MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 14, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 1,099,612.64
TOTAL INTER-GOVERNMENT TRANSFERS	$ 356,304.14
GRAND TOTAL DISBURSEMENTS APPROVED October 14, 2026	$ 1,455,916.78
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	$ 448,657.80
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	$ 296,300.15
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED October 14, 2026	$ 744,957.95
GRAND TOTAL FOR APPROVAL ON October 14, 2026	$ 2,200,874.73

APPROVED

OCT 14 2026

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 14, 2026

PAYABLES AND PAYROLL			
10/12/2026	Weekly Payables	766,019.59	
10/5/2026	Morris & Dickson - MMC Rx	46,889.44	
10/12/2026	Morris & Dickson - MMC Rx	17,210.90	
10/6/2026	McKesson-340B Prescription Expense	25,993.68	
10/12/2026	McKesson-340B Prescription Expense	7,276.00	
10/6/2026	Cencora - 340B Prescription Expense	1,434.76	
10/6/2026	Cencora-340B Prescription Expense	261.60	
10/6/2026	Cencora-340B Prescription Expense	1,166.75	
10/12/2026	Cencora-340B Prescription Expense	261.68	
10/12/2026	Cencora-340B Prescription Expense	675.18	
Prosperity Electronic Bank Payments			
10/12/2026	90 Degree Benefits - employee insurance claims	2,229.40	
10/12/2026	90 Degree Benefits - employee insurance claims	34,926.03	
10/12/2026	Sales Tax - September 2026 - Difference	467.90	
10/12/2026	TCDRS September 2026 Retirement	188,755.85	
10/12/2026	Pay Plus - Patient Claims Processing Fee	3,641.58	
10/12/2026	Credit Card Lease Fee	610.46	
10/12/2026	Credit Card Processing Fee	288.09	
10/12/2026	Authnet Gateway	25.00	
10/12/2026	Loyal Health Trubridge - Credit Card Processing Fee	1,478.25	
10/12/2026	Adjustment for Cleared Check	0.50	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,099,612.64**
INTER-GOVERNMENT TRANSFERS			
10/5/2026	DSH IGT- State Comptroller Texnet	354,808.61	
10/5/2026	DSH IGT- State Comptroller Texnet	1,495.53	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 356,304.14**
GRAND TOTAL DISBURSEMENTS APPROVED October 14, 2026			**$ 1,455,916.78**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
10/12/2026	MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error	29,011.39	
10/12/2026	MMC Operating to Lavaca Bay - QIPP Y6 ADJ 3 Reconciliation	425.80	
10/12/2026	MMC Operating to Fort bend-Correction of insurance payment deposited into MMC Operating in error	51,380.56	
10/12/2026	MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error	181,836.97	
10/12/2026	MMC Operating to Golden Creek - QIPP Y9 Q3 Reconciliation	8,201.31	
10/12/2026	MMC Operating to Golden Creek - QIPP Y6 ADJ 3 Reconciliation	529.50	
10/12/2026	MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error	177,272.27	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 448,657.80**
NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS			
10/12/2026	Nursing Home UPL - Nexion Transfer	65,429.54	
10/12/2026	Nursing Home UPL - Tuscany Transfer	140,829.84	
10/12/2026	Nursing Home UPL - Lavaca Bay Transfer	61,500.81	
QIPP CHECKS TO Nursing Home			
10/12/2026	Tuscany - QIPP Y8 Q3 owed toTuscany	4,727.90	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
10/12/2026	Tuscany to MMC - Humana Recoup on MMC funds	4,343.56	
10/12/2026	Tuscany to MMC - Humana Recoup on MMC funds	1,056.00	
10/12/2026	Tuscany to MMC - Humana Recoup on MMC funds	18,258.51	
10/12/2026	Nexion to MMC - UHC Comm Plan recoup on MMC funds	102.66	
10/12/2026	Nexion to MMC - UHC Comm Plan recoup on MMC funds	51.33	
TOTAL NURSING HOME UPL EXPENSES			**$ 296,300.15**
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED October 14, 2026			**$ 744,957.95**

RECEIVED
OCT 08 2026
Calhoun County Auditor

10/08/2026 MEMORIAL MEDICAL CENTER 0
12:44 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 10/22/2026

Vendor#	Vendor Name	Class	Pay Code
18416	ADVANTAGE BUSINESS CAPITAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12041		09/01/202	07/30/202	07/30/202			5,158.75	0.00	0.00	5,158.75
	L&D TRAVEL NURSE 7/17, 7/18, 7/22, 7/23 Catherine Reyes									
12048		09/01/202	08/06/202	08/06/202			6,922.00	0.00	0.00	6,922.00
	L&D TRAVEL NURSE - Catherine Reyes - 7/24, 7/25, 7/26, 7/27, 7/28									
12054		09/01/202	08/13/202	08/13/202			4,825.00	0.00	0.00	4,825.00
	L&D TRAVEL NURSE - Catherine Reyes - 7/31, 8/3, 8/4, 8/5									
12060		09/01/202	08/20/202	08/20/202			5,162.50	0.00	0.00	5,162.50
	L&D TRAVEL NURSE - Catherine Reyes - 8/7, 8/8, 8/9, 8/13									
12067		09/01/202	08/27/202	08/27/202			7,223.50	0.00	0.00	7,223.50
	L&D TRAVEL NURSE Catherine Reyes - 8/14, 8/15, 8/18, 8/19, 8/20									
12074		09/01/202	09/03/202	09/03/202			5,159.50	0.00	0.00	5,159.50
	L&D TRAVEL NURSE - Catherine Reyes - 8/21, 8/22, 8/23									
12079		09/01/202	09/10/202	09/10/202			5,200.00	0.00	0.00	5,200.00
	L&D TRAVEL NURSE - Catherine Reyes - 8/28, 8/31, 9/1, 9/2									
12085		09/01/202	09/17/202	09/17/202			3,550.00	0.00	0.00	3,550.00
	L&D TRAVEL NURSE - Catherine Reyes - 9/4, 9/5, 9/6									
12092		09/01/202	09/24/202	09/24/202			5,198.50	0.00	0.00	5,198.50
	L&D TRAVEL NURSE - Catherine Reyes - 7/12, 9/14, 9/15, 9/16									
12101		09/01/202	10/01/202	10/01/202			6,734.50	0.00	0.00	6,734.50
	L&D TRAVEL NURSE - Catherine Reyes - 9/18, 9/19, 9/20, 9/21									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18416	ADVANTAGE BUSINESS CAPITAL INC	55,134.25	0.00	0.00	55,134.25

Vendor#	Vendor Name	Class	Pay Code
11672	ALLEGION ACCESS TECHNOLOGY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90220022		10/02/202	09/29/202	09/29/202			745.50	0.00	0.00	745.50
	ENTRANCE DOOR MAINTENANCI									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11672	ALLEGION ACCESS TECHNOLOGY	745.50	0.00	0.00	745.50

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
1N44J6LFLG9Q		09/22/202	09/14/202	10/14/202			100.39	0.00	0.00	100.39
	HOSPITAL GFCI RECEPTACLE x7									
1GVPPGQF9PGW		09/22/202	09/15/202	10/15/202			15.29	0.00	0.00	15.29
	PRICE TAG GUN									
1H7VPKYH4FQ9		09/22/202	09/16/202	10/16/202			4.49	0.00	0.00	4.49
	LITHIUM 3V BATTERY									
14TQPMVW9MDJ		09/22/202	09/17/202	10/17/202			278.99	0.00	0.00	278.99
	BULLETIN BOARD									
1KKDRMPX33XR		09/22/202	09/17/202	10/17/202			1,456.91	0.00	0.00	1,456.91
	WRAPAROUND LIGHT x3 2x4 flat panel drop ceiling fixture									
1VYQDYWCCVHR		09/22/202	09/18/202	10/18/202			152.90	0.00	0.00	152.90
	EXTERNAL HARD DRIVE x2									
143X34PQR49N		09/22/202	09/19/202	10/19/202			259.98	0.00	0.00	259.98
	DEHUMIDIFIER x2									
1XXPQD3646DQ		09/30/202	09/21/202	10/21/202			-14.97	0.00	0.00	-14.97
	LEN FLUSH MOUNT LIGHT - credit									
1HCWFDYFMYQF		09/30/202	09/21/202	10/21/202			52.00	0.00	0.00	52.00

SHAFT SEAL KIT

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	2,305.98	0.00	0.00	2,305.98

Vendor# 15456 Vendor Name: AMERITEX ELEVATOR TEXAS LLC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV57654M3B0		10/01/202	10/01/202	10/01/202			750.00	0.00	0.00	750.00
	ELEVATOR MAINTENANCE BILLIN									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15456	AMERITEX ELEVATOR TEXAS LLC	750.00	0.00	0.00	750.00

Vendor# 18476 Vendor Name: ANGELA YEAGER Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100226		10/08/202	10/02/202	10/02/202			127.40	0.00	0.00	127.40
	TRAVEM REIMB/ RETURNED REAGENT 9/30									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18476	ANGELA YEAGER	127.40	0.00	0.00	127.40

Vendor# 11247 Vendor Name: AVENO NETWORKS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17278		10/06/202	10/01/202	10/11/202			4,500.00	0.00	0.00	4,500.00
	IT SERVER/NETWORK MAINTENANCE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11247	AVENO NETWORKS	4,500.00	0.00	0.00	4,500.00

Vendor# 16000 Vendor Name: BANESTER SERVICES Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
23412		10/07/202	09/28/202	10/07/202			1,200.00	0.00	0.00	1,200.00
	BULIDING STRUCTURE ENGINEER letter/addon kitchen exhaust system									
23413		10/07/202	09/28/202	10/07/202			6,920.00	0.00	0.00	6,920.00
	INSTALL OF NEW ROOF CURB / add on kitchen exhaust system									
23411A		10/08/202	10/08/202	10/08/202			19,650.00	0.00	0.00	19,650.00
	DISHWASHER INSTALLATION / add on kitchen exhaust system									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16000	BANESTER SERVICES	27,770.00	0.00	0.00	27,770.00

Vendor# 15912 Vendor Name: BAYLOR COLLEGE OF MEDICINE Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4845		09/30/202	09/25/202	09/25/202			262.50	0.00	0.00	262.50
	MEDICAL DIRECTORSHIP AUG 26									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15912	BAYLOR COLLEGE OF MEDICINE	262.50	0.00	0.00	262.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5519622		09/01/202	09/21/202	10/16/202			1,935.15	0.00	0.00	1,935.15
	ACCESS 2 IMMUNOASSY LEASE charge x2									
7411071		09/01/202	09/25/202	10/20/202			613.00	0.00	0.00	613.00
	METER BILLING CONT# 64743US									
4630981		10/01/202	09/21/202	10/16/202			1,484.00	0.00	0.00	1,484.00
	ACCESS 2 IMMUNOASSAY ANALYZER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	4,032.15	0.00	0.00	4,032.15

Vendor# 10024 Vendor Name: BECTON, DICKINSON & CO (BD) Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

9116200317	10/01/202	09/15/202	10/15/202	284.50	0.00	0.00	284.50
HUBER NEEDLE SET							
Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net
10024	BECTON, DICKINSON & CO (BD)			284.50	0.00	0.00	284.50

Vendor# 11041 Vendor Name: CALHOUN CO INDIGENT ACCT — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100626		09/30/202	10/06/202	10/07/202			20.00	0.00	0.00	20.00
	TNSFR INDGNT COPAY FROM OP erating to Indigent acct									
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
11041	CALHOUN CO INDIGENT ACCT						20.00	0.00	0.00	20.00

Vendor# C1048 Vendor Name: CALHOUN COUNTY — Class: W — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
093126		09/30/202	09/01/202	09/01/202			2,399.90	0.00	0.00	2,399.90
	1016 N VIRGINIA ST CLINIC UTIL									
093126A		09/30/202	09/01/202	09/01/202			922.48	0.00	0.00	922.48
	701 N VIRGINIA ST/ PT UTILITY									
093126B		09/30/202	09/01/202	09/01/202			17.33	0.00	0.00	17.33
	ANNEX UTILITY BILL - Hospital St. Oalt 122 LED									
093126C		09/30/202	09/01/202	09/01/202			31,772.23	0.00	0.00	31,772.23
	HOSPITAL MAIN CAMPUS UTILITY - Hospital St.									
092426		10/06/202	09/24/202	09/24/202			219.84	0.00	0.00	219.84
	FUEL - Voyager									
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
C1048	CALHOUN COUNTY						35,331.78	0.00	0.00	35,331.78

Vendor# 10988 Vendor Name: CALHOUN SPORTS MEDICINE — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100126		10/02/202	10/01/202	10/01/202			350.00	0.00	0.00	350.00
	PINK OUT SHIRTS - Donation									
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
10988	CALHOUN SPORTS MEDICINE						350.00	0.00	0.00	350.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8004312920		09/30/202	09/17/202	10/12/202			196.26	0.00	0.00	196.26
	NUCMED SUPPLIES									
8004318608		09/30/202	09/24/202	10/19/202			185.38	0.00	0.00	185.38
	NUC MED SUPPLIES									
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
C1325	CARDINAL HEALTH 414, INC.						381.64	0.00	0.00	381.64

Vendor# 10541 Vendor Name: CARESFIELD — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2000344871		10/01/202	09/22/202	10/22/202			852.97	0.00	0.00	852.97
	BLOOD TRANSFER DEVICE CLCT, Safety Slide lock Butterfly, blood tube holder									
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
10541	CARESFIELD						852.97	0.00	0.00	852.97

Vendor# 13264 Vendor Name: CERVEY, LLC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
44984		10/02/202	10/01/202	10/01/202			2,150.00	0.00	0.00	2,150.00
	340B FEES - main & clinic									
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
13264	CERVEY, LLC						2,150.00	0.00	0.00	2,150.00

