

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 30, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 957,790.43
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED September 30, 2026	\$ 957,790.43
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	\$ 115,974.42
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	\$ 1,665,088.34
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED September 30, 2026	\$ 1,781,062.76
GRAND TOTAL FOR APPROVAL ON September 30, 2026	\$ 2,738,853.19

APPROVED

SEP 30 2026

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---September 30, 2026

PAYABLES AND PAYROLL

9/25/2026 Weekly Payables	331,000.24
9/28/2026 Critical - The Compliance Team	4,650.00
9/25/2026 Patient Refunds	257.06
9/29/2026 Morris & Dickson - MMC Rx	3,111.09
9/29/2026 McKesson-340B Prescription Expense	11,997.84
9/29/2026 McKesson-340B Prescription Expense	3.66
9/29/2026 Cencora-340B Prescription Expense	1,793.08
9/29/2026 Cencora-340B Prescription Expense	1,517.85
9/29/2026 Cencora-340B Prescription Expense	245.85
9/28/2026 Payroll Liabilities-Payroll Taxes: Estimate for Approval on 10.07.2026	150,000.00
9/28/2026 Payroll: Estimate for Approval on 10.07.2026	450,000.00

Prosperity Electronic Bank Payments

9/29/2026 Pay Plus - Patient Claims Processing Fee	2,013.76
9/28/2026 Health Equity -HSA Contributions: Estimate for Approval on 10.07.2026	1,200.00

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	957,790.43
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GRAND TOTAL DISBURSEMENTS APPROVED September 30, 2026	\$	957,790.43
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TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

9/25/2026 MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error	1,778.81
9/25/2026 MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error	38,546.41
9/25/2026 MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error	75,649.20

TOTAL TRANSFERS BETWEEN FUNDS	\$	115,974.42
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NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS

9/28/2026 Nursing Home UPL - Nexion Transfer	380,443.31
9/28/2026 Nursing Home UPL - Nexion Transfer: Estimate for Approval on 10.07.2026	250,000.00
9/28/2026 Nursing Home UPL - Tuscany Transfer: Estimate for Approval on 10.07.2026	400,000.00
9/28/2026 Nursing Home UPL - Lavaca Bay Transfer	135,169.20
9/28/2026 Nursing Home UPL - Lavaca Bay Transfer: Estimate for Approval on 10.07.2026	250,000.00

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

9/29/2026 Tuscany to MMC - Wellcare MMC Patient Payments	44,618.42
9/29/2026 Tuscany to MMC - Wellcare MMC Capitation Funds	2,325.00
9/29/2026 Lavaca Bay to MMC - QIPP Y8 ADJ2 Reconciliation	898.28
9/29/2026 Lavaca Bay to MMC - QIPP Y9 Q3 Reconciliation	201,634.13

TOTAL NURSING HOME UPL EXPENSES	\$	1,665,088.34
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GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED September 30, 2026	\$	1,781,062.76
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RECEIVED

SEP 24 2026

09/25/2026

14:21

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/08/2026

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ap_open_invoice.template

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
✓1FXNKWPYJ3NP		09/15/202	09/02/202	10/02/202			71.49	0.00	0.00	71.49 ✓
	BLACKOUT ROLLER SHADE									
✓1L6KD9FRT9T3		09/15/202	09/08/202	10/08/202			120.03	0.00	0.00	120.03 ✓
	PORTABLE SUCTION MACHINE + shipping									
✓1Y67YNNQFDGF		09/23/202	06/29/202	07/29/202			59.94	0.00	0.00	59.94 ✓
	MOVING BOXES - large label x6									
✓1QP694HP9RD3		09/23/202	07/22/202	08/21/202			224.83	0.00	0.00	224.83 ✓
	BLACK TONER CARTRIDGE x2									
✓17MGCDHDTX4N		09/23/202	08/03/202	09/02/202			300.81	0.00	0.00	300.81 ✓
✓1F7G9WLGFLW7		09/23/202	08/03/202	09/02/202			51.41	0.00	0.00	51.41 ✓
	TEXAS FLAG, air filter, thermostat lockbox, & air filter									
✓19Y3LTXQHLYY		09/23/202	08/04/202	09/03/202			20.48	0.00	0.00	20.48 ✓
	CORRECTION TAPE/ENVELOPES mailing envelopes									
✓1LKXKGDRMPV7		09/23/202	08/07/202	09/06/202			106.38	0.00	0.00	106.38 ✓
	LIGHT BULBS - daylight white									
✓1JF619RTPQNV		09/23/202	08/14/202	09/13/202			25.64	0.00	0.00	25.64 ✓
	LIQUID FLOOR STRIPPER - 5 gallon									
✓1FQQTYVQ6VP3		09/23/202	08/15/202	09/14/202			164.84	0.00	0.00	164.84 ✓
	MAGNET SIGN HOLDER									
	SCRAPER BLADES - 5 pk, 8 in floor razor scraper, & battery for Physio Control Lifepak 20									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
14028	AMAZON CAPITAL SERVICES						1,145.85	0.00	0.00	1,145.85

Vendor# Vendor Name

Class Pay Code

12800 AUTHORITYRX, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓7000173346		09/22/202	09/01/202	09/02/202			8,155.99	0.00	0.00	8,155.99 ✓
	ADVANCED CLAIMS CAPTURE x2									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
12800	AUTHORITYRX, LLC						8,155.99	0.00	0.00	8,155.99

Vendor# Vendor Name

Class Pay Code

M2485 BAYER HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓6012754764		09/22/202	09/14/202	09/22/202			1,170.32	0.00	0.00	1,170.32 ✓
	STERILE SYRINGE KIT x4									
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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓112864616		09/16/202	09/07/202	10/02/202			5,425.78	0.00	0.00	5,425.78 ✓
	AU CHEMISTRY HARDWARE BILL & information systems billing									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
B1220	BECKMAN COULTER INC						5,425.78	0.00	0.00	5,425.78

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
✓909547627		09/22/202	09/10/202	09/22/202			631.94	0.00	0.00	631.94 ✓
	AP PLUS TRI LIQ 12X5ML x2									
✓909547628		09/22/202	09/10/202	09/22/202			787.96	0.00	0.00	787.96 ✓

Torch P Unassy Neg Liq 3x3mL

LIQUICHECK TORCH PLUS CONT

✓ 909562371	09/22/202 09/16/202 09/22/202	3,417.69	0.00	0.00	3,417.69 ✓
✓ 909567123	09/22/202 09/17/202 09/22/202	4,007.21	0.00	0.00	4,007.21 ✓

SPECIALTY IA LYPH x12

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11072	BIO-RAD LABORATORIES, INC	8,844.80	0.00	0.00	8,844.80

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
✓	8004301054		09/22/202	09/10/202	10/05/202			105.02	0.00	0.00	105.02

NUC MED SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1325	CARDINAL HEALTH 414, INC.	105.02	0.00	0.00	105.02

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
✓	10028416808		09/22/202	09/10/202	09/10/202			2.00	0.00	0.00	2.00 ✓

PHARMACY SOFTWARE

✓ 10028416791	09/22/202 09/10/202 09/10/202	1,788.00	0.00	0.00	1,788.00 ✓
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PHARMACY SOFTWARE

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14260	CAREFUSION SOLUTIONS, LLC	1,790.00	0.00	0.00	1,790.00

Vendor#	Vendor Name					Class	Pay Code				
10541	CARESFIELD										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 2000343351		09/15/202	09/08/202	10/08/202			155.56	0.00	0.00	155.56

BLOOD COLLECTION SET - Butterfly x2

✓ 2000343352	09/22/202 09/16/202 10/01/202	89.90	0.00	0.00	89.90 ✓
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SAFETY BLOOD COLLECT Needle w/ integrated safety shield

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10541	CARESFIELD	245.46	0.00	0.00	245.46

Vendor#	Vendor Name			Class	Pay Code						
C1390	CENTRAL DRUG			W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	20260921A		09/22/202	09/22/202	09/22/202			38.80	0.00	0.00	38.80

EYE DILATION GEL SYRINGES x8

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1390	CENTRAL DRUG	38.80	0.00	0.00	38.80

Vendor#	Vendor Name					Class	Pay Code				
12768	CHEMAQUA										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	9773289		09/23/202	09/15/202	09/25/202			652.27	0.00	0.00	652.27

WATER TREATMENT PROGRAM

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12768	CHEMAQUA	652.27	0.00	0.00	652.27

Vendor#	Vendor Name	Class	Pay Code								
C1730	CITY OF PORT LAVACA	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	091026C		09/23/202	09/10/202	09/10/202			3,410.68	0.00	0.00	3,410.68

UTILITY BILL FOR SEPT - 815 N. Virginia St.

