

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 16, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 579,522.66
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED September 16, 2026	\$ 579,522.66
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	\$ 139,016.51
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	\$ 386,000.05
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED September 16, 2026	\$ 525,016.56
GRAND TOTAL FOR APPROVAL ON September 16, 2026	\$ 1,104,539.22

APPROVED

SEP 16 2026

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---September 16, 2026

PAYABLES AND PAYROLL

9/11/2026 Weekly Payables	350,113.99
9/14/2026 Morris & Dickson - MMC Rx	13,447.24
9/14/2026 US Bank Credit Card-see attached (Erin)	2,105.74
9/14/2026 US Bank Credit Card-see attached (Michelle)	152.87
9/14/2026 McKesson-340B Prescription Expense	6,118.86
9/14/2026 Cencora-340B Prescription Expense	1,166.75
9/14/2026 Cencora-340B Prescription Expense	8.70
9/14/2026 Cencora-340B Prescription Expense	7,037.35

Prosperity Electronic Bank Payments

9/14/2026 90 Degree Benefits - employee insurance claims	3,150.96
9/14/2026 Sales Tax - July 2026 - Difference	2,337.19
9/14/2026 TCDRS August 2026 Retirement	188,766.99
9/14/2026 Pay Plus - Patient Claims Processing Fee	1,121.94
9/14/2026 Credit Card Lease Fee	610.46
9/14/2026 Credit Card Processing Fee	3,175.64
9/14/2026 Check Order- Deposit Book	192.98
9/14/2026 Patient Payment on Closed Account	15.00

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 579,522.66
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GRAND TOTAL DISBURSEMENTS APPROVED September 16, 2026	\$ 579,522.66
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TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

9/11/2026 MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error	8,661.32
9/11/2026 MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error	31,306.41
9/11/2026 MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error	99,048.78

TOTAL TRANSFERS BETWEEN FUNDS	\$ 139,016.51
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NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS

9/14/2026 Nursing Home UPL - Nexion Transfer	224,757.12
9/14/2026 Nursing Home UPL - Tuscany Transfer	146,834.20
9/14/2026 Nursing Home UPL - HSL Transfer	14,408.73

TOTAL NURSING HOME UPL EXPENSES	\$ 386,000.05
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GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED September 16, 2026	\$ 525,016.56
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RECEIVED

SEP 10 2026

09/10/2026

15:54

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 09/24/2026

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code								
11283	ACE HARDWARE 15521										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 083126		08/31/202	08/31/202	08/31/202			814.18	0.00	0.00	814.18 ✓
	HARWARE SUPPLIES/LUMBER										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521						814.18	0.00	0.00	814.18
Vendor#	Vendor Name	Class	Pay Code								
13180	ADVANCED STERILIZATION PRODUCT										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 8021115688		09/09/202	08/28/202	09/09/202			459.13	0.00	0.00	459.13 ✓
	CHEMICAL INDICATOR STRIP										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	13180	ADVANCED STERILIZATION PRODUCT						459.13	0.00	0.00	459.13
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
	✓ 5527166837		09/09/202	08/31/202	09/24/202			1,513.38	0.00	0.00	1,513.38 ✓
	OXYGEN										
	✓ 5527167076		09/09/202	08/31/202	09/24/202			127.13	0.00	0.00	127.13 ✓
	OXYGEN 3 Nitrous Oxide										
	✓ 9175165819		09/09/202	08/31/202	09/24/202			77.73	0.00	0.00	77.73 ✓
	OXYGEN										
	✓ 9175182453		09/09/202	08/31/202	09/24/202			2,790.97	0.00	0.00	2,790.97 ✓
	OXYGEN 1 rental tanks										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV						4,509.21	0.00	0.00	4,509.21
Vendor#	Vendor Name	Class	Pay Code								
A1705	ALIMED LLC	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ RPSV004626112		09/09/202	08/27/202	09/11/202			145.05	0.00	0.00	145.05 ✓
	ELASTIC BANDAGE WRAP x2										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	A1705	ALIMED LLC						145.05	0.00	0.00	145.05
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
	✓ 11DNDK6DWWKJ		09/08/202	08/21/202	09/20/202			79.99	0.00	0.00	79.99 ✓
	DRAFTING CHAIR										
	✓ 1F937LVR4RTF		09/09/202	08/24/202	09/23/202			1,234.60	0.00	0.00	1,234.60 ✓
	LIGHTING KIT x2										
	✓ 1R9K9XVJHLWP		09/09/202	08/25/202	09/24/202			179.99	0.00	0.00	179.99 ✓
	COMPUTER DESK										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES						1,494.58	0.00	0.00	1,494.58
Vendor#	Vendor Name	Class	Pay Code								
15456	AMERITEX ELEVATOR TEXAS LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ INV52083B7T8		09/09/202	09/01/202	09/01/202			750.00	0.00	0.00	750.00 ✓
	SEPT MAINTENANCE BILLING										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	15456	AMERITEX ELEVATOR TEXAS LLC						750.00	0.00	0.00	750.00

Vendor#	Vendor Name		Class	Pay Code							
11247	AVENO NETWORKS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓17216		09/09/202	09/01/202	09/11/202			850.00	0.00	0.00	850.00 ✓
		CLOUD BACKUP/ SERVER MAINT									
	✓17213		09/10/202	09/01/202	09/11/202			4,500.00	0.00	0.00	4,500.00 ✓
		CLOUD BACKUPS/ICAID RANSOM									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11247	AVENO NETWORKS						5,350.00	0.00	0.00	5,350.00
Vendor#	Vendor Name		Class	Pay Code							
M2485	BAYER HEALTHCARE		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓6012717636		09/09/202	08/24/202	09/09/202			1,170.32	0.00	0.00	1,170.32 ✓
		CT SYRINGE KIT									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE						1,170.32	0.00	0.00	1,170.32
Vendor#	Vendor Name		Class	Pay Code							
B1220	BECKMAN COULTER INC		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓5518738		08/02/202	08/25/202	09/19/202			1,337.05	0.00	0.00	1,337.05 ✓
		DXM 1040 MICROSCAN/ AS4 GEN - Lease charge									
	✓31433817		08/31/202	08/18/202	09/12/202			2,580.00	0.00	0.00	2,580.00 ✓
		DXC 700 AU-10E CHEM ANALYZE Chemistry analyzer									
	✓31434095		08/31/202	08/20/202	09/14/202			2,580.00	0.00	0.00	2,580.00 ✓
		DXC 700 AU-10E CHEM ANALYZE Chemistry analyzer									
	✓4628748		09/02/202	08/30/202	09/24/202			3,410.00	0.00	0.00	3,410.00 ✓
		AS4 GENERIC 400552 SERIAL NM									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC						9,907.05	0.00	0.00	9,907.05
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
	✓909503696		09/09/202	08/21/202	09/09/202			1,081.51	0.00	0.00	1,081.51 ✓
		UNASSAYED CONTROL LIQUICHI									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC						1,081.51	0.00	0.00	1,081.51
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
	✓083126		08/01/202	08/31/202	08/31/202			2,472.11	0.00	0.00	2,472.11 ✓
		1016 N. Virginia St.									
	✓083126A		08/01/202	08/31/202	08/31/202			32,960.31	0.00	0.00	32,960.31 ✓
		ELECTRICITY BILL - Hospital St.									
	✓083126B		08/01/202	08/31/202	08/31/202			17.43	0.00	0.00	17.43 ✓
		ELECTRICITY BILL - Hospital St. ODLT									
	✓083126C		08/01/202	08/31/202	08/31/202			864.09	0.00	0.00	864.09 ✓
		ELECTRICITY BILL - 701 N. Virginia St.									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY						36,313.94	0.00	0.00	36,313.94
Vendor#	Vendor Name		Class	Pay Code							
11295	CALHOUN COUNTY INDIGENT ACCOUN										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓090926		09/09/202	09/09/202	09/10/202			9.37	0.00	0.00	9.37 ✓
		INDIG COPAYS									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN						9.37	0.00	0.00	9.37