Vendor#	Vendor Name				Class	Pay Code				
11030	CHUBB									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	CK920261001		10/02/202	10/01/202	10/01/202			457.20	0.00	0.00	457.20
		~~BENEFIT TERMS~~									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11030	CHUBB					457.20	0.00	0.00	457.20
Vendor#	Vendor Name				Class	Pay Code				
13000	CLEARFLY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV856212		10/06/202	10/01/202	10/15/202			1,254.37	0.00	0.00	1,254.37
		ALLWORX PHONES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13000	CLEARFLY					1,254.37	0.00	0.00	1,254.37
Vendor#	Vendor Name				Class	Pay Code				
11720	CLINICAL COMPUTER SYSTEMS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	OBMN00003534		09/01/202	09/01/202	09/01/202			24,506.79	0.00	0.00	24,506.79
		OBIX PERINATAL DATA SYST SUF									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11720	CLINICAL COMPUTER SYSTEMS INC					24,506.79	0.00	0.00	24,506.79
Vendor#	Vendor Name				Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	LJF09526A		10/07/202	09/25/202	10/05/202			99,992.97	0.00	0.00	99,992.97
		LJF GRANT LAB CABINETRY									
	LJF092526		10/07/202	10/07/202	10/17/202			78,742.28	0.00	0.00	78,742.28
		LJF GRANT REMV SOIL LINEN RC									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1166	COASTAL OFFICE SOLUTONS					178,735.25	0.00	0.00	178,735.25
Vendor#	Vendor Name				Class	Pay Code				
C1850	CODONICS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0000309052		10/05/202	09/26/202	10/08/202			699.43	0.00	0.00	699.43
		INK CARTRIDGE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1850	CODONICS INC					699.43	0.00	0.00	699.43
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
	6899909		10/02/202	09/26/202	09/26/202			34.65	0.00	0.00	34.65
		BED DEIONIZER x3									
	6880364		10/06/202	09/16/202	09/16/202			650.00	0.00	0.00	650.00
		DEIONIZER SYSTEM 3/4 9 in mixed bed x3									
	6883539		10/06/202	09/17/202	10/17/202			364.12	0.00	0.00	364.12
		SERVICE LABOR									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12044	CULLIGAN ULTRAPURE INC.					1,048.77	0.00	0.00	1,048.77
Vendor#	Vendor Name				Class	Pay Code				
18408	DAIKIN APPLIED AMERICAS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	3633512		10/06/202	09/30/202	10/06/202			3,325.00	0.00	0.00	3,325.00
		INSPECTION FOR HVAC MAINT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		18408	DAIKIN APPLIED AMERICAS INC					3,325.00	0.00	0.00	3,325.00
Vendor#	Vendor Name				Class	Pay Code				

*removed invoice

annual 4/1/2026 - 3/31/2026

10789 DISCOVERY MEDICAL NETWORK INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC091526		09/01/202	09/15/202	09/16/202			163,749.60	0.00	0.00	163,749.60
	PHYSICIAN SERVICES SEPT1-15									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	163,749.60	0.00	0.00	163,749.60

Vendor# Vendor Name Class Pay Code

11291 DOWELL PEST CONTROL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
83728		09/28/202	09/28/202	09/28/202			505.00	0.00	0.00	505.00
	MONTHLY PEST CONTROL - 815 N. Virginia St.									
83768		09/28/202	09/28/202	09/28/202			160.00	0.00	0.00	160.00
	MOSQUITO TREATMENT - 1016 N. Virginia St.									
83769		09/28/202	09/28/202	09/28/202			105.00	0.00	0.00	105.00
	MONTHLY PEST CONTROL - 1016 N. Virginia St.									
83715		09/28/202	09/28/202	10/22/202			260.00	0.00	0.00	260.00
	MOSQUITO TREATMENT - 815 N. Virginia St.									
84156		10/02/202	10/02/202	10/02/202			85.00	0.00	0.00	85.00
	RODENT CONTROL - 701 N. Virginia St.									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	1,115.00	0.00	0.00	1,115.00

Vendor# Vendor Name Class Pay Code

15108 DR. JOSEPH JENKINS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100226		10/06/202	10/02/202	10/02/202			1,612.15	0.00	0.00	1,612.15
	Nutrition & Wellness in Health & Disease 2026 Conference									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15108	DR. JOSEPH JENKINS	1,612.15	0.00	0.00	1,612.15

Vendor# Vendor Name Class Pay Code

E1070 EDWARDS PLUMBING INC W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
70621		09/30/202	10/04/202	10/15/202			641.70	0.00	0.00	641.70
	BOILER ROOM SERVICES - Back-flo test x2									
70620		09/30/202	10/04/202	10/15/202			450.00	0.00	0.00	450.00
	WATER HEATER CLOSET SERVIC - annual back-flo test									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	E1070	EDWARDS PLUMBING INC	1,091.70	0.00	0.00	1,091.70

Vendor# Vendor Name Class Pay Code

12484 EL CAMPO REFRIGERATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
113542		10/02/202	10/01/202	10/01/202			825.00	0.00	0.00	825.00
	MNTHLY LEASE FOR ICE DISPENSER x3									

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

Vendor# Vendor Name Class Pay Code

11284 EMERGENCY STAFFING SOLUTIONS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
45914		09/30/202	09/30/202	10/10/202			8,692.50	0.00	0.00	8,692.50
	SEP TRUEUP FOR ER PHYS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	8,692.50	0.00	0.00	8,692.50

Vendor# Vendor Name Class Pay Code

15832 EVERON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
161593749		09/30/202	09/02/202	10/02/202			63.69	0.00	0.00	63.69
	FIRE MONITORING INV FOR SEP									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15832	EVERON	63.69	0.00	0.00	63.69

Vendor#	Vendor Name	Class	Pay Code
10689	FASTHEALTH CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10A26MMC		10/02/202	10/01/202	10/16/202			545.00	0.00	0.00	545.00
	WEBSITE MNTHLY INVOICE- OCT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION	545.00	0.00	0.00	545.00

Vendor#	Vendor Name	Class	Pay Code
F1100	FEDERAL EXPRESS CORP.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
946600527		09/22/202	09/17/202	10/12/202			25.07	0.00	0.00	25.07
	FREIGHT - mmc to Medline Industries									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	25.07	0.00	0.00	25.07

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
SFOINV24915		10/02/202	09/28/202	10/20/202			925.00	0.00	0.00	925.00
	QTRLY SPRINKLER INSPECTION									
SFOINV24913		10/02/202	09/28/202	10/20/202			925.00	0.00	0.00	925.00
	QTRLY FIRE ALARM INSPECTION									
SFOINV25515		10/02/202	10/01/202	10/22/202			833.02	0.00	0.00	833.02
	HORN STROBE REPAIR									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14336	FIRETRON, INC	2,683.02	0.00	0.00	2,683.02

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
1472511		09/22/202	09/17/202	10/12/202			587.03	0.00	0.00	587.03
	CALIBRATOR KIT & Creatinine									
1503445		09/22/202	09/18/202	10/13/202			3,830.45	0.00	0.00	3,830.45
	LDX CASS LIPID PROFILE									
1503443		09/22/202	09/18/202	10/13/202			33.60	0.00	0.00	33.60
	IODINE SOLUTION DROPPERS									
1503444		09/22/202	09/18/202	10/13/202			596.09	0.00	0.00	596.09
	PROTEIN/ALCOHOL/GLUCOSE									
1671632		09/22/202	09/25/202	10/20/202			2,719.67	0.00	0.00	2,719.67
	VANCOMYCIN HYDROCHLORIDE									
1638134		09/30/202	09/24/202	10/19/202			3,830.45	0.00	0.00	3,830.45
	LIPID PROFILE CASSETTES									
1671631		09/30/202	09/25/202	10/20/202			585.11	0.00	0.00	585.11
	VITROS BUBC MICROSLIDE REA(									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	12,182.40	0.00	0.00	12,182.40

Vendor#	Vendor Name	Class	Pay Code
10599	FORVIS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3041526		10/06/202	09/25/202	10/20/202			4,058.25	0.00	0.00	4,058.25
	AUDIT SERVICES - audit of State awards 12/31/25 & allowance calculation for Aug.'26									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10599	FORVIS	4,058.25	0.00	0.00	4,058.25

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

	092326		09/30/202	09/23/202	09/23/202		40.42	0.00	0.00	40.42
	FAX LINES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11183	FRONTIER					40.42	0.00	0.00	40.42

Vendor#	Vendor Name	Class	Pay Code
14156	FUJI FILM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91851534		09/30/202	09/25/202	09/25/202			7,916.67	0.00	0.00	7,916.67
	MRI MACHINE 102526-112426									

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

Vendor#	Vendor Name	Class	Pay Code
12636	FUSION CONNECT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1029579216		09/30/202	09/16/202	10/16/202			866.17	0.00	0.00	866.17
	TELEPHONE POTS LINES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12636	FUSION CONNECT	866.17	0.00	0.00	866.17

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202609		09/30/202	10/04/202	10/04/202			5,300.00	0.00	0.00	5,300.00
	NON SURGICAL PAIN MNGMT SE									

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

Vendor#	Vendor Name	Class	Pay Code
12948	GREAT AMERICA FINANCIAL SVCS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43134575		10/06/202	09/29/202	10/22/202			66.53	0.00	0.00	66.53
	IT PRINTER LEASE - Kyocera ECOSYS printer									
43134576		10/06/202	09/29/202	10/15/202			10,060.05	0.00	0.00	10,060.05
	PRINTER LEASE FOR OCTOBER - Kyocera Copiers & printers, x medius & DMConnect									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS	10,126.58	0.00	0.00	10,126.58

Vendor#	Vendor Name	Class	Pay Code
G0401	GULF COAST DELIVERY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
093026		09/01/202	09/30/202	10/15/202			50.00	0.00	0.00	50.00
	DETAR LAB REPORT DELIVERY - 9/2 - 9/11									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY	50.00	0.00	0.00	50.00

Vendor#	Vendor Name	Class	Pay Code
10334	HEALTH CARE LOGISTICS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
310591306		09/22/202	09/17/202	10/12/202			177.00	0.00	0.00	177.00
	ORAL TAMPER EVIDENT CAP FOI x3									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	177.00	0.00	0.00	177.00

Vendor#	Vendor Name	Class	Pay Code
12380	HEALTH SOLUTIONS DIETETICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090126		09/30/202	09/01/202	09/01/202			3,400.00	0.00	0.00	3,400.00
	DIETICIAN SERVICES - 9/4, 9/11, 9/18, 9/25									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS	3,400.00	0.00	0.00	3,400.00

Vendor#	Vendor Name	Class	Pay Code

14976 INOVALON PROVIDER INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26M0111807		09/30/202	09/22/202	09/22/202			808.48	0.00	0.00	808.48
	SCHEDULER & OSM MODEL									

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

Vendor# Vendor Name Class Pay Code

14364 JACQUELINE HERRERA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092226		10/05/202	09/22/202	09/22/202			41.58	0.00	0.00	41.58
	TRAVEL TO PICK UP EYE GELS - mmc to Central Drug & back 9/21									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14364	JACQUELINE HERRERA	41.58	0.00	0.00	41.58

Vendor# Vendor Name Class Pay Code

11122 K & M SPORTS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
130136		09/30/202	09/24/202	09/24/202			300.00	0.00	0.00	300.00
	ATHLETICS POSTER AD SPACE 4x4									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11122	K & M SPORTS	300.00	0.00	0.00	300.00

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
100526		10/06/202	10/05/202	10/05/202			295.00	0.00	0.00	295.00
	EMPLOYEE RETIREMENT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	295.00	0.00	0.00	295.00

Vendor# Vendor Name Class Pay Code

M2178 MCKESSON MEDICAL SURGICAL INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26289391		09/22/202	09/29/202	10/14/202			129.17	0.00	0.00	129.17
	WOUND IRRIGATOR									
26294595		09/22/202	09/29/202	10/14/202			126.70	0.00	0.00	126.70
	IGLOO WOUND IRRIGATOR									
26300918		09/22/202	09/30/202	10/15/202			163.10	0.00	0.00	163.10
	BLOOD COLLECTION TUBE									
26250789		09/30/202	09/22/202	10/07/202			126.70	0.00	0.00	126.70
	WOUND IRRIGATOR									
26251132		09/30/202	09/22/202	10/07/202			429.99	0.00	0.00	429.99
	HEMATOL REAGENT/ WOUND IRI x5									
26266086		09/30/202	09/24/202	10/09/202			489.61	0.00	0.00	489.61
	ROTAVIRUS TEST KIT									
26279460		09/30/202	09/28/202	10/13/202			45.36	0.00	0.00	45.36
	BLOOD OCCULT CONTROL x2									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	1,510.63	0.00	0.00	1,510.63

Vendor# Vendor Name Class Pay Code

11141 MEDICAL DATA SYSTEMS, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
219186		09/30/202	09/30/202	10/15/202			4,297.06	0.00	0.00	4,297.06
	COLLECTION FEES- SEPT									
219187		09/30/202	09/30/202	10/15/202			1,703.50	0.00	0.00	1,703.50
	COLLECTION FEES-SEPT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	6,000.56	0.00	0.00	6,000.56

