2026	09/08/2026	7655773999	285146701	163Invoice	15.70	784.90		769.20		7655773999	✓
09/02/2026	09/08/2026	7655774200	284999159	120Invoice	0.11	5.69		5.58		7655774200	✓
09/02/2026	09/08/2026	7655774201	285447449	115Invoice	1.48	74.22		72.74		7655774201	✓
09/02/2026	09/08/2026	7655774202	284999160	163Invoice	0.04	2.21		2.17		7655774202	✓

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McKESSON

Company: 8000

STATEMENT

As of: 09/04/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 09/04/2026

APPROVED ON
SEP 08 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMT DUE REMITTED VIA ACH DEBIT
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As of: 09/04/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 09/04/2026 **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	
09/02/2026	09/08/2026	7655774203	285150984	115Invoice	0.04	1.90		1.86		7655774203	✓
09/02/2026	09/08/2026	7655774204	284999159	120Invoice	60.65	3,032.36		2,971.71		7655774204	✓
09/02/2026	09/02/2026	7655821168	MFC PR CORR CR	Pricing Cor		719.85-	P	719.85-	P	7655821168	✓
09/02/2026	09/08/2026	7655821169	MFC PR CORR IN	Pricing Cor	12.42	620.88		608.46		7655821169	✓
09/03/2026	09/08/2026	7656027688	295370450	115Invoice	5.67	283.62		277.95		7656027688	✓
09/03/2026	09/08/2026	7656027689	285146701	163Invoice	2.20	110.00		107.80		7656027689	✓
09/03/2026	09/08/2026	7656027690	285150984	115Invoice	5.11	255.65		250.54		7656027690	✓
09/03/2026	09/08/2026	7656027691	295698902	115Invoice	2.27	113.45		111.18		7656027691	✓
09/04/2026	09/08/2026	7656263925	286612746	115Invoice	28.89	1,444.59		1,415.70		7656263925	✓
09/04/2026	09/08/2026	7656263926	295849371	115Invoice	4.01	200.72		196.71		7656263926	✓
09/04/2026	09/08/2026	7656263927	286772068	115Invoice	2.65	132.49		129.84		7656263927	✓
09/04/2026	09/08/2026	7656263928	287715101	115Invoice	1.32	66.24		64.92		7656263928	✓
09/04/2026	09/08/2026	7656263929	285458446	115Invoice	5.44	272.02		266.58		7656263929	✓

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 20,776.87 USD

Future Due: 0.00

Past Due: 719.85-

Last Payment 5,650.05
08/31/2026

If Paid By 09/08/2026,
Pay This Amount: 20,346.97 USD

If Paid After 09/08/2026,
Pay this Amount: 20,776.87 USD

Due If Paid On Time:
USD 20,346.97

Disc lost if paid late: 429.90

Due If Paid Late:
USD 20,776.87

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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: 09/04/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 09/04/2026

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As of: 09/04/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 09/04/2026 **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											
09/03/2026	09/08/2026	7655850600	B2609-055-473508	115Invoice	0.27	13.55		13.28		7655850600	

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: 13.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,650.05
08/31/2026

If Paid By 09/08/2026,
Pay This Amount: 13.28 USD

If Paid After 09/08/2026,
Pay this Amount: 13.55 USD

Due If Paid On Time:
USD 13.28

Disc lost if paid late:
0.27

Due If Paid Late:
USD 13.55

APPROVED ON
SEP 08 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 72818708
Date: 09-04-2026

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:	1,436.93
Past Due:	0.00
Total Due:	1,436.93
Account Balance:	1,436.93

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-31-2026	09-11-2026	3262071857	7012531480	Invoice	1,143.56		0.00	1,143.56
08-31-2026	09-11-2026	3262071858	7012531762	Invoice	277.17		0.00	277.17
09-04-2026	09-11-2026	3262659742	7012556239	Invoice	16.20		0.00	16.20

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,436.93	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
09-04-2026	(2,053.44)

Reminders

Due Date	Amount
09-11-2026	1,436.93
Total Due:	1,436.93

M&C

APPROVED ON
SEP 08 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: 72833213
Date: 09-04-2026

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:	110.54
Past Due:	0.00
Total Due:	110.54
Account Balance:	110.54

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-31-2026	09-11-2026	3262053687	7012527354	Invoice	11.00		0.00	11.00
08-31-2026	09-11-2026	3262115901	7012538169	Invoice	2.40		0.00	2.40
09-02-2026	09-11-2026	3262410201	7012549524	Invoice	93.66		0.00	93.66
09-03-2026	09-11-2026	3262551748	7012556685	Invoice	3.48		0.00	3.48