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
	✓ 8004291371		09/02/202	08/27/202	09/21/202		263.28	0.00	0.00	263.28 ✓
		NUC MED SUPPLIES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.				263.28	0.00	0.00	263.28
Vendor#	Vendor Name				Class	Pay Code				
13264	CERVEY, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 44352		09/09/202	09/01/202	09/23/202		2,150.00	0.00	0.00	2,150.00 ✓
		340B MNTHLY FEE - Hospital & clinic								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		13264	CERVEY, LLC				2,150.00	0.00	0.00	2,150.00
Vendor#	Vendor Name				Class	Pay Code				
11030	CHUBB									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ CK920260901		09/09/202	09/01/202	09/01/202		457.20	0.00	0.00	457.20 ✓
		BENEFIT TERM								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11030	CHUBB				457.20	0.00	0.00	457.20
Vendor#	Vendor Name				Class	Pay Code				
12044	CULLIGAN ULTRAPURE INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 6759212		09/09/202	08/26/202	08/26/202		34.65	0.00	0.00	34.65 ✓
		DEIONIZATION WATER TANK								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		12044	CULLIGAN ULTRAPURE INC.				34.65	0.00	0.00	34.65
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
	✓ 8480420		09/08/202	08/25/202	09/19/202		35.32	0.00	0.00	35.32 ✓
		LAM POUCH								
	✓ 8475250		09/09/202	08/20/202	09/14/202		266.25	0.00	0.00	266.25 ✓
		PAPER								
	✓ 8477740		09/09/202	08/21/202	09/15/202		311.49	0.00	0.00	311.49 ✓
		SHARPIE/ TAPE/ PAPER								
	✓ 8481970		09/09/202	08/27/202	09/21/202		147.45	0.00	0.00	147.45 ✓
		PAPER								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				760.51	0.00	0.00	760.51
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
	✓ MMC083126		08/01/202	08/31/202	08/31/202		82,167.65	0.00	0.00	82,167.65 ✓
		PHYS SERVICES 081626-083126								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10789	DISCOVERY MEDICAL NETWORK INC				82,167.65	0.00	0.00	82,167.65
Vendor#	Vendor Name				Class	Pay Code				
15916	DOOR CONTROL SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ SMINV427652		09/01/202	04/13/202	05/13/202		332.00	0.00	0.00	332.00 ✓
		LOADING DOCK DOOR REPAIR								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		15916	DOOR CONTROL SERVICES				332.00	0.00	0.00	332.00
Vendor#	Vendor Name				Class	Pay Code				

10690	DYNASTHETICS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	2657278		08/25/202	08/24/202	09/09/202			389.00	0.00	0.00	389.00
	FILTERS										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10690	DYNASTHETICS					389.00	0.00	0.00	389.00
Vendor#	Vendor Name				Class	Pay Code					
11284	EMERGENCY STAFFING SOLUTIONS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	45759		08/01/202	08/31/202	09/10/202			50,112.50	0.00	0.00	50,112.50
	ER PHYS 16TH-EOM										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11284	EMERGENCY STAFFING SOLUTIONS					50,112.50	0.00	0.00	50,112.50
Vendor#	Vendor Name				Class	Pay Code					
F1100	FEDERAL EXPRESS CORP.										
					W						
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	941035294		09/09/202	08/06/202	08/31/202			106.49	0.00	0.00	106.49
	FREIGHT										
✓	941968009		09/09/202	08/13/202	09/07/202			61.99	0.00	0.00	61.99
	FREIGHT										
✓	943009432		09/09/202	08/20/202	09/14/202			49.53	0.00	0.00	49.53
	FREIGHT										
✓	943819534		09/09/202	08/27/202	09/21/202			24.86	0.00	0.00	24.86
	FREIGHT										
✓	944875946		09/09/202	09/03/202	09/20/202			53.44	0.00	0.00	53.44
	FREIGHT										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.					296.31	0.00	0.00	296.31
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
✓	0493246		08/25/202	08/04/202	08/29/202			45,667.50	0.00	0.00	45,667.50
	Pharmacy supplies										
✓	1054055		09/09/202	08/28/202	09/22/202			47.37	0.00	0.00	47.37
	URINE REAGANT STRIP										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE					45,714.87	0.00	0.00	45,714.87
Vendor#	Vendor Name				Class	Pay Code					
10599	FORVIS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	3019838		09/09/202	08/31/202	09/24/202			14,175.00	0.00	0.00	14,175.00
	AUDIT SERVICES \$ VC assistance										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10599	FORVIS					14,175.00	0.00	0.00	14,175.00
Vendor#	Vendor Name				Class	Pay Code					
10642	GLAXOSMITHKLINE LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	8269254804		09/09/202	07/02/202	07/02/202			-2,023.39	0.00	0.00	-2,023.39
	FLU VACCINE CREDIT										
✓	8254962365		09/09/202	09/03/202	09/03/202			6,385.52	0.00	0.00	6,385.52
	FLU VACCINE										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10642	GLAXOSMITHKLINE LLC					4,362.13	0.00	0.00	4,362.13
Vendor#	Vendor Name				Class	Pay Code					
W1300	GRAINGER										
					M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓ 9054490371		09/09/202 08/24/202 09/18/202					137.80	0.00	0.00	137.80 ✓
		TEMPERATURE ALARM								
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
		W1300 GRAINGER					137.80	0.00	0.00	137.80
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
✓	42878769		09/09/202	08/30/202	09/24/202		66.53	0.00	0.00	66.53
		IT PRINTER LEASE - <i>Kyocera Printer</i>								
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
		12948 GREAT AMERICA FINANCIAL SVCS					66.53	0.00	0.00	66.53
Vendor#	Vendor Name		Class	Pay Code						
18468	HALEY YARBROUGH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	090126		09/09/202	09/01/202	09/01/202		840.00	0.00	0.00	840.00 ✓
		REIMB FOR PROF FEES <i>9/1/20 - 8/31/27</i>								
✓	090326		09/09/202	09/03/202	09/03/202		1,660.00	0.00	0.00	1,660.00 ✓
		REIMB FOR PRO FEES - <i>Oct. 3rd, Houston, TX</i>								
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
		18468 HALEY YARBROUGH					2,500.00	0.00	0.00	2,500.00
Vendor#	Vendor Name		Class	Pay Code						
15348	HEALTH EQUITY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	7DGVU3E		09/09/202	08/12/202	08/12/202		1,166.70	0.00	0.00	1,166.70 ✓
		HSA/FSA MNTHY FEES FOR APRIL, May, Jun., Jul. 2020								
✓	0HFPTZ4		09/09/202	09/04/202	09/04/202		282.65	0.00	0.00	282.65 ✓
		HSA/FSA MONTHLY FEES FOR SEP 2020								
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
		15348 HEALTH EQUITY					1,449.35	0.00	0.00	1,449.35
Vendor#	Vendor Name		Class	Pay Code						
12380	HEALTH SOLUTIONS DIETETICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	080126		08/01/202	08/01/202	08/01/202		3,400.00	0.00	0.00	3,400.00 ✓
		DIETICIAN SERVICES <i>8/7, 8/14, 8/21, 8/28</i>								
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
		12380 HEALTH SOLUTIONS DIETETICS					3,400.00	0.00	0.00	3,400.00
Vendor#	Vendor Name		Class	Pay Code						
H0416	HOLOGIC INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	11889155		09/08/202	08/21/202	09/08/202		506.00	0.00	0.00	506.00 ✓
		PACKAGE ASSY/ MAMMOPAD <i>x2</i>								
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
		H0416 HOLOGIC INC					506.00	0.00	0.00	506.00
Vendor#	Vendor Name		Class	Pay Code						
10922	HUNTER PHARMACY SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	7069		08/01/202	08/31/202	09/20/202		14,939.71	0.00	0.00	14,939.71 ✓
		PHARMACIST SALARY								
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
		10922 HUNTER PHARMACY SERVICES					14,939.71	0.00	0.00	14,939.71
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
✓	42916918		09/09/202	08/26/202	09/09/202		22.65	0.00	0.00	22.65 ✓
		WINDOW SQUEEGEE BLADE								
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net