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
2444931271		09/22/202	09/15/202	10/10/202			52.24	0.00	0.00	52.24
2444931270	ELECTRODE ECG x2	09/22/202	09/15/202	10/10/202			47.43	0.00	0.00	47.43
2445235123	BLOOD PRESSURE CUFF x4	09/22/202	09/16/202	10/11/202			4.05	0.00	0.00	4.05
2445235120	CLAVICLE SPLINT	09/22/202	09/16/202	10/11/202			98.91	0.00	0.00	98.91
2445235126	IV CATHETER	09/22/202	09/16/202	10/11/202			5,962.08	0.00	0.00	5,962.08
2445235118	IV CATHETER/BANDAGE/ARM SLI	09/22/202	09/16/202	10/11/202			98.91	0.00	0.00	98.91
2445235121	IV CATHETER	09/22/202	09/16/202	10/11/202			98.21	0.00	0.00	98.21
21445235116	VAGINAL SPECULUIM W/LED LIGI	09/22/202	09/16/202	10/11/202			55.68	0.00	0.00	55.68
2445235114	SPONGE GAUZE	09/22/202	09/16/202	10/11/202			17.74	0.00	0.00	17.74
2445235115	BLOOD PRESSURE GAUGE	09/22/202	09/16/202	10/11/202			9.91	0.00	0.00	9.91
2445235117	BLOOD PRESSURE CUFF	09/22/202	09/16/202	10/11/202			50.68	0.00	0.00	50.68
2445235119	FOAM WOUND DRESSING x2	09/22/202	09/16/202	10/11/202			98.91	0.00	0.00	98.91
2445235132	SAFETY IV CATHETER	09/22/202	09/16/202	10/11/202			111.01	0.00	0.00	111.01
2446275153	AIRVIEW BOWIE-DICK TEST PACI	09/22/202	09/23/202	10/18/202			19.35	0.00	0.00	19.35
2446275150	OB PAD COLD PACK	09/22/202	09/23/202	10/18/202			177.24	0.00	0.00	177.24
2446275151	TORUNIQUET x2	09/22/202	09/23/202	10/18/202			150.46	0.00	0.00	150.46
2446275163	POST OP FEMALE SHOE/SURG gloves x2	09/22/202	09/23/202	10/18/202			79.75	0.00	0.00	79.75
2446275161	SHARPS CONTAINER	09/22/202	09/23/202	10/18/202			4.05	0.00	0.00	4.05
2446275157	LG SIZE CLAVICLE SPLINT	09/22/202	09/23/202	10/18/202			5,961.78	0.00	0.00	5,961.78
2446275160	IV CATHETER/MASK/ABD BINDER	09/22/202	09/23/202	10/18/202			1,733.23	0.00	0.00	1,733.23
2447037699	TOURNIQUET/ SPECIMEN CONTAINER	09/22/202	09/26/202	10/21/202			338.86	0.00	0.00	338.86
2445235131	STERILE IV SOLUTION SET W LU x2	09/30/202	09/16/202	10/11/202			253.28	0.00	0.00	253.28
2446134849	LIQUID SKIN PROTECTANT x4	09/30/202	09/22/202	10/17/202			180.69	0.00	0.00	180.69
2446134851	FIBULA KNEE/LEG SPLINT x3	09/30/202	09/22/202	10/17/202			33.06	0.00	0.00	33.06
2446134850	BLOOD PRESSURE CUFF	09/30/202	09/22/202	10/17/202			283.95	0.00	0.00	283.95
1703769918	LASER WRISTBAND WITH LABEL	10/06/202	09/26/202	10/21/202			88.07	0.00	0.00	88.07
	INTEREST CHARGES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	16,009.53	0.00	0.00	16,009.53

Vendor#	Vendor Name	Class	Pay Code
15224	MUTUAL OF OMAHA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
002212563768		09/01/202	09/15/202	09/15/202			24,815.89	0.00	0.00	24,815.89
	EMPLOYEE INSURANCE/ SEPT IN									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15224	MUTUAL OF OMAHA	24,815.89	0.00	0.00	24,815.89

Vendor#	Vendor Name	Class	Pay Code
M2659	MXR IMAGING, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8801363268		09/22/202	09/14/202	10/14/202			57.87	0.00	0.00	57.87
	ORAL BARIUM									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	57.87	0.00	0.00	57.87

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
9138		09/01/202	10/05/202	10/15/202			85.68	0.00	0.00	85.68
	TRANSCRIPTION SERVICES FOR									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	85.68	0.00	0.00	85.68

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
093026		09/30/202	09/30/202	09/30/202			1,000.00	0.00	0.00	1,000.00
	TELEMED REIMB SEPT 2026									

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
10868	NOVA BIOMEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91729556		09/22/202	09/18/202	09/22/202			9,124.56	0.00	0.00	9,124.56
	GLUCOSE BLOOD STRIP x10									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL	9,124.56	0.00	0.00	9,124.56

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
9940226646		10/01/202	09/23/202	10/18/202			380.12	0.00	0.00	380.12
	CLEANING BRUSH/ SURGICAL ShareMaster Plus Hot/Cold									
9940226647		10/01/202	09/23/202	10/18/202			225.45	0.00	0.00	225.45
	DISPOSABLE BIOPSY FORCEPS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	605.57	0.00	0.00	605.57

Vendor#	Vendor Name	Class	Pay Code
OM425	OWENS & MINOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2119883623		10/02/202	09/22/202	10/22/202			264.16	0.00	0.00	264.16
	SURGICAL BASIN EMESIS PACK									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	264.16	0.00	0.00	264.16

Vendor#	Vendor Name	Class	Pay Code
10152	PARTSSOURCE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
06508118		09/22/202	09/11/202	10/11/202			402.22	0.00	0.00	402.22
	FOOT HYDRAULIC CYLINDER									

06514302	09/30/202	09/16/202	10/16/202		32.93	0.00	0.00	32.93
EPUMP REPLACEMENT BLUE DOOL								
06514358	09/30/202	09/16/202	10/16/202		635.66	0.00	0.00	635.66
RCHGBL LITHIUM BATTERY x9								
06518065	09/30/202	09/17/202	10/17/202		107.50	0.00	0.00	107.50
EPUMP BACK HOUSING ASSY								
065518067	10/01/202	09/17/202	10/17/202		840.70	0.00	0.00	840.70
SPECTRUM WIRELESS BATTY MODULE								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC			2,019.01	0.00	0.00	2,019.01

Vendor#	Vendor Name	Class	Pay Code
P1800	PITNEY BOWES INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1030135898		09/01/202	09/21/202	10/21/202			128.09	0.00	0.00	128.09
INK CARTIDGE FOR POSTAGE										
1030140773		09/01/202	09/22/202	10/22/202			970.00	0.00	0.00	970.00
POSTAGE - 815 N. Virginia St.										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	P1800	PITNEY BOWES INC					1,098.09	0.00	0.00	1,098.09

Vendor#	Vendor Name	Class	Pay Code
14764	PL-CPR, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
493		09/01/202	09/23/202	09/23/202			375.00	0.00	0.00	375.00
BLS TRAINING x5										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14764	PL-CPR, LLC					375.00	0.00	0.00	375.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4665		09/30/202	09/02/202	10/02/202			2,799.24	0.00	0.00	2,799.24
RUN POWER FOR 120 POWER Convection oven										
4671		09/30/202	09/27/202	10/01/202			12,126.67	0.00	0.00	12,126.67
VENT HOOD CONTROLLER CONDUIT										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LLC					14,925.91	0.00	0.00	14,925.91

Vendor#	Vendor Name	Class	Pay Code
P2100	PORT LAVACA WAVE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100426		10/06/202	10/04/202	10/04/202			52.00	0.00	0.00	52.00
NEWSPAPER SUBSCRIPTION										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE					52.00	0.00	0.00	52.00

Vendor#	Vendor Name	Class	Pay Code
P2200	POWER HARDWARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A134056		09/30/202	09/23/202	10/03/202			8.58	0.00	0.00	8.58
RUBBER END CAP x2										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE					8.58	0.00	0.00	8.58

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9362855470		09/22/202	09/22/202	10/22/202			34.06	0.00	0.00	34.06
THERMAL PAPER LABELS										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)					34.06	0.00	0.00	34.06

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
701316888		09/22/202	09/29/202	10/01/202			354.00	0.00	0.00	354.00
	FLUSHOMETER KIT FOR TOILET									
701317019		09/22/202	09/30/202	10/01/202			13.47	0.00	0.00	13.47
	PVC END CAP									
701316311		10/01/202	09/23/202	10/20/202			241.69	0.00	0.00	241.69
	BRASS VALVE/ PLASTIC ESCUTC									
701316462		10/02/202	09/05/202	10/05/202			247.65	0.00	0.00	247.65
	CAST IRON SOIL PIPE/ COUPLINC									
701316367		10/02/202	09/24/202	10/22/202			18.85	0.00	0.00	18.85
	PVC END CAPS									
701315655		10/05/202	09/17/202	10/17/202			285.21	0.00	0.00	285.21
	WATER FILTER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY OF VICTORIA INC	1,160.87	0.00	0.00	1,160.87

Vendor#	Vendor Name	Class	Pay Code
S2001	SIEMENS MEDICAL SOLUTIONS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116975051		10/02/202	09/24/202	10/19/202			3,612.95	0.00	0.00	3,612.95
	FLOUROSCOPY MACHINE CONTRACT									
116972418		10/05/202	09/17/202	10/12/202			2,617.41	0.00	0.00	2,617.41
	SYMBIA EVO EXCEL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC	6,230.36	0.00	0.00	6,230.36

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
985764674		10/01/202	09/24/202	10/01/202			7,557.84	0.00	0.00	7,557.84
	ORTHO IMPLANT SUPPLIES									
985765363		10/02/202	09/24/202	10/02/202			8,020.12	0.00	0.00	8,020.12
	FEMORAL/HIP STEM IMPLANT SL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.	15,577.96	0.00	0.00	15,577.96

Vendor#	Vendor Name	Class	Pay Code
12288	SPBS CLINICAL EQUIPMENT SRVC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV050001026		10/02/202	10/01/202	10/02/202			10,230.40	0.00	0.00	10,230.40
	BIOMED SERVICE CONTRACT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQUIPMENT SRVC	10,230.40	0.00	0.00	10,230.40

Vendor#	Vendor Name	Class	Pay Code
15236	SPECIALTY PROFESSIONAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1260000214		09/01/202	03/13/202	03/13/202			3,725.00	0.00	0.00	3,725.00
	ER TRAVEL NURSE 030226-03042 Amber Helzer 3/2, 3/3, 3/4									
1260000233		09/01/202	03/20/202	03/20/202			2,375.00	0.00	0.00	2,375.00
	ER TRAVEL NURSE 030626/03082 Amber Helzer 3/6, 3/8									
1260000259		09/01/202	03/27/202	03/27/202			5,025.00	0.00	0.00	5,025.00
	ER TRAVEL NURSE MAR5/17/18/1 Amber Helzer 3/5, 3/17, 3/18, 3/19									
1260000280		09/01/202	04/03/202	04/03/202			3,625.00	0.00	0.00	3,625.00
	ER TRAVEL NURSE 032026-03222 Amber Helzer 3/20, 3/21, 3/22									
1260000303		09/01/202	04/10/202	04/10/202			3,600.00	0.00	0.00	3,600.00
	ER TRAVEL NURSE 03/31-040226 Amber Helzer 3/31, 4/1, 4/2									
1260000317		09/01/202	04/17/202	04/17/202			2,475.00	0.00	0.00	2,475.00

Amber Helzer 4/3, 4/4

	ER TRAVEL NURSE 040326-04042							
1260000342	09/01/202	04/24/202	04/24/202		4,800.00	0.00	0.00	4,800.00
	ER TRAVEL NURSE 041326-04162 Amber Helzer 4/13, 4/14, 4/15, 4/16							
1260000355	09/01/202	05/01/202	05/01/202		2,375.00	0.00	0.00	2,375.00
	ER TRAVEL NURSE 042026-04212 Amber Helzer 4/20, 4/21							
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	15236	SPECIALTY PROFESSIONAL			28,000.00	0.00	0.00	28,000.00

Vendor#	Vendor Name	Class	Pay Code
S2694	STANFORD VACUUM SERVICE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
459409		09/30/202	10/01/202	10/01/202			625.00	0.00	0.00	625.00
	GREASE TRUMP PUMP OUT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2694	STANFORD VACUUM SERVICE					625.00	0.00	0.00	625.00

Vendor#	Vendor Name	Class	Pay Code
S2830	STRYKER SALES LLC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9213748807		10/02/202	09/24/202	10/02/202			249.19	0.00	0.00	249.19
	ORTHO PULSED IRRIGATION SYS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES LLC					249.19	0.00	0.00	249.19

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
96703497		10/01/202	09/24/202	10/01/202			527.44	0.00	0.00	527.44
	HEMATOLOGY ANALYZER 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
T1450	TEXAS ASSOCIATION OF COUNTIES	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100726		09/24/202	10/07/202	10/07/202			2,009.12	0.00	0.00	2,009.12
	3RD QTR UNEMPLY CONTRIBUT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T1450	TEXAS ASSOCIATION OF COUNTIES					2,009.12	0.00	0.00	2,009.12

Vendor#	Vendor Name	Class	Pay Code
T2204	TEXAS MUTUAL INSURANCE CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1008538640		09/01/202	10/02/202	10/22/202			5,219.00	0.00	0.00	5,219.00
	WORKERS COMP INSURANCE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO					5,219.00	0.00	0.00	5,219.00

Vendor#	Vendor Name	Class	Pay Code
B1941	THE BACK OFFICE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0254556		09/30/202	10/01/202	10/01/202			1,673.75	0.00	0.00	1,673.75
	PAPER SHRED SERVICES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1941	THE BACK OFFICE					1,673.75	0.00	0.00	1,673.75

Vendor#	Vendor Name	Class	Pay Code
15396	THIRD COAST DISTRIBUTING LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
093026		09/01/202	09/30/202	09/30/202			132.58	0.00	0.00	132.58
	INDUSTRIAL BELTS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15396	THIRD COAST DISTRIBUTING LLC					132.58	0.00	0.00	132.58