✓ 091026	09/23/202 09/10/202 09/10/202	138.24	0.00	0.00	138.24 ✓
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UTILITY BILL FOR CLINIC SEPT - 1014 N. Virginia St.

✓ 091026B	09/23/202 09/10/202 09/10/202	52.01	0.00	0.00	52.01 ✓
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UTILITY BILL FOR SEPT - 815 N. Virginia St.

✓ 091026A	09/23/202 09/10/202 09/10/202	89.38	0.00	0.00	89.38 ✓
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Utility billing for sept. - 701 N. Virginia St.

UTILITY BILL FOR SEPT

Vendor Totals: Number		Name		Class		Pay Code		Gross	Discount	No-Pay	Net
C1730		CITY OF PORT LAVACA						3,690.31	0.00	0.00	3,690.31
Vendor#	Vendor Name			Class		Pay Code					
14400	CULINARY CONCESSIONS LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ INV310792		08/01/202	08/31/202	10/05/202			33,757.24	0.00	0.00	33,757.24	
LUBYS CAFE EXPENSES AUG <i>invoice, cleaning, freight, linen, office, paper, ✓</i>											
Vendor Totals: Number		Name						Gross	Discount	No-Pay	Net
14400		CULINARY CONCESSIONS LLC						33,757.24	0.00	0.00	33,757.24
<i>wares, food expenses</i>											
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	
✓ 6873135		09/23/202	09/10/202	09/10/202			109.45	0.00	0.00	109.45	
COMMERCIAL SERVICE LABOR ✓											
Vendor Totals: Number		Name						Gross	Discount	No-Pay	Net
12044		CULLIGAN ULTRAPURE INC.						109.45	0.00	0.00	109.45
Vendor#	Vendor Name			Class		Pay Code					
10006	CUSTOM ASSEMBLIES, INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ INV32362		09/22/202	09/15/202	09/22/202			412.18	0.00	0.00	412.18	
SONTRAST TRANSFER SET <i>w/ swable connector ✓</i>											
Vendor Totals: Number		Name						Gross	Discount	No-Pay	Net
10006		CUSTOM ASSEMBLIES, INC						412.18	0.00	0.00	412.18
Vendor#	Vendor Name			Class		Pay Code					
11368	CYRACOM LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 000849800826		09/22/202	08/31/202	09/30/202			97.17	0.00	0.00	97.17	
INTERPRETATION SERVICES <i>8/1 - 8/31 ✓</i>											
Vendor Totals: Number		Name						Gross	Discount	No-Pay	Net
11368		CYRACOM LLC						97.17	0.00	0.00	97.17
Vendor#	Vendor Name			Class		Pay Code					
10368	DEWITT POTTH & SON										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 8499890		09/22/202	09/11/202	10/06/202			778.41	0.00	0.00	778.41	
PAPER CASES <i>+ cartridge, pens & sticky notes ✓</i>											
✓ 8500950		09/22/202	09/14/202	10/01/202			127.99	0.00	0.00	127.99	
WALL FILES											
Vendor Totals: Number		Name						Gross	Discount	No-Pay	Net
10368		DEWITT POTTH & SON						906.40	0.00	0.00	906.40
Vendor#	Vendor Name			Class		Pay Code					
11011	DIAMOND HEALTHCARE CORP										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ IN20057028		09/22/202	09/01/202	09/26/202			19,166.67	0.00	0.00	19,166.67	
AUG 2026 CPR											
✓ IN20057027		09/22/202	09/01/202	09/26/202			32,495.86	0.00	0.00	32,495.86	
AUG BEV HEALTH VAN EXPENSE											
Vendor Totals: Number		Name						Gross	Discount	No-Pay	Net
11011		DIAMOND HEALTHCARE CORP						51,662.53	0.00	0.00	51,662.53
Vendor#	Vendor Name			Class		Pay Code					
14800	DIRECTV ENTERTAINMENT HOLDINGS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 260912		09/23/202	09/12/202	09/12/202			524.20	0.00	0.00	524.20	
DIRECT TV 091126-101026 ✓											
Vendor Totals: Number		Name						Gross	Discount	No-Pay	Net
14800		DIRECTV ENTERTAINMENT HOLDINGS						524.20	0.00	0.00	524.20

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
	✓SMINV432106		09/22/202	06/16/202	06/23/202			7,918.86	0.00	0.00	7,918.86 ✓
		ER ENTRANCE DOOR BUTTON IN									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	15916	DOOR CONTROL SERVICES						7,918.86	0.00	0.00	7,918.86
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
	✓45847		09/23/202	09/30/202	10/01/202			40,062.50	0.00	0.00	40,062.50 ✓
		ER PHYS SERVICES 16TH-EOM S									
	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								
10042	ERBE USA INC SURGICAL SYSTEMS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓37321965RI		09/22/202	09/14/202	09/22/202			169.50	0.00	0.00	169.50 ✓
		ERBEFLO2 x 10									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS						169.50	0.00	0.00	169.50
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
	✓945756944		09/22/202	09/10/202	10/05/202			86.96	0.00	0.00	86.96 ✓
		FREIGHT - emergency staffing solutions, medline, & Trubridge									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.						86.96	0.00	0.00	86.96
Vendor#	Vendor Name	Class	Pay Code								
14336	FIRETRON, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓SFOINV24288		09/23/202	09/22/202	09/22/202			300.00	0.00	0.00	300.00 ✓
		SPRINKLER SERVICE WORK x 2									
	✓SFOINV24272		09/23/202	09/22/202	09/22/202			1,366.20	0.00	0.00	1,366.20 ✓
	✓SFINV24277	replaced pull station & 2 smoke detectors in lobby & main elevator	09/23/202	09/22/202	09/22/202			600.00	0.00	0.00	600.00 ✓
		TROUBLESHOOT SERVICES									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	14336	FIRETRON, INC						2,266.20	0.00	0.00	2,266.20
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
	✓1343187		09/21/202	09/11/202	10/06/202			871.10	0.00	0.00	871.10 ✓
		REAGENT/CALIBRATOR									
	✓1343188		09/21/202	09/11/202	10/06/202			1,202.49	0.00	0.00	1,202.49 ✓
		VENOUSE BLOOD COLLECT TUB									
	✓1343185		09/21/202	09/11/202	10/06/202			338.56	0.00	0.00	338.56 ✓
		CLEARVIEW HCG COMBO II									
	✓1343186		09/21/202	09/11/202	10/06/202			229.13	0.00	0.00	229.13 ✓
		DS DIGOXIN 90 SLIDES									
	✓1243892		09/22/202	09/08/202	10/03/202			3,728.36	0.00	0.00	3,728.36 ✓
	✓1311544	Biohaz Prot wipe, Kimwipe small, & Rsv Test kit	09/22/202	09/10/202	10/05/202			256.24	0.00	0.00	256.24 ✓
		PHLEBOTOMY BAG									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE						6,625.88	0.00	0.00	6,625.88

Vendor#	Vendor Name	Class	Pay Code								
13528	FLEX FINANCIAL										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	906374176		09/22/202	08/27/202	09/26/202			2,369.80	0.00	0.00	2,369.80 ✓
	SURG LEASE AGMNT 9758265111										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	13528	FLEX FINANCIAL						2,369.80	0.00	0.00	2,369.80
Vendor#	Vendor Name	Class	Pay Code								
11149	GBS ADMINISTRATORS, INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	988608377432		09/22/202	09/20/202	09/20/202			5,186.47	0.00	0.00	5,186.47 ✓
	LONG TERM DISABILITY INV										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11149	GBS ADMINISTRATORS, INC						5,186.47	0.00	0.00	5,186.47
Vendor#	Vendor Name	Class	Pay Code								
14916	HEWLETT-PACKARD										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	100002136445		09/22/202	09/17/202	09/17/202			573.53	0.00	0.00	573.53 ✓
	NOV DIRECT TV EQUIPMENT REI										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	14916	HEWLETT-PACKARD						573.53	0.00	0.00	573.53
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
✓	7274		09/23/202	09/30/202	09/30/202			23,663.00	0.00	0.00	23,663.00 ✓
	HOSP PHY SERVICES 16TH-EOM										
	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								
10972	M G TRUST										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	092126		09/22/202	09/21/202	09/21/202			295.00	0.00	0.00	295.00 ✓
	EMPLOYEE RETIREMENT - mg Trust										
	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								
15200	MANAGED CARE PARTNERS INC.										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	7139		09/16/202	10/01/202	10/05/202			530.00	0.00	0.00	530.00 ✓
	PROFESSIONAL FEES FOR OCT										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	15200	MANAGED CARE PARTNERS INC.						530.00	0.00	0.00	530.00
Vendor#	Vendor Name	Class	Pay Code								
M2178	MCKESSON MEDICAL SURGICAL INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	25984788		09/22/202	07/31/202	08/15/202			801.17	0.00	0.00	801.17 ✓
	QC KIT KN-L CHECK										
✓	26157889		09/22/202	09/03/202	09/18/202			189.93	0.00	0.00	189.93 ✓
✓	26173735	Compliance gold	09/22/202	09/08/202	09/23/202			64.38	0.00	0.00	64.38 ✓
	MEDIPORE SOFT TAPE										
✓	26173729		09/22/202	09/08/202	09/23/202			209.62	0.00	0.00	209.62 ✓
	ELASTIC BANDAGE WRAP										
✓	26195975		09/22/202	09/11/202	09/26/202			30.15	0.00	0.00	30.15 ✓
	IFOB KIT - Collection										
✓	26203172		09/22/202	09/14/202	09/29/202			80.04	0.00	0.00	80.04 ✓
	Occult blood control										