	18388	IMPERIAL DADE						22.65	0.00	0.00	22.65
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
	090826		09/09/202	09/09/202	09/09/202			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					
11141	MEDICAL DATA SYSTEMS, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	218427		08/31/202	08/31/202	09/20/202			1,384.61	0.00	0.00	1,384.61
	COLLECTION FEES										
	218428		08/31/202	08/31/202	09/24/202			2,102.07	0.00	0.00	2,102.07
	COLLECTION FEES										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11141	MEDICAL DATA SYSTEMS, INC.					3,486.68	0.00	0.00	3,486.68
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
	2441934433		08/31/202	08/26/202	09/20/202			17.48	0.00	0.00	17.48
	POST OP OSTOMY BAG										
	2441934435		08/31/202	08/26/202	09/20/202			39.28	0.00	0.00	39.28
	PEDIALYTE										
	2441934436		08/31/202	08/26/202	09/20/202			110.07	0.00	0.00	110.07
	IV CATHETER										
	2441934432		08/31/202	08/26/202	09/20/202			985.91	0.00	0.00	985.91
	2441934431		08/31/202	08/26/202	09/20/202			234.63	0.00	0.00	234.63
	2441934430		08/31/202	08/26/202	09/20/202			78.13	0.00	0.00	78.13
	INTRAVENA IV CATHETER										
	2441934434		08/31/202	08/26/202	09/20/202			379.28	0.00	0.00	379.28
	US THERMAL PAPER										
	2441934437		08/31/202	08/26/202	09/20/202			4,877.06	0.00	0.00	4,877.06
	ABD BINDER/ SORBAVIEW SHIEL										
	2441934447		08/31/202	08/26/202	09/20/202			1,740.47	0.00	0.00	1,740.47
	SYRINGE/DRAPES/SPECIMEN CC										
	2441934449		08/31/202	08/26/202	09/20/202			71.84	0.00	0.00	71.84
	SHOULDER IMMOBILIZER										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC					8,534.15	0.00	0.00	8,534.15
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
	072826		08/01/202	07/28/202	07/28/202			1,811.13	0.00	0.00	1,811.13
	UPTODATE EDUCATION EXPENS										
	090326		09/09/202	09/03/202	09/03/202			129.00	0.00	0.00	129.00
	NURISING LICENSE RENEWAL										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		G0333	MICHAEL GAINES					1,940.13	0.00	0.00	1,940.13
Vendor#	Vendor Name				Class	Pay Code					
M2659	MXR IMAGING, INC				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8801359507		09/09/202	08/21/202	09/20/202			119.43	0.00	0.00	119.43
	ORAL BARIUM										

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		M2659	MXR IMAGING, INC				119.43	0.00	0.00	119.43	
Vendor#	Vendor Name				Class	Pay Code					
12096	NEOGENOMICS LABORATORIES										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓17481083126		09/09/202	08/31/202	08/31/202			2,064.00	0.00	0.00	2,064.00 ✓
		LAB DRAWS									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		12096	NEOGENOMICS LABORATORIES				2,064.00	0.00	0.00	2,064.00	
Vendor#	Vendor Name				Class	Pay Code					
N1800	NURSES CHOICE CORPORATION				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓0184470IN		09/01/202	08/31/202	08/31/202			126.25	0.00	0.00	126.25 ✓
		MITTENS									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		N1800	NURSES CHOICE CORPORATION				126.25	0.00	0.00	126.25	
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
	✓9940069120		08/25/202	08/25/202	09/19/202			225.45	0.00	0.00	225.45 ✓
		STERILE BIOPSY FORCEPS									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		O1500	OLYMPUS AMERICA INC				225.45	0.00	0.00	225.45	
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
	✓4667		08/01/202	09/02/202	09/24/202			1,050.00	0.00	0.00	1,050.00 ✓
		LABOR AND MATERIAL FOR OB									
	✓4664		09/09/202	09/02/202	09/24/202			270.00	0.00	0.00	270.00 ✓
		LAB UPS REPAIR									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		12708	POC ELECTRIC, LLC				1,320.00	0.00	0.00	1,320.00	
Vendor#	Vendor Name				Class	Pay Code					
10372	PRECISION DYNAMICS CORP (PDC)										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓9362659624		09/09/202	08/24/202	09/23/202			18.06	0.00	0.00	18.06 ✓
		LABEL TAPE									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10372	PRECISION DYNAMICS CORP (PDC)				18.06	0.00	0.00	18.06	
Vendor#	Vendor Name				Class	Pay Code					
10896	QIAGEN INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓1000194219		08/25/202	08/24/202	09/23/202			371.00	0.00	0.00	371.00 ✓
		AMNISURE ROM TEST									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10896	QIAGEN INC				371.00	0.00	0.00	371.00	
Vendor#	Vendor Name				Class	Pay Code					
11360	SCRUBS ON WHEELS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓090826		09/09/202	09/08/202	09/08/202			4,633.02	0.00	0.00	4,633.02 ✓
		EMPTY PAY DED FOR SCRUBS									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11360	SCRUBS ON WHEELS				4,633.02	0.00	0.00	4,633.02	
Vendor#	Vendor Name				Class	Pay Code					
17852	SINGLETON ASSOCIATES PA										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓	246083126001	08/08/202 09/02/202 09/02/202					9,688.78	0.00	0.00	9,688.78	✓	
Mnthly Onsite RAD Services												
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net		
		17852	SINGLETON ASSOCIATES PA				9,688.78	0.00	0.00	9,688.78		
Vendor#	Vendor Name			Class	Pay Code							
C1010	SPARKLIGHT				W							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	090926		09/09/202	09/09/202	09/10/202			3,596.00	0.00	0.00	3,596.00	✓
INTERNET - 815 N. Virginia St.												
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net		
		C1010	SPARKLIGHT				3,596.00	0.00	0.00	3,596.00		
Vendor#	Vendor Name			Class	Pay Code							
12288	SPBS CLINICAL EQUIPMENT SRVC											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	INV050000926		09/09/202	09/01/202	09/02/202			10,230.40	0.00	0.00	10,230.40	✓
BIOMED SERVICE CONTRACT												
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net		
		12288	SPBS CLINICAL EQUIPMENT SRVC				10,230.40	0.00	0.00	10,230.40		
Vendor#	Vendor Name			Class	Pay Code							
S3940	STERIS CORPORATION				M							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	17390072		09/09/202	08/21/202	09/15/202			289.30	0.00	0.00	289.30	✓
SILICONE CORNER PROTECTOR - green												
✓	17389457		09/09/202	08/21/202	09/15/202			428.00	0.00	0.00	428.00	✓
ENDOSCOPIC MEDICAL KIT												
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net		
		S3940	STERIS CORPORATION				717.30	0.00	0.00	717.30		
Vendor#	Vendor Name			Class	Pay Code							
10982	TELCOR											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	0000071120		09/09/202	09/01/202	09/01/202			3,629.58	0.00	0.00	3,629.58	✓
ANNUAL SUPPORT INTERFACE												
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net		
		10982	TELCOR				3,629.58	0.00	0.00	3,629.58		
Vendor#	Vendor Name			Class	Pay Code							
T2204	TEXAS MUTUAL INSURANCE CO				W							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	1008466353		08/01/202	09/09/202	09/09/202			5,197.00	0.00	0.00	5,197.00	✓
WORKERS COMP INSURANCE 8/1 - 9/1												
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net		
		T2204	TEXAS MUTUAL INSURANCE CO				5,197.00	0.00	0.00	5,197.00		
Vendor#	Vendor Name			Class	Pay Code							
B1941	THE BACK OFFICE				W							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	0253512		08/01/202	09/01/202	09/01/202			1,673.75	0.00	0.00	1,673.75	✓
PAPER SHRED SERVICES												
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net		
		B1941	THE BACK OFFICE				1,673.75	0.00	0.00	1,673.75		
Vendor#	Vendor Name			Class	Pay Code							
13616	TRIOSE, INC											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	TRI307995		09/09/202	09/02/202	09/17/202			256.06	0.00	0.00	256.06	✓
FREIGHT												
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net		
		13616	TRIOSE, INC				256.06	0.00	0.00	256.06		
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
✓ 2921096139		09/01/202	08/27/202	09/21/202			957.66	0.00	0.00	957.66 ✓
	LINENS/SUPPLIES									
✓ 2921096126		09/01/202	08/27/202	09/21/202			68.42	0.00	0.00	68.42 ✓
	UNIFORMS									
✓ 2921095842		09/02/202	08/24/202	09/18/202			107.94	0.00	0.00	107.94 ✓
	UNIFORMS									
✓ 2921095023		09/09/202	08/13/202	09/07/202			195.76	0.00	0.00	195.76 ✓
	SUPPLIES/LINENS									
✓ 2921096134		09/09/202	08/27/202	09/21/202			364.86	0.00	0.00	364.86 ✓
	UNIFORMS									
✓ 2921096645		09/09/202	09/03/202	09/03/202			514.00	0.00	0.00	514.00 ✓
	SUPPLIES/ LINENS									
✓ 2921096205		09/10/202	08/27/202	09/21/202			926.74	0.00	0.00	926.74 ✓
	LINENS/SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
U1064 UNIFIRST HOLDINGS INC							3,135.38	0.00	0.00	3,135.38