Vendor#	Vendor Name				Class	Pay Code				
14064	TREVIPAY- WALMART									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	32DCD4D4		09/30/202	09/28/202	09/28/202			62.67	0.00	0.00	62.67
		ZIPLOC BAGS/ HAND SOAP & tape									
	4C38EA97		10/05/202	08/28/202				30.84	0.00	0.00	30.84
		3v Coin batteries									
	0AFCDF9A		10/05/202	09/24/202				22.33	0.00	0.00	22.33
		gallon distilled water x11 & water battery									
	3B1BE8DB		10/05/202	10/02/202	10/15/202			98.70	0.00	0.00	98.70
		STORAGE BOXES x26 & bug remover									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14064	TREVIPAY- WALMART					214.54	0.00	0.00	214.54
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
	INV1797368161		09/01/202	09/25/202	10/20/202			2,941.13	0.00	0.00	2,941.13
		TRAVEL LAB TECH - Katrina Johnson 9/14, 9/15, 9/16, 9/17									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14372	TRIAGE, LLC					2,941.13	0.00	0.00	2,941.13
Vendor#	Vendor Name				Class	Pay Code				
C2510	TRUBRIDGE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1039815		10/07/202	09/26/202	10/21/202			276.00	0.00	0.00	276.00
		LABELS x2									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C2510	TRUBRIDGE					276.00	0.00	0.00	276.00
Vendor#	Vendor Name				Class	Pay Code				
10841	TRUBRIDGE, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1040076		10/07/202	09/28/202	09/28/202			101.00	0.00	0.00	101.00
		ULTRIUM TAPE 30TB									
	1040077		10/07/202	09/28/202	09/28/202			22.00	0.00	0.00	22.00
		FREIGHT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10841	TRUBRIDGE, LLC					123.00	0.00	0.00	123.00
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
	2921097412		09/01/202	09/14/202	10/09/202			5,313.71	0.00	0.00	5,313.71
		SUPPLIES/LINENS									
	2921097719		09/01/202	09/17/202	10/12/202			360.44	0.00	0.00	360.44
		UNIFORMS									
	2921097943		09/01/202	09/21/202	10/16/202			8,262.36	0.00	0.00	8,262.36
		SUPPLIES/LINENS									
	2921097345		09/23/202	09/14/202	10/09/202			99.82	0.00	0.00	99.82
		UNIFORMS									
	2921097739		09/23/202	09/17/202	10/12/202			180.49	0.00	0.00	180.49
		SUPPLIES/LINENS									
	2921097735		09/23/202	09/17/202	10/12/202			273.93	0.00	0.00	273.93
		SUPPLIES/LINENS									
	2921097709		09/23/202	09/17/202	10/12/202			72.81	0.00	0.00	72.81
		UNIFORMS									
	2921097724		09/23/202	09/17/202	10/12/202			816.04	0.00	0.00	816.04
		LINENS/SUPPLIES									
	2921098196		09/24/202	09/24/202	10/19/202			6,383.46	0.00	0.00	6,383.46

	LINENS/SUPPLIES							
2921097731		09/30/202	09/17/202	10/12/202	85.61	0.00	0.00	85.61
	UNIFORMS							
2921097728		09/30/202	09/17/202	10/12/202	186.83	0.00	0.00	186.83
	SUPPLIES/LINENS							
2921098207		09/30/202	09/24/202	10/19/202	360.44	0.00	0.00	360.44
	UNIFORMS							
2921097701		10/05/202	09/17/202	10/12/202	6,271.46	0.00	0.00	6,271.46
	LINENS/SUPPLIES							
2921098280		10/05/202	09/24/202	10/19/202	305.63	0.00	0.00	305.63
	SUPPLIES/LINENS							
2921098203		10/05/202	09/24/202	10/19/202	81.95	0.00	0.00	81.95
	UNIFORMS							
2921098219		10/05/202	09/24/202	10/19/202	864.98	0.00	0.00	864.98
	LINENS/SUPPLIES							
2921097877		10/06/202	09/21/202	10/16/202	106.90	0.00	0.00	106.90
	EVS UNIFORMS							
2921098245		10/06/202	09/24/202	10/19/202	180.49	0.00	0.00	180.49
	SUPPLIES/LINENS							
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			30,207.35	0.00	0.00	30,207.35

Vendor#	Vendor Name	Class	Pay Code
U1200	UNITED AD LABEL CO INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
496676359		10/02/202	09/02/202	09/27/202			36.10	0.00	0.00	36.10
	QUALITY CONTROL LABELS x2									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	U1200	UNITED AD LABEL CO INC					36.10	0.00	0.00	36.10

Vendor#	Vendor Name	Class	Pay Code
10082	VICTORIA EYE CENTER	ICP	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092026PL		09/30/202	09/23/202	09/23/202			175.00	0.00	0.00	175.00
	SCRUB TECH SERVICES FOR SEp. 7 Cases									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10082	VICTORIA EYE CENTER					175.00	0.00	0.00	175.00

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
V11425		09/30/202	09/25/202	09/25/202			9,338.61	0.00	0.00	9,338.61
	VRF SERVICE CONTRACT FOR S									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	18304	VRF SERVICES OF TEXAS					9,338.61	0.00	0.00	9,338.61

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
0926TR116685		10/07/202	09/01/202	09/30/202			131.25	0.00	0.00	131.25
	HSA/FSA SEPT INVOICE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12548	WAGEWORKS, INC					131.25	0.00	0.00	131.25

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
9112324804		09/22/202	09/15/202	10/10/202			1,571.67	0.00	0.00	1,571.67
	CONTRACT: 5000005128									
9112334552		10/02/202	09/25/202	10/20/202			303.68	0.00	0.00	303.68
	HEMOSIL CLEANING AGENT x 16									

9112336661	10/02/202 09/28/202 10/22/202		138.93	0.00	0.00	138.93
HEMOSIL REAGENT x3						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	2,014.28	0.00	0.00	2,014.28

Vendor#	Vendor Name	Class	Pay Code
Z1005	ZIMMER US, INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9006676881		09/01/202	09/24/202	10/01/202			406.00	0.00	0.00	406.00
QUATTRO SUTURE PASSER NEEDLE x2										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	Z1005	ZIMMER US, INC.	406.00	0.00	0.00	406.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	766,476.79	0.00	0.00	~~766,476.79~~ 766,019.59

766,476.79
457.20 — removed invoice
766,019.59 — new total

APPROVED ON
OCT 12 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 214336 - 214426

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	214336	10/14/26	55,134.25	ADVANTAGE BUSINESS CAPITAL INC
A/P	214337	10/14/26	745.50	ALLEGION ACCESS TECHNOLOGY
A/P	214338	10/14/26	.00	VOIDED
A/P	214339	10/14/26	2,305.98	AMAZON CAPITAL SERVICES
A/P	214340	10/14/26	750.00	AMERITEX ELEVATOR TEXAS LLC
A/P	214341	10/14/26	127.40	ANGELA YEAGER
A/P	214342	10/14/26	4,500.00	AVENO NETWORKS
A/P	214343	10/14/26	27,770.00	BANESTER SERVICES
A/P	214344	10/14/26	262.50	BAYLOR COLLEGE OF MEDICINE
A/P	214345	10/14/26	4,032.15	BECKMAN COULTER INC
A/P	214346	10/14/26	284.50	BECTON, DICKINSON & CO (BD)
A/P	214347	10/14/26	20.00	CALHOUN CO INDIGENT ACCT
A/P	214348	10/14/26	35,331.78	CALHOUN COUNTY
A/P	214349	10/14/26	350.00	CALHOUN SPORTS MEDICINE
A/P	214350	10/14/26	381.64	CARDINAL HEALTH 414, INC.
A/P	214351	10/14/26	852.97	CARESFIELD
A/P	214352	10/14/26	2,150.00	CERVEY, LLC
A/P	214353	10/14/26	1,254.37	CLEARFLY
A/P	214354	10/14/26	24,506.79	CLINICAL COMPUTER SYSTEMS INC
A/P	214355	10/14/26	178,735.25	COASTAL OFFICE SOLUTONS
A/P	214356	10/14/26	699.43	CODONICS INC
A/P	214357	10/14/26	1,048.77	CULLIGAN ULTRAPURE INC.
A/P	214358	10/14/26	3,325.00	DAIKIN APPLIED AMERICAS INC
A/P	214359	10/14/26	163,749.60	DISCOVERY MEDICAL NETWORK INC
A/P	214360	10/14/26	1,115.00	DOWELL PEST CONTROL
A/P	214361	10/14/26	1,612.15	DR. JOSEPH JENKINS
A/P	214362	10/14/26	1,091.70	EDWARDS PLUMBING INC
A/P	214363	10/14/26	825.00	EL CAMPO REFRIGERATION
A/P	214364	10/14/26	8,692.50	EMERGENCY STAFFING SOLUTIONS
A/P	214365	10/14/26	63.69	EVERON
A/P	214366	10/14/26	545.00	FASTHEALTH CORPORATION
A/P	214367	10/14/26	25.07	FEDERAL EXPRESS CORP.
A/P	214368	10/14/26	2,683.02	FIRETRON, INC
A/P	214369	10/14/26	12,182.40	FISHER HEALTHCARE
A/P	214370	10/14/26	4,058.25	FORVIS
A/P	214371	10/14/26	40.42	FRONTIER
A/P	214372	10/14/26	7,916.67	FUJI FILM
A/P	214373	10/14/26	866.17	FUSION CONNECT
A/P	214374	10/14/26	5,300.00	GOLDEN CRESCENT PAIN MANAGEMEN
A/P	214375	10/14/26	10,126.58	GREAT AMERICA FINANCIAL SVCS
A/P	214376	10/14/26	50.00	GULF COAST DELIVERY
A/P	214377	10/14/26	177.00	HEALTH CARE LOGISTICS INC
A/P	214378	10/14/26	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	214379	10/14/26	808.48	INOVALON PROVIDER INC.
A/P	214380	10/14/26	41.58	JACQUELINE HERRERA
A/P	214381	10/14/26	300.00	K & M SPORTS
A/P	214382	10/14/26	295.00	M G TRUST
A/P	214383	10/14/26	1,510.63	MCKESSON MEDICAL SURGICAL INC
A/P	214384	10/14/26	6,000.56	MEDICAL DATA SYSTEMS, INC.
A/P	214385	10/14/26	.00	VOIDED

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	214386	10/14/26	.00	VOIDED
A/P	214387	10/14/26	.00	VOIDED
A/P	214388	10/14/26	16,009.53	MEDLINE INDUSTRIES INC
A/P	214389	10/14/26	24,815.89	MUTUAL OF OMAHA
A/P	214390	10/14/26	57.87	MXR IMAGING, INC
A/P	214391	10/14/26	85.68	NACOGDOCHES TRANSCRIPTION
A/P	214392	10/14/26	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	214393	10/14/26	9,124.56	NOVA BIOMEDICAL
A/P	214394	10/14/26	605.57	OLYMPUS AMERICA INC
A/P	214395	10/14/26	264.16	OWENS & MINOR
A/P	214396	10/14/26	2,019.01	PARTSSOURCE, LLC
A/P	214397	10/14/26	1,098.09	PITNEY BOWES INC
A/P	214398	10/14/26	375.00	PL-CPR, LLC
A/P	214399	10/14/26	14,925.91	POC ELECTRIC, LLC
A/P	214400	10/14/26	52.00	PORT LAVACA WAVE
A/P	214401	10/14/26	8.58	POWER HARDWARE
A/P	214402	10/14/26	34.06	PRECISION DYNAMICS CORP (PDC)
A/P	214403	10/14/26	1,160.87	SERVICE SUPPLY OF VICTORIA INC
A/P	214404	10/14/26	6,230.36	SIEMENS MEDICAL SOLUTIONS INC
A/P	214405	10/14/26	15,577.96	SMITH & NEPHEW, INC.
A/P	214406	10/14/26	10,230.40	SPBS CLINICAL EQUIPMENT SRVC
A/P	214407	10/14/26	28,000.00	SPECIALTY PROFESSIONAL
A/P	214408	10/14/26	625.00	STANFORD VACUUM SERVICE
A/P	214409	10/14/26	249.19	STRYKER SALES LLC
A/P	214410	10/14/26	527.44	SYSMEX AMERICA, INC.
A/P	214411	10/14/26	2,009.12	TEXAS ASSOCIATION OF COUNTIES
A/P	214412	10/14/26	5,219.00	TEXAS MUTUAL INSURANCE CO
A/P	214413	10/14/26	1,673.75	THE BACK OFFICE
A/P	214414	10/14/26	132.58	THIRD COAST DISTRIBUTING LLC
A/P	214415	10/14/26	214.54	TREVIPAY- WALMART
A/P	214416	10/14/26	2,941.13	TRIAGE, LLC
A/P	214417	10/14/26	276.00	TRUBRIDGE
A/P	214418	10/14/26	123.00	TRUBRIDGE, LLC
A/P	214419	10/14/26	.00	VOIDED
A/P	214420	10/14/26	30,207.35	UNIFIRST HOLDINGS INC
A/P	214421	10/14/26	36.10	UNITED AD LABEL CO INC
A/P	214422	10/14/26	175.00	VICTORIA EYE CENTER
A/P	214423	10/14/26	9,338.61	VRP SERVICES OF TEXAS
A/P	214424	10/14/26	131.25	WAGEWORKS, INC
A/P	214425	10/14/26	2,014.28	WERFEN USA LLC
A/P	214426	10/14/26	406.00	ZIMMER US, INC.
A/P	214427	10/14/26	51,380.56	FORTBEND HEALTHCARE CENTER
A/P	214428	10/14/26	190,567.78	GOLDENCREEK HEALTHCARE
A/P	214429	10/14/26	29,437.19	LAVACA BAY NURSING AND REHAB
A/P	214430	10/14/26	.00	VOIDED
A/P	214431	10/14/26	177,272.27	TUSCANY VILLAGE
TOTALS:			1,214,677.39	

766,019.59 — payables
29,437.19 — lavaca bay
51,380.56 — fort bend
190,567.78 — golden creek
177,272.27 — tuscany
1,214,677.39

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
9/23/2026	10/10/2026	0234182	6,879.38
9/23/2026	10/10/2026	0234181	14,534.86
9/23/2026	10/10/2026	5361755	836.06
9/23/2026	10/10/2026	5361754	961.86
9/23/2026	10/10/2026	5359659	200.12
9/23/2026	10/10/2026	5359660	351.24
9/24/2026	10/10/2026	5368692	450.67
9/24/2026	10/10/2026	5365779	520.70
9/24/2026	10/10/2026	5368691	9.23
9/24/2026	10/10/2026	5365055	2,915.83
9/25/2026	10/10/2026	5371335	6,714.49
9/27/2026	10/10/2026	5374729	221.37
9/27/2026	10/10/2026	5376074	1,154.64
9/27/2026	10/10/2026	5376075	1,163.58
9/28/2026	10/10/2026	5382436	1,892.75
9/28/2026	10/10/2026	5379341	221.37
9/28/2026	10/10/2026	5382437	516.67
9/28/2026	10/10/2026	5379342	2,789.96
9/28/2026	10/10/2026	5380115	33.78
9/29/2026	10/10/2026	5379343	504.32
9/29/2026	10/10/2026	5388171	1,536.95
9/29/2026	10/10/2026	5388170	71.64
9/30/2026	10/10/2026	5385625	121.40
9/30/2026	10/10/2026	5393301	790.51
9/30/2026	10/10/2026	5395978	16.03
9/30/2026	10/10/2026	5394831	158.26
9/30/2026	10/10/2026	5395979	1,249.70
9/30/2026	10/10/2026	5395977	72.07
			46,889.44