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
110.54	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
09-11-2026	110.54
Total Due:	110.54

APPROVED ON
SEP 08 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Processing Number: 0000007771284397 Document Type: Customer Statement 20260905000155

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

	####	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	26	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	09	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 124,173.78	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 65,932.54	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 15,419.76	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 42,821.48	#
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:	
CALLED IN DATE:	
CALLED IN TIME:	

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

			VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN		8/21/2026					
PAY PERIOD: END		9/3/2026					
PAY DATE:		9/11/2026					
GROSS PAY:	$	568,543.69			$ -		$ 568,543.69
DEDUCTIONS:							
A/R	$	545.00					$ 545.00
ADVANC							$ -
BOOTS							$ -
~~MUTUAL CRITICAL ILLNESS~~							$ -
~~MUTUAL ACCIDENT~~							$ -
IRS TAX							$ -
~~MUTUAL SHORT TERM DIS~~							$ -
MUTUAL VISION	$	835.52					$ 835.52
CAFÉ-D	$	1,325.14					$ 1,325.14
CAFÉ-H	$	29,679.57					$ 29,679.57
	$	-					$ -
	$	-					$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	-					$ -
CLINIC							$ -
COMBIN	$	195.70					$ 195.70
CREDUN	$	-					$ -
DENTAL	$	-					$ -
DEP-LF							$ -
MUTUAL TERM LIFE	$	1,139.24					$ 1,139.24
MUTUAL HOSP INDEM	$	669.50					$ 669.50
FED TAX	$	42,821.48					$ 42,821.48
FICA-M	$	7,709.88					$ 7,709.88
FICA-O	$	32,966.27					$ 32,966.27
FICA-M ADDITIONAL							$ -
FIRST C							$ -
FLEX S	$	4,692.97					$ 4,692.97
FLX-FE	$	-					$ -
GIFT S	$	155.90					$ 155.90
MUTUAL CRITICAL ILLNESS	$	867.38					$ 867.38
MUTUAL ACCIDENT	$	641.68					$ 641.68
MUTUAL SHORT TERM DIS	$	2,012.53					$ 2,012.53
LEGAL	$	1,013.98					$ 1,013.98
OTHER	$	4,456.13					$ 4,456.13
NATIONAL FARM LIFE	$	1,194.33					$ 1,194.33
MED SURCHARGE							$ -
Blank							$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	295.00					$ 295.00
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	38,259.27					$ 38,259.27
UW/HOS	$	-					$ -
TOTAL DEDUCTIONS:	$	171,476.47	$ -	$ -	$ -	$ -	$ 171,476.47
	SHOULD MATCH REPORT		**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$	397,067.22	$ -	$ -	$ -	$ -	$ 397,067.22
	SHOULD MATCH REPORT		**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$	36,828.20	**Less Exempt:**				
TAXABLE PAY:	$	531,715.49	$ 531,715.49				**Exempt Amt:**

			CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$	7,709.87		
FICA - MED (EE)	1.45%	$	7,709.87	$ 7,709.88	$ (0.01)
FICA - SOC SEC (ER)	6.20%	$	32,966.36		
FICA - SOC SEC (EE)	6.20%	$	32,966.36	$ 32,966.27	$ 0.09
FED WITHHOLDING		$	42,821.48	$ 42,821.48	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL:

TAX DEPOSIT:		$	124,173.94	$ 124,173.78	
FICA - MEDICARE	2.90%	$	15,419.74	$15,419.76	
FICA - SOCIAL SECURITY	12.40%	$	65,932.72	$65,932.54	**PREPARED BY:** Sariah Rubio
FED WITHHOLDING		$	42,821.48	$42,821.48	**PREPARED DATE:** 9/8/2026
TOTAL TAX:		$	124,173.94	$124,173.78	$ 0.16

