

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 23, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,399,160.89
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED September 23, 2026	\$ 1,399,160.89
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	\$ 315,433.80
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	\$ 594,337.42
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED September 23, 2026	\$ 909,771.22
GRAND TOTAL FOR APPROVAL ON September 23, 2026	\$ 2,308,932.11

APPROVED

SEP 23 2026

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---September 23, 2026

PAYABLES AND PAYROLL

9/18/2026 Weekly Payables	362,857.33
9/21/2026 Morris & Dickson - MMC Rx	16,526.49
9/21/2026 McKesson-340B Prescription Expense	229,629.23
9/21/2026 Cencora-340B Prescription Expense	9.86
9/21/2026 Cencora-340B Prescription Expense	3,477.46
9/21/2026 Payroll Liabilities - Payroll Taxes	127,112.11
9/21/2026 Payroll	409,165.89

Prosperity Electronic Bank Payments

9/21/2026 90 Degree Benefits - employee insurance claims	46,089.42
9/21/2026 90 Degree Benefits - employee insurance claims	201,832.14
9/21/2026 Pay Plus - Patient Claims Processing Fee	1,140.80
9/21/2026 Credit Card Bank Fee	176.70
9/21/2026 Credit Card Lease Fee	45.64
9/21/2026 Health Equity - HSA Contributions	1,097.82

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,399,160.89
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GRAND TOTAL DISBURSEMENTS APPROVED September 23, 2026	\$ 1,399,160.89
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TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

9/18/2026 MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error	77,062.79
9/18/2026 MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error	130,322.08
9/18/2026 MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error	107,675.29
9/18/2026 MMC Operating to Solera West Hosuton - Correction of insurance payment deposited into MMC Operating in error	373.64

TOTAL TRANSFERS BETWEEN FUNDS	\$ 315,433.80
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NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS

9/21/2026 Nursing Home UPL - Nexion Transfer	78,791.36
9/21/2026 Nursing Home UPL - Tuscany Transfer	372,692.23
9/21/2026 Nursing Home UPL - HSL Transfer	142,809.26

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

9/21/2026 Tuscany to MMC - Humana Recoup belongs to Tuscany	44.57
9/21/2026 Tuscany to MMC - Humana Recoup belongs to Tuscany	3,961.57
9/21/2026 Tuscany to MMC - Humana Recoup belongs to Tuscany	13,067.99

TOTAL NURSING HOME UPL EXPENSES	\$ 594,337.42
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GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED September 23, 2026	\$ 909,771.22
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SEP 17 2026

Calhoun County Auditor

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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
	✓ 9175311220		09/09/202	09/03/202	09/28/202			111.94	0.00	0.00	111.94 ✓
		OXYGEN/GAS									
	✓ 5527166604		09/15/202	08/31/202	09/25/202			681.66	0.00	0.00	681.66 ✓
		OXYGEN, nitrous oxide, helium									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A1680	AIRGAS USA, LLC - CENTRAL DIV					793.60	0.00	0.00	793.60
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
	✓ 1WQJ76C131RF		09/15/202	09/01/202	10/01/202			29.69	0.00	0.00	29.69 ✓
		BCKOUT FOLDING MAGNET CUR									
	✓ 1DDR9K7XT477		09/15/202	09/02/202	10/01/202			46.45	0.00	0.00	46.45 ✓
		ETHERNET CABLE MODULAR PLUG									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14028	AMAZON CAPITAL SERVICES					76.14	0.00	0.00	76.14
Vendor#	Vendor Name				Class	Pay Code					
A2150	ANNOUNCEMENTS PLUS TOO AGAIN				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 8026		09/16/202	09/08/202	09/18/202			20.00	0.00	0.00	20.00 ✓
		LEAF PRINTING									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A2150	ANNOUNCEMENTS PLUS TOO AGAIN					20.00	0.00	0.00	20.00
Vendor#	Vendor Name				Class	Pay Code					
B1150	BAXTER HEALTHCARE				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 85873286		09/09/202	09/01/202	09/26/202			3,071.40	0.00	0.00	3,071.40 ✓
		INFUSION PUMP BILLINGS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE					3,071.40	0.00	0.00	3,071.40
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
	✓ 112858801		08/25/202	09/02/202	09/27/202			1,556.43	0.00	0.00	1,556.43 ✓
		FP 6C CELL CONTROL									
	✓ 4629430		08/25/202	09/03/202	09/28/202			1,484.00	0.00	0.00	1,484.00 ✓
		ACCESS 2 IMMUNOASSAY ANAL									
	✓ 112856999		09/16/202	09/01/202	09/26/202			3,016.51	0.00	0.00	3,016.51 ✓
		FP DXH RETIC PACK/ DILUENT									
	✓ 4629295		09/16/202	09/02/202	09/27/202			7,370.00	0.00	0.00	7,370.00 ✓
		DXM 1040 MICROSCAN WALKAW									
	✓ 112857858		09/16/202	09/02/202	09/27/202			92.83	0.00	0.00	92.83 ✓
		FP S CAL CALIBRATOR #64789U									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC					13,519.77	0.00	0.00	13,519.77
Vendor#	Vendor Name				Class	Pay Code					
B1320	BEEKLEY CORPORATION				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ MIN0354552		09/15/202	08/21/202	09/15						

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		B1320	BEEKLEY CORPORATION				398.00	0.00	0.00	398.00
Vendor#	Vendor Name			Class	Pay Code					
11072	BIO-RAD LABORATORIES, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓909473829		09/15/202	08/13/202	09/15/202		631.94	0.00	0.00	631.94 ✓
		LIQUICHECK IMMUNOASSAY PLL								
	✓909530892		09/15/202	09/03/202	09/15/202		2,207.11	0.00	0.00	2,207.11 ✓
		MULTQL PREM ASSAY 1 LIQ 6X5I								
	✓909530893		09/15/202	09/03/202	09/15/202		1,378.75	0.00	0.00	1,378.75 ✓
		CARD MKR LT PLUS 1B LIQ								
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11072	BIO-RAD LABORATORIES, INC				4,217.80	0.00	0.00	4,217.80
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
	✓8004297197		09/16/202	08/31/202	09/25/202		237.21	0.00	0.00	237.21 ✓
		<i>Radiology Supplies</i>								
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.				237.21	0.00	0.00	237.21
Vendor#	Vendor Name			Class	Pay Code					
14260	CAREFUSION SOLUTIONS, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓70001925581		09/15/202	08/31/202	08/31/202		98.36	0.00	0.00	98.36 ✓
		THERMAL LABEL ROLL <i>x4</i>								
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14260	CAREFUSION SOLUTIONS, LLC				98.36	0.00	0.00	98.36
Vendor#	Vendor Name			Class	Pay Code					
10541	CARESFIELD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓200034323		09/15/202	08/05/202	09/04/202		46.90	0.00	0.00	46.90 ✓
		BLD TRANSFR HOLDER DEVICE								
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10541	CARESFIELD				46.90	0.00	0.00	46.90
Vendor#	Vendor Name			Class	Pay Code					
C1600	CITIZENS MEDICAL CENTER			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓080126		09/16/202	08/01/202	08/01/202		365.00	0.00	0.00	365.00 ✓
		LAB DRAWS								
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		C1600	CITIZENS MEDICAL CENTER				365.00	0.00	0.00	365.00
Vendor#	Vendor Name			Class	Pay Code					
15188	CLARITY ENROLLMENT SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓3191		09/09/202	09/01/202	10/01/202		324.00	0.00	0.00	324.00 ✓
		EMPLOYEE NAVIGATOR FEES								
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		15188	CLARITY ENROLLMENT SOLUTIONS				324.00	0.00	0.00	324.00
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
	✓6738733		09/15/202	08/11/202	08/11/202		738.49	0.00	0.00	738.49 ✓
		5 GALLON DRINKING WATER <i>+deposit & delivery charge</i>								
	✓6745309		09/15/202	08/17/202	08/17/202		368.15	0.00	0.00	368.15 ✓
		STERILE WATER								
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net

	12044	CULLIGAN ULTRAPURE INC.					1,106.64	0.00	0.00	1,106.64
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
	✓8489240		08/25/202	09/02/202	09/27/202		227.52	0.00	0.00	227.52 ✓
	FILE FOLDERS/ CTRG TAPE									
	✓8484140		09/09/202	08/31/202	09/25/202		639.35	0.00	0.00	639.35 ✓
	PAPER <i>5 ballpoint pens</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	10368 DEWITT POTH & SON						866.87	0.00	0.00	866.87
Vendor#	Vendor Name		Class		Pay Code					
14832	DR JOHN CLINTON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓091126		08/01/202	09/11/202	09/11/202		4,200.00	0.00	0.00	4,200.00 ✓
	OB CALL AUG 1-2,23,24-27,28-30									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	14832 DR JOHN CLINTON						4,200.00	0.00	0.00	4,200.00
Vendor#	Vendor Name		Class		Pay Code					
14924	DR. TIMU KWI									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓091126		08/01/202	09/11/202	09/11/202		5,800.00	0.00	0.00	5,800.00 ✓
	OB CALL AUG <i>8/3-8/4, 8/7-8/9, 8/12-8/13, 8/17-8/20, 8/21-8/22, 8/31</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	14924 DR. TIMU KWI						5,800.00	0.00	0.00	5,800.00
Vendor#	Vendor Name		Class		Pay Code					
10175	DSHS CENTRAL LAB MC2004									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓090326		09/16/202	09/03/202	09/28/202		948.10	0.00	0.00	948.10 ✓
	PATIENT LAB DRAWS									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	10175 DSHS CENTRAL LAB MC2004						948.10	0.00	0.00	948.10
Vendor#	Vendor Name		Class		Pay Code					
11091	ECOLAB									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓6361189060		09/16/202	09/01/202	09/01/202		258.48	0.00	0.00	258.48 ✓
	DISHWASHER RENTAL									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	11091 ECOLAB						258.48	0.00	0.00	258.48
Vendor#	Vendor Name		Class		Pay Code					
11284	EMERGENCY STAFFING SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓45813		09/15/202	09/15/202	09/25/202		40,062.50	0.00	0.00	40,062.50 ✓
	ER PHYS SERVICES SEPT 1-15TH									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	11284 EMERGENCY STAFFING SOLUTIONS						40,062.50	0.00	0.00	40,062.50
Vendor#	Vendor Name		Class		Pay Code					
11944	EQUIFAX WORKFORCE SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓2076494990		09/15/202	08/31/202	09/30/202		10.99	0.00	0.00	10.99 ✓
	CREDIT REPORTING SERVICES									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
	11944 EQUIFAX WORKFORCE SOLUTIONS						10.99	0.00	0.00	10.99
Vendor#	Vendor Name		Class		Pay Code					
13016	FIRST INSURANCE FUNDING									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓090126		09/15/202	09/01/202	09/01/202		4,115.34	0.00	0.00	4,115.34 ✓