Michelle Cumberland, CFO

APPROVED ON
OCT 05 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
10/6/2026	10/25/2026	5420394	2,637.07
10/1/2026	10/25/2026	5400357	370.94
10/1/2026	10/25/2026	5398696	41.30
10/1/2026	10/25/2026	5400356	274.63
10/1/2026	10/25/2026	5400102	60.41
10/4/2026	10/25/2026	5407764	588.98
10/4/2026	10/25/2026	5407765	107.34
10/5/2026	10/25/2026	5411436	142.80
10/5/2026	10/25/2026	5411437	466.58
10/5/2026	10/25/2026	5414425	821.72
10/5/2026	10/25/2026	5414426	54.61
10/6/2026	10/25/2026	5417813	243.20
10/6/2026	10/25/2026	5420886	0.06
10/6/2026	10/25/2026	5420887	872.34
10/7/2026	10/25/2026	5425498	896.59
10/7/2026	10/25/2026	5424066	0.01
10/7/2026	10/25/2026	5425861	95.11
9/9/2026	9/25/2026	0231305	2,905.35
9/25/2026	10/10/2026	0234701	2,256.03
9/17/2026	10/10/2026	5334795	344.12
9/17/2026	10/10/2026	5334794	233.02
10/1/2026	10/25/2026	0235882	0.02
10/7/2026	10/25/2026	5423408	3,798.66
10/7/2026	10/25/2026	5424066	0.01
			17,210.90

Caitlin Clevenger - Controller

APPROVED ON

OCT 12 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/02/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 10/03/2026

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

As of: 10/02/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 10/03/2026 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 26,714.07 USD

Future Due: 0.00

Past Due: 9,306.27-

Last Payment 2,451.97
06/07/2017

If Paid By 10/06/2026,
Pay This Amount: 25,993.68 USD

If Paid After 10/06/2026,
Pay this Amount: 26,714.07 USD

Due If Paid On Time:
USD 25,993.68

Disc lost if paid late:
720.39

Due If Paid Late:
USD 26,714.07

25,905.78
87.90
25,993.68

APPROVED ON
OCT 06 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/02/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/03/2026

APPROVED ON
OCT 06 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 10/02/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 10/03/2026 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342	**WALMART 1098/MEM MED PHS**										
09/26/2026	10/06/2026	7660284390	297953350	115Invoice	2.18	108.95		106.77		7660284390	✓
09/26/2026	10/06/2026	7660284391	289055974	115Invoice	5.10	254.82		249.72		7660284391	✓
09/26/2026	10/06/2026	7660284392	290719536	115Invoice	2.55	127.41		124.86		7660284392	✓
09/26/2026	10/06/2026	7660284393	297495629	115Invoice	1.31	65.54		64.23		7660284393	✓
09/28/2026	10/06/2026	7660525078	293722019	115Invoice	0.02	1.02		1.00		7660525078	✓
09/28/2026	10/06/2026	7660525079	298806937	115Invoice	1.35	67.49		66.14		7660525079	✓
09/28/2026	10/06/2026	7660525080	298722016	115Invoice	5.67	283.62		277.95		7660525080	✓
09/28/2026	10/06/2026	7660525081	290719536	115Invoice	5.10	254.82		249.72		7660525081	✓
09/28/2026	10/06/2026	7660525082	296341337	115Invoice	2.55	127.41		124.86		7660525082	✓
09/28/2026	10/06/2026	7660525083	298013490	115Invoice	1.31	65.54		64.23		7660525083	✓
09/28/2026	10/06/2026	7660525084	297495629	115Invoice	60.50	3,024.77		2,964.27		7660525084	✓
09/28/2026	10/06/2026	7660605524	287715101	115Invoice	17.74	887.07		869.33		7660605524	✓
09/28/2026	10/06/2026	7660661665	286198099	115Invoice	104.25	5,212.47		5,108.22		7660661665	✓
09/28/2026	10/06/2026	7660661666	284991931	115Invoice	121.99	6,099.54		5,977.55		7660661666	✓
09/28/2026	10/06/2026	7660661667	285731815	115Invoice	17.74	887.07		869.33		7660661667	✓
09/28/2026	10/06/2026	7660661668	282438112	115Invoice	17.74	887.07		869.33		7660661668	✓
09/28/2026	10/06/2026	7660661669	283000929	115Invoice	17.74	887.07		869.33		7660661669	✓
09/28/2026	10/06/2026	7660661670	284493984	115Invoice	53.22	2,661.06		2,607.84		7660661670	✓
09/28/2026	10/06/2026	7660689880	280940901	115Invoice	17.74	887.07		869.33		7660689880	✓
09/29/2026	10/06/2026	7660787592	298982908	115Invoice	11.34	567.24		555.90		7660787592	✓
09/29/2026	10/06/2026	7660787593	297808196	115Invoice	24.88	1,243.85		1,218.97		7660787593	✓
09/29/2026	10/06/2026	7660787594	298982908	115Invoice	11.34	567.24		555.90		7660787594	✓
09/29/2026	10/06/2026	7660787595	288659010	115Invoice	7.44	372.09		364.65		7660787595	✓
09/29/2026	10/06/2026	7660833735	283250761	115Invoice	86.87	4,343.67		4,256.80		7660833735	✓
09/29/2026	10/06/2026	7660833736	285139340	115Invoice	86.87	4,343.67		4,256.80		7660833736	✓
09/30/2026	10/06/2026	7661049341	298982908	115Invoice	5.67	283.62		277.95		7661049341	✓
10/01/2026	10/06/2026	7661296971	294302482	115Invoice	28.38	1,419.14		1,390.76		7661296971	✓
10/01/2026	10/06/2026	7661296972	299322658	115Invoice	0.01	0.32		0.31		7661296972	✓
10/02/2026	10/02/2026	7661573335	270513841	115Credit		1,687.38-	P	1,687.38-	P	7661573335	✓
10/02/2026	10/02/2026	7661573336	270672562	115Credit		6,749.52-	P	6,749.52-	P	7661573336	✓
10/02/2026	10/02/2026	7661575656	270513841	115Credit		869.37-	P	869.37-	P	7661575656	✓

< >

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 10/02/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/03/2026

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

APPROVED ON
OCT 06 2026
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

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

As of: 10/02/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 10/03/2026 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: **Customer Number 256342 WALMART 1098/MEM MED PHS**

Subtotals: 26,624.38 USD

Future Due: 0.00

Past Due: 9,306.27-

Last Payment 12,001.50
09/28/2026

If Paid By 10/06/2026, Pay This Amount: 25,905.78 USD

If Paid After 10/06/2026, Pay this Amount: 26,624.38 USD

Due If Paid On Time: USD 25,905.78

Disc lost if paid late: 718.60

Due If Paid Late: USD 26,624.38

MGL ✓

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/02/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 10/03/2026

APPROVED ON
OCT 06 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 10/02/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 10/03/2026 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
09/28/2026	10/06/2026	7660312581	B2609-055-515666	115Invoice	0.64	32.19		31.55		7660312581	✓
10/01/2026	10/06/2026	7661126365	B2609-055-524444	115Invoice	0.23	11.58		11.35		7661126365	✓
10/02/2026	10/06/2026	7661339759	B2610-055-526473	115Invoice	0.92	45.92		45.00		7661339759	✓

P F 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: 89.69 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12,001.50
09/28/2026

If Paid By 10/06/2026,
Pay This Amount: 87.90 USD

If Paid After 10/06/2026,
Pay this Amount: 89.69 USD

Due If Paid On Time:
USD 87.90

Disc lost if paid late:
1.79

Due If Paid Late:
USD 89.69

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/09/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 10/09/2026

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

As of: 10/09/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 10/09/2026 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 7,424.46 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 10/13/2026, Pay This Amount: 7,276.00 USD

If Paid After 10/13/2026, Pay this Amount: 7,424.46 USD

Due If Paid On Time: USD 7,276.00

Disc lost if paid late: 148.46

Due If Paid Late: USD 7,424.46

7,026.50 +
249.50 +
7,276.00 *

APPROVED ON
OCT 12 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/09/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/09/2026

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

As of: 10/09/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 10/09/2026

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342		**WALMART 1098/MEM MED PHS**									
10/03/2026	10/13/2026	7661630919	291376051	115Invoice	7.44	372.09		364.65		7661630919	
10/05/2026	10/13/2026	7661852740	289526206	115Invoice	0.37	18.49		18.12		7661852740	
10/05/2026	10/13/2026	7661852741	296009816	115Invoice	4.36	218.24		213.88		7661852741	
10/05/2026	10/13/2026	7661852742	299785502	115Invoice	3.96	198.22		194.26		7661852742	
10/05/2026	10/13/2026	7661852743	298982908	115Invoice	5.67	283.62		277.95		7661852743	
10/05/2026	10/13/2026	7661852744	299785502	115Invoice	5.67	283.62		277.95		7661852744	
10/05/2026	10/13/2026	7661869752	294802814	115Invoice	28.38	1,419.14		1,390.76		7661869752	
10/06/2026	10/13/2026	7662138075	298982908	115Invoice	5.67	283.62		277.95		7662138075	
10/06/2026	10/13/2026	7662138076	299974308	115Invoice	2.55	127.41		124.86		7662138076	
10/07/2026	10/13/2026	7662380378	300078094	115Invoice	5.10	254.82		249.72		7662380378	
10/07/2026	10/13/2026	7662380379	298982908	115Invoice	5.10	254.82		249.72		7662380379	
10/07/2026	10/13/2026	7662380380	299157852	115Invoice	2.55	127.41		124.86		7662380380	
10/07/2026	10/13/2026	7662380381	300078094	115Invoice	10.41	520.55		510.14		7662380381	
10/08/2026	10/13/2026	7662620854	300244049	115Invoice	2.51	125.53		123.02		7662620854	
10/08/2026	10/13/2026	7662620855	292472204	115Invoice	3.58	179.08		175.50		7662620855	
10/08/2026	10/13/2026	7662620856	296126777	115Invoice	4.36	218.24		213.88		7662620856	
10/08/2026	10/13/2026	7662620857	299055868	115Invoice	11.34	567.24		555.90		7662620857	
10/08/2026	10/13/2026	7662620858	300244049	115Invoice	5.21	260.28		255.07		7662620858	
10/08/2026	10/13/2026	7662620859	299157852	115Invoice	8.03	401.45		393.42		7662620859	
10/08/2026	10/13/2026	7662620860	299243968	115Invoice	4.01	200.72		196.71		7662620860	
10/09/2026	10/13/2026	7662863507	296519755	115Invoice	4.36	218.24		213.88		7662863507	
10/09/2026	10/13/2026	7662863508	300400460	115Invoice	5.10	254.82		249.72		7662863508	
10/09/2026	10/13/2026	7662863509	296933227	115Invoice	7.64	382.22		374.58		7662863509	

APPROVED ON
OCT 12 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/09/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/09/2026

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

As of: 10/09/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 10/09/2026

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

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

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: 7,169.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 25,993.68
10/05/2026

If Paid By 10/13/2026, Pay This Amount: 7,026.50 USD

If Paid After 10/13/2026, Pay this Amount: 7,169.87 USD

Due If Paid On Time:
USD 7,026.50

Disc lost if paid late:
143.37

Due If Paid Late:
USD 7,169.87

APPROVED ON
OCT 12 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/09/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 10/09/2026

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

As of: 10/09/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 10/09/2026 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
10/08/2026	10/13/2026	7662449855	B2610-055-537331	115Invoice	5.09	254.59		249.50		7662449855	☐

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: 254.59 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 25,993.68
10/05/2026

If Paid By 10/13/2026, Pay This Amount: 249.50 USD

If Paid After 10/13/2026, Pay this Amount: 254.59 USD

Due If Paid On Time:
USD 249.50

Disc lost if paid late:
5.09

Due If Paid Late:
USD 254.59

APPROVED ON
OCT 12 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 73006213
Date: 10-02-2026

Serviced By:
AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101

DEA: RA0289276
866-451-9655

Customer:
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

Remit To:
AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	1,434.76
Past Due:	0.00
Total Due:	1,434.76
Account Balance:	1,434.76

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-28-2026	10-09-2026	3264988471	7012677531	Invoice	277.17		0.00	277.17
09-28-2026	10-09-2026	3264988472	7012678874	Invoice	4.80		0.00	4.80
09-28-2026	10-09-2026	3264988473	7012689393	Invoice	4.80		0.00	4.80
09-29-2026	10-09-2026	3265149653	7012693769	Invoice	1,144.30		0.00	1,144.30
10-01-2026	10-09-2026	3265392024	7012703778	Invoice	3.69		0.00	3.69

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,434.76	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
10-02-2026	(3,556.78)

Reminders

Due Date	Amount
10-09-2026	1,434.76
Total Due:	1,434.76

APPROVED ON
OCT 06 2026
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Wholesale distribution and other related pharmacy and pharmaceutical solution services sold by Cencora are performed through Cencora subsidiary companies and brands including AmerisourceBergen Drug Corporation, ASD Specialty Healthcare LLC, Besse Medical, Oncology Supply, SmartSource, and Good Neighbor Pharmacy.

