MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 21, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 1,272,484.31
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED October 21, 2026	$ 1,272,484.31
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	$ 191,078.62
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	$ 797,517.40
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED October 21, 2026	$ 988,596.02
GRAND TOTAL FOR APPROVAL ON October 21, 2026	$ 2,261,080.33

APPROVED

OCT 21 2026

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 21, 2026

PAYABLES AND PAYROLL			
10/16/2026	Weekly Payables	461,525.72	
10/19/2026	Morris & Dickson - MMC Rx	9,848.48	
10/15/2026	US Bank Credit Card-see attached (Erin)	5,144.48	
10/15/2026	US Bank Credit Card-see attached (Michelle)	137.28	
10/19/2026	McKesson - 340B Prescription Expense	206,938.71	
10/19/2026	Cencora - 340B Prescription Expense	131.42	
10/19/2026	Cencora-340B Prescription Expense	697.84	
10/19/2026	Payroll Liabilities - Payroll Taxes	134,446.59	
10/19/2026	Payroll	409,923.55	
Prosperity Electronic Bank Payments			
10/19/2026	90 Degree Benefits - employee insurance claims	37,191.02	
10/19/2026	Pay Plus - Patient Claims Processing Fee	539.96	
10/19/2026	Credit Card Bank Fee	205.70	
10/19/2026	Credit Card Lease Fee	45.64	
10/19/2026	Credit Card Processing Fee	4,639.26	
10/19/2026	Health Equity - HSA Contributions	1,068.66	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,272,484.31**
GRAND TOTAL DISBURSEMENTS APPROVED October 21, 2026			**$ 1,272,484.31**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
10/16/2026	MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error	8,513.56	
10/16/2026	MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error	139,109.87	
10/16/2026	MMC Operating to Golden Creek - QIPP Y8 ADJ 2 Reconciliation	2,300.54	
10/16/2026	MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error	41,154.65	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 191,078.62**
NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS			
10/19/2026	Nursing Home UPL - Nexion Transfer	222,712.24	
10/19/2026	Nursing Home UPL - Tuscany Transfer	429,866.12	
10/19/2026	Nursing Home UPL - Lavaca Bay Transfer	139,032.76	
QIPP CHECKS TO Nursing Home			
10/19/2026	Tuscany - QIPP Y8 Q3 owed toTuscany	4,727.90	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
10/19/2026	Tuscany to MMC - Wellcare MMC Patient Payments owed to MMC	1,083.38	
10/19/2026	Tuscany to MMC - Wellcare Capitation Funds owed to MMC	95.00	
TOTAL NURSING HOME UPL EXPENSES			**$ 797,517.40**
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED October 21, 2026			**$ 988,596.02**

RECEIVED
OCT 15 2026
Calhoun County Auditor

10/15/2026 MEMORIAL MEDICAL CENTER 0
15:22 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 10/29/2026

Vendor#	Vendor Name				Class	Pay Code				
A1680	AIRGAS USA, LLC - CENTRAL DIV				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	5527845282		10/02/202	09/30/202	10/25/202			123.87	0.00	0.00	123.87
		NITROUSE OXIDE/ OXYGEN									
	5527844978		10/02/202	09/30/202	10/25/202			1,492.29	0.00	0.00	1,492.29
		OXYGEN									
	9176082473		10/02/202	09/30/202	10/25/202			2,790.97	0.00	0.00	2,790.97
		OXYGEN . Nitrogen, Nitrous Oxide, & Carbon Dioxide									
	9175931433		10/14/202	09/23/202	10/18/202			132.20	0.00	0.00	132.20
		OXYGEN									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A1680	AIRGAS USA, LLC - CENTRAL DIV					4,539.33	0.00	0.00	4,539.33
Vendor#	Vendor Name				Class	Pay Code					
A1705	ALIMED LLC				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	RPSV004638327		10/13/202	09/30/202	10/15/202			171.73	0.00	0.00	171.73
		ELECTRODE THERAPY UNIT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A1705	ALIMED LLC					171.73	0.00	0.00	171.73
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
	1HR7NJHNKJK6		09/30/202	09/28/202	10/28/202			178.99	0.00	0.00	178.99
		POST OP KNEE BRACE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14028	AMAZON CAPITAL SERVICES					178.99	0.00	0.00	178.99
Vendor#	Vendor Name				Class	Pay Code					
A2271	ARTHREX, INC				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	928920770		10/13/202	09/30/202	10/13/202			330.00	0.00	0.00	330.00
		BONE CUTTER									
	928959310		10/13/202	10/05/202	10/05/202			1,510.00	0.00	0.00	1,510.00
		IMPLANT SYSTEM									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A2271	ARTHREX, INC					1,840.00	0.00	0.00	1,840.00
Vendor#	Vendor Name				Class	Pay Code					
A1551	ASPEN SURGICAL PRODUCTS INC				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	CD3763811		10/02/202	07/13/202	10/02/202			463.65	0.00	0.00	463.65
		FLARED SCOPE POUCH									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A1551	ASPEN SURGICAL PRODUCTS INC					463.65	0.00	0.00	463.65
Vendor#	Vendor Name				Class	Pay Code					
12800	AUTHORITYRX, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	7000178299		10/14/202	10/02/202	10/03/202			11,231.18	0.00	0.00	11,231.18
		ADVANCED CLAIM CAPTURE- OC									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12800	AUTHORITYRX, LLC					11,231.18	0.00	0.00	11,231.18
Vendor#	Vendor Name				Class	Pay Code					
11247	AVENO NETWORKS										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17281		10/14/202	10/01/202	10/11/202			850.00	0.00	0.00	850.00
	DATACENTER HOSTIN AND MAINTENANCE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11247	AVENO NETWORKS					850.00	0.00	0.00	850.00