✓26223350	09/22/202 09/16/202 10/01/202						1,483.95	0.00	0.00	1,483.95 ✓
RAEGENT KIT <i>x4</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
M2178 MCKESSON MEDICAL SURGICAL INC							2,859.24	0.00	0.00	2,859.24
Vendor#	Vendor Name		Class		Pay Code					
11612	MEDICAL AIR SERVICES ASSOC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓2473075		09/22/202	10/01/202	10/01/202			1,632.00	0.00	0.00	1,632.00 ✓
OCT EMPLY DED FOR AIR <i>transportation</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11612 MEDICAL AIR SERVICES ASSOC.							1,632.00	0.00	0.00	1,632.00
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
✓091626		09/22/202	09/16/202	09/16/202			15.48	0.00	0.00	15.48 ✓
EOB CYCLE# 51177 - <i>September</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10613 MEDIMPACT HEALTHCARE SYS, INC.							15.48	0.00	0.00	15.48
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
✓2443877349		09/21/202	09/07/202	10/02/202			29,330.14	0.00	0.00	29,330.14 ✓
✓2443877347		09/21/202	09/07/202	10/02/202			109.68	0.00	0.00	109.68 ✓
<i>influenza test, Covid test, probe cover</i>										
✓2443877348		09/21/202	09/07/202	10/02/202			102.60	0.00	0.00	102.60 ✓
<i>CHIBA NEEDLE - bin</i>										
✓2443877350		09/21/202	09/07/202	10/02/202			2,066.22	0.00	0.00	2,066.22 ✓
<i>STERILIZER PACK</i>										
✓2444064150		09/21/202	09/09/202	10/04/202			208.66	0.00	0.00	208.66 ✓
<i>catheter, Coban bandage, Sobrview sheild system, wet wipe</i>										
✓2444064151		09/21/202	09/09/202	10/04/202			47.16	0.00	0.00	47.16 ✓
✓2444064152		09/21/202	09/09/202	10/04/202			677.72	0.00	0.00	677.72 ✓
<i>elastic net & purple mask</i>										
✓2444064153		09/21/202	09/09/202	10/04/202			842.12	0.00	0.00	842.12 ✓
<i>MALE LUER SOLUTION</i>										
✓2444272881		09/21/202	09/10/202	10/05/202			0.44	0.00	0.00	0.44 ✓
<i>IMMUNOCARD TEST</i>										
✓2444272882		09/21/202	09/10/202	10/05/202			15.35	0.00	0.00	15.35 ✓
<i>URETHA CATHETER</i>										
✓2444568529		09/21/202	09/11/202	10/06/202			511.41	0.00	0.00	511.41 ✓
<i>TUBE GAUZE</i>										
<i>AIR REGULATOR x2</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
M2470 MEDLINE INDUSTRIES INC							33,911.50	0.00	0.00	33,911.50
Vendor#	Vendor Name		Class		Pay Code					
M2621	MMC AUXILIARY GIFT SHOP W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓092226A		09/25/202	09/22/202	09/22/202			498.56	0.00	0.00	498.56 ✓
<i>EMPLOYEE GIFT SHOP Deductions</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
M2621 MMC AUXILIARY GIFT SHOP							498.56	0.00	0.00	498.56
Vendor#	Vendor Name		Class		Pay Code					
18356	MSTS RECEIVABLES LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓ FCD15C02A 09/25/202 09/14/202 09/14/202 202.96 0.00 0.00 202.96 ✓

Diagonal cutter, battery, cordless drain cleaner

Vendor Totals: Number Name Gross Discount No-Pay Net
18356 MST5 RECEIVABLES LLC 202.96 0.00 0.00 202.96

Vendor# Vendor Name Class Pay Code

13548 NACOGDOCHES TRANSCRIPTION

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
✓ 9128 09/23/202 09/15/202 09/25/202 18.06 0.00 0.00 18.06 ✓

SEPT TRANSCRIPTION SERVICE:

Vendor Totals: Number Name Gross Discount No-Pay Net
13548 NACOGDOCHES TRANSCRIPTION 18.06 0.00 0.00 18.06

Vendor# Vendor Name Class Pay Code

12388 NATIONAL FARM LIFE INSURANCE

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
✓ 4852795 09/22/202 09/14/202 09/14/202 2,457.99 0.00 0.00 2,457.99 ✓

LIFE INSURANCE

Vendor Totals: Number Name Gross Discount No-Pay Net
12388 NATIONAL FARM LIFE INSURANCE 2,457.99 0.00 0.00 2,457.99

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
✓ 1000211603 09/15/202 09/08/202 10/08/202 980.60 0.00 0.00 980.60 ✓

AMNISURE ROM TEST

Vendor Totals: Number Name Gross Discount No-Pay Net
10896 QIAGEN INC 980.60 0.00 0.00 980.60

Vendor# Vendor Name Class Pay Code

O1416 QUIDELORTHO SALES COMPANY LLC

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
✓ 9100600675 09/15/202 09/08/202 10/08/202 311.53 0.00 0.00 311.53 ✓

ORTHO CONFIDENCE MANUAL *System*

✓ 9100599605 09/15/202 09/08/202 10/08/202 585.29 0.00 0.00 585.29 ✓

BLOOD BANK RAEGENT

Vendor Totals: Number Name Gross Discount No-Pay Net
O1416 QUIDELORTHO SALES COMPANY LLC 896.82 0.00 0.00 896.82

Vendor# Vendor Name Class Pay Code

14536 QUVA PHARMA INC

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
✓ WA0000134953 09/22/202 09/17/202 09/17/202 305.76 0.00 0.00 305.76 ✓

RECK SYRINGES

Vendor Totals: Number Name Gross Discount No-Pay Net
14536 QUVA PHARMA INC 305.76 0.00 0.00 305.76

Vendor# Vendor Name Class Pay Code

S1001 SANOFI VACCINES US INC

W

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
✓ 7155157928 09/22/202 07/21/202 07/21/202 -3,596.27 0.00 0.00 -3,596.27 ✓

FLU VACCINE CREDIT

✓ 7146037937 09/22/202 09/15/202 09/15/202 17,520.91 0.00 0.00 17,520.91 ✓

FLU VACCINES

Vendor Totals: Number Name Gross Discount No-Pay Net
S1001 SANOFI VACCINES US INC 13,924.64 0.00 0.00 13,924.64

Vendor# Vendor Name Class Pay Code

S1405 SERVICE SUPPLY OF VICTORIA INC

W

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
✓ 701314367 09/15/202 09/03/202 10/03/202 314.14 0.00 0.00 314.14 ✓