INSURANCE INSTALLMENT

Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
13016		FIRST INSURANCE FUNDING					4,115.34	0.00	0.00	4,115.34
Vendor#	Vendor Name		Class		Pay Code					
17276	FIRST UNITED METHODIST CHURCH									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓100126		09/15/202	10/01/202	10/01/202			1,450.00	0.00	0.00	1,450.00 ✓
LAND LEASE FOR CONSTRUCTIC										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
17276		FIRST UNITED METHODIST CHURCH					1,450.00	0.00	0.00	1,450.00
Vendor#	Vendor Name		Class		Pay Code					
F1400	FISHER HEALTHCARE		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓1183076		08/25/202	09/03/202	09/28/202			206.13	0.00	0.00	206.13 ✓
	5 ML STERILE FINTIP									
✓1183077		08/25/202	09/03/202	09/28/202			488.76	0.00	0.00	488.76 ✓
	CULTURE TUBE/ BLD BANK SALII									
✓1213645		08/25/202	09/04/202	09/29/202			304.72	0.00	0.00	304.72 ✓
	DS ECI WASH REAGENT									
✓1116097		09/01/202	09/01/202	09/26/202			21.20	0.00	0.00	21.20 ✓
	VACU 2ML HPEP GRN 50 PK									
✓1083299		09/08/202	08/31/202	09/25/202			2,259.83	0.00	0.00	2,259.83 ✓
	SEDITROL QUALITY CONTROL									
✓1116098		09/15/202	09/01/202	09/26/202			280.82	0.00	0.00	280.82 ✓
	KOVA PETTER 500 PK									
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
F1400		FISHER HEALTHCARE					3,561.46	0.00	0.00	3,561.46
Vendor#	Vendor Name		Class		Pay Code					
17244	FREED INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓7EB963010007		09/09/202	09/04/202	09/30/202			2,494.80	0.00	0.00	2,494.80 ✓
	FREED AI SOFTWARE	x12 9/4-12/3								
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
17244		FREED INC					2,494.80	0.00	0.00	2,494.80
Vendor#	Vendor Name		Class		Pay Code					
12404	GE PRECISION HEALTHCARE, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓6003293822		09/15/202	09/01/202	10/01/202			13,695.01	0.00	0.00	13,695.01 ✓
	RAD CONTRACT									
✓6003293722		09/15/202	09/01/202	10/01/202			1,083.94	0.00	0.00	1,083.94 ✓
	LOGIQ S7 EXPERT R3 DEMO									
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
12404		GE PRECISION HEALTHCARE, LLC					14,778.95	0.00	0.00	14,778.95
Vendor#	Vendor Name		Class		Pay Code					
10829	HEALTHSTREAM, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓0412706		09/16/202	07/31/202	08/30/202			5,424.67	0.00	0.00	5,424.67 ✓
	INTRANET MAINT/SUPPORT									
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
10829		HEALTHSTREAM, INC.					5,424.67	0.00	0.00	5,424.67
Vendor#	Vendor Name		Class		Pay Code					
15208	HOSPITAL CARE CONSULTANTS INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓7264		09/15/202	09/15/202	09/25/202			23,663.00	0.00	0.00	23,663.00 ✓
	HOSP PHYS SERVICES SEPT 1-1:									
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net

15208	HOSPITAL CARE CONSULTANTS INC.						23,663.00	0.00	0.00	23,663.00
Vendor#	Vendor Name	Class	Pay Code							
11285	ITA RESOURCES INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ MMC092026		09/15/202	09/01/202	09/21/202			44,701.19	0.00	0.00	44,701.19
	SEPT INV FOR CARD/RESP SALA									✓
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC					44,701.19	0.00	0.00	44,701.19
Vendor#	Vendor Name	Class	Pay Code							
W1372	JOHN B WRIGHT LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 091126		08/01/202	09/11/202	09/11/202			2,100.00	0.00	0.00	2,100.00
	OB CALL AUG 10-14-16 8/10-8/11, 8/14-8/16									✓
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	W1372	JOHN B WRIGHT LLC					2,100.00	0.00	0.00	2,100.00
Vendor#	Vendor Name	Class	Pay Code							
L0700	LABCORP OF AMERICA HOLDINGS	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 88237241		09/16/202	08/29/202	09/23/202			16.00	0.00	0.00	16.00
	LAB TESTING SERVICES									✓
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS					16.00	0.00	0.00	16.00
Vendor#	Vendor Name	Class	Pay Code							
L1001	LANDAUER INC	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 101439928		09/15/202	08/20/202	09/19/202			921.35	0.00	0.00	921.35
	DOSIMETER QTRLY									✓
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	L1001	LANDAUER INC					921.35	0.00	0.00	921.35
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
✓ SFIN106336		09/16/202	09/15/202	09/15/202			29.33	0.00	0.00	29.33
	FINANCE CHARGE									✓
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10371	LOFTIN EQUIPMENT COMPANY					29.33	0.00	0.00	29.33
Vendor#	Vendor Name	Class	Pay Code							
L1640	LOWE'S BUSINESS ACCT/SYNCB	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 090226		09/16/202	09/02/202	09/02/202			1,202.98	0.00	0.00	1,202.98
	CRYSTAL WATER SOFTENER X2									✓
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	L1640	LOWE'S BUSINESS ACCT/SYNCB					1,202.98	0.00	0.00	1,202.98
Vendor#	Vendor Name	Class	Pay Code							
10613	MEDIMPACT HEALTHCARE SYS, INC.	A/P								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 090926		09/16/202	09/09/202	09/09/202			24.69	0.00	0.00	24.69
	EOB CYCLE# 51175									✓
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.					24.69	0.00	0.00	24.69
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
✓ 2442946135		09/14/202	09/01/202	09/26/202			415.58	0.00	0.00	415.58
	IV POLE HOLDER									✓
✓ 2442788629		09/14/202	09/01/202	09/26/202			83.89	0.00	0.00	83.89

Bonded Blue Wrap

✓2443129481	BONDED WRAP	09/14/202	09/02/202	09/27/202			358.04	0.00	0.00	358.04	✓
✓2443129483	TUBE/SUTURES	09/14/202	09/02/202	09/27/202			631.79	0.00	0.00	631.79	✓
✓2443129485	SYRINGES/GLOVES	09/14/202	09/02/202	09/27/202			5.68	0.00	0.00	5.68	✓
✓2443129490	VALVE/BULB	09/14/202	09/02/202	09/27/202			35.67	0.00	0.00	35.67	✓
✓2443129489	WALKER	09/14/202	09/02/202	09/27/202			2,410.46	0.00	0.00	2,410.46	✓
✓2443129491	CATHETER/GLOVES/MASK	09/14/202	09/02/202	09/27/202			71.84	0.00	0.00	71.84	✓
✓2443129486	SHOULDER IMMOBILIZER	09/14/202	09/02/202	09/27/202			913.34	0.00	0.00	913.34	✓
✓2443376132	URINE TUBE/MASK/GAUZE/SYRINGE	09/14/202	09/03/202	09/28/202			140.34	0.00	0.00	140.34	✓
✓2443558248	AIR REGULATOR	09/14/202	09/04/202	09/29/202			31.08	0.00	0.00	31.08	✓
✓2443587862	WRIST SPLINT	09/14/202	09/04/202	09/29/202			903.40	0.00	0.00	903.40	✓
✓2443664075	FLOWMETER	09/14/202	09/05/202	09/30/202			9.13	0.00	0.00	9.13	✓
	WRIST SPLINT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	M2470	MEDLINE INDUSTRIES INC					6,010.24	0.00	0.00	6,010.24	
Vendor#	Vendor Name				Class	Pay Code					
13624	NEXION HEALTH AT NAVASOTA INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	083126		08/01/202	08/31/202	08/31/202		1,000.00	0.00	0.00	1,000.00	✓
	TELEMED REIMBURSEMENT AUC										✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	13624	NEXION HEALTH AT NAVASOTA INC					1,000.00	0.00	0.00	1,000.00	
Vendor#	Vendor Name				Class	Pay Code					
O1500	OLYMPUS AMERICA INC				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	9940143230		09/16/202	09/07/202	09/07/202		1,125.00	0.00	0.00	1,125.00	✓
	SURG MAIN CONTRACT# Q01275										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	O1500	OLYMPUS AMERICA INC					1,125.00	0.00	0.00	1,125.00	
Vendor#	Vendor Name				Class	Pay Code					
11155	PARAREV										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	2038931		09/09/202	09/01/202	10/01/202		3,084.00	0.00	0.00	3,084.00	✓
	PRICING SERVICES/REVENUE PI										
✓	2038932		09/09/202	09/01/202	10/01/202		950.00	0.00	0.00	950.00	✓
	HOSP TRANS PRICE QTRLY										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	11155	PARAREV					4,034.00	0.00	0.00	4,034.00	
Vendor#	Vendor Name				Class	Pay Code					
10032	PHILIPS HEALTHCARE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	9062082625		09/09/202	09/03/202	09/28/202		149.02	0.00	0.00	149.02	✓
	ECG CABLE/ LEAD KIT FOR CARI										✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	10032	PHILIPS HEALTHCARE					149.02	0.00	0.00	149.02	
Vendor#	Vendor Name				Class	Pay Code					

11932 PRESS GANEY ASSOCIATES, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓IN000774559		08/01/202	08/31/202	09/30/202			3,070.58	0.00	0.00	3,070.58 ✓

ANALYTICS/CONSULTING SERVI

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11932	PRESS GANEY ASSOCIATES, INC.	3,070.58	0.00	0.00	3,070.58

Vendor# Vendor Name Class Pay Code

12480 PRO ENERGY PARTNERS LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓R44921		08/01/202	09/14/202	09/29/202			2,386.93	0.00	0.00	2,386.93 ✓

NATURAL GAS- AUG

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12480	PRO ENERGY PARTNERS LLC	2,386.93	0.00	0.00	2,386.93

Vendor# Vendor Name Class Pay Code

S2001 SIEMENS MEDICAL SOLUTIONS INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓116959854		09/16/202	08/24/202	09/18/202			3,612.95	0.00	0.00	3,612.95 ✓

LUMINOS AGILE MAX 82426-9232

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

Vendor# Vendor Name Class Pay Code

11296 SOUTH TEXAS BLOOD & TISSUE CEN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓CM18524		08/02/202	08/31/202	09/25/202			-955.96	0.00	0.00	-955.96 ✓

BLOOD DRAWS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓107063256		08/02/202	08/31/202	09/25/202			2,049.40	0.00	0.00	2,049.40 ✓

BLOOD DRAWS FOR AUG

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11296	SOUTH TEXAS BLOOD & TISSUE CEN	1,093.44	0.00	0.00	1,093.44

Vendor# Vendor Name Class Pay Code

S2694 STANFORD VACUUM SERVICE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓461181		09/15/202	09/03/202	09/03/202			625.00	0.00	0.00	625.00 ✓

GREASE TRAP PUMP

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
S2694	STANFORD VACUUM SERVICE	625.00	0.00	0.00	625.00

Vendor# Vendor Name Class Pay Code

10845 STAPLES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓6073046926		09/09/202	08/31/202	09/15/202			82.23	0.00	0.00	82.23 ✓

AA BATTERIES *2 AAA batteries, D-batteries*

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10845	STAPLES	82.23	0.00	0.00	82.23

Vendor# Vendor Name Class Pay Code

10950 STATUS HP

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓23		09/16/202	09/20/202	09/30/202			1,400.00	0.00	0.00	1,400.00 ✓

RFID FEE

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10950	STATUS HP	1,400.00	0.00	0.00	1,400.00

Vendor# Vendor Name Class Pay Code

10735 STRYKER SALES, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓9213427339		09/15/202	08/28/202	09/27/202			348.85	0.00	0.00	348.85 ✓

INK/PAPER MEDIA KIT

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
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	10735	STRYKER SALES, LLC						348.85	0.00	0.00	348.85
Vendor#	Vendor Name		Class		Pay Code						
14524	SYSMEX AMERICA, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 96653900		09/09/202	08/24/202	09/09/202			527.44	0.00	0.00	527.44
	BEYOND CARE REMOTE										✓
	Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
	14524		SYSMEX AMERICA, INC.					527.44	0.00	0.00	527.44
Vendor#	Vendor Name		Class		Pay Code						
T1915	TEXAS GLASS & TINTING		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 126002		09/09/202	06/11/202	07/11/202			804.00	0.00	0.00	804.00
	GLASS REPAIR + labor & trip charge										✓
	Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
	T1915		TEXAS GLASS & TINTING					804.00	0.00	0.00	804.00
Vendor#	Vendor Name		Class		Pay Code						
T3334	TRINITY PHYSICS CONSULTING LLC		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 037058		09/15/202	09/10/202	09/10/202			1,800.00	0.00	0.00	1,800.00
	DIGITAL MAMMO UNIT EVAL										✓
	Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
	T3334		TRINITY PHYSICS CONSULTING LLC					1,800.00	0.00	0.00	1,800.00
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
	✓ TRI308679		09/15/202	09/09/202	09/24/202			150.24	0.00	0.00	150.24
	FREIGHT										✓
	Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
	13616		TRIOSE, INC					150.24	0.00	0.00	150.24
Vendor#	Vendor Name		Class		Pay Code						
C2510	TRUBRIDGE		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ T2609091378		09/15/202	09/09/202	09/26/202			122,216.90	0.00	0.00	122,216.90
	CONSULTING SERVICES-SEPT IN										✓
	✓ A2609091378		09/15/202	09/09/202	09/26/202			341.00	0.00	0.00	341.00
	BLOOD BANK SUPPORT										✓
	Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
	C2510		TRUBRIDGE					122,557.90	0.00	0.00	122,557.90
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
	✓ 2921096590		08/01/202	09/03/202	09/28/202			68.42	0.00	0.00	68.42
	UNIFORMS										✓
	✓ 2921096618		08/01/202	09/03/202	09/28/202			933.20	0.00	0.00	933.20
	SUPPLIES/LINENS										✓
	✓ 2921096810		08/01/202	09/07/202	10/01/202			103.09	0.00	0.00	103.09
	UNIFORMS										✓
	✓ 2921096410		09/01/202	08/31/202	09/25/202			103.09	0.00	0.00	103.09
	UNIFORMS										✓
	✓ 2921096609		09/09/202	09/03/202	09/28/202			364.86	0.00	0.00	364.86
	UNIFORMS										✓
	✓ 2921095751		09/15/202	08/24/202	09/18/202			6,053.96	0.00	0.00	6,053.96
	LINENS/SUPPLIES										✓
	✓ 2921096143		09/15/202	08/27/202	09/21/202			186.83	0.00	0.00	186.83
	SUPPLIES/LINENS										✓
	✓ 2921096149		09/15/202	08/27/202	09/21/202			81.26	0.00	0.00	81.26