Vendor#	Vendor Name	Class	Pay Code
16000	BANESTER SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
22561		10/15/202	05/11/202	10/15/202			103,470.00	0.00	0.00	103,470.00
	VENTHOOD INSTALL AND DUCTWORK									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	16000	BANESTER SERVICES					103,470.00	0.00	0.00	103,470.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4632564		10/13/202	10/03/202	10/28/202			1,484.00	0.00	0.00	1,484.00
	ACCESS IMMUNOASSAY ANALYZER									
112878255		10/15/202	09/14/202	10/09/202			5,016.58	0.00	0.00	5,016.58
	HEMATOLOGY BILL/ CONT# 6478905 - hardware & service									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					6,500.58	0.00	0.00	6,500.58

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
909604767		10/13/202	09/30/202	10/13/202			1,515.42	0.00	0.00	1,515.42
	URINE TOXICOLOGY CONTROL x4									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC					1,515.42	0.00	0.00	1,515.42

Vendor#	Vendor Name	Class	Pay Code
14120	CALHOUN COUNTY EMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202609		09/01/202	10/01/202	10/26/202			7,480.00	0.00	0.00	7,480.00
	EMS LONG DISTANCE TRANSFERS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14120	CALHOUN COUNTY EMS					7,480.00	0.00	0.00	7,480.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8004339385		09/30/202	09/30/202	10/25/202			66.07	0.00	0.00	66.07
	NUC MED SUPPLIES									
8004324603		09/30/202	09/30/202	10/25/202			447.25	0.00	0.00	447.25
	NUCMED SUPPLIES									
8004333100		10/14/202	09/30/202	10/25/202			212.00	0.00	0.00	212.00
	NUCTRAC LICENSE FEE									
8004340753		10/14/202	10/01/202	10/26/202			447.25	0.00	0.00	447.25
	NUC MED SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.					1,172.57	0.00	0.00	1,172.57

Vendor#	Vendor Name	Class	Pay Code
10541	CARESFIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2000344872		09/30/202	09/24/202	10/24/202			233.34	0.00	0.00	233.34
	SAFETY SLIDE LOCK BUTTERFLY BLOOD COLLECT SET x3									
2000343353		09/30/202	09/24/202	10/24/202			155.56	0.00	0.00	155.56
	SAFETY SLIDE LOCK BUTTERFLY BLOOD COLLECT SET x2									
200034399		10/02/202	09/24/202	10/24/202			77.78	0.00	0.00	77.78