Vendor# Vendor Name Class Pay Code

18448 VECTOR HEALTH AI, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1149		09/09/202	08/31/202	09/24/202			1,208.09	0.00	0.00	1,208.09 ✓
	COPAY ASSISTANCE									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
18448 VECTOR HEALTH AI, INC							1,208.09	0.00	0.00	1,208.09

Vendor# Vendor Name Class Pay Code

Z1005 ZIMMER US, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9006462165		09/09/202	08/24/202	09/09/202			882.00	0.00	0.00	882.00 ✓
	VENTIX LINK KNTLS 5.5MM MACH									
✓ 9006460958		09/09/202	09/09/202	09/09/202			525.00	0.00	0.00	525.00 ✓
	SURGICAL SUTURE BRAID									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
Z1005 ZIMMER US, INC.							1,407.00	0.00	0.00	1,407.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	350,113.99	0.00	0.00	350,113.99

APPROVED ON

SEP 11 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 214140 - 214196

RUN DATE:09/14/26
TIME:09:49

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/16/26 THRU 09/16/26

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	214140	09/16/26	814.18	ACE HARDWARE 15521
A/P	214141	09/16/26	459.13	ADVANCED STERILIZATION PRODUCT
A/P	214142	09/16/26	4,509.21	AIRGAS USA, LLC - CENTRAL DIV
A/P	214143	09/16/26	145.05	ALIMED LLC
A/P	214144	09/16/26	1,494.58	AMAZON CAPITAL SERVICES
A/P	214145	09/16/26	750.00	AMERITEX ELEVATOR TEXAS LLC
A/P	214146	09/16/26	5,350.00	AVENO NETWORKS
A/P	214147	09/16/26	1,170.32	BAYER HEALTHCARE
A/P	214148	09/16/26	9,907.05	BECKMAN COULTER INC
A/P	214149	09/16/26	1,081.51	BIO-RAD LABORATORIES, INC
A/P	214150	09/16/26	36,313.94	CALHOUN COUNTY
A/P	214151	09/16/26	9.37	CALHOUN COUNTY INDIGENT ACCOUN
A/P	214152	09/16/26	263.28	CARDINAL HEALTH 414, INC.
A/P	214153	09/16/26	2,150.00	CERVEY, LLC
A/P	214154	09/16/26	457.20	CHUBB
A/P	214155	09/16/26	34.65	CULLIGAN ULTRAPURE INC.
A/P	214156	09/16/26	760.51	DEWITT POTH & SON
A/P	214157	09/16/26	82,167.65	DISCOVERY MEDICAL NETWORK INC
A/P	214158	09/16/26	332.00	DOOR CONTROL SERVICES
A/P	214159	09/16/26	389.00	DYNASTHETICS
A/P	214160	09/16/26	50,112.50	EMERGENCY STAFFING SOLUTIONS
A/P	214161	09/16/26	296.31	FEDERAL EXPRESS CORP.
A/P	214162	09/16/26	45,714.87	FISHER HEALTHCARE
A/P	214163	09/16/26	14,175.00	FORVIS
A/P	214164	09/16/26	4,362.13	GLAXOSMITHKLINE LLC
A/P	214165	09/16/26	137.80	GRAINGER
A/P	214166	09/16/26	66.53	GREAT AMERICA FINANCIAL SVCS
A/P	214167	09/16/26	2,500.00	HALEY YARBROUGH
A/P	214168	09/16/26	1,449.35	HEALTH EQUITY
A/P	214169	09/16/26	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	214170	09/16/26	506.00	HOLOGIC INC
A/P	214171	09/16/26	14,939.71	HUNTER PHARMACY SERVICES
A/P	214172	09/16/26	22.65	IMPERIAL DADE
A/P	214173	09/16/26	295.00	M G TRUST
A/P	214174	09/16/26	3,486.68	MEDICAL DATA SYSTEMS, INC.
A/P	214175	09/16/26	.00	VOIDED
A/P	214176	09/16/26	8,534.15	MEDLINE INDUSTRIES INC
A/P	214177	09/16/26	1,940.13	MICHAEL GAINES
A/P	214178	09/16/26	119.43	MXR IMAGING, INC
A/P	214179	09/16/26	2,064.00	NEOGENOMICS LABORATORIES
A/P	214180	09/16/26	126.25	NURSES CHOICE CORPORATION
A/P	214181	09/16/26	225.45	OLYMPUS AMERICA INC
A/P	214182	09/16/26	1,320.00	POC ELECTRIC, LLC
A/P	214183	09/16/26	18.06	PRECISION DYNAMICS CORP (PDC)
A/P	214184	09/16/26	371.00	QIAGEN INC
A/P	214185	09/16/26	4,633.02	SCRUBS ON WHEELS
A/P	214186	09/16/26	9,688.78	SINGLETON ASSOCIATES PA
A/P	214187	09/16/26	3,596.00	SPARKLIGHT
A/P	214188	09/16/26	10,230.40	SPBS CLINICAL EQUIPMENT SRVC
A/P	214189	09/16/26	717.30	STERIS CORPORATION

RUN DATE:09/14/26
TIME:09:49

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/16/26 THRU 09/16/26

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GLCKREG

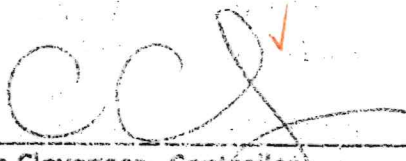
BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	214190	09/16/26	3,629.58	TELCOR
A/P	214191	09/16/26	5,197.00	TEXAS MUTUAL INSURANCE CO
A/P	214192	09/16/26	1,673.75	THE BACK OFFICE
A/P	214193	09/16/26	256.06	TRIOSE, INC
A/P	214194	09/16/26	3,135.38	UNIFIRST HOLDINGS INC
A/P	214195	09/16/26	1,208.09	VECTOR HEALTH AI, INC
A/P	214196	09/16/26	1,407.00	ZIMMER US, INC.
A/P	214197	09/16/26	31,306.41	GOLDENCREEK HEALTHCARE
A/P	214198	09/16/26	8,661.32	LAVACA BAY NURSING AND REHAB
A/P	214199	09/16/26	99,048.78	TUSCANY VILLAGE
TOTALS:			489,130.50	

350,113.99 + payables
8,661.32 + lavaca bay
31,306.41 + golden creek
99,048.78 + tuscany village
489,130.50 =

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
8/25/2026	9/10/2026	✓ 5229751	215.93 ✓
9/7/2026	9/25/2026	✓ 5283848	115.80 ✓
9/7/2026	9/25/2026	✓ 5283850	3,185.70 ✓
9/7/2026	9/25/2026	✓ 5283847	89.93 ✓
9/7/2026	9/25/2026	✓ 5283849	1,155.41 ✓
9/8/2026	9/25/2026	✓ 5290910	112.88 ✓
9/8/2026	9/25/2026	✓ 5291106	364.80 ✓
9/8/2026	9/25/2026	✓ 5290645	1,100.10 ✓
9/8/2026	9/25/2026	✓ 5290909	20.69 ✓
9/8/2026	9/25/2026	✓ 5290646	1,517.03 ✓
9/9/2026	9/25/2026	✓ 5295825	47.36 ✓
9/9/2026	9/25/2026	✓ 5295826	120.49 ✓
9/9/2026	9/25/2026	✓ 5295921	206.13 ✓
9/9/2026	9/25/2026	✓ 5297685	1,507.81 ✓
9/9/2026	9/25/2026	✓ 5300117	6.83 ✓
9/9/2026	9/25/2026	✓ 5297687	19.54 ✓
9/9/2026	9/25/2026	✓ 5297686	73.62 ✓
9/9/2026	9/25/2026	✓ 5295438	205.13 ✓
9/10/2026	9/25/2026	✓ 5301136	221.57 ✓
9/10/2026	9/25/2026	✓ 5303004	363.13 ✓
9/10/2026	9/25/2026	✓ 5301137	3.45 ✓
9/10/2026	9/25/2026	✓ 5301138	1,858.59 ✓
9/10/2026	9/25/2026	✓ 5303005	335.52 ✓
			<u>13,447.24</u>



Caitlin Cleverger - Controller

APPROVED ON

SEP 14 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Account Number: [REDACTED]
Unique ID: [REDACTED]
ERIN CLEVINGER
Statement Date: 09-07-2026