Processing Number: 0000007630244000 Document Type: Customer Statement 20261003022958

cencora

STATEMENT

Statement Number: 73020808
Date: 10-02-2026

Serviced By:
AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

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

Remit To:
AMERISOURCEBERGEN
PO Box 978740
DALLAS TX 75397-8740

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	261.60
Past Due:	0.00
Total Due:	261.60
Account Balance:	261.60

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-02-2026	10-09-2026	3265630518	7012714317	Invoice	261.60		0.00	261.60

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
261.60	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
10-09-2026	261.60
Total Due:	261.60

APPROVED ON
OCT 06 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Wholesale distribution and other related pharmacy and pharmaceutical solution services sold by Cencora are performed through Cencora subsidiary companies and brands including AmerisourceBergen Drug Corporation, ASD Specialty Healthcare LLC, Besse Medical, Oncology Supply, SmartSource, and Good Neighbor Pharmacy.

cencora

STATEMENT

Statement Number: 73014759
Date: 10-02-2026

Serviced By:
AMERISOURCEBERGEN DRUG CORP
12577 STATELINE ROAD
OLIVE BRANCH MS 38654

DEA: RA0504743
866-451-9655

Customer:
ACCREDO MEMPHIS 3406
MEMORIAL MEDICAL CENTER
1620 CENTURY CENTER PKWY #109
MEMPHIS TN 38134-8849

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

Customer Number
100302028 / 100302028
Terms
Sat - Fri Due in 7 days

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

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-29-2026	10-09-2026	3265139517	B0928017959463	Invoice	1,166.75		0.00	1,166.75

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

Reminders

Due Date	Amount
10-09-2026	1,166.75
Total Due:	1,166.75

APPROVED ON
OCT 06 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Wholesale distribution and other related pharmacy and pharmaceutical solution services sold by Cencora are performed through Cencora subsidiary companies and brands including AmerisourceBergen Drug Corporation, ASD Specialty Healthcare LLC, Besse Medical, Oncology Supply, SmartSource, and Good Neighbor Pharmacy.

cencora

STATEMENT

Statement Number: 73055886
Date: 10-09-2026

Serviced By:
AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

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

Remit To:
AMERISOURCEBERGEN
PO Box 978740
DALLAS TX 75397-8740

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	261.68
Past Due:	0.00
Total Due:	261.68
Account Balance:	261.68

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-05-2026	10-16-2026	3265732514	7012718770	Invoice	261.68		0.00	261.68

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
261.68	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
10-16-2026	261.68
Total Due:	261.68

APPROVED ON
OCT 12 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Wholesale distribution and other related pharmacy and pharmaceutical solution services sold by Cencora are performed through Cencora subsidiary companies and brands including AmerisourceBergen Drug Corporation, ASD Specialty Healthcare LLC, Besse Medical, Oncology Supply, SmartSource, and Good Neighbor Pharmacy.

cencora

STATEMENT

Statement Number: 73041285
Date: 10-09-2026

Serviced By:
AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101

DEA: RA0289276
866-451-9655

Customer:
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

Remit To:
AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	675.18
Past Due:	0.00
Total Due:	675.18
Account Balance:	675.18

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-05-2026	10-16-2026	3265745647	7012712643	Invoice	3.57		0.00	3.57
10-05-2026	10-16-2026	3265745648	7012716691	Invoice	76.88		0.00	76.88
10-05-2026	10-16-2026	3265745649	7012718740	Invoice	93.40		0.00	93.40
10-05-2026	10-16-2026	3265746280	7012726165	Invoice	36.85		0.00	36.85
10-07-2026	10-16-2026	3266002669	7012738688	Invoice	4.85		0.00	4.85
10-08-2026	10-16-2026	3266226346	7012741706	Invoice	459.63		0.00	459.63

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
675.18	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
10-09-2026	(2,863.11)

Reminders

Due Date	Amount
10-16-2026	675.18
Total Due:	675.18

APPROVED ON
OCT 12 2026
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Wholesale distribution and other related pharmacy and pharmaceutical solution services sold by Cencora are performed through Cencora subsidiary companies and brands including AmerisourceBergen Drug Corporation, ASD Specialty Healthcare LLC, Besse Medical, Oncology Supply, SmartSource, and Good Neighbor Pharmacy.

Processing Number: 0000007847109974 Document Type: Customer Statement 20261010020941

CHKNO	CLINO	VOCNO	BATNO	DISBNO	EXMBTH	EXMNO	CKNSUF	CHKDT	AMT	CLINT	PAYEE	PAYTP	CYCLE	PAYTA	FIRSTNME	LASTNME	CDTE	VOID	FROMDT	TODT	PAYNO
9975	76351	1	1	0	2026	279000052	0	10/9/2026	$718.38	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0			INVC	F	10/1/2026	10/31/2026	591031071
9976	76351	2	33	0	2026	280001524	0	10/9/2026	$215.80	1	BLUEGRASS HEALTH SOLUTIONS LLC	P	738	0			DMII	F	9/16/2026	9/16/2026	384251369
9977	76351	2	33	0	2026	279001226	0	10/9/2026	$823.88	1	BLUEGRASS HEALTH SOLUTIONS LLC	P	738	0			DMII	F	9/8/2026	9/8/2026	384251369
9989	76360	3	7	0	2026	254000910	0	10/9/2026	$216.48	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	8/17/2026	8/17/2026	815248556
9991	76360	3	48	2	2026	274000037	0	10/9/2026	$254.86	1	VICTORIA WOMENS CLINIC	P	172	0			AB	F	7/28/2026	7/28/2026	741831291
									$2,229.40												

APPROVED ON

OCT 12 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BATNO	CBRNO	LOCNO	ENTRNO	DISTNO	CYMTH	CCNTRO	CCMBUS	CKRDT	AMT	CCMTP	NAME	PAYTO	CHGED	CVCTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	CRVNO
9966	76351	1	1	0	2026	274001252	0	10/2/2026	$34,030.12	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	[redacted]		PCS	F	9/7/2026	9/20/2026	464334244
9967	76351	2	5	0	2026	268001575	0	10/2/2026	$193.75	1	HPCMS LLC	P	604	0	[redacted]		CASE	F	8/21/2026	8/28/2026	271837628
9971	76351	3	43	0	2026	268001614	0	10/2/2026	$155.00	1	HPCMS LLC	P	604	0	[redacted]		CASE	F	8/6/2026	8/6/2026	271837628
9972	76351	3	72	0	2026	240001291	0	10/2/2026	$216.48	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	7/8/2026	7/8/2026	815248556
9973	76351	3	72	0	2026	258000660	0	10/2/2026	$330.68	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]		CAT	F	9/3/2026	9/3/2026	741680498
									$34,926.03												

APPROVED ON

OCT 12 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — Sept 28, 2026 - Oct 11, 2026

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
9/28/2026	IRS - USATAXPYMT 270667102010310	- Payroll Taxes	127,112.11**	902743	FWT:20200000 FICA:20210000
9/28/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#180118094 179886302	- 3rd Party Payor Fee	47.71	902744	40440076
9/29/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#180619973 180408933	- 3rd Party Payor Fee	116.76	902745	40440076
9/29/2026	MCKESSON DRUG - AUTO ACH ACH07269973	- 340B Drug Program Expense	12,001.50*	902746	60310000
9/29/2026	CK213841 118133.35S-B118133.85 SQ4013513334	- Adjustment for Cleared Check	0.50	902747	40530041
9/30/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#181116775 180886303	- 3rd Party Payor Fee	200.00	902748	40440076
9/30/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	3,111.09*	902749	10450000
9/30/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 9.22.26 MemMedCtr PtLav	- Health Insurance Claim Payments	201,832.14**	902750	60320000
9/30/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 9.11.26 MemMedCtr PtLav	- Health Insurance Claim Payments	3,150.96***	902751	60320000
10/1/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#181634849 181380169	- 3rd Party Payor Fee	68.36	902752	40440076
10/2/2026	AUTHNET GATEWAY - BILLING 150297600	- 3rd Party Payor Fee	25.00	902753	40440076
10/2/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	3,556.78*	902754	60310000
10/2/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#182141533 181861095	- 3rd Party Payor Fee	488.46	902755	40440076
10/5/2026	FDMS 0000000000000000876S - FDMS EQUIP 52-21 82557-000	- Credit Card Machine Lease Fee	181.77	902756	
10/5/2026	FDMS 0000000000000000876S - FDMS EQUIP 52-21 82545-000	- Credit Card Machine Lease Fee	45.64	902757	
10/5/2026	FDMS 0000000000000000876S - FDMS EQUIP 52-23 96181-000	- Credit Card Machine Lease Fee	116.87	902758	
10/5/2026	FDMS 0000000000000000876S - FDMS EQUIP 52-23 96182-000	- Credit Card Machine Lease Fee	175.29	902759	
10/5/2026	FDMS 0000000000000000876S - FDMS EQUIP 52-23 96180-000	- Credit Card Machine Lease Fee	58.44	902760	
10/5/2026	LOYALE LLC TRUBRIDGE9828 - RIDGE9828I 8704	- Credit Card Processing Fee online pymts	1,478.25	902761	
10/5/2026	MERCHANT BANKCD - DISCOUNT 971160913887	- Credit Card Processing Fee	136.48	902762	
10/5/2026	MERCHANT BANKCD - INTERCHNG 971160913887	- Credit Card Processing Fee	106.01	902763	
10/5/2026	MERCHANT BANKCD - FEE 971160913887	- Credit Card Processing Fee	45.60	902764	
10/5/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#182570800 182447858	- 3rd Party Payor Fee	23.72	902765	
10/6/2026	FDMS 0000000000000000877A - FDMS EQUIP 52-16 01830-000	- Credit Card Machine Lease Fee	32.45	902766	
10/6/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#183019709 182869351	- 3rd Party Payor Fee	34.07	902767	
10/6/2026	MCKESSON DRUG - AUTO ACH ACH07277704	- 340B Drug Program Expense	25,993.68****	902768	
10/7/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#183833504 183454057	- 3rd Party Payor Fee	176.28	902769	
10/7/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	46,889.44****	902770	
10/8/2026	STATE COMPTRLR - TEXNET 9385804/61007	- DSH IGT	354,808.61****	902771	
10/8/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#184254061 184084054	- 3rd Party Payor Fee	1,406.38	902772	
10/9/2026	IRS - USATAXPYMT 270668280801425	- Payroll Taxes	123,383.90*	902773	FWT:20200000 FIC
10/9/2026	MEMORIAL MEDICAL - PAYROLL		396,417.27*		
10/9/2026	STATE COMPTRLR - TEXNET 9385833/61008	- DSH IGT	1,495.53****	902774	
10/9/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#185002907 184556800	- 3rd Party Payor Fee	1,079.84	902775	
10/9/2026	HEALTHEQUITY INC - HealthEqui	- EmpDeduct/Employer Contribut	1,068.66*	902776	PAYROLL
10/9/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	2,863.11****	902777	
			1,309,728.66		

*approved on 9.30.26 cc
**approved on 9.23.26cc
***approved on 9.16.26cc
****approval on 10.14.26 cc

Caitlin Clevenger, Controller
Memorial Medical Center
October 12, 2026

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
10/15/2026	TEXAS COUNTY DRS	- Retirement Funding	188,755.85
10/20/2026	WEBFILE TAX PYMT	- Sales Tax	467.90
			189,223.75

Caitlin Clevenger, Controller
Memorial Medi

PayPlus Loyale LLC authnet chk adjustment leasing fee

TEXNET Electronic Payment Network — Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete
Trace # [redacted]

Texas Health and Human Services Commission
Memorial Medical Center Operating County
[redacted]

Payment Total	$354,808.61
Bank Routing and Account Number	[redacted]
Settlement Date	10/8/2026
DSH Amount	$354,808.61
Entered By	Caitlin Clevenger

TEXNET Electronic Payment Network — Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete
Trace #: [redacted]

Texas Health and Human Services Commission
Memorial Medical Center Operating County
[redacted]

Payment Total	$1,495.53
Bank Routing and Account Number	[redacted]
Settlement Date	10/9/2026
DSH Amount	$1,495.53
Entered By	Caitlin Clevenger

COMPTROLLER.TEXAS.GOV

Menu

Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 09/30/2026 (2609)

Taxpayer ID: [redacted]
User ID: [redacted]
Reference Number [redacted]
Date and Time of Filing:
10/06/2026, 11:48:56 AM

Taxpayer Name:
MEMORIAL MEDICAL CENTER
Taxpayer Address:
815 N VIRGINIA ST PORT LAVACA , TX 77979-3025
IP Address: [redacted]

Entered By: Caitlin Clevenger
Email Address:
cclevenger@mmcportlavaca.com
Telephone Number: (361) 552-0272

PAYMENT SUMMARY

Electronic Check
State Amount: $354.47
Local Amount: $113.43
Amount to Pay: $467.90
Electronic Check: $467.90

Payment Reference Number: [redacted]
Trace Numbe [redacted]

ype of Bank Account: Checking
Accountholder Name:
Memorial Medical Center Operating
Bank Routing Number [redacted]
Bank Account Numbe
Payment Effective Date: 10/19/2026

CREDIT SUMMARY

Credits Taken

Are you taking credit to reduce taxes due on this return?	No
Are you taking credit to reduce taxable sales on this return for the purchase of Texas farm-raised oysters?	No
Amount of credit being taken on this return for the purchase of Texas farm-raised oysters	$0.00
Are you taking credit to reduce taxable sales on this return for participation in a qualified oyster shell recycling program?	No
Amount of credit being taken on this return for participation in a qualified oyster shell recycling program	$0.00

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	5,700	5,700	0.00	5,700	356.25	5,700	0.02	114
SubTotal	**5,700**	**5,700**	**0**	**5,700**	**356.25**	**5,700**		**114**

Total Tax for Locations **470.25**

Total Tax Due:	$470.25
Timely Filing Discount:	- $2.35
Balance Due:	$467.90

Pending Payments:	- $0.00
Total Amount Due and Payable:	**$467.90**

(State amount due is $354.47) (Local amount due is $113.43)

Date/Time	10-02-2026 / 11:58 AM
Submitted By	agibson419
Pay Date	09-30-2026
Employee Deposits	$77,133.21
Employer Contributions	$111,622.64
Group Term Life Premiums	$0.00
Total	$188,755.85
Comments	
Payroll File	Sept 2026.xlsx

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MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/23/2026

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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
092426		09/24/202	09/24/202	10/23/202			6,727.00	0.00	0.00	6,727.00
092426A	ins. pay. dep. into mmc opt. correction	09/24/202	09/24/202	10/23/202			425.80	0.00	0.00	425.80
093026	QIPP Y6 ADJ 3 RECON	09/30/202	09/30/202	10/23/202			10,412.90	0.00	0.00	10,412.90
100126	ins.pay. dep. into mmc opt. correction	10/01/202	10/01/202	10/23/202			3,370.57	0.00	0.00	3,370.57
100126A	"	10/01/202	10/01/202	10/23/202			6,510.00	0.00	0.00	6,510.00
100626	"	10/06/202	10/06/202	10/23/202			1,990.92	0.00	" 0.00	1,990.92