UNIFORMS										
✓	2921096204		09/15/202	08/27/202	09/21/202		529.93	0.00	0.00	529.93 ✓
SUPPLIES/LINENS										
✓	2921096203		09/15/202	08/27/202	09/21/202		6,221.79	0.00	0.00	6,221.79 ✓
SUPPLIES/LINENS										
✓	2921096421		09/15/202	08/31/202	09/25/202		8,571.50	0.00	0.00	8,571.50 ✓
SUPPLIES/LINENS										
✓	2921096623		09/15/202	09/03/202	09/28/202		186.83	0.00	0.00	186.83 ✓
SUPPLIES/LINENS										
✓	2921096578		09/15/202	09/03/202	09/28/202		5,559.06	0.00	0.00	5,559.06 ✓
SUPPLIES/LINENS										
✓	2921096669		09/15/202	09/03/202	09/28/202		522.93	0.00	0.00	522.93 ✓
SUPPLIES/LINENS										
✓	2921096628		09/15/202	09/03/202	09/28/202		81.26	0.00	0.00	81.26 ✓
UNIFORMS										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
U1064 UNIFIRST HOLDINGS INC							29,568.01	0.00	0.00	29,568.01
Vendor#	Vendor Name		Class		Pay Code					
U2000	US POSTAL SERVICE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	091526		09/16/202	09/15/202	09/15/202		134.00	0.00	0.00	134.00 ✓
POST OFFICE BOX RENEWAL										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
U2000 US POSTAL SERVICE							134.00	0.00	0.00	134.00
Vendor#	Vendor Name		Class		Pay Code					
12548	WAGeworks, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	0726TR116685		08/01/202	07/01/202	07/01/202		131.25	0.00	0.00	131.25 ✓
HSA/FSA JULY INVOICE										
✓	0826TR116685		08/01/202	08/01/202	08/01/202		131.25	0.00	0.00	131.25
HSA/FSA AUGUST INVOICE										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12548 WAGeworks, INC							262.50	0.00	0.00	262.50
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
✓	9112311432		09/15/202	09/01/202	09/26/202		209.48	0.00	0.00	209.48 ✓
HEMOSIL FACTOR DILUENT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
I1110 WERFEN USA LLC							209.48	0.00	0.00	209.48
Vendor#	Vendor Name		Class		Pay Code					
17880	YOUR PHONE GUYS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	22990		09/02/202	09/01/202	10/01/202		1,000.00	0.00	0.00	1,000.00 ✓
ALLWORX MONTHLY SERVICE A										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
17880 YOUR PHONE GUYS LLC							1,000.00	0.00	0.00	1,000.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	362,857.33	0.00	0.00	362,857.33

APPROVED ON

SEP 18 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CN# 214200-214257

RUN DATE:09/21/26
TIME:14:15

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/23/26 THRU 09/23/26

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GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P	214200	09/23/26	793.60	AIRGAS USA, LLC - CENTRAL DIV
A/P	214201	09/23/26	76.14	AMAZON CAPITAL SERVICES
A/P	214202	09/23/26	20.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	214203	09/23/26	3,071.40	BAXTER HEALTHCARE
A/P	214204	09/23/26	13,519.77	BECKMAN COULTER INC
A/P	214205	09/23/26	398.00	BEEKLEY CORPORATION
A/P	214206	09/23/26	4,217.80	BIO-RAD LABORATORIES, INC
A/P	214207	09/23/26	237.21	CARDINAL HEALTH 414, INC.
A/P	214208	09/23/26	98.36	CAREFUSION SOLUTIONS, LLC
A/P	214209	09/23/26	46.90	CARESFIELD
A/P	214210	09/23/26	365.00	CITIZENS MEDICAL CENTER
A/P	214211	09/23/26	324.00	CLARITY ENROLLMENT SOLUTIONS
A/P	214212	09/23/26	1,106.64	CULLIGAN ULTRAPURE INC.
A/P	214213	09/23/26	866.87	DEWITT POT & SON
A/P	214214	09/23/26	4,200.00	DR JOHN CLINTON
A/P	214215	09/23/26	5,800.00	DR. TIMU KWI
A/P	214216	09/23/26	948.10	DSHS CENTRAL LAB MC2004
A/P	214217	09/23/26	258.48	ECOLAB
A/P	214218	09/23/26	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	214219	09/23/26	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	214220	09/23/26	4,115.34	FIRST INSURANCE FUNDING
A/P	214221	09/23/26	1,450.00	FIRST UNITED METHODIST CHURCH
A/P	214222	09/23/26	3,561.46	FISHER HEALTHCARE
A/P	214223	09/23/26	2,494.80	FREED INC
A/P	214224	09/23/26	14,778.95	GE PRECISION HEALTHCARE, LLC
A/P	214225	09/23/26	5,424.67	HEALTHSTREAM, INC.
A/P	214226	09/23/26	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	214227	09/23/26	44,701.19	ITA RESOURCES INC
A/P	214228	09/23/26	2,100.00	JOHN B WRIGHT LLC
A/P	214229	09/23/26	16.00	LABCORP OF AMERICA HOLDINGS
A/P	214230	09/23/26	921.35	LANDAUER INC
A/P	214231	09/23/26	29.33	LOFTIN EQUIPMENT COMPANY
A/P	214232	09/23/26	1,202.98	LOWE'S BUSINESS ACCT/SYNCE
A/P	214233	09/23/26	24.69	MEDIMPACT HEALTHCARE SYS, INC.
A/P	214234	09/23/26	.00	VOIDED
A/P	214235	09/23/26	6,010.24	MEDLINE INDUSTRIES INC
A/P	214236	09/23/26	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	214237	09/23/26	1,125.00	OLYMPUS AMERICA INC
A/P	214238	09/23/26	4,034.00	PARAREV
A/P	214239	09/23/26	149.02	PHILIPS HEALTHCARE
A/P	214240	09/23/26	3,070.58	PRESS GANEY ASSOCIATES, INC.
A/P	214241	09/23/26	2,386.93	PRO ENERGY PARTNERS LLC
A/P	214242	09/23/26	3,612.95	SIEMENS MEDICAL SOLUTIONS INC
A/P	214243	09/23/26	1,093.44	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	214244	09/23/26	625.00	STANFORD VACUUM SERVICE
A/P	214245	09/23/26	82.23	STAPLES
A/P	214246	09/23/26	1,400.00	STATUS HP
A/P	214247	09/23/26	348.85	STRYKER SALES, LLC
A/P	214248	09/23/26	527.44	SYSMEX AMERICA, INC.
A/P	214249	09/23/26	804.00	TEXAS GLASS & TINTING

RUN DATE:09/21/26
TIME:14:15

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/23/26 THRU 09/23/26

PAGE 2
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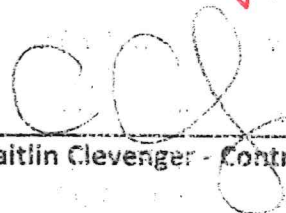
BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	214250	09/23/26	1,800.00	TRINITY PHYSICS CONSULTING LLC
A/P	214251	09/23/26	150.24	TRIOSE, INC
A/P	214252	09/23/26	122,557.90	TRUBRIDGE
A/P	214253	09/23/26	29,568.01	UNIFIRST HOLDINGS INC
A/P	214254	09/23/26	134.00	US POSTAL SERVICE
A/P	214255	09/23/26	262.50	WAGWORKS, INC
A/P	214256	09/23/26	209.48	WERFEN USA LLC
A/P	214257	09/23/26	1,000.00	YOUR PHONE GUYS LLC
A/P	214258	09/23/26	130,322.08	GOLDENCREEK HEALTHCARE
A/P	214259	09/23/26	77,062.79	LAVACA BAY NURSING AND REHAB
A/P	214260	09/23/26	373.64	SOLERA WEST HOUSTON
A/P	214261	09/23/26	107,675.29	TUSCANY VILLAGE
TOTALS:			678,291.13	

362,857.33 * - payables
77,062.79 * - lavaca bay
130,322.08 * - golden creek
107,675.29 * - tuscany
373.64 * - solera
678,291.13 *

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
9/13/2026	9/25/2026	✓5309990	221.37✓
9/13/2026	9/25/2026	✓5312828	620.28✓
9/13/2026	9/25/2026	✓5312827	56.73✓
9/14/2026	9/25/2026	✓5316902	178.96✓
9/14/2026	9/25/2026	✓5314740	221.37✓
9/14/2026	9/25/2026	✓5316901	2.79✓
9/15/2026	9/25/2026	✓5323476	3,951.50✓
9/15/2026	9/25/2026	✓5323477	9,377.90✓
9/16/2026	10/10/2026	✓5328566	182.67✓
9/16/2026	10/10/2026	✓5330643	108.60✓
9/17/2026	10/10/2026	✓5335179	228.32✓
9/17/2026	10/10/2026	✓5335180	241.25✓
9/17/2026	10/10/2026	✓5335178	60.43✓
9/17/2026	10/10/2026	✓5335177	7.92✓
9/17/2026	10/10/2026	✓5333362	116.38✓
9/17/2026	10/10/2026	✓0233053	488.82✓
9/17/2026	10/10/2026	✓5334413	451.20✓
			<u>16,526.48</u>


Caitlin Clevenger - Controller

APPROVED ON

SEP 21 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 09/18/2026

Page: 002

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

DC: 8115
 Customer INV SupplD:
 Territory:

Customer: 632536
 Date: 09/19/2026

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

As of: 09/18/2026 Page: 002
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 632536 PLEASE CHECK ANY
 Date: 09/19/2026 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	
-----------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 234,315.52 USD

Future Due: 0.00

If Paid By 09/22/2026,
 Pay This Amount:

229,629.23 USD

Past Due: 0.00

If Paid After 09/22/2026,
 Pay this Amount:

234,315.52 USD

Last Payment 2,451.97
 08/07/2017

Due If Paid On Time:
 USD

229,629.23

Disc lost if paid late:

4,686.29

Due If Paid Late:
 USD

234,315.52

APPROVED ON

SEP 22 2026

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

228,407.86 *

1,221.57 *

229,629.23 *

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 09/18/2026

Page: 001

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 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 09/19/2026