Pipe, Sloan rebuild, bedpan, no-hub pipe

✓ 701315397 09/22/202 09/15/202 10/01/202 116.73 0.00 0.00 116.73 ✓

com by 3' 1/8 bend, macro N-H coupling

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
Vendor Totals:	Number Name			430.87	0.00	0.00	430.87
10699	SIGN AD, LTD.						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
✓330868		09/23/202	09/16/202	09/26/202			
	ADVERTISING LEASE SPACE						
Vendor Totals:	Number Name			Gross	Discount	No-Pay	Net
	10699 SIGN AD, LTD.			950.00	0.00	0.00	950.00
Vendor#	Vendor Name	Class	Pay Code				
S2362	SMITH & NEPHEW, INC.						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
✓985707179		09/22/202	09/09/202	09/22/202			
	7.5 cm lumen anterior & posterior, & 4.5 cm anterior						
Vendor Totals:	Number Name			Gross	Discount	No-Pay	Net
	S2362 SMITH & NEPHEW, INC.			1,128.20	0.00	0.00	1,128.20
Vendor#	Vendor Name	Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
✓CM18663		09/22/202	09/15/202	09/15/202			
	BLOOD BANK CREDIT						
✓107063638		09/22/202	09/15/202	10/08/202			
	BLOOD BANK						
Vendor Totals:	Number Name			Gross	Discount	No-Pay	Net
	11296 SOUTH TEXAS BLOOD & TISSUE CEN			8,544.12	0.00	0.00	8,544.12
Vendor#	Vendor Name	Class	Pay Code				
S3960	STERICYCLE, INC						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
✓8015495830		09/23/202	09/18/202	09/18/202			
	BIOHAZARD WASTE DISPOSAL - 815 N. Virginia St. & 1016 N. Virginia St.						
Vendor Totals:	Number Name			Gross	Discount	No-Pay	Net
	S3960 STERICYCLE, INC			3,359.11	0.00	0.00	3,359.11
Vendor#	Vendor Name	Class	Pay Code				
10735	STRYKER SALES, LLC						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
✓9213485258		09/15/202	09/02/202	10/02/202			
	XCEL BLADELESS TROCAR X2						
Vendor Totals:	Number Name			Gross	Discount	No-Pay	Net
	10735 STRYKER SALES, LLC			287.22	0.00	0.00	287.22
Vendor#	Vendor Name	Class	Pay Code				
14212	SURGICAL DIRECT SOUTH						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
✓9391		09/23/202	09/22/202	09/22/202			
	SURGICAL SUPPLIES SEPT INV X7						
Vendor Totals:	Number Name			Gross	Discount	No-Pay	Net
	14212 SURGICAL DIRECT SOUTH			4,200.00	0.00	0.00	4,200.00
Vendor#	Vendor Name	Class	Pay Code				
T2539	T-SYSTEM, INC						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
✓2039337		09/23/202	09/08/202	10/08/202			
	EVELVED EDIS-MONTHLY FEE AI						
Vendor Totals:	Number Name			Gross	Discount	No-Pay	Net
	T2539 T-SYSTEM, INC			6,817.25	0.00	0.00	6,817.25
Vendor#	Vendor Name	Class	Pay Code				
14372	TRIAGE, LLC						

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ INV1797357375		09/22/202	09/04/202	09/04/202			2,259.75	0.00	0.00	2,259.75 ✓
	LAB TRAVEL TECH	- Katina Johnson 8/24, 8/25, 8/26, 8/27								
✓ INV1797361828		09/22/202	09/11/202	09/11/202			2,785.88	0.00	0.00	2,785.88 ✓
	LAB TRAVEL TECH	- Katina Johnson 8/28, 8/31, 9/1, 9/2, 9/3								
✓ INV1797363480		09/22/202	09/18/202	10/01/202			552.00	0.00	0.00	552.00 ✓
	LAB TRAVEL TECH	- Katina Johnson 9/4								

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14372	TRIAGE, LLC	5,597.63	0.00	0.00	5,597.63

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
✓ TRI309360		09/22/202	09/16/202	10/01/202			186.57	0.00	0.00	186.57 ✓

FREIGHT - Caresfield, Smith & Nephew, & RR Donnelley						✓
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC	186.57	0.00	0.00	186.57

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
✓ 2921096900		09/15/202	09/07/202	10/02/202			8,833.90	0.00	0.00	8,833.90 ✓
	SUPPLIES/LINENS									
✓ 2921097159		09/15/202	09/10/202	10/05/202			186.83	0.00	0.00	186.83 ✓
	SUPPLIES/LINENS									
✓ 2921097139		09/15/202	09/10/202	10/05/202			68.42	0.00	0.00	68.42 ✓
	UNIFORMS									
✓ 2921097154		09/15/202	09/10/202	10/05/202			816.04	0.00	0.00	816.04 ✓
	SUPPLIES/LINENS									
✓ 2921097179		09/15/202	09/10/202	10/05/202			187.14	0.00	0.00	187.14 ✓
	LINENS/SUPPLIES									
✓ 2921097222		09/15/202	09/10/202	10/05/202			479.76	0.00	0.00	479.76 ✓
	SUPPLIES/LINENS									
✓ 2921097162		09/15/202	09/10/202	10/05/202			81.26	0.00	0.00	81.26 ✓
	UNIFORMS									
✓ 2921097221		09/15/202	09/10/202	10/05/202			7,534.12	0.00	0.00	7,534.12 ✓
	SUPPLIES/LINENS									
✓ 2921097148		09/22/202	09/10/202	10/05/202			360.44	0.00	0.00	360.44 ✓
	UNIFORMS									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC	18,547.91	0.00	0.00	18,547.91

Vendor# Vendor Name Class Pay Code

15444 VANDERBILT HEALTH

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ CI00158950		09/22/202	09/14/202	09/14/202			904.40	0.00	0.00	904.40 ✓

PURCHASING <i>april-june 2024</i>						<i>✓</i>
Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net	
15444	VANDERBILT HEALTH	904.40	0.00	0.00	904.40	

Vendor# Vendor Name Class Pay Code

10082 VICTORIA EYE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 072026PL		09/22/202	07/29/202	07/29/202			325.00	0.00	0.00	325.00 ✓

	SCRUB TECH SERVICES JULY									
✓ 082526PL		09/22/202	08/31/202	08/31/202			250.00	0.00	0.00	250.00 ✓

SCRUB TECH SERVICES FOR AU					
Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10082	VICTORIA EYE CENTER	575.00	0.00	0.00	575.00

Vendor# Vendor Name Class Pay Code

18304 VRF SERVICES OF TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ V11344		09/23/202	09/17/202	09/17/202			1,837.27	0.00	0.00	1,837.27
THERMISTOR ASSY + labor & misc materials ✓										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
18304 VRF SERVICES OF TEXAS							1,837.27	0.00	0.00	1,837.27

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
✓ 9112317460		09/22/202	09/08/202	10/03/202			2,414.61	0.00	0.00	2,414.61
HEMOSIL CONTROL 1 → Hemosil Abnormal control 3 ✓										
✓ 9112317461		09/22/202	09/08/202	10/03/202			1,772.00	0.00	0.00	1,772.00
BLOOD GAS ANALYZER										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
I1110 WERFEN USA LLC							4,186.61	0.00	0.00	4,186.61

Vendor# Vendor Name Class Pay Code

10556 WOUND CARE SPECIALISTS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ WCS00008052		08/01/202	09/10/202	10/05/202			7,263.00	0.00	0.00	7,263.00
WOUND CARE CLINIC INVOICE - August ✓										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10556 WOUND CARE SPECIALISTS							7,263.00	0.00	0.00	7,263.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	331,000.24	0.00	0.00	331,000.24

APPROVED ON

SEP 25 2026

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 214 264 - 214324

RECEIVED**SEP 28 2026**

09/28/2026

MEMORIAL MEDICAL CENTER

0

12:14

Calhoun County Auditor

AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 10/08/2026

Vendor# Vendor Name

Class Pay Code

10985 THE COMPLIANCE TEAM, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 00055609		09/28/202	09/28/202	09/28/202			4,650.00	0.00	0.00	4,650.00 ✓

ACCREDITATION RENEWAL 1ST *Installment*

Vendor Totals: Number Name

10985 THE COMPLIANCE TEAM, INC

Gross	Discount	No-Pay	Net
4,650.00	0.00	0.00	4,650.00

Report Summary

Grand Totals:

Gross
4,650.00

Discount
0.00

No-Pay
0.00

Net
4,650.00

APPROVED ON**SEP 28 2026**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS*CHK# 214314*

RECEIVED

SEP 25 2026

RUN DATE: 09/24/26
TIME: 10:31

Calhoun County Auditor

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
✓✓6013882 01		092326	✓28.40	✓	5		
✓✓6017395 01		TX 79120 092326	✓75.00	✓	5		
✓✓6031140 01		TX 78520 092326	✓44.00	✓	5		
✓✓6033894 01		TX 79120 092326	✓20.00	✓	5		
✓✓6035615 01		TX 77979 092326	✓20.00	✓	5		
✓✓6040868 01		TX 77979 092326	✓20.00	✓	5		
✓✓6049590 01		TX 77979 092326	✓49.66	✓	5		
		TX 77979					
ARID=0001 TOTAL			257.06				
TOTAL			257.06				