Page 1 of 2

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Account Summary		General Information	
Previous Balance	\$0.00	Total Activity	\$2,105.74
Purchases and Other Charges	\$2,105.74	QUESTIONS OR TO REPORT A LOST OR STOLEN CARD, CALL CUSTOMER SERVICE 1-800-344-5696	
Cash Advances	\$0.00		
Cash Advance Fees	\$0.00		
Late Payment Charges	\$0.00		
Credits	\$0.00 CR		
Payments	\$0.00 PY		
Total Activity	\$2,105.74 ✓		
Disputed Amount	\$0.00		

New Activity				
Post Date	Tran Date	Reference Number	Transaction Description	Amount
08-26	08-25	05134376238600071581105	NPDB NPDB.HRSA.GOV ROCKVILLE MD	✓ 2.50 ✓ 40510090
08-26	08-25	05134376238600071581287	NPDB NPDB.HRSA.GOV ROCKVILLE MD	✓ 37.50 ✓ 40510090
08-27	08-26	55436876239172391620433	IMPRIMISRX 503B LEDGEWOOD NJ	✓ 990.00 ✓ 10450000
08-28	08-27	55436876240262401214793	OMNI FORT WORTH HOTEL FORT WORTH TX 70684200 ARRIVAL: 08-27-26	✓ 313.74 ✓ 40610090
08-31	08-27	55457376240352877240367	TEXAS HOSPITAL ASSOC AUSTIN TX	✓ 742.50 ✓ 40510090
09-02	09-01	05134376245600110366410	NPDB NPDB.HRSA.GOV ROCKVILLE MD	✓ 2.50 ✓ 40510090
09-02	09-01	05134376245600110366584	NPDB NPDB.HRSA.GOV ROCKVILLE MD	✓ 2.50 ✓ 40510090
09-02	09-01	55506296244880577016874	EMERGENCY NURSES ASSOC SCHAUMBURG IL	✓ 12.00 ✓ 40510015
09-03	09-02	05134376246600071593241	NPDB NPDB.HRSA.GOV ROCKVILLE MD	✓ 2.50 ✓ 40510090

APPROVED ON

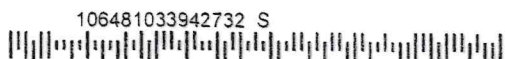
SEP 15 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TX-9-17-26
CORPORATE PAYMENT SYSTEMS
P.O. BOX 6343
FARGO, ND 58125-6343

Account Number: [REDACTED]
Unique ID: [REDACTED]
Amount Due: \$0.00

****MEMO STATEMENT ONLY****
DO NOT REMIT PAYMENT



106481033942732 S
ERIN CLEVINGER
MEMORIAL MEDICAL
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

MEMORIAL MEDICAL CENTER PURCHASE ORDER

①

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

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

Vendor Name: US Bank

Date: 9/9/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To		Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 1 provider Enroll			2.50
2	—		NPDB - 15 provider Renewals 2.90			37.50
3	2.50 +		Omni FortWorth Hotel for			313.74
4	37.50 +		Erin Clevenger - THA Conf.			
	742.50 +					
5	2.50 +		Deposit 9/20 - 9/23			
	2.50 +					
6	12.00 +		Texas Hospital Association			742.50
	2.50 +					
7	620.00 +		Conference Registration for			
	370.00 +					
8	2.105.74 *		Erin Clevenger 8/24 - 8/27			
9	—		NPDB - 1 provider Enroll			2.50
10	—		NPDB - 1 provider Enroll			2.50

Est. Freight _____

Est. Total Cost _____

TOTAL COST _____

NOTES:

charges made to Erin Clevenger's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>[Signature]</u>

MEMORIAL MEDICAL CENTER PURCHASE ORDER

②

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

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

Vendor Name: US Bank

Date: 9/19/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To		Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Emergency Nurses Assoc			12.00 ✓
2			Calculation Tool for ER			
3	—		NPDB - 1 provider Enroll			250 ✓
4						
5	—		Dexamethasone / moxifloxacin			620.00
6			1 mg/5mg/mL vial			
7						
8	—		Phenylephrine / Lidocaine			310.00
9			1.5% / 1% / 1mL vial			
10						

Est. Freight _____

Est. Total Cost _____

TOTAL COST _____

NOTES:

charges made to Erin Clevenger's MC

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

Dept. Director
Dir. Nursing
Dir. Clinical Services
CFO
Administrator

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

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

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

Vendor Name:

Imprimis Rx

Date:

8-26-76

Vendor Address:

P.O. #

Account #

Vendor Phone #:

Vendor Fax #:

Initiated By:

Jacqueline

Date Required		Expense #		Department		Deliver To		Form # 9401	
Line No.		Qty.	Catalog Number	Description		Unit Cost	Unit Meas.	Extended Cost	
1		1	package	Dexamethasone / Moxifloxacin					
2				1mg/5mg/mL vial 20v/Box				\$620.00	
3									
4		1	package	Phenylephrine / Lidocaine				\$370.00	
5				1.5% / 1% / 1mL vial 20v/Box					
6									
7									
8									
9									
10									

Est. Freight

Est. Total Cost

TOTAL COST

\$990.00

NOTES:

Gift meds charged out to surgery patients.

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

Dept. Director	<u>Jacqueline</u>
Dir. Nursing	
Dir. Clinical Services	
CFO	
Administrator	<u>[Signature]</u>

Account Number: [REDACTED]
Unique ID: [REDACTED]
MICHELLE CUMBERLAND
Statement Date : 09-07-2026



Page 1 of 2

39.1

Account Summary		General Information	
Previous Balance	\$0.00	Total Activity	\$152.87
Purchases and Other Charges	\$152.87	QUESTIONS OR TO REPORT A LOST OR STOLEN CARD, CALL CUSTOMER SERVICE 1-800-344-5696	
Cash Advances	\$0.00		
Cash Advance Fees	\$0.00		
Late Payment Charges	\$0.00		
Credits	\$0.00 CR		
Payments	\$0.00 PY		
Total Activity			
Disputed Amount			

New Activity				
Post Date	Tran Date	Reference Number	Transaction Description	Amount
09-02	09-02	55432866245200377143869	FAXAGE DENVER CO	✓ 152.87 ✓ 40510080

APPROVED ON
SEP 15 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Account Number: [REDACTED]
Unique ID: [REDACTED]
Amount Due: \$0.00

****MEMO STATEMENT ONLY****
DO NOT REMIT PAYMENT

106481033942776 S
MICHELLE CUMBERLAND
MEMORIAL MEDICAL
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

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

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

Vendor Name: US Bank

Date: 9/9/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Faxage - August Invoice			152.87
2			Fax Lines			
3						
4						
5						
6						
7						
8						
9						
10						

Est. Freight _____

Est. Total Cost _____

TOTAL COST 152.87

NOTES:

charges made to Michelle Cumberland's MC

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

Dept. Director
Dir. Nursing
Dir. Clinical Services
CFO <u>[Signature]</u>
Administrator <u>[Signature]</u>

Wire Transfer

DWR-04388496 - COUNTY OF CALHOUN TEXAS (COUNT1923)



Wire Details

Transaction Number DWR-04388496
Recurring Frequency One-Time Payment
Template Name US BANK STATE PRGRM -MMC CARDS
Amount USD 2,258.61 ✓
Debit Account *4357 - DDA (MEMORIAL MEDICAL - OPERATING) - Prosperity Bank [REDACTED]
Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
Pending Processing: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL
Payment Date 09/17/2026 ✓

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

Beneficiary / Payee Information

Name U.S. BANK CORPORATE PAYMENT SY
STEM

Beneficiary ID Type Account Number

Beneficiary ID [REDACTED]

Beneficiary Country US

Beneficiary Address 1 [REDACTED]

Beneficiary Address 2 [REDACTED]

Beneficiary Address 3 [REDACTED]

Contact Name
Phone Number

Beneficiary Bank Information

Name U.S. BANK NATIONAL ASSOCIATION

Beneficiary Bank ID Type Fed ABA

Beneficiary Bank ID [REDACTED]

Beneficiary Bank Country US

Beneficiary Bank Address 1

Beneficiary Bank Address 2

Beneficiary Bank Address 3
Intl Routing Number

Additional Reference Information

Purpose Of Payment

Additional Information For [REDACTED]
Beneficiary

Status History

Timestamp	Status	Initiator	Description
Sep 17, 2026 1:34:02 PM CDT	Created	COUNT1923 / CalCo9275 (RHONDA S. KOKENA)	Wire Created.