Final Summary

-- PayCode Summary --

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9143.25	N		N	N		231360.74
1	REGULAR PAY-S1	2148.00	N		N	N	N	122402.39
1	REGULAR PAY-S1	160.75	Y		N	N		7581.36
2	REGULAR PAY-S2	2474.50	N		N	N		73402.96
2	REGULAR PAY-S2	4.25	N		N	N	N	171.06
2	REGULAR PAY-S2	86.25	Y		N	N		3168.35
3	REGULAR PAY-S3	1666.25	N		N	N		60073.83
3	REGULAR PAY-S3	85.75	Y		N	N		4933.10
4	CALL BACK PAY	21.25	N	1	N	N	Y	671.59
4	CALL BACK PAY	2.00	N	3	N	N	Y	68.00
4	CALL BACK PAY	.25	Y	1	N	N	Y	7.30
C	CALL PAY	256.00	N		N	N	N	512.00
C	CALL PAY	2295.50	N	1	N	N		4591.00
E	EXTRA WAGES		N		N	N	N	241.72
E	EXTRA WAGES		N	1	N	N	N	1770.00
F	FUNERAL LEAVE	36.00	N	1	N	N		1160.28
I	INSERVICE	21.50	N	1	N	N		779.69
J	JURY LEAVE	8.00	N	1	N	N		288.40
K	EXTENDED-ILLNESS-BANK	10.00	N		N	N	N	360.50
K	EXTENDED-ILLNESS-BANK	162.00	N	1	N	N		5882.56
N	CRNA Pay	80.00	N		N	N	N	10400.00
P	PAID-TIME-OFF	244.14	N		N	N	N	7483.29
P	PAID-TIME-OFF	1021.93	N	1	N	N		28859.57
X	CALL PAY 2	158.00	N	1	N	N		316.00
Y	YMCA/CURVES		N		N	N	N	15.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
t	PHONE & DATA		N		N	N	N	1755.00

-- Deductions Summary --

Code	Amount					
A/R	225.00	A/R2	320.00	A/R3		
ADVANC		AWARDS		BADGE		
BCBSVI		BOOTS		CAFE H		
CAFE-1		CAFE-2		CAFE-3		
CAFE-4		CAFE-5		CAFE-C		
CAFE-D	1325.14	CAFE-F		CAFE-H	29679.57	
CAFE-I		CAFE-L		CAFE-P		
CANCER		CHILD		CLINIC		
COMBIN	195.70	CREDUN		DD ADV		
DENTAL		DEP-LF		DIS-LF		
EAT		EATCSH	1110.00	FEDTAX	42821.48	
FICA-M	7709.88	FICA-O	32966.27	FIRSTC		
FLEX S	4120.15	FLX FE		FORT D		
FUTA		GIFT S	155.90	GRANT		
GRP-IN		GTL		HOSP-I		
HSA	572.82	ID TFT		IRSTAX		
LEAF		LEGAL	204.98	MASA	809.00	
MEALS	3346.13	METVIS		MISC		
MISC/		MMCSHR		MOOACC	641.68	
MOOILL	867.38	MOOIND	669.50	MOOLIF	1139.24	
MOOSTD	2012.53	MOOVIS	835.52	NATFML	1194.33	
OTHER		PHI		PHI***		
PR FIN		RELAY		REPAY		
SAMS		SCRUBS		SIGNON		
ST-TX		STONDP	295.00	STONE		
STONE2		STUDEN		SUNACC		
SUNILL		SUNIND		SUNLIF		
SUNSTD		SUNVIS		SURCHG		
TSA-1		TSA-2		TSA-C		
TSA-P		TSA-R	38259.23	TUTION		
UNIFOR		UW/HOS				

-------------------- Grand Totals: 20181.57 ------- (Gross: 568543.69 Deductions: 171476.47 Net: 397067.22

Checks Count:- FT 200 PT 10 Other 42 Female 228 Male 23 Credit OverAmt 22 ZeroNet Term Total: 251

GRNO	GVNO	LOCNO	SMNO	DENO	CLYRE	CLVNO	CLMSUF	CKDT	AMT	CLMTY	PAYTO	PASTS	CYCCD	CVOID	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	CHVID
9447	76351	1	1	0	2026	240001951	0	9/4/2026	$16,898.78	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0			PCS	F	8/10/2026	8/23/2026	464334244
9448	76351	1	1	0	2026	246000824	0	9/4/2026	$575.35	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0			INVC	F	9/1/2026	9/1/2026	591031071
9458	76351	3	39	0	2026	233000082	0	9/4/2026	$157.23	1	VICTORIA WOMENS CLINIC	P	172	0			AB	F	8/5/2026	8/5/2026	741831291
9467	76360	3	71	2	2026	240000025	0	9/4/2026	$161.19	1	UT PHYSICIANS	P	189	0			ERD	F	7/26/2026	7/26/2026	760459500
9472	76360	3	107	0	2026	233000081	0	9/4/2026	$319.82	1	VICTORIA WOMENS CLINIC	P	172	0			AB	F	8/5/2026	8/5/2026	741831291
9474	76360	3	134	0	2026	246001727	0	9/4/2026	$3,388.00	1	MEDSOLUTIONS	P	470	0			DME	F	1/15/2026	2/11/2026	202536458
									$21,500.37												