APPROVED ON

SEP 25 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 214328-214334

RUN DATE:09/29/26
TIME:09:35

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/30/26 THRU 09/30/26

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	214264	09/30/26	.00	VOIDED
A/P	214265	09/30/26	1,145.85	AMAZON CAPITAL SERVICES
A/P	214266	09/30/26	8,155.99	AUTHORITYRX, LLC
A/P	214267	09/30/26	1,170.32	BAYER HEALTHCARE
A/P	214268	09/30/26	5,425.78	BECKMAN COULTER INC
A/P	214269	09/30/26	8,844.80	BIO-RAD LABORATORIES, INC
A/P	214270	09/30/26	105.02	CARDINAL HEALTH 414, INC.
A/P	214271	09/30/26	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	214272	09/30/26	245.46	CARESFIELD
A/P	214273	09/30/26	38.80	CENTRAL DRUG
A/P	214274	09/30/26	652.27	CHEMAQUA
A/P	214275	09/30/26	3,690.31	CITY OF PORT LAVACA
A/P	214276	09/30/26	33,757.24	CULINARY CONCESSIONS LLC
A/P	214277	09/30/26	109.45	CULLIGAN ULTRAPURE INC.
A/P	214278	09/30/26	412.18	CUSTOM ASSEMBLIES, INC
A/P	214279	09/30/26	97.17	CYRACOM LLC
A/P	214280	09/30/26	906.40	DEWITT POTH & SON
A/P	214281	09/30/26	51,662.53	DIAMOND HEALTHCARE CORP
A/P	214282	09/30/26	524.20	DIRECTV ENTERTAINMENT HOLDINGS
A/P	214283	09/30/26	7,918.86	DOOR CONTROL SERVICES
A/P	214284	09/30/26	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	214285	09/30/26	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	214286	09/30/26	86.96	FEDERAL EXPRESS CORP.
A/P	214287	09/30/26	2,266.20	FIRETRON, INC
A/P	214288	09/30/26	6,625.88	FISHER HEALTHCARE
A/P	214289	09/30/26	2,369.80	FLEX FINANCIAL
A/P	214290	09/30/26	5,186.47	GBS ADMINISTRATORS, INC
A/P	214291	09/30/26	573.53	HEWLETT-PACKARD
A/P	214292	09/30/26	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	214293	09/30/26	295.00	M G TRUST
A/P	214294	09/30/26	530.00	MANAGED CARE PARTNERS INC.
A/P	214295	09/30/26	2,859.24	MCKESSON MEDICAL SURGICAL INC
A/P	214296	09/30/26	1,632.00	MEDICAL AIR SERVICES ASSOC.
A/P	214297	09/30/26	15.48	MEDIMPACT HEALTHCARE SYS, INC.
A/P	214298	09/30/26	.00	VOIDED
A/P	214299	09/30/26	33,911.50	MEDLINE INDUSTRIES INC
A/P	214300	09/30/26	498.56	MMC AUXILIARY GIFT SHOP
A/P	214301	09/30/26	202.96	MSTS RECEIVABLES LLC
A/P	214302	09/30/26	18.06	NACOGDOCHES TRANSCRIPTION
A/P	214303	09/30/26	2,457.99	NATIONAL FARM LIFE INSURANCE
A/P	214304	09/30/26	980.60	QIAGEN INC
A/P	214305	09/30/26	896.82	QUIDELORTHO SALES COMPANY LLC
A/P	214306	09/30/26	305.76	QUVA PHARMA INC
A/P	214307	09/30/26	13,924.64	SANOFI VACCINES US INC
A/P	214308	09/30/26	430.87	SERVICE SUPPLY OF VICTORIA INC
A/P	214309	09/30/26	950.00	SIGN AD, LTD.
A/P	214310	09/30/26	1,128.20	SMITH & NEPHEW, INC.
A/P	214311	09/30/26	8,544.12	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	214312	09/30/26	3,359.11	STERICYCLE, INC
A/P	214313	09/30/26	287.22	STRYKER SALES, LLC

RUN DATE:09/29/26
TIME:09:35

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/30/26 THRU 09/30/26

PAGE 2
GLCKREG

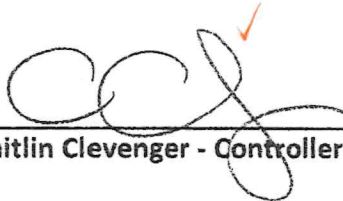
BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	214314	09/30/26	4,200.00	SURGICAL DIRECT SOUTH
A/P	214315	09/30/26	6,817.25	T-SYSTEM, INC
A/P	214316	09/30/26	4,650.00	THE COMPLIANCE TEAM, INC
A/P	214317	09/30/26	5,597.63	TRIAGE, LLC
A/P	214318	09/30/26	186.57	TRIOSE, INC
A/P	214319	09/30/26	18,547.91	UNIFIRST HOLDINGS INC
A/P	214320	09/30/26	904.40	VANDERBILT HEALTH
A/P	214321	09/30/26	575.00	VICTORIA EYE CENTER
A/P	214322	09/30/26	1,837.27	VRF SERVICES OF TEXAS
A/P	214323	09/30/26	4,186.61	WERFEN USA LLC
A/P	214324	09/30/26	7,263.00	WOUND CARE SPECIALISTS
A/P	214325	09/30/26	38,546.41	GOLDENCREEK HEALTHCARE
A/P	214326	09/30/26	1,778.81	LAVACA BAY NURSING AND REHAB
A/P	214327	09/30/26	75,649.20	TUSCANY VILLAGE
A/P	214328	09/30/26	28.40	
A/P	214329	09/30/26	44.00	
A/P	214330	09/30/26	20.00	
A/P	214331	09/30/26	20.00	
A/P	214332	09/30/26	20.00	
A/P	214333	09/30/26	49.66	
A/P	214334	09/30/26	75.00	
TOTALS:			451,881.72	

331,000.24 -- Payables
4,650.00 -- Critical
257.06 -- pt. refunds
1,778.81 -- lavaca bay
38,546.41 -- golden creek
75,649.20 -- tuscaney
451,881.72

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
9/21/2026	10/10/2026	✓ 5347012	860.91✓
9/21/2026	10/10/2026	✓ 5347011	1,069.80✓
9/21/2026	10/10/2026	✓ 5349916	731.47✓
9/20/2026	10/10/2026	✓ 5342881	41.30✓
9/21/2026	10/10/2026	✓ 5349915	107.86✓
09/22/202	10/10/2026	✓ 5352705	136.75✓
09/22/202	10/10/2026	✓ 5355888	43.06✓
09/22/202	10/10/2026	✓ 5355649	22.49✓
09/22/202	10/10/2026	✓ 5355887	7.92✓
09/22/202	10/10/2026	✓ 5356459	38.60✓
09/22/202	10/10/2026	✓ 5354000	50.93✓
			<u><u>3,111.09</u></u>


Caitlin Clevenger - Controller

APPROVED ON
SEP 29 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

STATEMENT

As of: 09/25/2026

Page: 001

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

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115
Customer Inv Supp ID:
Territory: 7001
Customer Location:
Customer: 256342
Date: 09/26/2026

To ensure proper credit to your
account, detach and return this
stub with your remittance
As of: 09/25/2026 Page: 001
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342 PLEASE CHECK ANY
Date: ITEMS NOT PAID ↓

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
09/21/2026	09/29/2026	7659214157 ✓	292225205	115Invoice	24.89	1,244.59		1,219.70 ✓		7659214157	✓
09/21/2026	09/29/2026	7659214158 ✓	296768213	115Invoice	60.50	3,024.77		2,964.27 ✓		7659214158	✓
09/21/2026	09/29/2026	7659214160 ✓	297808196	115Invoice	11.34	567.24		555.90 ✓		7659214160	✓
09/21/2026	09/29/2026	7659214161 ✓	297953350	115Invoice	0.01	0.63		0.62 ✓		7659214161	✓
09/21/2026	09/29/2026	7659214162 ✓	297891290	115Invoice	4.90	244.79		239.89 ✓		7659214162	✓
09/21/2026	09/29/2026	7659214163 ✓	287715101	115Invoice	2.97	148.45		145.48 ✓		7659214163	✓
09/21/2026	09/29/2026	7659214165 ✓	292074966	115Invoice	1.19	59.69		58.50 ✓		7659214165	✓
09/22/2026	09/29/2026	7659477125 ✓	298139051	115Invoice	0.01	0.63		0.62 ✓		7659477125	✓
09/23/2026	09/29/2026	7659721883 ✓	298304516	115Invoice	15.62	780.83		765.21 ✓		7659721883	✓
09/23/2026	09/29/2026	7659721884 ✓	297336604	115Invoice	60.50	3,024.77		2,964.27 ✓		7659721884	✓
09/23/2026	09/29/2026	7659721885 ✓	298237930	115Invoice	2.39	119.33		116.94 ✓		7659721885	✓
09/23/2026	09/29/2026	7659721886 ✓	291549179	115Invoice	0.02	1.02		1.00 ✓		7659721886	✓
09/23/2026	09/29/2026	7659721887 ✓	298237930	115Invoice	0.01	0.32		0.31 ✓		7659721887	✓
09/24/2026	09/29/2026	7659965567 ✓	297808196	115Invoice	5.67	283.62		277.95 ✓		7659965567	✓
09/24/2026	09/29/2026	7659965568 ✓	297643707	115Invoice	5.70	285.14		279.44 ✓		7659965568	✓
09/24/2026	09/29/2026	7659965569 ✓	291911843	115Invoice	2.55	127.41		124.86 ✓		7659965569	✓