MCKESSON**STATEMENT**

As of: 09/11/2026

Page: 002

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

Company: 8000

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyDC: 8115
Customer INV SupplD:
Territory:Customer: 632536
Date: 09/11/2026As of: 09/11/2026
Mail to: Page: 002
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536
Date: 09/11/2026 PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 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: 6,243.70 USD

Future Due: 0.00

If Paid By 09/15/2026,
Pay This Amount:

6,118.86 USD

Past Due: 0.00

If Paid After 09/15/2026,
Pay this Amount:

6,243.70 USD

Last Payment 2,451.97
08/07/2017Due If Paid On Time:
USD

6,118.86

Disc lost if paid late:

124.84

Due If Paid Late:
USD

6,243.70

6,111.29 +

7.57 +

6,118.86 +

APPROVED ON

SEP 14 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS<>
For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 09/11/2026

Page: 001

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

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 09/11/2026

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

As of: 09/11/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/11/2026 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
09/05/2026	09/15/2026	✓7656356297	292225205	115Invoice	2.28	114.11		111.83✓		7656356297	
09/05/2026	09/15/2026	✓7656356298	287276731	115Invoice	1.01	50.66		49.65✓		7656356298	
09/05/2026	09/15/2026	✓7656356299	295536633	115Invoice	5.67	283.62		277.95✓		7656356299	
09/05/2026	09/15/2026	✓7656356400	286342888	115Invoice	1.48	74.22		72.74✓		7656356400	
09/07/2026	09/15/2026	✓7656408750	295769946	115Invoice	5.21	260.28		255.07✓		7656408750	
09/07/2026	09/15/2026	✓7656408751	295849371	115Invoice	10.41	520.55		510.14✓		7656408751	
09/07/2026	09/15/2026	✓7656408752	290109561	115Invoice	4.36	218.24		213.88✓		7656408752	
09/07/2026	09/15/2026	✓7656408753	285561296	115Invoice	0.01	0.63		0.62✓		7656408753	
09/07/2026	09/15/2026	✓7656408754	295536633	115Invoice	5.67	283.62		277.95✓		7656408754	
09/07/2026	09/15/2026	✓7656408755	296095248	115Invoice	17.41	870.51		853.10✓		7656408755	
09/08/2026	09/15/2026	✓7656687710	289217854	115Invoice		0.08		0.08✓		7656687710	
09/08/2026	09/15/2026	✓7656687711	287715101	115Invoice	1.32	66.24		64.92✓		7656687711	
09/08/2026	09/15/2026	✓7656687712	288360207	115Invoice	1.32	66.24		64.92✓		7656687712	
09/08/2026	09/15/2026	✓7656687713	292502341	115Invoice	1.61	80.43		78.82✓		7656687713	
09/09/2026	09/15/2026	✓7656955373	296442306	115Invoice	7.66	382.81		375.15✓		7656955373	
09/09/2026	09/15/2026	✓7656955374	286040182	115Invoice	0.01	0.32		0.31✓		7656955374	
09/09/2026	09/15/2026	✓7656955375	291159893	115Invoice	28.38	1,419.14		1,390.76✓		7656955375	
09/09/2026	09/15/2026	✓7656955376	296519755	115Invoice	4.90	244.79		239.89✓		7656955376	
09/09/2026	09/15/2026	✓7656955377	292876269	115Invoice	2.28	114.11		111.83✓		7656955377	
09/10/2026	09/15/2026	✓7657232896	296688625	115Invoice	5.67	283.62		277.95✓		7657232896	
09/11/2026	09/15/2026	✓7657468380	290109561	115Invoice	4.36	218.24		213.88✓		7657468380	
09/11/2026	09/15/2026	✓7657468381	296688625	115Invoice	11.34	567.24		555.90✓		7657468381	
09/11/2026	09/15/2026	✓7657468382	296768213	115Invoice	2.33	116.28		113.95✓		7657468382	

APPROVED ON

SEP 14 2026

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS<>
For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 09/11/2026

Page: 002

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

Company: 8000

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyDC: 8115
Customer INV SupplD:
Territory: 7001Customer: 256342
Date: 09/11/2026As of: 09/11/2026
Mail to: Page: 002
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342
Date: 09/11/2026
PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 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: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 6,235.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 20,360.25
09/07/2026If Paid By 09/15/2026,
Pay This Amount:

6,111.29 USD

If Paid After 09/15/2026,
Pay this Amount:

6,235.98 USD

Due If Paid On Time:
USD

6,111.29

Disc lost if paid late:

124.69

Due If Paid Late:
USD

6,235.98

APPROVED ON

SEP 14 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS<>
For AR Inquiries please contact 800-867-0333

MCKESSON**STATEMENT**

As of: 09/11/2026

Page: 001

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

Company: 8000

HEB PHCY WHSE/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyDC: 8115
Customer INV SupplD:
Territory: 7001Customer: 820405
Date: 09/11/2026As of: 09/11/2026 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 820405 PLEASE CHECK ANY
Date: 09/11/2026 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
09/08/2026	09/15/2026	7656417463 ✓	82609-055-478817	115Invoice	0.15	7.72		7.57		7656417463 ✓	

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: 7.72 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 20,360.25
09/07/2026

If Paid By 09/15/2026,

Pay This Amount: 7.57 USD

If Paid After 09/15/2026,

Pay this Amount: 7.72 USD

Due If Paid On Time:

USD 7.57

Disc lost if paid late:

0.15

Due If Paid Late:

USD 7.72

APPROVED ON

SEP 14 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS<>
For AR Inquiries please contact 800-867-0333

Served By:

AMERISOURCEBERGEN DRUG CORP
12577 STATELINE ROAD
OLIVE BRANCH MS 38654

DEA: RA0504743
866-451-9655

Customer:

ACCREDITO MEMPHIS 340B
MEMORIAL MEDICAL CENTER
1620 CENTURY CENTER PKWY #109
MEMPHIS TN 38134-8849

Remit To:

AMERISOURCEBERGEN
POST OFFICE
PO Box 29808
NEW YORK NY 10087-9808

Customer Number

100302028 / 100302028

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	1,166.75
Past Due:	0.00
Total Due:	1,166.75
Account Balance:	1,166.75

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-08-2026	09-18-2026	3262872958 ✓	B0907017762013	Invoice	1,166.75		0.00	1,166.75 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,166.75	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
09-18-2026	1,166.75
Total Due:	1,166.75

APPROVED ON

SEP 14 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Served 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:	8.70
Past Due:	0.00
Total Due:	8.70
Account Balance:	8.70

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-08-2026	09-18-2026	3262844412 ✓	7012566689	Invoice	2.69		0.00	2.69 ✓
09-10-2026	09-18-2026	3263213938 ✓	7012595484	Invoice	6.01		0.00	6.01 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
8.70	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
09-18-2026	8.70
Total Due:	8.70

APPROVED ON

SEP 14 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Served 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

APPROVED ON

SEP 14 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Customer Number

100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	7,037.35
Past Due:	0.00
Total Due:	7,037.35
Account Balance:	7,037.35

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-08-2026	09-18-2026	3262765126 ✓	7012561996	Invoice	13.70		0.00	13.70 ✓
09-08-2026	09-18-2026	3262765127 ✓	7012573275	Invoice	155.99		0.00	155.99 ✓
09-08-2026	09-18-2026	3262822070 ✓	7012562044	Invoice	15.79		0.00	15.79 ✓
09-08-2026	09-18-2026	3262822071 ✓	7012578987	Invoice	6,848.45		0.00	6,848.45 ✓
09-10-2026	09-18-2026	3263172950 ✓	7012589570	Invoice	11.15		0.00	11.15 ✓
09-10-2026	09-18-2026	372165094 ✓	7008397459	Invoice	(22.35)		0.00	(22.35) ✓
09-10-2026	09-18-2026	372165095 ✓	7008397459	Invoice	17.15		0.00	17.15 ✓
09-10-2026	09-18-2026	372165193 ✓	7007604734	Invoice	(1.12)		0.00	(1.12) ✓
09-10-2026	09-18-2026	372165194 ✓	7007604734	Invoice	0.98		0.00	0.98 ✓
09-10-2026	09-18-2026	372165199 ✓	7007632041	Invoice	(5.94)		0.00	(5.94) ✓
09-10-2026	09-18-2026	372165237 ✓	7008535131	Invoice	(18.24)		0.00	(18.24) ✓
09-10-2026	09-18-2026	372165238 ✓	7008535131	Invoice	15.94		0.00	15.94 ✓
09-10-2026	09-18-2026	372165325 ✓	7007632041	Invoice	2.06		0.00	2.06 ✓
09-10-2026	09-18-2026	372165506 ✓	7007670485	Invoice	(1.20)		0.00	(1.20) ✓
09-10-2026	09-18-2026	372165507 ✓	7007670485	Invoice	0.94		0.00	0.94 ✓
09-10-2026	09-18-2026	372165520 ✓	7007716200	Invoice	(4.35)		0.00	(4.35) ✓
09-10-2026	09-18-2026	372165521 ✓	7007716200	Invoice	3.78		0.00	3.78 ✓
09-11-2026	09-18-2026	3263257807 ✓	7012595403	Invoice	4.62		0.00	4.62 ✓