APPROVED ON

SEP 08 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON

SEP 0 8 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Aug 31, 2026 - Sept 6, 2026

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
8/31/2026	IRS - USATAXPYMT 270664312597184	- Payroll Taxes	121,863.11 **	902678	FWT:20200000 FICA:20210000
8/31/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#170293953 170138032	- 3rd Party Payor Fee	128.43	902679	40440076
9/1/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#170787275 170559114	- 3rd Party Payor Fee	28.40	902680	40440076
9/1/2026	STATE COMPTRLR - TEXNET 9342429/60831	-UC IGT	106,440.59 **	902681	
9/1/2026	MCKESSON DRUG - AUTO ACH ACH07220864	- 340B Drug Program Expense	5,650.05 *	902682	60310000
9/2/2026	AUTHNET GATEWAY - BILLING 149860993	- 3rd Party Payor Fee	25.00	902683	40440076
9/2/2026	LOYALE LLC TRUBRIDGE9828 - RIDGE9828I 8704	- Credit Card Processing Fee online pymts	1,337.19	902684	40440076
9/2/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#171083860 171083860	- 3rd Party Payor Fee	1.18	902685	40440076
9/2/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#171291400 171109142	- 3rd Party Payor Fee	79.51	902686	40440076
9/2/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	34,990.83 *	902687	10450000
9/3/2026	HPHG LLC - ACH 90 DEGREE BENEFITS RFF 08/28 /26 MemMedCtr PtLav	- Health Insurance Claim Payments	23,067.47 *	902688	60320000
9/3/2026	MERCHANT BANKCD - DISCOUNT 971160913887	- Credit Card Processing Fee	328.80	902689	40440060
9/3/2026	MERCHANT BANKCD - FEE 971160913887	- Credit Card Processing Fee	147.03	902690	40440060
9/3/2026	MERCHANT BANKCD - INTERCHNG 971160913887	- Credit Card Processing Fee	182.43	902691	40440060
9/3/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#171585046 171585046	- 3rd Party Payor Fee	0.98	902692	40440076
9/3/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#171844288 171636247	- 3rd Party Payor Fee	277.93	902693	40440076
9/4/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	2,053.44 *	902694	60310000
9/4/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#172094285 172094285	- 3rd Party Payor Fee	0.40	902695	40440076
9/4/2026	HPHG LLC 90 DB PREMIUM - MEMOR PREM MEMORIAL MEDICAL PREMIUM PORT LAVACA	- Health Insurance Premium Payment	82,370.87 *	902696	60320000
9/4/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#172295676 171998243	- 3rd Party Payor Fee	292.33	902697	40440076
			379,265.97		

* approved on 09.02.26cc
** approved on 08.26.26cc

Michelle Cumberland — September 8, 2026

Michelle Cumberland, CFO
Memorial Medical Center

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
			-

September 8, 2026

128.43 +
28.40 +
1.18 +
79.51 +
0.98 +
277.93 +
0.40 +
292.33 +
809.16 pay Plus

328.80 +
147.03 +
182.43 +
658.26 Processing Fee

25.00 +
25.00 Authnet gateway

1,337.19 +
1,337.19 Loyale LLC Trubridge Fee

379,265.97 +
121,863.11 -
106,440.59 -
5,650.05 -
34,990.83 -
23,067.47 -
2,053.44 -
82,370.87 -
809.16
658.26
25.00
1,337.19
0.00

Plan	Start Date	EE Per Pay Cost	ER Per Pay Cost
2026 Heath Equity Health Savings Account	1/1/2026	$40.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$25.00	$25.00
2026 Heath Equity Health Savings Account	6/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$30.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$137.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$3.33	$25.00
2026 Heath Equity Health Savings Account	6/1/2026	$10.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$25.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	8/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$25.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$4.16	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$100.00	$25.00
2026 Heath Equity Health Savings Account	2/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$5.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$158.33	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$10.00	$25.00
		$572.82	$525.00
	Total	$1,097.82	