APPROVED ON

SEP 29 2026

STATEMENT

As of: 09/25/2026

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
815 N VIRGINIA ST
PORT LAVACA TX 77979
USA

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115
Customer Inv Supp ID:
Territory: 7001
Customer Location:
Customer: 256342
Date: 09/26/2026

As of: 09/25/2026 Page: 002
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342 PLEASE CHECK ANY
Date: ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
09/24/2026	09/29/2026	7659965570 ✓	296267276	115Invoice	5.10	254.82		249.72 ✓		7659965570	✓
09/25/2026	09/29/2026	7660199655 ✓	298553912	115Invoice	28.72	1,435.76		1,407.04 ✓		7660199655	✓
09/25/2026	09/29/2026	7660199656 ✓	290658747	115Invoice	2.74	137.03		134.29 ✓		7660199656	✓
09/25/2026	09/29/2026	7660199657 ✓	295849371	115Invoice	4.36	218.24		213.88 ✓		7660199657	✓
09/25/2026	09/29/2026	7660199658 ✓	298013490	115Invoice	5.67	283.62		277.95 ✓		7660199658	✓

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

TOTAL

Future Due:	0.00	Subtotals:	12,242.70	USD	Due If Paid On Time:	11,997.84
Past Due:	0.00	If Paid By 09/29/2026			USD	244.86
Last Payment:	229,629.23	Pay This Amount:	11,997.84	USD	Disc lost if paid late:	USD
09/21/2026		If Paid After 09/29/2026	12,242.70	USD	Due if paid late:	12,242.70
Total Discount:	244.86	Pay This Amount:			USD	

APPROVED ON

SEP 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Empowering Health Care

Company: 8000

STATEMENT

As of: 09/25/2026

Page: 003

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

As of: 09/25/2026 Page: 003

Mail to: Comp: 8000

HEB PHCY WHSE/MEM MED PHS
MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA TX 77979
USA

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115
Customer Inv Supp ID:
Territory: 7001
Customer Location:
Customer: 820405
Date: 09/26/2026

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 820405 PLEASE CHECK ANY
Date: ITEMS NOT PAID

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
09/24/2026	09/29/2026	7659794711	B2609-055-510035	115Invoice	0.07	3.73		3.66		7659794711	

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

Future Due:	0.00	Subtotals:	3.73	USD	Due If Paid On Time:	3.66
Past Due:	0.00	If Paid By 09/29/2026			USD	0.07
Last Payment:	229,629.23	Pay This Amount:	3.66	USD	Disc lost if paid late:	USD
09/21/2026		If Paid After 09/29/2026	3.73	USD	Due if paid late:	3.73
Total Discount:	0.07	Pay This Amount:			USD	

APPROVED ON

SEP 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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:	1,793.08
Past Due:	0.00
Total Due:	1,793.08
Account Balance:	1,793.08

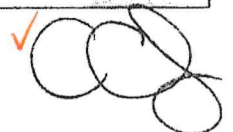
Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-22-2026	10-02-2026	3264382752 ✓	B0921017891735	Invoice	1,793.08		0.00	1,793.08 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,793.08	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
10-02-2026	1,793.08
Total Due:	1,793.08

✓ 

APPROVED ON

SEP 29 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

Customer Number

100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	1,517.85
Past Due:	0.00
Total Due:	1,517.85
Account Balance:	1,517.85

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-21-2026	10-02-2026	3264240093 ✓	7012641795	Invoice	1,500.00		0.00	1,500.00 ✓
09-21-2026	10-02-2026	3264240094 ✓	7012647200	Invoice	6.04		0.00	6.04 ✓
09-24-2026	10-02-2026	3264695939 ✓	7012665917	Invoice	9.41		0.00	9.41 ✓
09-25-2026	10-02-2026	3264839339 ✓	7012672472	Invoice	2.40		0.00	2.40 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,517.85	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
09-25-2026	(3,487.32)

Reminders

Due Date	Amount
10-02-2026	1,517.85
Total Due:	1,517.85

APPROVED ON

SEP 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Serviced By:

AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

Customer:

WALGREENS CENTRAL FILL #21373 340B
MEMORIAL MEDICAL CENTER
4100 DALE EARNHARDT WAY 200
NORTHLAKE TX 76262-2389

Remit To:

AMERISOURCEBERGEN
PO Box 978740
DALLAS TX 75397-8740

Customer Number

100566356 / 100566356

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	245.85
Past Due:	0.00
Total Due:	245.85
Account Balance:	245.85

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-21-2026	10-02-2026	3264292746 ✓	7012653507	Invoice	26.55		0.00	26.55 ✓
09-25-2026	10-02-2026	3264873633 ✓	7012677796	Invoice	219.30		0.00	219.30 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
245.85	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
10-02-2026	245.85
Total Due:	245.85

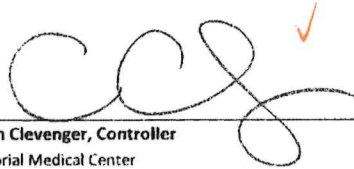
APPROVED ON

SEP 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten Check" #</u>	<u>GL number</u>
9/21/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#177544378 177334468	- 3rd Party Payor Fee	229.97	902732	40440076
9/21/2026	WEBFILE TAX PYMT CPA TAX PAYMENTS - DD 902/8 3914141	- Sales Tax	2,337.19	902733	BEFORE DISC:20300000 TIMELY
9/22/2026	MCKESSON DRUG - AUTO ACH ACH07253352	- 340B Drug Program Expense	229,629.23	902734	60310000
9/22/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#178102348 177843222	- 3rd Party Payor Fee	96.04	902735	40440076
9/23/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#178623651 178462556	- 3rd Party Payor Fee	17.57	902736	40440076
9/23/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	16,526.49	902737	10450000
9/24/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#179012938 178796443	- 3rd Party Payor Fee	214.21	902738	40440076
9/25/2026	MEMORIAL MEDICAL - PAYROLL		409,165.89		
9/25/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 9/18/26 MemMedCtr PtLav	- Health Insurance Claim Payments	46,089.42	902739	60320000
9/25/2026	HEALTH EQUITY INC - HealthEqui	- EmpDeduct/Employer Contribut	1,097.82	902740	PAYROLL- 20280000
9/25/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#179625028 179355440	- 3rd Party Payor Fee	1,455.97	902741	40440076
9/25/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	3,487.32	902742	60310000
			<u>710,347.12</u>		



Caitlin Clevenger, Controller
Memorial Medical Center

September 21, 2026

* approved 09.23.26 cc
** approved 09.16.26 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>
-------------	--------------------	------------------

710,347.12 +	
2,337.19 -	229.97 +
229,629.23 -	96.04 +
16,526.49 -	17.57 +
409,165.89 -	214.21 +
46,089.42 -	1,455.97 +
1,097.82 -	2,013.76 +
3,487.32 -	
2,013.76	
0.00	

Pay Plus

September 21, 2026

Caitlin Clevenger, Controller
Memorial Medical Center

APPROVED ON

SEP 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED**SEP 25 2026**

09/24/2026

MEMORIAL MEDICAL CENTER

0

10:11

Calhoun County Auditor

AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 10/09/2026

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
✓ 091626		09/23/202	09/16/202	10/09/202			1,778.81	0.00	0.00	1,778.81 ✓

ins. pay. dep. into mmc opt. correction

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	LAVACA BAY NURSING AND REHAB	1,778.81	0.00	0.00	1,778.81

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,778.81	0.00	0.00	1,778.81

APPROVED ON**SEP 25 2026**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS*CHK# 214324*