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	29,437.19	0.00	0.00	29,437.19

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	29,437.19	0.00	0.00	29,437.19

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 214429

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MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/23/2026

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092926		09/29/202	09/29/202	10/23/202			23,714.99	0.00	0.00	23,714.99
093026		09/29/202	09/30/202	10/23/202			27,665.57	0.00	0.00	27,665.57

ins. pay. dep. into mmc opt. correction

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	51,380.56	0.00	0.00	51,380.56

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	51,380.56	0.00	0.00	51,380.56

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CALHOUN COUNTY, TEXAS

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10/08/2026 MEMORIAL MEDICAL CENTER 0
12:05 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 10/23/2026

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
092326		09/23/202	09/23/202	10/23/202			26,233.60	0.00	0.00	26,233.60
092326A	ins. pay. dep. into mmc opt. correction	09/23/202	09/23/202	10/23/202			3,964.74	0.00	0.00	3,964.74
092426A		09/24/202	09/24/202	10/23/202			8,201.31	0.00	0.00	8,201.31
092426B	QIPP Y9 Q3 RECON	09/24/202	09/24/202	10/23/202			529.50	0.00	0.00	529.50
092526	QIPP Y6 ADJ3 RECON	09/25/202	09/25/202	10/23/202			60,310.48	0.00	0.00	60,310.48
092926	ins. pay. dep. into mmc opt. correction	09/29/202	09/29/202	10/23/202			797.60	0.00	0.00	797.60
092426		09/30/202	09/24/202	10/23/202			55,615.15	0.00	0.00	55,615.15
093026		09/30/202	09/30/202	10/23/202			217.00	0.00	0.00	217.00
100126		10/01/202	10/01/202	10/23/202			49.40	0.00	0.00	49.40
100126A		10/01/202	10/01/202	10/23/202			5,179.09	0.00	0.00	5,179.09
100226		10/01/202	10/02/202	10/23/202			17,530.00	0.00	0.00	17,530.00
100526A		10/05/202	10/05/202	10/23/202			28.65	0.00	0.00	28.65
100526		10/05/202	10/05/202	10/23/202			3,867.71	0.00	0.00	3,867.71
100626		10/06/202	10/06/202	10/23/202			2,543.55	0.00	0.00	2,543.55
100626A		10/06/202	10/06/202	10/23/202			5,500.00	0.00	0.00	5,500.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	190,567.78	0.00	0.00	190,567.78

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	190,567.78	0.00	0.00	190,567.78

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CALHOUN COUNTY, TEXAS

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MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/23/2026

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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
092226		09/22/202	09/22/202	10/23/202			3,174.86	0.00	0.00	3,174.86
092326	ins. pay. dep. into. mmc. opt. correction	09/23/202	09/23/202	10/23/202			14,250.00	0.00	0.00	14,250.00
092326B	"	09/23/202	09/23/202	10/23/202			2,604.00	0.00	0.00	2,604.00
092426	"	09/23/202	09/24/202	10/23/202			3,255.00	0.00	0.00	3,255.00
092426A	"	09/23/202	09/24/202	10/23/202			6,742.56	0.00	0.00	6,742.56
092526	"	09/23/202	09/25/202	10/23/202			144.00	0.00	0.00	144.00
092326A	"	09/26/202	09/23/202	10/23/202			513.45	0.00	0.00	513.45
092926	"	09/29/202	09/29/202	10/23/202			20,129.24	0.00	0.00	20,129.24
093026B	"	09/30/202	09/30/202	10/23/202			30,038.28	0.00	0.00	30,038.28
093026	Wellcare recoup on payment sent to Tuscany	09/30/202	09/30/202	10/23/202			101.69	0.00	0.00	101.69
093026C	ins. pay. dep. into mmc opt. correction	09/30/202	09/30/202	10/23/202			10,325.37	0.00	0.00	10,325.37
093026A	"	09/30/202	09/30/202	10/23/202			7,784.72	0.00	0.00	7,784.72
100226	"	10/07/202	10/02/202	10/23/202			29,214.00	0.00	0.00	29,214.00
100526A	"	10/07/202	10/05/202	10/23/202			0.03	0.00	0.00	0.03
100526	"	10/07/202	10/05/202	10/23/202			28,500.00	0.00	0.00	28,500.00
100626	"	10/07/202	10/06/202	10/23/202			7,775.07	0.00	0.00	7,775.07
100626A	"	10/07/202	10/06/202	10/23/202			12,720.00	0.00	0.00	12,720.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	177,272.27	0.00	0.00	177,272.27

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	177,272.27	0.00	0.00	177,272.27

APPROVED ON
OCT 12 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#214431

APPROVED ON

OCT 12 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10.12.26

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	[redacted]	204,089.91	203,969.91	65,583.53		-	65,683.53	65,429.54
						Bank Balance	65,683.53	
						Variance	-	
						Leave in Balance	100.00	
						Funds owed to MMC	153.99	

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 **65,429.54**

Approved:
Caitlin Clevenger, Controller **10/12/2026**

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/5/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 100526 543684555876917	-	8,373.90		8,373.90
10/5/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	3,266.86		3,266.86
10/6/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	8,025.00		8,025.00
10/6/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	9,565.50		
10/6/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 100626 543684555876917	-	562.00		
10/6/2026	Am Health TX - PAYMENT 21531	-	10,000.00		
10/7/2026	Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	203,989.91	-		
10/7/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 100726 543684555876917	-	736.00		
10/7/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	5,115.00		
10/7/2026	HEALTH HUMAN SVC 5291742638006 - HCCLAIMPMT TRN*1*0S1181311588075964*1746000156~ 17460034113011	-	2,435.80		2,435.80
10/8/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	6,547.19		6,547.19
10/8/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 100826 543684555876917	-	650.00		650.00
10/8/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S1199031588075964*1746000156~ 17460034113011	-	8,949.28		8,949.28
10/9/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,357.00		1,357.00
		203,989.91	**65,583.53**	**-**	**39,605.03**

Transaction Report

PROSPERITY BANK

Transaction Report for account *4454

Reported on Mon Oct 12 16:00:00 GMT 2026

Current Balance $65,683.53
Interest Accrued $67.77
Available Balance $65,683.53

Date	Description	Credit	Debit	Running Balance
10/09/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	$1,357.00		$65,683.53
10/08/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	$6,547.19		$64,326.53
10/08/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 100826 543684555876917	$650.00		$57,779.34
10/08/2026	External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S119903158807596 4*1746000156~ 17460034113011	$8,949.28		$57,129.34
10/07/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		$203,989.91	$48,180.06
10/07/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 100726 543684555876917	$736.00		$252,169.97
10/07/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	$5,115.00		$251,433.97
10/07/2026	External Deposit HEALTH HUMAN SVC 5291742638006 - HCCLAIMPMT TRN*1*0S118131158807596 4*1746000156~ 17460034113011	$2,435.80		$246,318.97
10/06/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	$8,025.00		$243,883.17

APPROVED ON

OCT 13 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
10.12.26

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		380,425.92	247,814.56	83,647.87		-		216,259.23	140,829.84
							Bank Balance	216,259.23	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Y8 Q3 PYMT	4,727.90	
							Funds owed to MMC	46,943.42	
							Funds owed to MMC	23,658.07	
							Adjust Balance/Transfer Amt	140,829.84	

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

Approved: MSC
Michelle Cumberland, CFO 10/12/2026

Tuscany Village	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/8/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1268211486*13 41858379\ 746003411	-	5,835.40		5,835.40
10/8/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7972055*1205296137*000004011~ 676201	-	5,097.70		5,097.70
10/7/2026 Merchant Capture Deposit	-	17,132.00		17,132.00
10/7/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	247,814.56	-		-
10/7/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7970669*1205296137*000004011~ 676201	-	9,319.28		9,319.28
10/6/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1267814378*13 41858379\ 746003411	-	10,346.55		10,346.55
10/5/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1268068941*13 41858379\ 746003411	-	12,945.16		12,945.16
10/5/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1267593142*13 41858379\ 746003411	-	12,685.12		12,685.12
10/5/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7967867*1205296137*000004011~ 676201	-	10,286.66		10,286.66
	247,814.56	83,647.87	-	83,647.87

Transaction Report

PROSPERITY BANK

Transaction Report for account *3407

Reported on Mon Oct 12 16:09:00 GMT 2026

Current Balance $217,040.84
Interest Accrued $149.71
Available Balance $217,040.84

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
10/08/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1268211486*13 41858379\ 746003411	$5,835.40		$216,259.23
10/08/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7972055*1205296137*000004011~ 676201	$3,097.70		$210,423.83
10/07/2026	9074763424	Descriptive Deposit Merchant Capture Deposit	$17,132.00		$205,326.13
10/07/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		$247,814.56	$188,194.13
10/07/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7970669*1205296137*000004011~ 676201	$9,319.28		$436,008.69
10/06/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1267814378*13 41858379\ 746003411	$10,346.55		$426,689.41
10/05/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1268068941*13 41858379\ 746003411	$12,945.16		$416,342.86
10/05/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1267593142*13 41858379\ 746003411	$12,685.12		$403,397.70

APPROVED ON

OCT 12 2026

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
10.12.26

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		304,681.72	304,581.72	61,500.81			-	61,600.81	61,500.81
							Bank Balance	61,600.81	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 61,500.81

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 **10/12/2026**

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/6/2026	HUMANA CHA DISB 1741596 - HCCLAIMPMT TRN*1*2 020531412610O3*1611279717\ 8476238	-	763.48		763.48
10/7/2026	NDC SWEEP SWEEP FROM X2983 - FAC 02330	-	33,035.65		33,035.65
10/7/2026	Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	102,049.31	-		-
10/8/2026	Deposit	-	25,430.32		25,430.32
10/9/2026	Over Counter Check	202,532.41	-		-
10/9/2026	HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	-	2,271.36		2,271.36
		304,581.72	**61,500.81**	**-**	**61,500.81**

Transaction Report

PROSPERITY BANK

Transaction Report for account *5506

Reported on Mon Oct 12 16:04:00 GMT 2026

Current Balance $61,600.81
Interest Accrued $105.71
Available Balance $61,600.81

Date		Description	Credit	Debit	Running Balance
10/09/2026	1185	Over Counter Check Over Counter Check		$202,532.41	$61,600.81
10/09/2026		External Deposit HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	$2,271.36		$264,133.22
10/08/2026	127052812628013	Deposit Deposit	$25,430.32		$261,861.86
10/07/2026		External Deposit NDC SWEEP SWEEP FROM X2983 - FAC 02330	$33,035.65		$236,431.54
10/07/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		$102,049.31	$203,395.89
10/06/2026		External Deposit HUMANA CHA DISB 1741596 - HCCLAIMPMT TRN*1*2 0205314126l003*1611279717\ 8476238	$763.48		$305,445.20
10/02/2026		External Deposit HOSPICE OF SOUTH - Payments Lavaca Bay Nurs ing NF	$1,228.79		$304,681.72
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

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Tuscany

Date Requested: 10/12/2026

APPROVED ON
OCT 12 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 4,727.90

G/L NUMBER: 21400016

EXPLANATION: QIPP Y8 Q3 Pymt

REQUESTED BY: Autumn Wilson

AUTHORIZED BY:

QIPP Y9 Q3 Reconciliation

TUSCANY

Molina	84,795.28	deposited NH on 9.18.26
UHC	164,043.92	Deposited to Operating 9/21/26
Community Health Choice	64,889.37	Deposited to Operating 10/8/26
Total all payments received	313,728.57	
Less quarterly IGT paid	(153,593.81)	
Net federal share received	160,134.77	if this amount is negative, the NH owes MMC
times manager %	0.50	Manager split
amount due manager	80,067.38	
Less amount paid for Y7 to manager so far	84,795.28	Amount Deposited to NH account
Final due to/from manager	(4,727.90)	If this amount is negative, the NH owes MMC
MMC 50% of Net Fed Share	80,067.38	
MMC Total Portion (includes IGT)	233,661.19	
NH Portion	80,067.38	
AMT PAID TO MMC SO FAR	-	

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: mmc ✓

Date Requested: 9-24-26

APPROVED ON OCT 12 2026 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT $4343.56 ✓

CHK#001206

G/L NUMBER: 20655000

EXPLANATION: Humana recoup on mmc funds for Tuscany patients

EOB dated 9-17-26 EFT trace# No-pay-20260917001037

REQUESTED BY: K. Poklude

AUTHORIZED BY: CC ✓

CAT # 10303 / FM 1600

Check Summary

Transaction Date: September 17, 2026

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 ASSETS.HUMANA.COM/IS/CONTENT/HUMANA /INFORMATION%20FOR%20NON%20PARTICIPATING%20PROVIDERSPDF	**Payee Tax ID:** [redacted] **Payee ID:** **Check/EFT Trace Number:** **Payment Amount:** $0.00 **Check/EFT Date:** 09/17/2026 **Production End Cycle Date:** 09/17/2026	**Payee Name:** MEMORIAL MEDICAL CENTER **Payee Address:** 815 N VIRGINIA ST PORT LAVACA, TX 779793025	

Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
WO	[redacted]	-$989.34
WO		-$758.61
WO		-$50.27
WO		-$913.86
WO		-$14.08
WO		-$1,617.40

Tuscany

Patient Name: L **Claim Number** **Claim Date:** 08/03/2026 - 08/26/2026 **Claim Status Code:** 1

Patient ID:		**Group / Policy:**		**Facility Type:**	85	**Claim Charge:**	
Patient Ctrl Nmbr:		**Contract Hdr:**	AGE	**Claim Frequency:**	1	**Claim Payment:**	
Rendering Prvd:	MEMORIAL MEDICAL CENTER,	**Rendering Prv ID:**	[redacted]	**Claim Received Date:**	09/08/2026	**Patient Resp:**	$0.00
Original Ref Nmbr:							