APPROVED ON

SEP 08 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

09/03/2026
10:19

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/18/2026

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
082526		08/25/202	08/25/202	09/18/202			3,392.19	0.00	0.00	3,392.19
082526A	ins. pay. dep. into mmc opt. correction	08/25/202	08/25/202	09/18/202			3,714.47	0.00	0.00	3,714.47
082626	"	08/25/202	08/26/202	09/18/202			868.00	0.00	0.00	868.00
082726	"	08/25/202	08/27/202	09/18/202			1,302.00	0.00	0.00	1,302.00
082726A	"	08/25/202	08/27/202	09/18/202			2,604.00	0.00	0.00	2,604.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	11,880.66	0.00	0.00	11,880.66

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,880.66	0.00	0.00	11,880.66

CHK# 214130

09/03/2026
10:20

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/18/2026

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
082526		08/25/202	08/25/202	09/18/202			9,627.12	0.00	0.00	9,627.12
082526A	ins. pay. dep. into mmc opt. correction	08/25/202	08/25/202	09/18/202			1,881.39	0.00	0.00	1,881.39
082626	"	08/25/202	08/26/202	09/18/202			22,545.92	0.00	0.00	22,545.92
082626B	"	08/25/202	08/26/202	09/18/202			57,699.10	0.00	0.00	57,699.10
082626A	"	08/25/202	08/26/202	09/18/202			75,405.82	0.00	0.00	75,405.82
082826	"	08/25/202	08/28/202	09/18/202			296.96	0.00	0.00	296.96
082826A	"	08/25/202	08/28/202	09/18/202			305.33	0.00	0.00	305.33

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	167,761.64	0.00	0.00	167,761.64

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	167,761.64	0.00	0.00	167,761.64

Chk#214129

09/03/2026
10:37

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/18/2026

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
082526		08/25/202	08/25/202	09/18/202			234.75	0.00	0.00	234.75
082626	ins. pay. dep. into mmc opt. correction	08/25/202	08/26/202	09/18/202			19,501.38	0.00	0.00	19,501.38
082726A		08/25/202	08/27/202	09/18/202			3,906.00	0.00	0.00	3,906.00
082726		08/25/202	08/27/202	09/18/202			19,261.65	0.00	0.00	19,261.65
082826		08/25/202	08/28/202	09/18/202			26,381.02	0.00	0.00	26,381.02
083126		08/25/202	08/31/202	09/18/202			47,435.63	0.00	0.00	47,435.63

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	116,720.43	0.00	0.00	116,720.43

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	116,720.43	0.00	0.00	116,720.43

CHK# 214131

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
9/8/2026

APPROVED ON
SEP 08 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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		99,225.77	99,125.77	188,063.74		-	188,163.74	188,063.74
						Bank Balance	188,163.74	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA 121000248
Account [redacted]

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 188,063.74

Approved: MSL
Michelle Cumberland, CFO 9/8/2026

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/31/2026	Credit Interest	-	150.77		150.77
8/31/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 083126 543684555876917	-	1,318.80		1,318.80
8/31/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 083126 543684555876917	-	206.68		206.68
8/31/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	2,075.00		2,075.00
8/31/2026	Luminos Hospice - Bill.com Luminos Hospice - TX Bill.com 996FPWMKS1985ZL Inv July 2026 996FPWMKS1985ZL	-	4,606.39		4,606.39
9/2/2026	Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	99,125.77	-		-
9/2/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	8,727.20		8,727.20
9/3/2026	Deposit	-	162,020.48		162,020.48
9/3/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 090326 543684555876917	-	1,538.00		1,538.00
9/3/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	3,488.90		3,488.90
9/4/2026	Deposit	-	2,435.66		2,435.66
9/4/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,495.86		1,495.86
		99,125.77	**188,063.74**	**-**	**188,063.74**

Transaction Report

PROSPERITY BANK

Transaction Report for account *4454

Reported on Tue Sep 08 15:06:00 GMT 2026

Current Balance $205,975.94
Interest Accrued $43.63
Available Balance $205,975.94

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
09/04/2026	123872472656241	Deposit Deposit	$2,435.66		$188,163.74
09/04/2026		External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	$1,495.86		$185,728.08
09/03/2026	127052462642456	Deposit Deposit	$162,020.48		$184,232.22
09/03/2026		External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 090326 543684555876917	$1,538.00		$22,211.74
09/03/2026		External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	$3,488.90		$20,673.74
09/02/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		$99,125.77	$17,184.84
09/02/2026		External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	$8,727.20		$116,310.61

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
9/8/2026

APPROVED ON
SEP 08 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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		70,193.76	70,093.76	302,045.84	-	-	-	302,145.84	302,045.84
							Bank Balance	302,145.84	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt		302,045.84