RECEIVED**SEP 25 2026**

09/24/2026

MEMORIAL MEDICAL CENTER

0

10:12

Calhoun County Auditor

AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 10/09/2026

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
✓ 091526A ✓	ins. pay. dep. into mm c opt. correction	09/23/202	09/15/202	10/09/202			18,743.21	0.00	0.00	18,743.21 ✓
✓ 091526 ✓	"	09/23/202	09/15/202	10/09/202			19,803.20	0.00	0.00	19,803.20 ✓

Vendor Totals: Number Name

11836 GOLDENCREEK HEALTHCARE

Gross	Discount	No-Pay	Net
38,546.41	0.00	0.00	38,546.41

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
38,546.41	0.00	0.00	38,546.41

APPROVED ON**SEP 25 2026**BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS**CHK#214325**

SEP 25 2026

09/24/2026

10:11

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 10/09/2026

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 091526C ✓		09/23/202	09/15/202	10/09/202			8,001.63 ✓	0.00	0.00	8,001.63 ✓
✓ 091526 ✓	ins. Pay dep. into mmc opt. correction	09/23/202	09/15/202	10/09/202			2,604.00 ✓	0.00	0.00	2,604.00 ✓
✓ 091526A ✓	"	09/23/202	09/15/202	10/09/202			1,519.00 ✓	0.00	0.00	1,519.00 ✓
✓ 091526D ✓	"	09/23/202	09/15/202	10/09/202			13,246.00 ✓	0.00	0.00	13,246.00 ✓
✓ 091526B ✓	"	09/23/202	09/15/202	10/09/202			10,876.43 ✓	0.00	0.00	10,876.43 ✓
✓ 091626A ✓	"	09/23/202	09/16/202	10/09/202			13,814.00 ✓	0.00	0.00	13,814.00 ✓
✓ 091626 ✓	"	09/23/202	09/16/202	10/09/202			1,085.00 ✓	0.00	0.00	1,085.00 ✓
✓ 091726A ✓	"	09/23/202	09/17/202	10/09/202			125.00 ✓	0.00	0.00	125.00 ✓
✓ 091726 ✓	"	09/23/202	09/17/202	10/09/202			3,061.19 ✓	0.00	0.00	3,061.19 ✓
✓ 091826 ✓	"	09/23/202	09/18/202	10/09/202			9,796.95 ✓	0.00	0.00	9,796.95 ✓
✓ 091826A ✓	"	09/23/202	09/18/202	10/09/202			11,520.00 ✓	0.00	0.00	11,520.00 ✓

Vendor Totals: Number Name

13004 TUSCANY VILLAGE

Gross	Discount	No-Pay	Net
75,649.20	0.00	0.00	75,649.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	75,649.20	0.00	0.00	75,649.20

APPROVED ON

SEP 25 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 214327

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 9/28/2026

APPROVED ON

SEP 29 2026

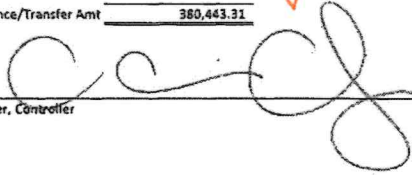
BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

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		381,057.53	78,791.36	78,277.14		380,543.31	380,443.31
						Bank Balance Variance	
						380,543.31	
						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 380,443.31

Approved:  9/28/2026
 Caitlin Clevenger, Controller

Golden Creek

9/21/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356
 9/21/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 092126 543684555876917
 9/21/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S0994141588075964*1746000156~ 17460034113011
 9/21/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7951063*1205296137*000004011~ 676097
 9/22/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1265472131*13 41858379\ 746003411
 9/23/2026 Domestic Wire Withdrawal WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 9/23/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1265668153*13 41858379\ 746003411
 9/23/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7953832*1205296137*000004011~ 676097
 9/24/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1265896356*13 41858379\ 746003411
 9/24/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 092426 543684555876917
 9/24/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7955915*1205296137*000004011~ 676097
 9/25/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 092526 543684555876917

Transfer-Out	Transfer-In	MMC	
		PORTION	NH PORTION
-	1,734.37		1,734.37
-	1,887.00		1,887.00
-	3,608.79		3,608.79
-	30,019.67		30,019.67
-	6,234.27		6,234.27
78,791.36	-		-
-	264.63		264.63
-	19,743.74		19,743.74
-	3,225.34		3,225.34
-	1,685.26		1,685.26
-	8,444.07		8,444.07
-	1,430.00		1,430.00
78,791.36	78,277.14	-	78,277.14

Transaction Report



Transaction Report for account *4454

Reported on Mon Sep 28 14:48:00 GMT 2026

Current Balance \$389,828.11
Interest Accrued \$265.80
Available Balance \$389,828.11

Date	Description	Credit	Debit	Running Balance
09/25/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 092526 543684555876917	\$1,430.00		\$380,543.31 ✓
09/24/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1265896355*13 41858379\ 746003411	\$3,225.34		\$379,113.31
09/24/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 092426 543684555876917	\$1,685.26		\$375,887.97
09/24/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7955915*1205296137*000004011- 676097	\$8,444.07		\$374,202.71
09/23/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		\$78,791.36	\$365,758.64
09/23/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1265668153*13 41858379\ 746003411	\$264.63		\$444,550.00
09/23/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7953832*1205296137*000004011- 676097	\$19,743.74		\$444,285.37

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 9/28/2026

APPROVED ON

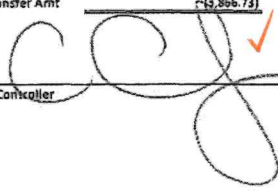
SEP 29 2026

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cls Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		474,661.64	372,692.23	43,076.69	-	-	145,046.10	No Transfer
						Bank Balance Variance	145,046.10	
						Leave in Balance	100.00	
						QIPP PYMT Y9 Q3	84,795.28	
						Funds owed to MMC	46,943.42	
						Recoup to MMC	17,074.13	

Adjust Balance/Transfer Amt 13,866.73

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, Comptroller 9/28/2026

Tuscany Village

9/25/2026 MOLINA HEALTHCAR - MOLINAACH ISA* * * * * *22* *22* *260924*121 4*U*00200*000
 9/21/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1265270276*13 41858379\ 746003411
 9/21/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7951561*1205296137*000004011~ 676201
 9/23/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE
 9/23/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7954588*1205296137*000004011~ 676201

Transfer-Out	Transfer-In	MMC	
		PORTION	NH PORTION
-	772.66		772.66
-	468.04		468.04
-	21,310.07		21,310.07
372,692.23	-		-
-	20,525.92		20,525.92
<u>372,692.23</u>	<u>43,076.69</u>	-	<u>43,076.69</u>

Transaction Report



Transaction Report for account *3407

Reported on Mon Sep 28 14:59:00 GMT 2026

Current Balance \$157,761.61
Interest Accrued \$251.83
Available Balance \$157,761.61

Date	Description	Credit	Debit	Running Balance
09/25/2026	External Deposit MOLINA HEALTHCAR - MOLINAACH ISA* * ** *ZZ* *ZZ* *260824*121 4*U*00200*000	\$772.66		✓ \$145,046.10 ✓
09/23/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		\$372,692.23	\$144,273.44
09/23/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7954588*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

Report generated on 09/28/2026 09:40:59 AM CDT

Page 1 of 4

Memorial Medical Center
Nursing Home UPL
Weekly HSL Transfer
Prosperity Accounts
9/28/2026

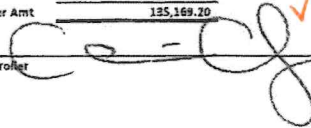
APPROVED ON

SEP 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Lavaca Bay Nursing and Rehab		316,093.50	142,809.26	164,517.37			337,801.61	135,169.20
						Bank Balance	337,801.61	
						Variance		
						Leave In Balance	100.00	
						Q/PP Y9 Q1 RECON	201,634.13	
						Q/PP Y9 ADJ2	898.28	
						Adjust Balance/Transfer Amt	135,169.20	

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 9/28/2026

Lavaca Bay Nursing and Rehab

9/21/2026 NDC SWEEP SWEEP FROM X2983 - FAC 02330
 9/21/2026 WELLPOINT CO AP - E-PAYMENT ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG *260917*224 6*U*00401*0004
 9/21/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*050996101538719836*1746000156~ 17460034113016
 9/22/2026 HUMANA INS CO 1738320 - HCCLAIMPMT TRN*1*200 527265260918*1391263473\ 6906462
 9/23/2026 Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC
 9/23/2026 Deposit
 9/23/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*051027861538719836*1746000156~ 17460034113016
 9/25/2026 NDC SWEEP SWEEP FROM X2983 - FAC 02330
 9/25/2026 HOSPICE OF SOUTH - Payments Lavaca Bay Nursing NF