STATEMENT

Number: 72849915

Date: 09-11-2026

2 of 2

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
7,037.35	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
09-11-2026	(1,547.47)

Reminders

Due Date	Amount
09-18-2026	7,037.35
Total Due:	7,037.35

✓ CCF

APPROVED ON

SEP 14 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

LINE	ITEM	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	DATE	DESCRIPTION	STATUS	QTY	UNIT	PRICE	AMOUNT	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APPROVED ON

SEP 14 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

SEP 14 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten Check" #</u>	<u>GL number</u>
9/8/2026	FDMS 0000000000000008556 - FDMS EQUIP 52-16 01830-000	- Credit Card Machine Lease Fee	32.45	902698	40440076
9/8/2026	FDMS 0000000000000008556 - FDMS EQUIP 52-21 82545-000	- Credit Card Machine Lease Fee	45.64	902699	40440076
9/8/2026	FDMS 0000000000000008556 - FDMS EQUIP 52-21 82557-000	- Credit Card Machine Lease Fee	181.77	902700	40440076
9/8/2026	FDMS 0000000000000008556 - FDMS EQUIP 52-23 96182-000	- Credit Card Machine Lease Fee	175.29	902701	40440076
9/8/2026	FDMS 0000000000000008556 - FDMS EQUIP 52-23 96181-000	- Credit Card Machine Lease Fee	116.87	902702	40440076
9/8/2026	FDMS 0000000000000008556 - FDMS EQUIP 52-23 96180-000	- Credit Card Machine Lease Fee	58.44	902703	40440076
9/8/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#17275644 172536771	- 3rd Party Payor Fee	100.42	902704	40440076
9/8/2026	MCKESSON DRUG - AUTO ACH ACH07228050	- 3408 Drug Program Expense	20,360.25	902705	60310000
9/9/2026	HARLAND CLARKE - CHK ORDERS	- Deposit Book Operating	192.98	902706	40220076
9/9/2026	HPHG LLC 90 DB PREMIUM - MEMOR PREM MEMORIAL MEDICAL PREMIUM PORT LAVACA SEPT MemMedCtr PtLav	- Health Insurance Premium Payment	80,265.53	902707	60320000
9/9/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#173205548 172984525	- 3rd Party Payor Fee	44.94	902708	40440076
9/9/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	59,199.29	902709	10450000
9/9/2026	CLOSED ACCOUNT 0003 061000146	- Patient pymt charged back / closed acct	15.00	902710	
9/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332385	- Credit Card Processing Fee	351.56	902711	40440076
9/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332393	- Credit Card Processing Fee	1,291.57	902712	40440076
9/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332401	- Credit Card Processing Fee	1,328.79	902713	40440076
9/10/2026	TSYS/TRANSFIRST - MERCH FEES 41399801368397	- Credit Card Processing Fee	203.72	902714	40440076
9/10/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#173980940 173674502	- 3rd Party Payor Fee	104.82	902715	40440076
9/11/2026	MEMORIAL MEDICAL - PAYROLL		392,462.30		
9/11/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#174608529 174413395	- 3rd Party Payor Fee	871.76	902716	40440076
9/11/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 3408 Drug Program Expense	1,547.47	902717	60310000
9/11/2026	HEALTH EQUITY INC - HealthEqui	- EmpDeduct/Employer Contribut	1,097.82	902718	PAYROLL- 20280000
9/11/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 9.4.26 MemMedCtr PtLav	- Health Insurance Claim Payments	21,500.37	902719	60320000
			581,549.05		

* approved on 9.9.26 cc
 ** approved on 9.2.26 cc
 September 14, 2026

Caitlin Clevenger, Controller
Memorial Medical Center

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
9/15/2026	Texas County DRS	Retirement	188,766.99
9/20/2026	Webfile Tax Pymt	Sales Tax	2,337.19
			191,104.18

September 14, 2026

Caitlin Clevenger, Controller
Memorial Medical Center

Memorial Medical Center		Payplus		Payplus		Payplus	
351.56 +		100.42 +		610.46 +			
1,291.57 +		44.94 +		1,121.94 +			
1,328.79 +	Processing fee	104.82 +	payplus	3,175.64 +			
203.72 +		871.76 +		192.98 +			
3,175.64 +		1,121.94 +		15.00 +			
				0.00 +			
192.98 +							
192.98 +	Deposit Book	15.00 +	pt. pay.				
		15.00 +	closed acct.				

Date/Time 09-09-2026 / 01:31 PM
Submitted By agibson419

Pay Date 08-31-2026

Employee Deposits	\$77,137.73
Employer Contributions	\$111,629.26
Group Term Life Premiums	\$0.00
Total	\$188,766.99 ✓

Comments

Payroll File Aug 2026.xlsx

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Sales and Use Tax

Taxpayer: [REDACTED] MEMORIAL MEDICAL CENTER
Address: 815 N VIRGINIA ST, PORT LAVACA TX 77979-3025
Tax Type: Sales and Use Tax

Return Summary Original Return for Period Ending 08/31/2026 (2608)

Total Amount Due and Payable may not reflect all payments or discounts. Please allow pending payments 3-5 business days to process and appear on this page.

CREDITS TAKEN

Credits Taken

Are you taking credit to reduce taxes due on this return? No

Are you taking credit to reduce taxable sales on this return for the purchase of Texas farm-raised oysters? No

Amount of credit being taken on this return for the purchase of Texas farm-raised oysters \$0.00

Are you taking credit to reduce taxable sales on this return for participation in a qualified oyster shell recycling program? No

Amount of credit being taken on this return for participation in a qualified oyster shell recycling program \$0.00

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	28,472	28,472	0	28,472	1,779.50	28,472	0.02000	569.44
SubTotal	28,472	28,472	0	28,472	1,779.50	28,472		569.44

Total Tax for Locations \$2,348.94

Total Tax Due: \$2,348.94

Balance Due: \$2,348.94

Pending Payments: - \$2,337.19

Total Amount Due and Payable: \$11.75

(State amount due is \$0.00)

(Local amount due is \$11.75)

 Total Amount Due and Payable may not reflect all payments or discounts. Please allow pending payments 3-5 business days to process and appear on this page.

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Sales and Use Tax

Payment for Period Ending Aug 31, 2026 (2608)

Taxpayer: [REDACTED] MEMORIAL MEDICAL CENTER
Address: 815 N VIRGINIA ST, PORT LAVACA TX 77979-3025
Tax Type: Sales and Use Tax

	Row Title	State	Local	Total
Total Tax Due		\$1,779.50	\$569.44	\$2,348.94
Timely Discount		- \$8.90	- \$2.85	- \$11.75
Balance Due		= \$1,770.60	= \$566.59	= \$2,337.19
Pending Payments				- \$2,337.19 ✓
		Total Amount Due: \$0.00		

Select a Payment Type



Credit Card

Incurs a non-refundable Portal Process Fee



Electronic Check

Make/Schedule a Payment
 No Payment Processing Fee

General Statement of Refund Policy

In the event a refund of all or part of the tax or permit fee amount paid is appropriate, the Comptroller may issue a warrant, through the State's normal warrant process, to the master name and mailing address on file at the time for the designated taxpayer number. In making payment by electronic fund transfer or credit card, the taxpayer agrees to the Comptroller refund policies and procedures.