Line Details

Results: 9

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adj (Qty)	Adj Amount	Payment
[redacted]	08/12/2026 - 08/12/2026		0780		HC:Q3014 / / 1		$60.00 (B6)	$60.00	CO-253	$1.20	$58.80
	08/03/2026 - 08/03/2026		0915		HC:90853 / / 3		$786.00 (B6)	$786.00	CO-253	$15.72	$770.28
	08/05/2026 - 08/05/2026		0915		HC:90853 / / 3		$786.00 (B6)	$786.00	CO-253	$15.72	$770.28
	08/10/2026 - 08/10/2026		0915		HC:90853 / / 3		$145.44 (B6)	$786.00	CO-253 CO-45	$2.91 $640.56	$142.53
	08/12/2026 - 08/12/2026		0915		HC:90853 / / 3			$786.00	CO-45	$786.00	$0.00
	08/18/2026 - 08/18/2026		0915		HC:90853 / / 3			$786.00	CO-45	$786.00	$0.00

✓Tuxany

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC ✓

Date Requested: 9-24-26

APPROVED ON OCT 12 2026 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CHK#001206

FOR ACCT. USE ONLY

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

AMOUNT $1056.00 ✓

G/L NUMBER: 20655000

EXPLANATION: Humana recoup on MMC funds for a Tuxany patient

EOB dated 9-17-26 EFT trace # nc pay-202609170010636

REQUESTED BY: K. Pokluda

AUTHORIZED BY: CS ✓

CAT # 10303 / FM 1600

Check Summary

Transaction Date: September 17, 2026

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 ASSETS.HUMANA.COM/IS/CONTENT/HUMANA/INFORMATION%20FOR%20NON%20PARTICIPATING%20PROVIDERSPDF	**Payee Tax ID:** [redacted] **Payee ID:** **Check/EFT Trace Number:** **Payment Amount:** $0.00 **Check/EFT Date:** 09/17/2026 **Production End Cycle Date:** 09/17/2026	**Payee Name:** MEMORIAL MEDICAL CENTER **Payee Address:** 815 N VIRGINIA ST PORT LAVACA, TX 779793025	

Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
WO	[redacted]	-$1,056.00

Tuscany

Patient Name: [redacted] **Claim Number** [redacted] **Claim Date:** 08/27/2026 - 08/27/2026 **Claim Status Code:** 2

Patient ID: [redacted]
Patient Ctrl Nmbr: 1
Rendering Prvd: MEMORIAL MEDICAL CENTER,
Original Ref Nmbr:

Group / Policy: [redacted]
Contract Hdr:
Rendering Prv ID:

Facility Type: 13
Claim Frequency: 1
Claim Received Date: 09/15/2026

Claim Charge:
Claim Payment:
Patient Resp: $0.00

Line Details

Results: 5

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adj (Qty)	Adj Amount	Payment
[redacted]	08/27/2026 - 08/27/2026		0350		HC:74177 / / 1		$769.00 (B6)	$769.00			$769.00
	08/27/2026 - 08/27/2026		0350		HC:74177 / / 1			$3,810.05	CO-45	$3,810.05	$0.00
	08/27/2026 - 08/27/2026		0350		HC:74177 / / 1			$413.95	OA-23	$413.95	$0.00
	08/27/2026 - 08/27/2026		0255	N4:00407141363 / /	HC:Q9962 / / 1		$273.00 (B6)	$273.00			$273.00
	08/27/2026 - 08/27/2026				NU:0250 / / 1		$14.00 (B6)	$14.00			$14.00

Code Descriptions

AMT CODE(S):
B6 = Allowed - Actual

GROUP CODE(S):
CO = Contractual Obligations
OA = Other Adjustments

Tuscany ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC ✓

Date Requested: 9-25-26

FOR ACCT. USE ONLY

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

APPROVED ON OCT 12 2026

BY COUNTY AUDITOR CALHOUN COUNTY, SC

AMOUNT $18,258.51 ✓

G/L NUMBER: 20655000

CHK#001205

EXPLANATION: Humana recoup on MMC funds for Tuscany patients

EOB dated 9-22-26 EFT trace #200856051260923

REQUESTED BY: K. Pokluda

AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

Check Summary

Transaction Date: September 22, 2026

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 ASSETS.HUMANA.COM/IS/CONTENT/HUMANA /INFORMATION%20FOR%20NON%20PARTICIPATING%20PROVIDERSPDF	**Payee Tax ID:** [redacted] **Payee ID:** **Check/EFT Trace Number:** **Payment Amount:** $9,230.16 **Check/EFT Date:** 09/22/2026 **Production End Cycle Date:** 09/22/2026	**Payee Name:** MEMORIAL MEDICAL CENTER **Payee Address:** 815 N VIRGINIA ST PORT LAVACA, TX 779793025

Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
WO	[redacted]	-$1,883.83
WO		-$4,417.79
WO		-$1,697.12
WO		-$1,029.39
WO		-$1,801.75
WO		-$3,906.90
WO		-$790.38
WO		-$2,648.90
WO		-$82.45

Tuscany

#18,258.51

Patient Name: / **Claim Number:** **Claim Date:** 09/10/2026 - 09/10/2026 **Claim Status Code:** 1

Patient ID:		**Group / Policy:**		**Facility Type:**	85	**Claim Charge:**	$376.00
Patient Ctrl Nmbr:	---	**Contract Hdr:**	[redacted] ADVANTAGE	**Claim Frequency:**	1	**Claim Payment:**	$0.00
Rendering Prvd:	MEMORIAL MEDICAL CENTER,	**Rendering Prv ID:**	[redacted]	**Claim Received Date:**	09/16/2026	**Patient Resp:**	$105.28
Original Ref Nmbr:							

Line Details

Results: 1

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adj (Qty)	Adj Amount	Payment
[redacted]	09/10/2026 - 09/10/2026		0320		HC:73030 / RT / 1		$105.28 (B6)	$376.00	PR-3 CO-45	$105.28 $270.72	$0.00

✓Golden Creek

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC ✓

Date Requested: 9-30-26

APPROVED ON OCT 12 2026 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

Chk# 0002604

AMOUNT $102.66 ✓

G/L NUMBER: 20453000

EXPLANATION: UHC Comm Plan recoup on MMC funds for Golden Creek patient EOB dated 3-5-26 RA ref ID# 26064B1000744391

REQUESTED BY: K. Pokluda

AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

UnitedHealthcare Community Plan of Texas

UnitedHealthcare Community & State
P.O. Box 5290
Kingston NY 12402
PHONE: 1-888-887-9003

STD-PRA

PROVIDER REMITTANCE ADVICE

UnitedHealthcare Community Plan

Texas

PAYMENT DATE: 09/05/25
PAYEE TAX NUMBER: [redacted]
PAYEE NPI: [redacted]
PAYEE ID: [redacted]
PAYEE NAME: MEMORIAL MEDICAL CLINIC
PAYMENT NUMBER: [redacted]
PAYMENT AMOUNT: $0.00
RA REFERENCE ID: [redacted]

MEMORIAL MEDICAL CLINIC
1018 N VIRGINIA ST
PORT LAVACA TX 77979-3000

Golden Creek

SUMMARY OF OVERPAYMENTS/ PAYMENTS RECOVERED

									PRIOR BALANCE & NEW OVERPAYMENT		$2,292.24
OVERPAYMENT CREATION DATE	PATIENT LAST NAME	PATIENT FIRST NAME	MEMBER ID	PATIENT ACCT NUMBER	CLAIM NUMBER	DATE(S) OF SERVICE	ORIGINAL OVERPAYMENT AMOUNT	PREVIOUSLY DEDUCTED	CURRENT REDUCTIONS	CURRENT RECOVERED	REMAINING AMOUNT
08/17/25	[redacted]				[redacted]	02/01/2025	$2,497.56	$205.32	$0.00	$102.66	$2,189.58
THIS REPRESENTS PREVIOUS BENERTS THAT WERE PAID IN ERROR								TOTAL DEDUCTIONS		$102.66	
									TOTAL OVERPAYMENT CARRIED FORWARD		$2,189.58

THE AMOUNT PAYABLE FOR THIS STATEMENT HAS BEEN USED TO REDUCE AN OVERPAYMENT MADE ON THE CLAIM(S) NOTED ABOVE. PLEASE ADJUST YOUR PATIENT ACCOUNT BALANCE BASED ON THIS INFORMATION.

Golden Creek

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC

Date Requested: 9-30-26

APPROVED ON OCT 12 2026 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

CHK#000264

AMOUNT: #5133

G/L NUMBER: 20653000

EXPLANATION: UHC Comm Plan recoup on MMC funds for Golden Creek patient EOB dated 2-25-26 RA ref ID#26056B1001523345

REQUESTED BY: K. Pukluda

AUTHORIZED BY:

CAT # 10303 / FM 1600

UnitedHealthcare Community Plan of Texas

UnitedHealthcare Community & State
P.O. Box 5290
Kingston NY 12402
PHONE: 1-888-887-9003

STD-PRA

PROVIDER REMITTANCE ADVICE

UnitedHealthcare Community Plan

Texas

PAYMENT DATE: 02/25/26
PAYEE TAX NUMBER: [redacted]
PAYEE NPI:
PAYEE ID:
PAYEE NAME: MEMORIAL MEDICAL CLINIC
PAYMENT NUMBER: [redacted]
PAYMENT AMOUNT: $0.00
RA REFERENCE ID: [redacted]

MEMORIAL MEDICAL CLINIC
1016 N VIRGINIA ST
PORT LAVACA TX 77979-3000

Golden Creek

SUMMARY OF OVERPAYMENTS/ PAYMENTS RECOVERED

									PRIOR BALANCE & NEW OVERPAYMENT			$2,343.57
OVERPAYMENT CREATION DATE	PATIENT LAST NAME	PATIENT FIRST NAME	MEMBER ID	PATIENT ACCT NUMBER	CLAIM NUMBER	DATE(S) OF SERVICE	ORIGINAL OVERPAYMENT AMOUNT	PREVIOUSLY DEDUCTED	CURRENT REDUCTIONS	CURRENT RECOVERED	REMAINING AMOUNT
08/17/25	[redacted]					02/01/2025	$2,497.56	$153.99	$0.00	$51.33	$2,292.24
THIS REPRESENTS PREVIOUS BENEFITS THAT WERE PAID IN ERROR								TOTAL DEDUCTIONS		$51.33	
									TOTAL OVERPAYMENT CARRIED FORWARD			$2,292.24

THE AMOUNT PAYABLE FOR THIS STATEMENT HAS BEEN USED TO REDUCE AN OVERPAYMENT MADE ON THE CLAIM(S) NOTED ABOVE. PLEASE ADJUST YOUR PATIENT ACCOUNT BALANCE BASED ON THIS INFORMATION.

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

MEMORIAL MEDICAL CENTER
TUSCANY VILLAGE
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001206

Date 10-15-26 88-2265/1131

PAY TO THE ORDER OF mmc Operating $ 5,399.56

Five thousand three hundred ninty nine and 56/100 DOLLARS

PROSPERITY BANK®

FOR Recoup

Security features are included. Details on back.

[redacted]

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

MEMORIAL MEDICAL CENTER
TUSCANY VILLAGE
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001205

Date 10-14-26 88-2265/1131

PAY TO THE ORDER OF mmc Operating $ 18,258.51

Eighteen thousand, two hundred fifty eight and 51/100 DOLLARS

PROSPERITY BANK®

FOR Recoup

Security features are included. Details on back.

[redacted]

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

MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000264

Date 10-14-26 88-2265/1131

PAY TO THE ORDER OF mmc Operating $ 153.99/100

One hundred fifty three and 99/100 DOLLARS

PROSPERITY BANK®

FOR Recoup

Security features are included. Details on back.

[redacted]

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	000264	10/14/26	153.99	MMC OPERATING
TOTALS:			153.99	

Transaction Report

PROSPERITY BANK

Transaction Report for account *4454

Reported on Wed Oct 14 22:07:00 GMT 2026

Current Balance $82,677.31
Interest Accrued $70.46
Available Balance $82,677.31

Date	Description	Credit	Debit	Running Balance
10/14/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 5436845558769179GOLDEN CREEK HEALTHCARE CR CD DEP 101426 543684555876917	$2,090.00		$82,677.31
10/14/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	$5,115.00		$80,587.31
10/14/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	$8,831.90		$75,472.31
10/14/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EFT7976472*1205296137*000004011~ 676097	$956.88		$66,640.41
10/09/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	$1,357.00		$65,683.53
10/08/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	$6,547.19		$64,326.53
10/08/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 100826 543684555876917	$650.00		$57,779.34
10/08/2026	External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S11990315880759 64*1746000156~ 17460034113011	$8,949.28		$57,129.34
10/07/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		$203,989.91	$48,180.06

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
TUS	001206	10/15/26	5,399.56	MMC OPERATING
TOTALS:			5,399.56	

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
TUS	001205	10/14/26	18,258.51	MMC OPERATING
TOTALS:			18,258.51	

Transaction Report

PROSPERITY BANK®

Transaction Report for account *3407

Reported on Wed Oct 14 22:18:00 GMT 2026

Current Balance $238,739.68
Interest Accrued $156.70
Available Balance $238,739.68

Date		Description	Credit	Debit	Running Balance
10/14/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1269948078*1341858379\ 746003411	$31,976.74		$238,739.68
10/14/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1268921610*1341858379\ 746003411	$36,665.52		$206,762.94
10/13/2026	1204	Over Counter Check Over Counter Check		$46,943.42	$170,097.42
10/13/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7974839*1205296137*000004011~ 676201	$781.61		$217,040.84
10/08/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1268211486*13 41858379\ 746003411	$5,835.40		$216,259.23
10/08/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7972055*1205296137*000004011~ 676201	$5,097.70		$210,423.83
10/07/2026	9074763424	Descriptive Deposit Merchant Capture Deposit	$17,132.00		$205,326.13
10/07/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		$247,814.56	$188,194.13
10/07/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7970669*1205296137*000004011~ 676201	$9,319.28		$436,008.69
10/06/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1267814378*13 41858379\ 746003411	$10,346.55		$426,689.41