APPROVED ON

SEP 22 2026

As of: 09/18/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Cust: 256342 PLEASE CHECK ANY
Date: 09/19/2026 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											
09/12/2026	09/22/2026	7657565839 ✓	294471978	115Invoice	12.42	620.88		608.46 ✓		7657565839	
09/12/2026	09/22/2026	7657565840 ✓	290109561	115Invoice	4.36	218.24		213.88 ✓		7657565840	
09/15/2026	09/22/2026	7658061697 ✓	287554013	115Invoice	0.01	0.32		0.31 ✓		7658061697	
09/15/2026	09/22/2026	7658061698 ✓	297019364	115Invoice	6.44	322.03		315.59 ✓		7658061698	
09/15/2026	09/22/2026	7658061699 ✓	297082244	115Invoice	6.44	322.03		315.59 ✓		7658061699	
09/15/2026	09/22/2026	7658062200 ✓	290014541	115Invoice	1.16	57.97		56.81 ✓		7658062200	
09/15/2026	09/22/2026	7658062201 ✓	289055974	115Invoice	2.55	127.41		124.86 ✓		7658062201	
09/15/2026	09/22/2026	7658062202 ✓	297082244	115Invoice	1.95	97.63		95.68 ✓		7658062202	
09/16/2026	09/22/2026	7658330777 ✓	287156464	115Invoice	1.48	74.22		72.74 ✓		7658330777	
09/16/2026	09/22/2026	7658330778 ✓	295261608	115Invoice	4.36	218.24		213.88 ✓		7658330778	
09/17/2026	09/22/2026	7658588896 ✓	297495629	115Invoice	5.70	285.14		279.44 ✓		7658588896	
09/17/2026	09/22/2026	7658588897 ✓	287715101	115Invoice	1.48	74.22		72.74 ✓		7658588897	
09/17/2026	09/22/2026	7658622378 ✓	297495629	115Invoice	16.29	814.53		798.24 ✓		7658622378	
09/17/2026	09/22/2026	7658622379 ✓	297643707	115Invoice	369.79	18,489.70		18,119.91 ✓		7658622379	
09/18/2026	09/22/2026	7658861974 ✓	297643707	115Invoice	2.18	108.95		106.77 ✓		7658861974	
09/18/2026	09/22/2026	7658861975 ✓	297643707	115Invoice	16.14	806.93		790.79 ✓		7658861975	
09/18/2026	09/22/2026	7658906942 ✓	295536633	115Invoice	102.98	5,148.98		5,046.00 ✓		7658906942	
09/18/2026	09/22/2026	7658906943 ✓	295604626	115Invoice	53.20	2,660.23		2,607.03 ✓		7658906943	
09/18/2026	09/22/2026	7658906944 ✓	295698902	115Invoice	51.49	2,574.49		2,523.00 ✓		7658906944	
09/18/2026	09/22/2026	7658906945 ✓	292642105	115Invoice	8.15	407.26		399.11 ✓		7658906945	
09/18/2026	09/22/2026	7658906946 ✓	278784855	115Invoice	3.00	150.18		147.18 ✓		7658906946	
09/18/2026	09/22/2026	7658906947 ✓	278857513	115Invoice	69.50	3,474.94		3,405.44 ✓		7658906947	
09/18/2026	09/22/2026	7658906948 ✓	292971570	115Invoice	8.15	407.26		399.11 ✓		7658906948	
09/18/2026	09/22/2026	7658906949 ✓	294953273	115Invoice	137.31	6,865.31		6,728.00 ✓		7658906949	
09/18/2026	09/22/2026	7658906950 ✓	279139220	115Invoice	3.00	150.18		147.18 ✓		7658906950	
09/18/2026	09/22/2026	7658906951 ✓	279210878	115Invoice	52.12	2,606.20		2,554.08 ✓		7658906951	
09/18/2026	09/22/2026	7658911924 ✓	293121946	115Invoice	68.65	3,432.65		3,364.00 ✓		7658911924	
09/18/2026	09/22/2026	7658911925 ✓	295261608	115Invoice	9.37	468.28		458.91 ✓		7658911925	
09/18/2026	09/22/2026	7658911926 ✓	291307452	115Invoice	68.65	3,432.65		3,364.00 ✓		7658911926	
09/18/2026	09/22/2026	7658911927 ✓	294802814	115Invoice	51.49	2,574.49		2,523.00 ✓		7658911927	
09/18/2026	09/22/2026	7658911928 ✓	279843948	115Invoice	1.50	75.09		73.59 ✓		7658911928	

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 09/18/2026

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 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

APPROVED ON

SEP 22 2026

Customer: 256342
Date: 09/19/2026

As of: 09/18/2026
Mail to: Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Cust: 256342
Date: 09/19/2026 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	
09/18/2026	09/22/2026	7658911929 ✓	279692648	115Invoice	52.12	2,606.20		2,554.08 ✓		7658911929	
09/18/2026	09/22/2026	7658911930 ✓	291159893	115Invoice	76.80	3,839.92		3,763.12 ✓		7658911930	
09/18/2026	09/22/2026	7658911931 ✓	292432470	115Invoice	8.15	407.26		399.11 ✓		7658911931	
09/18/2026	09/22/2026	7658911932 ✓	292386178	115Invoice	118.35	5,917.62		5,799.27 ✓		7658911932	
09/18/2026	09/22/2026	7658911933 ✓	290894067	115Invoice	8.15	407.27		399.12 ✓		7658911933	
09/18/2026	09/22/2026	7658911934 ✓	292225205	115Invoice	0.50	24.92		24.42 ✓		7658911934	
09/18/2026	09/22/2026	7658911935 ✓	292074966	115Invoice	8.15	407.26		399.11 ✓		7658911935	
09/18/2026	09/22/2026	7658915063 ✓	285296412	115Invoice	69.50	3,474.94		3,405.44 ✓		7658915063	
09/18/2026	09/22/2026	7658915064 ✓	296933227	115Invoice	137.31	6,865.31		6,728.00 ✓		7658915064	
09/18/2026	09/22/2026	7658915065 ✓	296978524	115Invoice	51.49	2,574.49		2,523.00 ✓		7658915065	
09/18/2026	09/22/2026	7658915066 ✓	290343095	115Invoice	53.21	2,660.39		2,607.18 ✓		7658915066	
09/18/2026	09/22/2026	7658915067 ✓	291464773	115Invoice	16.29	814.53		798.24 ✓		7658915067	
09/18/2026	09/22/2026	7658915068 ✓	291979771	115Invoice	12.01	600.73		588.72 ✓		7658915068	
09/18/2026	09/22/2026	7658915069 ✓	285800980	115Invoice	69.50	3,474.94		3,405.44 ✓		7658915069	
09/18/2026	09/22/2026	7658915070 ✓	284834899	115Invoice	28.49	1,424.33		1,395.84 ✓		7658915070	
09/18/2026	09/22/2026	7658915071 ✓	284103558	115Invoice	16.12	805.93		789.81 ✓		7658915071	
09/18/2026	09/22/2026	7658915072 ✓	282931297	115Invoice	3.00	150.18		147.18 ✓		7658915072	
09/18/2026	09/22/2026	7658915073 ✓	283000929	115Invoice	3.00	150.18		147.18 ✓		7658915073	
09/18/2026	09/22/2026	7658915074 ✓	283555757	115Invoice	16.12	805.93		789.81 ✓		7658915074	
09/18/2026	09/22/2026	7658915075 ✓	290576861	115Invoice	102.98	5,148.98		5,046.00 ✓		7658915075	
09/18/2026	09/22/2026	7658915076 ✓	283093899	115Invoice	104.25	5,212.47		5,108.22 ✓		7658915076	
09/18/2026	09/22/2026	7658915077 ✓	283322469	115Invoice	3.00	150.18		147.18 ✓		7658915077	
09/18/2026	09/22/2026	7658916408 ✓	277356336	115Invoice	3.00	150.18		147.18 ✓		7658916408	
09/18/2026	09/22/2026	7658919112 ✓	290109561	115Invoice	205.96	10,297.96		10,092.00 ✓		7658919112	
09/18/2026	09/22/2026	7658919113 ✓	296768213	115Invoice	394.76	19,737.76		19,343.00 ✓		7658919113	
09/18/2026	09/22/2026	7658919114 ✓	289686660	115Invoice	9.37	468.28		458.91 ✓		7658919114	
09/18/2026	09/22/2026	7658919115 ✓	289834232	115Invoice	102.98	5,148.98		5,046.00 ✓		7658919115	
09/18/2026	09/22/2026	7658922017 ✓	294471978	115Invoice	68.65	3,432.65		3,364.00 ✓		7658922017	
09/18/2026	09/22/2026	7658922018 ✓	293409496	115Invoice	171.63	8,581.63		8,410.00 ✓		7658922018	
09/18/2026	09/22/2026	7658922019 ✓	293375967	115Invoice	137.31	6,865.31		6,728.00 ✓		7658922019	
09/18/2026	09/22/2026	7658922020 ✓	293284703	115Invoice	68.65	3,432.65		3,364.00 ✓		7658922020	

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 09/18/2026

Page: 003

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 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 09/19/2026

APPROVED ON

SEP 22 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

As of: 09/18/2026
Mail to:

Page: 003
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 09/19/2026

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	
09/18/2026	09/22/2026	7658922021 ✓	286845104	115Invoice	77.64	3,882.20		3,804.56 ✓		7658922021	
09/18/2026	09/22/2026	7658922022 ✓	281632092	115Invoice	0.09	4.61		4.52 ✓		7658922022	
09/18/2026	09/22/2026	7658922023 ✓	288062126	115Invoice	69.50	3,474.94		3,405.44 ✓		7658922023	
09/18/2026	09/22/2026	7658922024 ✓	288030972	115Invoice	9.50	474.79		465.29 ✓		7658922024	
09/18/2026	09/22/2026	7658922025 ✓	287945752	115Invoice	19.08	954.16		935.08 ✓		7658922025	
09/18/2026	09/22/2026	7658922026 ✓	294047415	115Invoice	719.98	35,999.22		35,279.24 ✓		7658922026	
09/18/2026	09/22/2026	7658924754 ✓	286681278	115Invoice	9.50	474.79		465.29 ✓		7658924754	
09/18/2026	09/22/2026	7658924755 ✓	289572861	115Invoice	8.15	407.26		399.11 ✓		7658924755	
09/18/2026	09/22/2026	7658924756 ✓	289526206	115Invoice	205.96	10,297.96		10,092.00 ✓		7658924756	
09/18/2026	09/22/2026	7658924757 ✓	282366778	115Invoice	104.25	5,212.47		5,108.22 ✓		7658924757	
09/18/2026	09/22/2026	7658924758 ✓	288813542	115Invoice	1.50	75.09		73.59 ✓		7658924758	
09/18/2026	09/22/2026	7658924759 ✓	276192034	115Invoice	17.74	887.11		869.37 ✓		7658924759	
09/18/2026	09/22/2026	7658924760 ✓	280006424	115Invoice	52.12	2,606.20		2,554.08 ✓		7658924760	
09/18/2026	09/22/2026	7658924761 ✓	280980620	115Invoice	52.12	2,606.20		2,554.08 ✓		7658924761	
09/18/2026	09/22/2026	7658924762 ✓	286342888	115Invoice	52.12	2,606.23		2,554.11 ✓		7658924762	

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: 233,069.22 USD

Future Due: 0.00

If Paid By 09/22/2026,

Past Due: 0.00

Pay This Amount:

228,407.86 USD

Last Payment 09/14/2026 6,118.86

If Paid After 09/22/2026,
Pay this Amount:

233,069.22 USD

Due If Paid On Time:

USD 228,407.86

Disc lost if paid late:

4,661.36

Due If Paid Late:

USD 233,069.22

<>
For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 09/18/2026

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: 09/19/2026

APPROVED ON

SEP 22 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXASAs of: 09/18/2026
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 820405
Date: 09/19/2026
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	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
09/17/2026	09/22/2026	7658408473 ✓	B2609-055-496597	115Invoice	24.93	1,246.30		1,221.37 ✓		7658408473	

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

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

Subtotals: 1,246.30 USD

Future Due: 0.00

If Paid By 09/22/2026,

Pay This Amount:

1,221.37 USD

Past Due: 0.00

If Paid After 09/22/2026,

Pay this Amount:

1,246.30 USD

Last Payment 09/14/2026 6,118.86

Due If Paid On Time:

USD

1,221.37

Disc lost if paid late:

24 93

Due If Paid Late:

USD

1,246.30

<>
For AR Inquiries please contact 800-867-0333

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:	9.86
Past Due:	0.00
Total Due:	9.86
Account Balance:	9.86

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-15-2026	09-25-2026	3263692384 ✓	7012619524	Invoice	4.80		0.00	4.80 ✓
09-18-2026	09-25-2026	3264128294 ✓	7012634570	Invoice	5.06		0.00	5.06 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
9.86	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
09-25-2026	9.86
Total Due:	9.86