RECEIVED**SEP 10 2026**

09/10/2026

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Calhoun County Auditor

AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 09/25/2026

Vendor# Vendor Name

Class Pay Code

12792 LAVACA BAY NURSING AND REHAB

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 090126		09/09/202	09/01/202	09/25/202			1,934.32	0.00	0.00	1,934.32 ✓
✓ 090126A	ins. pay. dep. into mmc. opt. correction	09/09/202	09/01/202	09/25/202			6,727.00	0.00	0.00	6,727.00 ✓

Vendor Totals: Number Name

12792 LAVACA BAY NURSING AND REHAB

Gross

Discount

No-Pay

Net

8,661.32

0.00

0.00

8,661.32

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

8,661.32

0.00

0.00

8,661.32

APPROVED ON**SEP 11 2026**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**CHK# 214198**

RECEIVED**SEP 10 2026**

09/10/2026

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Calhoun County Auditor

AP Open Invoice List

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Due Dates Through: 09/25/2026

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 090226A		09/09/202	09/02/202	09/25/202			12,343.75	0.00	0.00	12,343.75 ✓
✓ 090226	ins. pay. dep. INTO mme opt. correction	09/09/202	09/02/202	09/25/202			457.66	0.00	0.00	457.66 ✓
✓ 090426	"	09/09/202	09/04/202	09/25/202			13,080.00	0.00	0.00	13,080.00 ✓
✓ 090426A	"	09/09/202	09/04/202	09/25/202			5,425.00	0.00	0.00	5,425.00 ✓

Vendor Totals: Number Name

11836 GOLDENCREEK HEALTHCARE

Gross	Discount	No-Pay	Net
31,306.41	0.00	0.00	31,306.41

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	31,306.41	0.00	0.00	31,306.41

APPROVED ON

SEP 11 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 214197

RECEIVED**SEP 10 2026**

09/10/2026

MEMORIAL MEDICAL CENTER

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Calhoun County Auditor

AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 09/25/2026

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
✓ 090226B		09/09/202	09/02/202	09/25/202			402.79	0.00	0.00	402.79 ✓
✓ 090226A	ins. pay. dep. into mmc opt. correction	09/09/202	09/02/202	09/25/202			16,530.00	0.00	0.00	16,530.00 ✓
✓ 090226	"	09/09/202	09/02/202	09/25/202			16.99	0.00	0.00	16.99 ✓
✓ 090326	"	09/09/202	09/03/202	09/25/202			67,010.00	0.00	0.00	67,010.00 ✓
✓ 090326A	"	09/09/202	09/03/202	09/25/202			13,454.00	0.00	0.00	13,454.00 ✓
✓ 090426	"	09/09/202	09/04/202	09/25/202			1,635.00	0.00	0.00	1,635.00 ✓

Vendor Totals: Number Name

13004 TUSCANY VILLAGE

Gross	Discount	No-Pay	Net
99,048.78	0.00	0.00	99,048.78

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	99,048.78	0.00	0.00	99,048.78

APPROVED ON

SEP 11 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 214199

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
9/14/2026

APPROVED ON

SEP 14 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		188,163.74	188,063.74	224,757.12		224,857.12	224,757.12
						Bank Balance Variance	
						224,857.12	
						-	
						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 224,757.12

Approved:
Caitlin Clevenger, Controller

9/14/2026

Golden Creek

9/11/2026 Deposit
 9/11/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 091126 543684555876917
 9/11/2026 AETNA AS01 - HCCLAIMPMT TRN*1*8826250010053 95*1066033492\ 1588075964
 9/10/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 091026 543684555876917
 9/10/2026 Am Health TX - PAYMENT 21531
 9/10/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*050859361588075964*1746000156~ 17460034113011
 9/9/2026 Domestic Wire Withdrawal WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 9/9/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 090926 543684555876917
 9/9/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356
 9/9/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*050750301588075964*1746000156~ 17460034113011
 9/8/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 090826 543684555876917
 9/8/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 090826 543684555876917
 9/8/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356

✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
-	167,761.64		167,761.64
-	8,690.04		8,690.04
-	4,141.12		4,141.12
-	1,188.90		1,188.90
-	10,000.00		10,000.00
-	144.93		144.93
188,063.74	-		-
-	6,750.00		6,750.00
-	8,051.29		8,051.29
-	217.00		217.00
-	4,873.00		4,873.00
-	511.90		511.90
-	12,427.30		12,427.30
188,063.74	224,757.12	-	224,757.12

Transaction Report



Transaction Report for account *4454

Reported on Mon Sep 14 14:34:00 GMT 2026

Current Balance \$246,551.02
Interest Accrued \$82.99
Available Balance \$246,551.02

Date	Description	Credit	Debit	Running Balance
09/11/2026	178662542662188 Deposit	\$167,761.64		✓ \$224,857.12 ✓
09/11/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 091126 543684555876917	\$8,690.04		\$57,095.48
09/11/2026	External Deposit AETNA AS01 - HCCLAIMPMT TRN*1*9826250010053 95*1066033492\ 1588075964	\$4,141.12		\$48,405.44
09/10/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 091026 543684555876917	\$1,188.90		\$44,264.32
09/10/2026	External Deposit Am Health TX - PAYMENT 21531	\$10,000.00		\$43,075.42
09/10/2026	External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*050859361588075964*1746000156 - 17460034113011	\$144.93		\$33,075.42

Report generated on 09/14/2026 09:07:34 AM CDT

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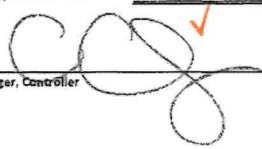
Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 9/14/2026

APPROVED ON
 SEP 14 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		302,145.84	302,045.84	146,834.20	-		146,934.20	146,834.20
						Bank Balance Variance	146,934.20	
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 146,834.20

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 9/14/2026

Tuscany Village

9/11/2026 Deposit
9/11/2026 Merchant Capture Deposit
9/11/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7942154*1205296137*000004011~ 676201
9/10/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1264065803*13 41858379\ 746003411
9/9/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE

Transfer-Out	Transfer-In	MMC	
		PORTION	NH PORTION
-	116,720.43		116,720.43
-	7,195.00		7,195.00
-	21,630.92		21,630.92
-	1,287.85		1,287.85
302,045.84	-		-
302,045.84	146,834.20	-	146,834.20

Transaction Report



Transaction Report for account *3407

Reported on Mon Sep 14 14:25:00 GMT 2026

Current Balance \$173,898.38
Interest Accrued \$93.54
Available Balance \$173,898.38

Date	Description	Credit	Debit	Running Balance
09/11/2026	178662542662237 Deposit Deposit	\$116,720.43		✓ \$146,934.20 ✓
09/11/2026	9074636005 Descriptive Deposit Merchant Capture Deposit	\$7,195.00		\$30,213.77
09/11/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7942154*1205296137*000004011~ 676201	\$21,630.92		\$23,018.77
09/10/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1264065803*13 41858379\ 746003411	\$1,287.85		\$1,387.85
09/09/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		\$302,045.84	\$100.00
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

Report generated on 09/14/2026 09:07:25 AM CDT

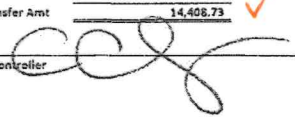
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Memorial Medical Center
Nursing Home UPL
Weekly HSL Transfer
Prosperity Accounts
9/14/2026

APPROVED ON
SEP 15 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Nursing Home	Account	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		163,980.17	163,880.17	14,408.73			14,508.73 14,508.73 - 100.00	14,408.73
	Bank Balance							
	Variance							
	Leave in Balance							

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 14,408.73
Approved: 
Caitlin Clavenger, Controller 9/14/2026

Lavaca Bay Nursing and Rehab

9/11/2026 Deposit
9/11/2026 HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF
9/11/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*050896751538719836*1746000156~ 17460034113016
9/10/2026 Over Counter Check
9/9/2026 Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC
9/9/2026 EIC 1734345 - HCCLAIMPMT TRN*1*1991666582609 05*1310935772\ 5686901

Transfer-Out	Transfer-In	MMC	
		PORTION	NH PORTION
-	11,880.66		11,880.66
-	1,843.18		1,843.18
-	380.96		380.96
3,823.00	-		-
160,057.17	-		-
-	303.93		303.93
163,880.17	14,408.73	-	14,408.73

Transaction Report



Transaction Report for account *5506

Reported on Mon Sep 14 14:30:00 GMT 2026

Current Balance \$15,399.63
Interest Accrued \$42.16
Available Balance \$15,399.63

Date	Description	Credit	Debit	Running Balance
09/11/2026	178662542662075 Deposit Deposit	\$11,880.66		✓ \$14,508.73 ✓
09/11/2026	External Deposit HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	\$1,843.18		\$2,628.07
09/11/2026	External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*050896751538719836*1746000156- 17460034113016	\$380.96		\$784.89
09/10/2026	1184 Over Counter Check Over Counter Check		\$3,823.00	\$403.93
09/09/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		\$160,057.17	\$4,226.93
09/09/2026	External Deposit EIC 1734345 - HCCLAIMPMT TRN*1*1991666582609 05*1310935772\ 5686901	\$303.93		\$164,284.10
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

Report generated on 09/14/2026 09:07:30 AM CDT

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