Transfer-Out	Transfer-In	MMC	
		PORTION	NH PORTION
-	121.00		121.00
-	114,140.30		114,140.30
-	4,869.68		4,869.68
-	4,546.01		4,546.01
142,809.26	-		-
-	35,503.33		35,503.33
-	2,094.26		2,094.26
-	2,014.00		2,014.00
-	1,228.79		1,228.79
142,809.26	164,517.37	-	164,517.37

Transaction Report



Transaction Report for account *5506

Reported on Mon Sep 28 14:54:00 GMT 2026

Current Balance \$338,651.64
Interest Accrued \$190.22
Available Balance \$338,651.64

Date	Description	Credit	Debit	Running Balance
09/25/2026	External Deposit NDC SWEEP SWEEP FROM X2983 - FAC 02330	\$2,014.00		✓ \$337,801.51 ✓
09/25/2026	External Deposit HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	\$1,228.79		\$335,787.61
09/23/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		\$142,809.26	\$334,558.82
09/23/2026	178662662628645 Deposit Deposit	\$35,503.33		\$477,368.08
09/23/2026	External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*051027861538719836*1746000156- 17460034113016	\$2,094.26		\$441,864.75
09/22/2026	External Deposit HUMANA INS CO 1738320 - HCCLAIMPMT TRN*1*200 527265260918*13912634731 6906462	\$4,546.01		\$439,770.49
09/21/2026	External Deposit NDC SWEEP SWEEP FROM X2983 - FAC 02330	\$121.00		\$435,224.48
09/21/2026	External Deposit WELLPOINT CO AP - E-PAYMENT ISA*00* *00* *ZZ*BCCACP4010 *ZZ*BOFAORIG *260917*224 5*U*00401*0004	\$114,140.30		\$435,103.48
09/21/2026	External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*050996101538719836*1746000156- 17460034113016	\$4,869.68		\$320,963.18

Report generated on 09/28/2026 09:40:54 AM CDT

Page 1 of 4

MEMORIAL MEDICAL CENTER
CHECK REQUEST

Tuscany ✓

mmc ✓

Date Requested: 9-23-26

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APPROVED ON

SEP 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#001204

FOR ACCT. USE ONLY

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

AMOUNT \$44,618.42 ✓ G/L NUMBER: 20655000

EXPLANATION: Wellcare mmc patient payments for 2025 + 2026
that were deposited into Tuscany's account

REQUESTED BY: K. Pokluda

AUTHORIZED BY: CCL ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

✓ Tuscany

mmc ✓

Date Requested: 9-23-26

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APPROVED ON

SEP 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 001204

FOR ACCT. USE ONLY

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

AMOUNT \$2325.00 ✓ G/L NUMBER: 50780000

EXPLANATION: Wellcare mmc capitation funds that were deposited
into Tuscany account for 2025 + 2026

REQUESTED BY: K. Pokluda

AUTHORIZED BY: CCG ✓

Transaction Report



Transaction Report for account *3407

Reported on Thu Oct 01 16:43:00 GMT 2026

Current Balance \$372,083.34
Interest Accrued \$0.00
Available Balance \$372,083.34

Date	Description	Credit	Debit	Running Balance
10/01/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EFT7965078*1205296137*000004011~ 676201	\$24,515.86		✓ \$372,083.34
09/30/2026	Credit Interest Credit Interest	\$283.58		\$347,567.48
09/30/2026	178662732654721 Deposit Deposit	\$75,649.20		\$347,283.90
09/30/2026	1203 Over Counter Check Over Counter Check		\$17,074.13	\$271,634.70
09/30/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1267374828*13 41858379\ 746003411	\$21,091.75		\$288,708.83
09/30/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7963095*1205296137*000004011~ 676201	\$76.60		\$267,617.08
09/29/2026	127052722637004 Deposit Deposit	\$107,675.29		\$267,540.48
09/29/2026	127052722636950 Deposit Deposit	\$1,270.06		\$159,865.19
09/29/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7961487*1205296137*000004011~ 676201	\$833.52		\$158,595.13
09/28/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1265748494*13 41858379\ 746003411	\$48.65		\$157,761.61

✓ Lavaca Bay

MEMORIAL MEDICAL CENTER CHECK REQUEST

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Memorial Medical Center ✓

Date Requested:

9/24/2026

APPROVED ON

SEP 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 001185

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$

898.28 ✓

G/L NUMBER:

EXPLANATION:

QIPP Y8 ADJ2 Reconciliation

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY:

MSL ✓

QIPP Y8 Adjustment 2

LAVACA BAY	Wellpoint/Elevance Centene	<u>Y8</u>	
		656.39	deposited to NH Account on 9.21.26
		1,910.12	deposited to NH Account on 9.18.26
Total all payments received		<u>2,566.51</u>	
Less IGT paid		<u>-</u>	
Net federal share received		2,566.51	
times manager %		<u>0.65</u>	You will need to update this based on the manager split per your management agreement for each facility
amount due NH		1,668.23	this will be swept automatically from joint account
Less amount paid for Y7 to NH so far		<u>2,566.51</u>	amount deposited to NH bank account
Final due to/from NH		<u>(898.28)</u>	
MMC Portion(includes IGT)		898.28	
NH Portion		1,668.23	

Lanaca Bay ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Memorial Medical Center ✓

Date Requested:

9/24/2026

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APPROVED ON

SEP 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

CHK# 001185

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT:

\$

201,634.13 ✓

G/L NUMBER:

EXPLANATION:

QIPP Y9 Q3 RECON

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY:

MSL ✓

QIPP Y9 Q3 Reconciliation

LAVACA BAY

Wellpoint/Elevance
Centene

Y9
113,843.91 Deposited to NH Account on 9.21.26
171,274.10 Deposited to NH Account on 9.21.26

183120.11 should have been
171274.1 deposited on 9.21.26
11846.01 variance, Why?

Total all payments received

285,118.01

Less IGT paid

(165,855.33)

Net federal share received

119,262.68

165855.33

times manager %

0.70 NH Split percentage

amount due NH

83,483.88 this will be swept automatically from joint account

Less amount paid for Y7 to NH so far

285,118.01 amount deposited to NH bank account

Final due to/from NH

(201,634.13) The NH Owes MMC

MMC Portion(includes IGT)

201,634.13

NH Portion

83,483.88

Transaction Report



Transaction Report for account *5506

Reported on Thu Oct 01 16:36:00 GMT 2026

Current Balance \$303,452.93
Interest Accrued \$0.00
Available Balance \$303,452.93

Date	Description	Credit	Debit	Running Balance
09/30/2026	Credit Interest Credit Interest	\$234.12		✓ \$303,452.93
09/30/2026	178662732654685 Deposit Deposit	\$1,778.81		\$303,218.81
09/30/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		\$135,169.20	\$301,440.00
09/30/2026	123872732628811 Deposit Deposit	\$6,627.23		\$436,609.20
09/29/2026	127052722637106 Deposit Deposit	\$88,090.79		\$429,981.97
09/29/2026	External Deposit HUMANA INS CO 1741426 - HCCLAIMPMT TRN*1*201 122337260925*1391263473\ 7519298	\$6,727.00		\$341,891.18
09/28/2026	Deposited Item Return NSF 0119 061000146		\$3,487.46	\$335,164.18
09/28/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*E T7959950*1205296137*000004011- 67648	\$850.03		\$338,651.64
09/25/2026	External Deposit NDC SWEEP SWEEP FROM X2983 - FAC 02330	\$2,014.00		\$337,801.61
09/25/2026	External Deposit HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	\$1,228.79		\$335,787.61

MEMORIAL MEDICAL CENTER

TUSCANY VILLAGE
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001204

Date 9-30-26 88-2265/1131

PAY

TO THE
ORDER OF

mmc Operating

\$ 46,943.42

Forty Six thousand nine hundred forty three dollars ~~42~~ DOLLARS



**PROSPERITY
BANK®**

FOR

Claims

Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

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

001185

Date 9-30-26 88-2265/1131

PAY

TO THE
ORDER OF

mmc Operating

\$ 202,532.41

two hundred and two thousand five hundred and thirty two ~~41~~ DOLLARS



**PROSPERITY
BANK®**

FOR

QIPP

Security features are
included. Details on back.

RUN DATE:10/01/26
TIME:11:01

MEMORIAL MEDICAL CENTER
CHECK REGISTER
10/01/26 THRU 10/01/26

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

BSL * 001185 10/01/26 202,532.41 MMC OPERATING
TUS 001204 10/01/26 46,943.42 MMC OPERATING
TOTALS: 249,475.83