APPROVED ON

SEP 21 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ COQ

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

Customer Number

100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	3,477.46
Past Due:	0.00
Total Due:	3,477.46
Account Balance:	3,477.46

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-14-2026	09-25-2026	3263415145 ✓	7012601958	Invoice	3,421.62		0.00	3,421.62 ✓
09-14-2026	09-25-2026	3263415146 ✓	7012610605	Invoice	53.26		0.00	53.26 ✓
09-17-2026	09-25-2026	3263886686 ✓	7012623405	Invoice	2.58		0.00	2.58 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
3,477.46	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
09-18-2026	(8,212.80)

Reminders

Due Date	Amount
09-25-2026	3,477.46
Total Due:	3,477.46

✓ 

APPROVED ON

SEP 21 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FREE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###
☐ "ENTER YOUR 4-DIGIT PIN"	
☐ "MAKE A PAYMENT, PRESS 1"	1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★ 26
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ 09
1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ \$ 127,112.11 #
"1 TO CONFIRM"	1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$ 67,414.46 #
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 15,766.36 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 43,931.29 #
☐ "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

PAY PERIOD: BEGIN	9/4/2026	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	9/17/2026					
PAY DATE:	9/25/2026					
GROSS PAY:	\$ 580,439.49			\$ -		\$ 580,439.49
DEDUCTIONS:						
A/R	\$ 614.00					\$ 614.00
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	\$ 29,625.62					\$ 29,625.62
	\$ -					\$ -
	\$ -					\$ -
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	\$ 43,931.29					\$ 43,931.29
FICA-M	\$ 7,883.18					\$ 7,883.18
FICA-O	\$ 33,707.23					\$ 33,707.23
FICA-M ADDITIONAL						\$ -
FIRST C						\$ -
FLEX S	\$ 4,692.97					\$ 4,692.97
FLX-FE	\$ -					\$ -
GIFT S	\$ 130.71					\$ 130.71
MUTUAL CRITICAL ILLNESS	\$ 867.38					\$ 867.38
MUTUAL ACCIDENT	\$ 641.68					\$ 641.68
MUTUAL SHORT TERM DIS	\$ 2,016.10					\$ 2,016.10
LEGAL	\$ 1,013.98					\$ 1,013.98
OTHER	\$ 1,656.36					\$ 1,656.36
NATIONAL FARM LIFE	\$ 1,159.06					\$ 1,159.06
MED SURCHARGE						\$ -
Blank						\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 295.00					\$ 295.00
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 38,873.94					\$ 38,873.94
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 171,273.60	\$ -	\$ -	\$ -	\$ -	\$ 171,273.60
NET PAY:	\$ 409,165.89	\$ -	\$ -	\$ -	\$ -	\$ 409,165.89
TOTAL CAFÉ 125 PLAN:	\$ 36,774.25					
TAXABLE PAY:	\$ 543,665.24	\$ 543,665.24				
		Less Exempt:				
FICA - MED (ER)	1.45% \$ 7,883.15	From MMC Report		Difference		
FICA - MED (EE)	1.45% \$ 7,883.15	\$ 7,883.18	\$	(0.03)		
FICA - SOC SEC (ER)	6.20% \$ 33,707.24					
FICA - SOC SEC (EE)	6.20% \$ 33,707.24	\$ 33,707.23	\$	0.01		
FED WITHHOLDING	\$ 43,931.29	\$ 43,931.29				
TAX DEPOSIT:	\$ 127,112.07	\$ 127,112.11				
FICA - MEDICARE	2.90% \$ 15,766.30	\$ 15,766.36				
FICA - SOCIAL SECURITY	12.40% \$ 67,414.48	\$ 67,414.46				
FED WITHHOLDING	\$ 43,931.29	\$ 43,931.29				
TOTAL TAX:	\$ 127,112.07	\$ 127,112.11	\$	(0.04)		

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL:

Andrie Flores

9/21/2026

Run Date: 09/18/26
Time: 13:31

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 09/04/26 - 09/17/26 Run# 1

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P2REG

Final Summary

*-- Pay Code Summary						Deductions Summary			
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code Amount
1	REGULAR PAY-S1	8540.25	N	N	N			218403.98	A/R
1	REGULAR PAY-S1	1998.00	N	N	N	N		115611.81	ADVANC
1	REGULAR PAY-S1	209.00	N	N	Y			9086.40	BCBSVI
1	REGULAR PAY-S1	186.25	Y	N	N			8375.93	CAFE-1
1	REGULAR PAY-S1	24.00	Y	N	N	N		917.28	CAFE-4
2	REGULAR PAY-S2	2216.50	N	N	N			64875.43	CAFE-D
2	REGULAR PAY-S2	152.25	N	N	Y			7348.97	CAFE-I
2	REGULAR PAY-S2	138.50	Y	N	N			5276.01	CANCER
3	REGULAR PAY-S3	1490.75	N	N	N			54377.95	COMBIN
3	REGULAR PAY-S3	125.50	N	N	Y			6845.01	DENTAL
3	REGULAR PAY-S3	104.00	Y	N	N			5201.69	EAT
4	CALL BACK PAY	24.00	N	1	N	N	Y	890.22	FICA-M
4	CALL BACK PAY	2.00	N	2	N	N	Y	70.56	FLEX S
4	CALL BACK PAY	6.00	N	3	N	N	Y	224.82	FUTA
C	CALL PAY	256.00	N	N	N	N		512.00	GRP-IN
C	CALL PAY	2213.25	N	1	N	N		4426.50	HSA
E	EXTRA WAGES		N	N	N	N		3128.61	LEAF
E	EXTRA WAGES		N	1	N	N	N	2493.75	MEALS
K	EXTENDED-ILLNESS-BANK	220.00	N	1	N	N		7355.04	MISC/
N	CRNA Pay	72.00	N	N	N	N		9360.00	MOOILL
P	PAID-TIME-OFF	1823.00	N	1	N	N		53382.61	MOOSTD
X	CALL PAY 2	160.00	N	1	N	N		320.00	OTHER
Z	CALL PAY 3	96.00	N	1	N	N		288.00	PR FIN
p	PAID TIME OFF - PROBATION	50.00	N	1	N	N		1756.92	SAMS
									ST-TX
									STONE2
									SUNILL
									SUNSTD
									TSA-1
									TSA-P
									UNIFOR
									A/R2
									AWARDS
									BCBSVI
									CAFE-2
									CAFE-5
									CAFE-F
									CAFE-L
									CHILD
									COMBIN
									DEP-LF
									EATCSH
									FICA-O
									FLX FE
									GIFT S
									GTL
									AD TFT
									LEGAL
									METVIS
									MMCSHR
									MOOIND
									MOOVIS
									PHI
									RELAY
									SCRUBS
									STONDF
									STUDENT
									SUNIND
									SUNVIS
									TSA-2
									TSA-R
									UNIFOR
									AWARDS
									BCBSVI
									CAFE-2
									CAFE-5
									CAFE-F
									CAFE-L
									CHILD
									COMBIN
									DEP-LF
									EATCSH
									FICA-O
									FLX FE
									GIFT S
									GTL
									AD TFT
									LEGAL
									METVIS
									MMCSHR
									MOOIND
									MOOVIS
									PHI
									RELAY
									SCRUBS
									STONDF
									STUDENT
									SUNIND
									SUNVIS
									TSA-2
									TSA-R
									UNIFOR

*----- Grand Totals: 20107.25 ----- (Gross: 580439.49 Deductions: 171273.60 Net: 409165.89)
| Checks Count:- FT 199 PT 10 Other 38 Female 226 Male 21 Credit OverAmt 21 ZeroNet Term Total: 247 |