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: MC
Michelle Cumberland, CFO 9/8/2026

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/31/2026	Credit Interest	-	294.63		294.63
8/31/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1261901067*13 41858379\ 746003411	-	30,541.87		30,541.87
8/31/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7929443*1205296137*000004011~ 676201	-	5,168.68		5,168.68
9/1/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1262441303*13 41858379\ 746003411	-	329.47		329.47
9/1/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7931039*1205296137*000004011~ 676201	-	6,184.37		6,184.37
9/2/2026	Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	70,093.76	-		-
9/3/2026	Merchant Capture Deposit	-	9,741.00		9,741.00
9/3/2026	Deposit	-	95,471.54		95,471.54
9/3/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7934543*1205296137*000004011~ 676201	-	20,077.21		20,077.21
9/4/2026	Deposit	-	134,237.07		134,237.07
		70,093.76	**302,045.84**	**-**	**302,045.84**

Transaction Report

PROSPERITY BANK®

Transaction Report for account *3407

Reported on Tue Sep 08 15:10:00 GMT 2026

Current Balance $302,145.84
Interest Accrued $62.95
Available Balance $302,145.84

Date		Description	Credit	Debit	Running Balance
09/04/2026	123872472656138	Deposit Deposit	$134,237.07		$302,145.84
09/03/2026	9074608079	Descriptive Deposit Merchant Capture Deposit	$9,741.00		$167,908.77
09/03/2026	127052462642509	Deposit Deposit	$95,471.54		$158,167.77
09/03/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7934543*1205296137*000004011~ 676201	$20,077.21		$62,696.23
09/02/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		$70,093.76	$42,619.02
09/01/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1262441303*13 41858379\ 746003411	$329.47		$112,712.78
09/01/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7931039*1205296137*000004011~ 676201	$6,184.37		$112,383.31
08/31/2026		Credit Interest Credit Interest	$294.63		$106,198.94
08/31/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1261901067*13 41858379\ 746003411	$30,541.87		$105,904.31
08/31/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7929443*1205296137*000004011~ 676201	$5,168.68		$75,362.44

APPROVED ON

SEP 08 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
9/8/2026

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		51,581.07	47,658.07	160,057.17				-	163,980.17	160,057.17
							Bank Balance		163,980.17	
							Variance		-	
							Leave in Balance		100.00	
							Claims owed to MMC		3,823.00	
							Adjust Balance/Transfer Amt		160,057.17	

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

Approved:
Michelle Cumberland, CFO 9/8/2026

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/31/2026	Credit Interest	-	211.95		211.95
8/31/2026	Deposit	-	7,499.00		7,499.00
8/31/2026	HUMANA INS CO 1731357 - HCCLAIMPMT TRN*1*198 194448260827*1391263473\ 4491100	-	1,953.00		1,953.00
9/2/2026	Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	47,658.07	-		-
9/3/2026	Deposit	-	69,334.35		69,334.35
9/4/2026	NDC SWEEP SWEEP FROM X2983 - FAC 02330	-	30,119.48		30,119.48
9/4/2026	Deposit	-	28,791.65		28,791.65
9/4/2026	Deposit	-	21,116.28		21,116.28
9/4/2026	HOSPICE OF SOUTH - Payments Lavaca Bay NF	-	1,031.46		1,031.46
		47,658.07	160,057.17	-	160,057.17

Transaction Report

PROSPERITY BANK

Transaction Report for account *5506

Reported on Tue Sep 08 15:45:00 GMT 2026

Current Balance $163,980.17
Interest Accrued $33.44
Available Balance $163,980.17

Date		Description	Credit	Debit	Running Balance
09/04/2026		External Deposit NDC SWEEP SWEEP FROM X2983 - FAC 02330	$30,119.48		$163,980.17
09/04/2026	123872472656181	Deposit Deposit	$28,791.65		$133,860.69
09/04/2026	178662472629274	Deposit Deposit	$21,116.28		$105,069.04
09/04/2026		External Deposit HOSPICE OF SOUTH - Payments Lavaca Bay NF	$1,031.46		$83,952.76
09/03/2026	127052462642394	Deposit Deposit	$69,334.35		$82,921.30
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*198 194448260827*1391263473\ 4491100	$1,953.00		$53,534.07
08/28/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1261686224*13 41858379\ 746003411	$3,744.86		$51,581.07
08/28/2026		External Deposit HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	$2,477.65		$47,836.21