COQ

CHKNO	GRPN	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRU DT	PRVNO
9750	76351	1	80	0	2026	236001184	0	9/22/2026	\$11.05	1	SINUS AND ALLERGY SPECIALISTS OF TEXAS P	P	438	0		ALIS	F		1/9/2026	1/9/2026	460862530
9751	76351	1	80	0	2026	236001246	0	9/22/2026	\$13.00	1	SINUS AND ALLERGY SPECIALISTS OF TEXAS P	P	438	0		ALIS	F		7/29/2026	7/29/2026	460862530
9752	76351	1	80	0	2026	236001261	0	9/22/2026	\$13.00	1	SINUS AND ALLERGY SPECIALISTS OF TEXAS P	P	438	0		ALIS	F		1/28/2026	1/28/2026	460862530
9753	76351	1	80	0	2026	236001183	0	9/22/2026	\$47.04	1	SINUS AND ALLERGY SPECIALISTS OF TEXAS P	P	457	0		OVS	F		7/29/2026	7/29/2026	460862530
9754	76351	1	80	0	2026	236001257	0	9/22/2026	\$47.04	1	SINUS AND ALLERGY SPECIALISTS OF TEXAS P	P	457	0		OVS	F		1/9/2026	1/9/2026	460862530
9755	76351	1	80	0	2026	236001284	0	9/22/2026	\$47.04	1	SINUS AND ALLERGY SPECIALISTS OF TEXAS P	P	457	0		OVS	F		1/28/2026	1/28/2026	460862530
9756	76351	1	70	0	2026	247000940	0	9/22/2026	\$80.34	1	CHELIF JUNIOR MD	P	457	0		OVS	F		8/6/2026	8/6/2026	471158090
9758	76351	1	80	0	2026	243001152	0	9/22/2026	\$247.81	1	SINGLETON ASSOCIATES PA	P	172	0		AB	F		8/14/2026	8/14/2026	741680498
9759	76351	1	80	0	2026	236001211	0	9/22/2026	\$325.20	1	SINUS AND ALLERGY SPECIALISTS OF TEXAS P	P	442	0		ALSS	F		3/17/2026	3/17/2026	460862530
9760	76351	1	80	0	2026	236001217	0	9/22/2026	\$325.20	1	SINUS AND ALLERGY SPECIALISTS OF TEXAS P	P	442	0		ALSS	F		6/8/2026	6/8/2026	460862530
9761	76351	1	80	0	2026	261000919	0	9/22/2026	\$325.20	1	SINUS AND ALLERGY SPECIALISTS OF TEXAS P	P	442	0		ALSS	F		9/15/2026	9/15/2026	460862530
9763	76351	2	97	3	2026	251001601	0	9/22/2026	\$29.10	1	HOMETOWN PEDIATRIC CARE	P	728	0		TELM	F		9/2/2026	9/2/2026	742872709
9764	76351	2	95	2	2026	252000774	0	9/22/2026	\$49.77	1	CITIZENS MEDICAL PROFESSIONALS	P	177	0		OV	F		9/2/2026	9/2/2026	471158090
9765	76351	2	97	4	2026	257001326	0	9/22/2026	\$107.88	1	HOMETOWN PEDIATRIC CARE	P	172	0		AB	F		9/8/2026	9/8/2026	742872709
9768	76351	2	96	1	2026	264001092	0	9/22/2026	\$132.00	1	MSIWA LLC	P	172	0		AB	F		9/11/2026	9/11/2026	202536458
9771	76351	2	5	0	2026	264001592	0	9/22/2026	\$214.20	1	PHYSICIANS REFERRAL SERVICE	P	188	0		HV	F		2/13/2026	2/13/2026	760273984
9774	76351	2	95	0	2026	238000886	0	9/22/2026	\$247.81	1	SINGLETON ASSOCIATES PA	P	172	0		AB	F		8/6/2026	8/6/2026	741680498
9775	76351	2	5	0	2026	261001270	0	9/22/2026	\$270.30	1	PHYSICIANS REFERRAL SERVICE	P	188	0		HV	F		2/15/2026	2/15/2026	760273984
9776	76351	2	5	0	2026	264001585	0	9/22/2026	\$270.30	1	PHYSICIANS REFERRAL SERVICE	P	188	0		HV	F		2/14/2026	2/14/2026	760273984
9777	76351	2	86	0	2026	251000168	0	9/22/2026	\$273.09	1	HOUSTON RADIOLOGY ASSOCIATED	P	315	0		PET	F		4/28/2026	4/28/2026	741688740
9778	76351	2	86	0	2026	244000306	0	9/22/2026	\$329.82	1	HOUSTON METHODIST SPECIALTY P	P	177	0		OV	F		3/18/2026	3/18/2026	332241086
9779	76351	2	97	4	2026	253000744	0	9/22/2026	\$436.41	1	PHYSICIAN MANAGEMENT SERVICES OF TEXAS	P	172	0		AB	F		9/8/2026	9/8/2026	842167725
9780	76351	2	86	0	2026	244000302	0	9/22/2026	\$479.16	1	HOUSTON METHODIST SPECIALTY P	P	483	0		ODX	F		4/6/2026	4/6/2026	332241086
9781	76351	2	86	0	2026	244000304	0	9/22/2026	\$557.19	1	HOUSTON METHODIST SPECIALTY P	P	483	0		ODX	F		4/6/2026	4/6/2026	332241086
9782	76351	2	5	0	2026	264001583	0	9/22/2026	\$567.80	1	PHYSICIANS REFERRAL SERVICE	P	188	0		HV	F		2/13/2026	2/13/2026	760273984
9784	76351	2	5	0	2026	264000014	0	9/22/2026	\$613.70	1	PHYSICIANS REFERRAL SERVICE	P	315	0		PET	F		2/5/2026	2/5/2026	760273984
9785	76351	3	36	0	2026	246001162	0	9/22/2026	\$4.22	1	MSIWA LLC	P	474	0		MMS	F		8/25/2026	8/25/2026	202536458
9790	76351	3	16	1	2026	244000972	0	9/22/2026	\$26.38	1	VICTORIA WOMENS CLINIC	P	177	0		OV	F		8/24/2026	8/24/2026	741831291
9791	76351	3	36	0	2026	257001314	0	9/22/2026	\$26.40	1	MSIWA LLC	P	474	0		MMS	F		8/25/2026	8/25/2026	202536458
9792	76351	3	65	2	2026	233000921	0	9/22/2026	\$27.00	1	TORRES ENRIQUE	P	360	0		POV	F		8/18/2026	8/18/2026	61467981
9793	76351	3	65	2	2026	264001059	0	9/22/2026	\$27.00	1	TORRES ENRIQUE	P	360	0		POV	F		9/15/2026	9/15/2026	61467981
9794	76351	3	82	0	2026	233000986	0	9/22/2026	\$29.10	1	PORT LAVACA CLINIC	P	177	0		OV	F		8/18/2026	8/18/2026	742605670
9795	76351	3	79	2	2026	254000891	0	9/22/2026	\$29.10	1	ADELAIDA RESENDEZ, MD	P	177	0		OV	F		9/4/2026	9/4/2026	320023151
9796	76351	3	8	0	2026	264001044	0	9/22/2026	\$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	728	0		TELM	F		9/15/2026	9/15/2026	742605670
9798	76351	3	9	0	2026	237001109	0	9/22/2026	\$39.77	1	CITIZENS MEDICAL PROFESSIONALS	P	457	0		OVS	F		8/18/2026	8/18/2026	471158090
9799	76351	3	21	1	2026	247000938	0	9/22/2026	\$41.16	1	PORT LAVACA CLINIC	P	177	0		OV	F		9/1/2026	9/1/2026	742605670
9800	76351	3	79	2	2026	251001584	0	9/22/2026	\$41.70	1	ADELAIDA RESENDEZ, MD	P	177	0		OV	F		7/31/2026	7/31/2026	320023151
9801	76351	3	65	2	2026	261000883	0	9/22/2026	\$53.97	1	CLINICAL PATHOLOGY LABS INC	P	172	0		AB	F		7/13/2026	7/13/2026	742554159
9810	76351	3	16	1	2026	245001002	0	9/22/2026	\$59.68	1	CLINICAL PATHOLOGY LABORATORIES INC	P	172	0		AB	F		8/24/2026	8/24/2026	742554159
9811	76351	3	48	0	2026	258000587	0	9/22/2026	\$60.69	1	SCOTT P. STEIN, D.O., P.A.	P	457	0		OVS	F		9/10/2026	9/10/2026	742861393
9812	76351	3	69	1	2026	260001097	0	9/22/2026	\$62.42	1	WILSON A ALMONTE MD PLLC	P	457	0		OVS	F		9/14/2026	9/14/2026	474898361
9814	76351	3	4	0	2026	244000297	0	9/22/2026	\$65.80	1	DR MELISSA A KAINER ERWIN MD	P	177	0		OV	F		8/24/2026	8/24/2026	200802489
9815	76351	3	57	0	2026	236001254	0	9/22/2026	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	360	0		POV	F		8/19/2026	8/19/2026	742605670
9816	76351	3	69	1	2026	236001265	0	9/22/2026	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0		OV	F		8/19/2026	8/19/2026	742605670
9817	76351	3	57	0	2026	264001037	0	9/22/2026	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0		OV	F		9/16/2026	9/16/2026	742605670
9819	76351	3	24	0	2026	261000943	0	9/22/2026	\$75.77	1	CLINICAL PATHOLOGY LABS INC	P	172	0		AB	F		7/27/2026	7/27/2026	742554159
9821	76351	3	9	1	2026	237001155	0	9/22/2026	\$80.34	1	CITIZENS MEDICAL PROFESSIONALS	P	457	0		OVS	F		8/18/2026	8/18/2026	471158090
9830	76351	3	27	0	2026	246001142	0	9/22/2026	\$106.16	1	ADVANCED VISION CARE OF VICTORIA	P	457	0		OVS	F		8/31/2026	8/31/2026	262923239
9834	76351	3	12	0	2026	245001030	0	9/22/2026	\$112.07	1	BAYLOR COLLEGE OF MEDICINE	P	728	0		TELM	F		8/13/2026	8/13/2026	300791563
9835	76351	3	69	1	2026	261000969	0	9/22/2026	\$114.20	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0		OV	F		9/15/2026	9/15/2026	742605670
9837	76351	3	82	0	2026	264001030	0	9/22/2026	\$119.24	1	PORT LAVACA CLINIC	P	172	0		AB	F		9/16/2026	9/16/2026	742605670
9843	76351	3	55	0	2026	240000294	0	9/22/2026	\$149.26	1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F		8/9/2026	8/9/2026	815248556
9844	76351	3	22	0	2026	258000721	0	9/22/2026	\$184.35	1	HOUSTON METHODIST SPECIALTY PHYSICIANS	P	752	0		TELS	F		9/10/2026	9/10/2026	332241086
9845	76351	3	94	0	2026	243001165	0	9/22/2026	\$189.33	1	HOUSTON METHODIST SPECIALTY PHYSICIANS	P	172	0		AB	F		8/25/2026	8/25/2026	332241086
9851	76351	3	65	0	2026	257001335	0	9/22/2026	\$247.81	1	SINGLETON ASSOCIATES PA	P	172	0		AB	F		8/31/2026	8/31/2026	741680498
9853	76351	3	8	0	2026	245000083	0	9/22/2026	\$271.33	1	SINGLETON ASSOCIATES PA	P	321	0		MRIQ	F		8/11/2026	8/11/2026	741680498
9865	76351	3	87	0	2026	244000940	0	9/22/2026	\$550.49	1	EXACT SCIENCES LABORATORIES, LLC	P	704	0		AB7	F		8/20/2026	8/20/2026	463095174
9873	76351	3	73	2	2026	236000678	0	9/22/2026	\$1,960.11	1	HOUSTON METHODIST HOSPITAL	P	434	0		OHS	F		8/7/2026	8/7/2026	741180155
9877	76360	3	140	0	2026	232000359	0	9/22/2026	\$7,287.47	1	DETAR HEALTHCARE SYSTEM	P	406	0		ER	F		8/13/2026	8/13/2026	621754940
9878	76360	3	32	1	2026	247000425	0	9/22/2026	\$12,985.00	1	ST LUKES SUGARLAND HOSP	P	418	0		RII	F		8/11/2026	8/11/2026	261947374
9879	76360	3	134	1	2026	2470000410	0	9/22/2026	\$39,939.26	1	TEXAS CHILDRENS HOSPITAL	P	418	0		RII	F		2/24/2026	3/16/2026	741100555
9880	76360	3	134	1	2026	2650000044	0	9/22/2026	\$128,803.21	1	TEXAS CHILDRENS HOSPITAL	P	418	0		RII	F		2/10/2026	2/10/2026	741100555
9881	76360	3	161	0	2026	2580000															

9886	76360	3	32	1	2026	237001037	0	9/22/2026	\$132.00	1 MSIWA LLC	P	172	0		AB	F	8/15/2026	8/15/2026	202536458
9888	76360	3	60	0	2026	258000580	0	9/22/2026	\$232.46	1 SINGLETON ASSOCIATES PA	P	324	0		CAT	F	9/3/2026	9/3/2026	741680498
9889	76360	3	59	1	2026	258000694	0	9/22/2026	\$240.15	1 ADVENTHEALTH MEDICAL GROUP	P	177	0		OV	F	8/28/2026	8/28/2026	840438224
9890	76370	3	52	0	2026	258000730	0	9/22/2026	\$10.40	1 SINUS AND ALLERGY SPECIALISTS OF TEXAS P	P	438	0		ALIS	F	9/10/2026	9/10/2026	460862530
9891	76370	3	44	0	2026	237001058	0	9/22/2026	\$54.66	1 MELISSA A KAINER ERWIN MD PA	P	177	0		OV	F	8/21/2026	8/21/2026	200802489
9892	76370	3	45	0	2026	259001357	0	9/22/2026	\$79.82	1 PORT LAVACA CLINIC	P	172	0		AB	F	9/11/2026	9/11/2026	742605670
9894	76370	3	52	0	2026	258000697	0	9/22/2026	\$185.21	1 SINUS AND ALLERGY SPECIALISTS OF TEXAS P	P	442	0		ALSS	F	9/10/2026	9/10/2026	460862530
9895	76370	3	31	0	2026	240000287	0	9/22/2026	\$215.71	1 COMMUNITY PATHOLOGY ASSOCIATES	P	185	0		LAB	F	8/7/2026	8/7/2026	760421006
9896	76370	3	60	0	2026	240001290	0	9/22/2026	\$247.81	1 SINGLETON ASSOCIATES PA	P	172	0		AB	F	8/13/2026	8/13/2026	741680498
									\$201,832.14										

APPROVED ON

SEP 22 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON

SEP 22 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — Sept 14, 2026 - Sept 20, 2026

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
9/14/2026	IRS - USATAXPYMT 270665771271585	- Payroll Taxes	124,173.78	902719	FWT:20200000 FICA:20210000
9/14/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#175122576 174855215	- 3rd Party Payor Fee	544.00	902720	40440076
9/15/2026	TEXAS COUNTY DRS DYNAMICS EFT DEPOSIT - RECEIVABLE 419	- Retirement Funding	188,766.99	902721	20260000
9/15/2026	FDMS 00000000000000008616 - FDMS EQUIP 52-21 00911-000	- Credit Card Machine Lease Fee	45.64	902722	40440076
9/15/2026	MCKESSON DRUG - AUTO ACH ACH07245803	- 340B Drug Program Expense	6,118.86	902723	60310000
9/15/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#175626425 175356439	- 3rd Party Payor Fee	225.54	902724	40440076
9/15/2026	Enhance Analysis Service Charge	- Bank Fees	176.70	902725	40910090
9/16/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#176156338 176012979	- 3rd Party Payor Fee	185.64	902726	40440076
9/16/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	13,447.24	902727	10450000
9/17/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#176515305 176409771	- 3rd Party Payor Fee	61.40	902728	40440076
9/17/2026	Domestic Wire Withdrawal WIRE OUT U.S. BANK C CORPORATE PAYMENT SYSTEM	- US Bank Credit Card Payment	2,258.61	902729	20050000
9/18/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#177315527 176892404	- 3rd Party Payor Fee	124.22	902730	40440076
9/18/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	8,212.80	902731	60310000
			344,341.42		

* approved on 9.16.26 cc
* * approved on 9.9.26 cc

Caitlin Clevenger, Controller
Memorial Medical Center

September 21, 2026

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date Description MMC Notes

344,341.42 +
124,173.78 -
188,766.99 -
13,447.24 -
6,118.86 -
2,258.61 -
8,212.80 -
1,140.80 -
45.64 -
176.70 -
0.00 +
544.00 +
225.54 +
185.64 + Pay Plus
61.40 +
124.22 +
1,140.80 -
45.64 + leasing fee
45.64 -
176.70 + Bank fee
176.70 -

Caitlin Clevenger, Controller
Memorial Medical Center

September 21, 2026

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

APPROVED ON

SEP 21 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED**SEP 17 2026**

09/17/2026

09:30

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/02/2026

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
091126		09/16/202	09/11/202	10/02/202			77,062.79	0.00	0.00	77,062.79

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	LAVACA BAY NURSING AND REHAB	77,062.79	0.00	0.00	77,062.79

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	77,062.79	0.00	0.00	77,062.79

APPROVED ON**SEP 18 2026**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**CHK# 214259**

RECEIVED**SEP 17 2026**

09/17/2026

MEMORIAL MEDICAL CENTER

0

09:29

Calhoun County Auditor

AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 10/02/2026

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
✓✓090926		09/16/202	09/09/202	10/02/202			436.62	0.00	0.00	436.62 ✓✓
✓✓090926A	INS. pay. dep. into mmc opt. correction	09/16/202	09/09/202	10/02/202			2,109.76	0.00	0.00	2,109.76 ✓✓
✓✓091026B	"	09/16/202	09/10/202	10/02/202			67,647.51	0.00	0.00	67,647.51 ✓✓
✓✓091026	"	09/16/202	09/10/202	10/02/202			9,000.00	0.00	0.00	9,000.00 ✓✓
✓✓091026D	"	09/16/202	09/10/202	10/02/202			43.00	0.00	0.00	43.00 ✓✓
✓✓091026A	"	09/16/202	09/10/202	10/02/202			5,964.90	0.00	0.00	5,964.90 ✓✓
✓✓091026C	"	09/16/202	09/10/202	10/02/202			43,950.13	0.00	0.00	43,950.13 ✓✓
✓✓091126	"	09/16/202	09/11/202	10/02/202			526.74	0.00	0.00	526.74 ✓✓
✓✓091426	"	09/16/202	09/14/202	10/02/202			643.42	0.00	0.00	643.42 ✓✓

Vendor Totals: Number Name

11836 GOLDENCREEK HEALTHCARE

Gross	Discount	No-Pay	Net
130,322.08	0.00	0.00	130,322.08

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	130,322.08	0.00	0.00	130,322.08

APPROVED ON**SEP 18 2026**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**CN# 214258**

RECEIVED**SEP 17 2026**

09/17/2026

MEMORIAL MEDICAL CENTER

0

09:35

Calhoun County Auditor

AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 10/02/2026

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
✓✓090926		09/16/202	09/09/202	10/02/202			21,590.48	0.00	0.00	21,590.48 ✓
✓✓091026	ins. pay. dep. into mmc opt. correction	09/16/202	09/10/202	10/02/202			651.00	0.00	0.00	651.00 ✓
✓✓091026A	"	09/16/202	09/10/202	10/02/202			12,960.00	0.00	0.00	12,960.00 ✓
✓✓091026C	"	09/16/202	09/10/202	10/02/202			9,966.35	0.00	0.00	9,966.35 ✓
✓✓091026B	"	09/16/202	09/10/202	10/02/202			8,650.00	0.00	0.00	8,650.00 ✓
✓✓091126B	"	09/16/202	09/11/202	10/02/202			2,361.67	0.00	0.00	2,361.67 ✓
✓✓091126A	"	09/16/202	09/11/202	10/02/202			1,953.00	0.00	0.00	1,953.00 ✓
✓✓091126	"	09/16/202	09/11/202	10/02/202			15,585.79	0.00	0.00	15,585.79 ✓
✓✓091426	"	09/16/202	09/14/202	10/02/202			3,747.00	0.00	0.00	3,747.00 ✓
✓✓090826A	"	09/17/202	09/08/202	10/02/202			30,210.00	0.00	0.00	30,210.00 ✓

Vendor Totals: Number Name

13004 TUSCANY VILLAGE

Gross	Discount	No-Pay	Net
107,675.29	0.00	0.00	107,675.29

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	107,675.29	0.00	0.00	107,675.29

APPROVED ON**SEP 18 2026**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 214261

RECEIVED

SEP 17 2026

09/17/2026

09:29

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/02/2026

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11828 SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 090926		09/16/202	09/09/202	10/02/202			373.64	0.00	0.00	373.64 ✓
ins. pay. dep. into mmc opt. correction										
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net
11828		SOLERA WEST HOUSTON		373.64		0.00		0.00		373.64 ✓

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	373.64	0.00	0.00	373.64

APPROVED ON

SEP 18 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 214260

APPROVED ON

SEP 22 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
9/21/2026

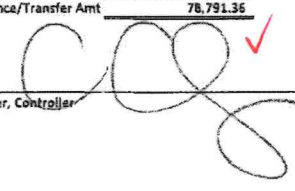
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		224,857.12	224,757.12	380,957.53		381,057.53	78,791.36
					Bank Balance Variance	381,057.53	
					Leave in Balance	100.00	

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

QIPP Y8 A2 - Y9 Q3 302,166.17

Adjust Balance/Transfer Amt 78,791.36

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:  9/21/2026
Caitlin Clevenger, Controller

Golden Creek

✓	✓	MMC	
Transfer-Out	Transfer-In	PORTION	NH PORTION
-	2,190.00		2,190.00
-	1,706.00		1,706.00
-	7,722.90		7,722.90
-	10,075.00		10,075.00
-	1,184.34		1,184.34
-	4,449.75		4,449.75
224,757.12	-		-
-	2,009.69		2,009.69
-	18,147.27		18,147.27
-	31,306.41		31,306.41
-	203.70		203.70
-	301,962.47		301,962.47
224,757.12	380,957.53	-	380,957.53

9/14/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 091426 543684555876917
 9/14/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 091426 543684555876917
 9/14/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356
 9/14/2026 AETNA AS01 - HCCLAIMPMT TRN*1*8826251010149 47*1066033492\ 1588075964
 9/15/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1264340790*13 41858379\ 746003411
 9/15/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1264236366*13 41858379\ 746003411
 9/16/2026 Domestic Wire Withdrawal WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 9/16/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1264544003*13 41858379\ 746003411
 9/17/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1264765646*13 41858379\ 746003411
 9/18/2026 Deposit
 9/18/2026 Centene Manageme 0000345503 - ACH QIPP Y8 A2 Pmt 9.11.26**\ 8765433514
 9/18/2026 Centene Manageme 0000344211 - ACH QIPP Y9 Q3 Pmt 9.14.26**\ 8765433514

Transaction Report



Transaction Report for account *4454

Reported on Mon Sep 21 14:26:00 GMT 2026

Current Balance \$418,307.36
Interest Accrued \$153.63
Available Balance \$418,307.36

Date	Description	Credit	Debit	Running Balance
09/18/2026	27312612637620 Deposit	\$31,306.41		✓ \$381,057.53 ✓
09/19/2026	External Deposit Centene Manageme 0000345503 - ACH QIPP Y8 A2 Pmt 9.11.26**\ 8765433514	\$203.70		\$349,751.12
09/18/2026	External Deposit Centene Manageme 0000344211 - ACH QIPP Y9 Q3 Pmt 9.14.26**\ 8765433514	\$301,962.47		\$349,547.42
09/17/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1264766646*13 41858379\ 746003411	\$18,147.27		\$47,584.95
09/16/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		\$224,757.12	\$29,437.68

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
9/21/2026

APPROVED ON
SEP 22 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		146,934.20	146,834.20	474,561.64	-	-	474,661.64	372,692.23
						Bank Balance Variance	474,661.64	
						Leave in Balance	100.00	
						QIPP PYMT Y9 Q3	84,795.28	
						Recoup to MMC	17,074.13	
						Adjust Balance/Transfer Amt	372,692.23	

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 9/21/2026

Tuscany Village

	✓ Transfer-Out	✓ Transfer-In	MMC	
			PORTION	NH PORTION
9/14/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1264544002*13 41858379\ 746003411	-	21,038.83		21,038.83
9/14/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1263998339*13 41858379\ 746003411	-	3,437.10		3,437.10
9/14/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7943201*1205296137*000004011~ 676201	-	2,488.25		2,488.25
9/15/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1264236365*13 41858379\ 746003411	-	17,889.08		17,889.08
9/16/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	146,834.20	-		-
9/16/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1265061507*13 41858379\ 746003411	-	5,757.11		5,757.11
9/16/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1264544001*13 41858379\ 746003411	-	6,333.06		6,333.06
9/17/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1264766645*13 41858379\ 746003411	-	72,148.68		72,148.68
9/17/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7948068*1205296137*000004011~ 676201	-	159,168.96		159,168.96
9/18/2026 Merchant Capture Deposit	-	1,995.00		1,995.00
9/18/2026 Deposit	-	99,048.78		99,048.78
9/18/2026 MOLINA HEALTHCAR - MOLINAACH ISA* ** * *ZZ* *ZZ* *260917*122 9*U*00200*000	-	84,795.28		84,795.28
9/18/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7949314*1205296137*000004011~ 676201	-	461.51		461.51
	146,834.20	474,561.64	-	474,561.64

Transaction Report



Transaction Report for account *3407

Reported on Mon Sep 21 14:40:00 GMT 2026

Current Balance \$496,439.75
Interest Accrued \$181.29
Available Balance \$496,439.75

Date	Description	Credit	Debit	Running Balance
09/18/2026	9074673866 Descriptive Deposit Merchant Capture Deposit	\$1,995.00		✓ \$474,661.64 ✓
09/18/2026	27312612637592 Deposit Deposit	\$99,048.78		\$472,666.64
09/18/2026	External Deposit MOLINA HEALTHCAR - MOLINAACH ISA* * ** *ZZ* *ZZ* *260917*122 9*U*00200*000	\$84,795.28		\$373,617.86
09/18/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7949314*1205296137*000004011 - 676201	\$461.51		\$288,822.58
09/17/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1264766645*13 41858379\ 746003411	\$72,148.68		\$288,361.07
09/17/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7948068*1205296137*000004011 - 676201	\$159,168.96		\$216,212.39
09/16/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		\$146,834.20	\$57,043.43
09/16/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1265061507*13 41858379\ 746003411	\$5,757.11		\$203,877.63

Report generated on: 09/21/2026 09:28:40 AM CDT

Page 1 of 4

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 9/21/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chs Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Leavess Bay Nursing and Rehab		14,508.73	14,408.73	315,993.50			316,093.50 316,093.50 100.00	142,809.26
						Bank Balance Variance Leave in Balance		

Q1PP Y8 A2 - Y8 Q3 173,184.24

Adjust Balance/Transfer Amt 142,809.26

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 9/21/2026

Lavaca Bay Nursing and Rehab

	✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
9/14/2026 NDC SWEEP SWEEP FROM X2983 - FAC 02330	-	3,004.00		3,004.00
9/14/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1264065804*13 41858379\ 746003411	-	890.90		890.90
9/15/2026 Deposit	-	9,370.01		9,370.01
9/15/2026 HUMANA INS CO 1736393 - HCCLAIMPMT TRN*1*199 802182260911*1391263473\ 6136453	-	540.59		540.59
9/16/2026 Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	14,408.73	-		-
9/16/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1264544008*13 41858379\ 746003411	-	4,017.92		4,017.92
9/16/2026 CURO HEALTH SERV DYNAMICS EFT DEPOSIT - PAYAB LES MEMORI034	-	4,107.50		4,107.50
9/17/2026 Deposit	-	4,930.94		4,930.94
9/17/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7948090*1205296137*000004011~ 676481	-	1,354.48		1,354.48
9/18/2026 Deposit	-	8,661.32		8,661.32
9/18/2026 HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	-	1,433.59		1,433.59
9/18/2026 Centene Manageme 0000345503 - ACH QIPP Y8 A2 Pmt 9.11.26**\ 8765433514	-	1,910.12		1,910.12
9/18/2026 Centene Manageme 0000344211 - ACH QIPP Y9 Q3 Pmt 9.14.26**\ 8765433514	-	171,274.12		171,274.12
9/18/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*050979751538719836*1746000156~ 17460034113016	-	9,603.08		9,603.08
9/18/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7949933*1205296137*000004011~ 676481	-	94,894.93		94,894.93
	14,408.73	315,993.50	-	315,993.50

Transaction Report



Transaction Report for account *5506

Reported on Mon Sep 21 14:11:00 GMT 2026

Current Balance \$435,103.48

Interest Accrued \$85.12

Available Balance \$435,103.48

Date	Description	Credit	Debit	Running Balance
09/18/2026	27312612637648 Deposit	\$8,661.32		✓ \$316,093.50 ✓
09/18/2026	External Deposit HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	\$1,433.59		\$307,432.18
09/18/2026	External Deposit Centene Manageme 0000345503 - ACH QIPP Y8 A2 Pmt 9.11.26**\ 8765433514	\$1,910.12		\$305,998.59
09/18/2026	External Deposit Centene Manageme 0000344211 - ACH QIPP Y9 Q3 Pmt 9.14.26**\ 8765433514	\$1,71,274.12		\$304,088.47
09/18/2026	External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*050979751538719836*1746000156- 17460034113016	\$9,603.08		\$132,814.35
09/18/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7949933*1205296137*000004011- 676481	\$94,894.93		\$123,211.27
09/17/2026	178662602642492 Deposit	\$4,930.94		\$28,316.34

MEMORIAL MEDICAL CENTER

CHECK REQUEST

Mmc ✓

Date Requested: 9-17-26

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APPROVED ON

SEP 22 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

CHK#1203

AMOUNT \$44.57 ✓

G/L NUMBER: 20655000

EXPLANATION: Humana recoup on MMC funds for a Tuscan patient.

EOB dated 9-14-26 EFT trace # No-pay-202609140001883

REQUESTED BY: K. Pokluda

AUTHORIZED BY: CCJ ✓

Check Summary

Transaction Date: September 14, 2026

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 ASSETS.HUMANA.COM/IS/CONTENT/HUMANA /INFORMATION%20FOR%20NON%20PARTICIPATING%20PROVIDER	Payee Tax ID:		Payee Name: MEMORIAL MEDICAL CENTER Payee Address: 815 N VIRGINIA ST PORT LAVACA, TX 779793025
	Payee ID:		
	Check/EFT Trace Number:		
	Payment Amount:	\$0.00	
	Check/EFT Date:	09/14/2026	
	Production End Cycle Date:	09/14/2026	

Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
WO		-\$44.57

Tuscan

Patient Name:	Claim Number:	Claim Date: 08/31/2026 - 08/31/2026	Claim Status Code: 1
Patient ID:	Group / Policy:	Facility Type: 85	Claim Charge: \$340.00
Patient Ctrl Nbr:	Contract Hdr: MEDICARE ADVANTAGE	Claim Frequency: 1	Claim Payment: \$44.57
Rendering Prvd: MEMORIAL MEDICAL CENTER,	Rendering Prv ID:	Claim Received Date: 09/10/2026	Patient Resp: \$49.72
Original Ref Nbr:			

Line Details											Results: 1
Line Ctrl Nbr	Dates of Service	Render Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adj (Qty)	Adj Amount	Payment
	08/31/2026 - 08/31/2026		0424		HC:97161 / GP / 1		\$95.20 (B6)	\$340.00	PR-1 PR-3 CO-253 CO-45	\$24.72 \$25.00 \$0.91 \$244.80	\$44.57

Code Descriptions

AMT CODE(S):

B6 = Allowed - Actual

GROUP CODE(S):

PR = Patient Responsibility

CO = Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

1 = Deductible Amount

3 = Co-payment Amount

253 = Sequestration - reduction in federal payment

MEMORIAL MEDICAL CENTER

CHECK REQUEST

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Date Requested: 9-17-26

APPROVED ON

SEP 22 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 1203

FOR ACCT. USE ONLY

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

AMOUNT \$3941.57 ✓

G/L NUMBER: 20655000

EXPLANATION: Humana recoup on MMC funds for a Tuscany patient.

EDB dated 9-14-26. EFT trace # No-pay-202609140007839

REQUESTED BY: K. Pokhuda

AUTHORIZED BY: COO ✓

Check Summary

Transaction Date: September 14, 2026

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 ASSETS.HUMANA.COM/IS/CONTENT/HUMANA /INFORMATION%20FOR%20NON%20PARTICIPATING%20PROVIDERSPDF	Payee Tax ID:		Payee Name: MEMORIAL MEDICAL CENTER Payee Address: 815 N VIRGINIA ST PORT LAVACA, TX 779793025
	Payee ID:		
	Check/EFT Trace Number:		
	Payment Amount:	\$0.00	
	Check/EFT Date:	09/14/2026	
	Production End Cycle Date:	09/14/2026	

Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
WO		-\$3,961.57

Patient Name: [REDACTED] Claim Number: [REDACTED] Claim Date: 08/25/2026 - 08/25/2026 Claim Status Code: 1

Patient ID:	[REDACTED]	Group / Policy:	[REDACTED]	Facility Type:	85	Claim Charge:	\$7,038.00
Patient Ctrl Nbr:	[REDACTED]	Contract Hdr:	MEDICARE ADVANTAGE	Claim Frequency:	1	Claim Payment:	\$1,613.55
Rendering Prvd:	MEMORIAL MEDICAL CENTER,	Rendering Prv ID:	[REDACTED]	Claim Received Date:	09/03/2026	Patient Resp:	\$177.00
Original Ref Nbr:							

Line Details

Results: 18

Line Ctrl Nbr	Dates of Service	Render Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adj (Qty)	Adj Amount	Payment
	08/25/2026 - 08/25/2026		0450		HC:96360 / XU / 1		\$425.00 (B6)	\$425.00	PR-3 CO-253	\$115.00 \$6.20	\$303.80
	08/25/2026 - 08/25/2026		0450		HC:99285 / 25 / 1		\$1,336.48 (B6)	\$1,568.00	CO-253 CO-186	\$26.73 \$231.52	\$1,309.75
	08/25/2026 - 08/25/2026				NU:0258 / / 1			\$24.00	CO-45	\$24.00	\$0.00
	08/25/2026 - 08/25/2026		0300		HC:84439 / / 1			\$153.00	CO-45	\$153.00	\$0.00
	08/25/2026 - 08/25/2026		0301		HC:80053 / / 1			\$268.00	CO-45	\$268.00	\$0.00
	08/25/2026 - 08/25/2026		0301		HC:83880 / / 1			\$267.00	CO-45	\$267.00	\$0.00
	08/25/2026 - 08/25/2026		0301		HC:84443 / / 1			\$173.00	CO-45	\$173.00	\$0.00
	08/25/2026 - 08/25/2026		0301		HC:84484 / / 1			\$252.00	CO-45	\$252.00	\$0.00
	08/25/2026 - 08/25/2026		0305		HC:85025 / / 1			\$98.00	CO-45	\$98.00	\$0.00
	08/25/2026 - 08/25/2026		0305		HC:85610 / / 1	N115 N386		\$103.00	CO-96	\$103.00	\$0.00
	08/25/2026 - 08/25/2026		0307		HC:81001 / / 1			\$87.00	CO-45	\$87.00	\$0.00

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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Mmc ✓

Date Requested: 9-14-26

APPROVED ON

SEP 22 2026

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK # 1203

FOR ACCT. USE ONLY

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

AMOUNT \$13,067.99 ✓ G/L NUMBER: 20655000

EXPLANATION: Humana recoup on MMC funds for a Tuscany patient
EOB dated 9-9-26 EFT trace # 202609090012308

REQUESTED BY: K. Pokloda

AUTHORIZED BY: CCJ ✓

Check Summary

Transaction Date: September 09, 2026

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 ASSETS.HUMANA.COM/IS/CONTENT/HUMANA /INFORMATION%20FOR%20NON%20PARTICIPATING%20PROVIDERSPDF	Payee Tax ID: Payee ID: Check/EFT Trace Number: Payment Amount: \$0.00 Check/EFT Date: 09/09/2026 Production End Cycle Date: 09/09/2026	Payee Name: MEMORIAL MEDICAL CENTER Payee Address: 815 N VIRGINIA ST PORT LAVACA, TX 779793025
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Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
WO		-\$4,956.11
WO		-\$625.91
WO		-\$4,125.55
WO		-\$2,651.70
WO		-\$708.72

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Patient Name: [REDACTED] Claim Number: [REDACTED] Claim Date: 08/25/2026 - 08/25/2026

Claim Status Code: 1

Patient ID: [REDACTED]	Group / Policy: [REDACTED]	Facility Type: 85	Claim Charge: \$4,601.00
Patient Ctrl Nmbr: [REDACTED]	Contract Hdr: MEDICARE ADVANTAGE 890	Claim Frequency: 1	Claim Payment: \$625.91
Rendering Prvd: MEMORIAL MEDICAL CENTER,	Rendering Prv ID: [REDACTED]	Claim Received Date: 09/01/2026	Patient Resp: \$0.00
Original Ref Nmbr: [REDACTED]			

Line Details											Results: 13
Line Ctrl Nmbr	Dates of Service	Render Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adj (Qty)	Adj Amount	Payment
[REDACTED]	08/25/2026 - 08/25/2026		0301		HC:80053 // 1		\$268.00 (B6)	\$268.00	CO-253	\$5.36	\$262.64
	08/25/2026 - 08/25/2026		0301		HC:80061 // 1		\$98.00 (B6)	\$98.00	CO-253	\$1.96	\$96.04
	08/25/2026 - 08/25/2026		0301		HC:82248 // 1		\$82.00 (B6)	\$82.00	CO-253	\$1.64	\$80.36
	08/25/2026 - 08/25/2026		0301		HC:82306 // 1		\$190.68 (B6)	\$301.00	CO-253	\$3.81	\$186.87
	08/25/2026 - 08/25/2026		0301		HC:84443 // 1			\$173.00	CO-45	\$110.32	\$0.00
	08/25/2026 - 08/25/2026		0305		HC:85025 // 1			\$98.00	CO-45	\$173.00	\$0.00
	08/25/2026 - 08/25/2026		0305		HC:85652 // 1			\$98.00	CO-45	\$98.00	\$0.00
	08/25/2026 - 08/25/2026		0305		HC:85652 // 1			\$66.00	CO-45	\$66.00	\$0.00

MEMORIAL MEDICAL CENTER

TUSCANY VILLAGE
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001203

Date

9-23-26

88-2265/1131

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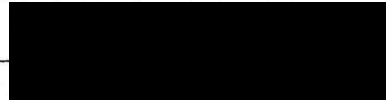
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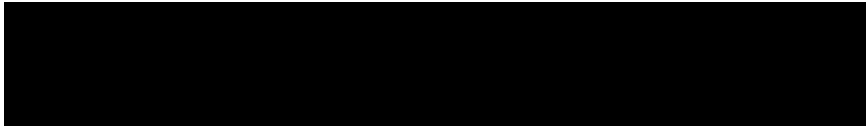
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Security features are
included. Details on back.



Transaction Report



Transaction Report for account *3407

Reported on Wed Sep 23 19:37:00 GMT 2026

Current Balance \$516,965.67
Interest Accrued \$222.09
Available Balance \$516,965.67

Date	Description	Credit	Debit	Running Balance
09/23/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EFT7954588*1205296137*000004011~ 676201	\$20,525.92		\$516,965.67
09/21/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1265270276*13 41858379\ 746003411	\$468.04		\$496,439.75
09/21/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7951561*1205296137*000004011~ 676201	\$21,310.07		\$495,971.71
09/18/2026	9074673866 Descriptive Deposit Merchant Capture Deposit	\$1,995.00		\$474,661.64
09/18/2026	27312612637592 Deposit Deposit	\$99,048.78		\$472,666.64
09/18/2026	External Deposit MOLINA HEALTHCAR - MOLINAACH ISA* * * * *ZZ* *ZZ* *260917*122 9*U*00200*000	\$84,795.28		\$373,617.86
09/18/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7949314*1205296137*000004011~ 676201	\$461.51		\$288,822.58
09/17/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1264766645*13 41858379\ 746003411	\$72,148.68		\$288,361.07
09/17/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7948068*1205296137*000004011~ 676201	\$159,168.96		\$216,212.39

RUN DATE:09/23/26
TIME:14:16

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/23/26 THRU 09/23/26

PAGE 3
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BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

TUS 001203 09/23/26 17,074.13 MMC OPERATING
TOTALS: 17,074.13