		SLIDE LOCK BLOOD COLLECT SET x1							
	200034253		10/14/202	08/28/202	09/27/202	77.78	0.00	0.00	77.78
		SLIDE LOCK BLD COLLECTION SI							
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
		10541	CARESFIELD			544.46	0.00	0.00	544.46
Vendor#	Vendor Name				Class	Pay Code			
11030	CHUBB								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	CK920261001A		10/14/202	10/01/202	10/01/202		391.40	0.00	0.00	391.40
		EMPLOYEE BENEFIT TERMS								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
		11030	CHUBB			391.40	0.00	0.00	391.40
Vendor#	Vendor Name				Class	Pay Code			
15188	CLARITY ENROLLMENT SOLUTIONS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	3251		10/05/202	10/01/202	10/25/202		321.00	0.00	0.00	321.00
		EMPLOYEE NAVIGATOR FEES								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
		15188	CLARITY ENROLLMENT SOLUTIONS			321.00	0.00	0.00	321.00
Vendor#	Vendor Name				Class	Pay Code			
13336	COCA COLA SOUTHWEST BEVERAGES								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	54471808021		10/02/202	09/29/202	10/29/202		830.34	0.00	0.00	830.34
		DIETARY SUPPLIES (BEVERAGES)								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
		13336	COCA COLA SOUTHWEST BEVERAGES			830.34	0.00	0.00	830.34
Vendor#	Vendor Name				Class	Pay Code			
15116	COMPUGROUP MEDICAL - EMDS INC.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9090188606		10/14/202	10/08/202	10/08/202		12,586.50	0.00	0.00	12,586.50
		EMD HOSTING SERVICE - month 3								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
		15116	COMPUGROUP MEDICAL - EMDS INC.			12,586.50	0.00	0.00	12,586.50
Vendor#	Vendor Name				Class	Pay Code			
11368	CYRACOM LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	000849800926		10/06/202	09/26/202	10/25/202		144.57	0.00	0.00	144.57
		INTERPRETATION SERVICES								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
		11368	CYRACOM LLC			144.57	0.00	0.00	144.57
Vendor#	Vendor Name				Class	Pay Code			
10368	DEWITT POTH & SON								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	8523870		10/14/202	10/02/202	10/27/202		167.80	0.00	0.00	167.80
		LETTER PAPER x4								
	8523010		10/14/202	10/02/202	10/27/202		357.90	0.00	0.00	357.90
		PRINTER RIBBON/ADHESIVE NOTES								
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON			525.70	0.00	0.00	525.70
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
	84739A		10/14/202	10/12/202	10/12/202		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			85.00	0.00	0.00	85.00

Vendor#	Vendor Name				Class	Pay Code				
11091	ECOLAB									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6361758076		10/14/202	10/01/202	10/29/202			258.48	0.00	0.00	258.48
		DISHWASER LEASE/RENTAL									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11091	ECOLAB					258.48	0.00	0.00	258.48
Vendor#	Vendor Name				Class	Pay Code				
11944	EQUIFAX WORKFORCE SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2077607798		09/30/202	09/30/202	10/25/202			10.99	0.00	0.00	10.99
		CREDIT REPORTING FEES FOR SEPTEMBER									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11944	EQUIFAX WORKFORCE SOLUTIONS					10.99	0.00	0.00	10.99
Vendor#	Vendor Name				Class	Pay Code				
10042	ERBE USA INC SURGICAL SYSTEMS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	37328619RI		10/13/202	10/05/202	10/13/202			169.50	0.00	0.00	169.50
		ENDOSCOPIC TREATMENT (ERBEFLO)									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10042	ERBE USA INC SURGICAL SYSTEMS					169.50	0.00	0.00	169.50
Vendor#	Vendor Name				Class	Pay Code				
17848	FEDLOGIC LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1496996479		10/02/202	10/01/202	10/25/202			1,691.25	0.00	0.00	1,691.25
		EMPLOYEE BENEFITS CONSULTING (APR2026-MAR2027)									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17848	FEDLOGIC LLC					1,691.25	0.00	0.00	1,691.25
Vendor#	Vendor Name				Class	Pay Code				
10003	FILTER TECHNOLOGY CO, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	129094		09/02/202	08/19/202	09/02/202			8,505.09	0.00	0.00	8,505.09
		AIR FILTERS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10003	FILTER TECHNOLOGY CO, INC					8,505.09	0.00	0.00	8,505.09
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
	1734426		10/13/202	09/29/202	10/24/202			126.07	0.00	0.00	126.07
		BLD BANK SALINE/ TRANSPORT TUBE									
	1734425		10/13/202	09/29/202	10/25/202			-3,830.45	0.00	0.00	-3,830.45
		LIPID PROFILE CREDIT									
	1767249		10/13/202	09/30/202	10/25/202			292.29	0.00	0.00	292.29
		SUREVUE KIT/ CONTROL DROPPER TIPS									
	1798475		10/13/202	10/01/202	10/26/202			365.99	0.00	0.00	365.99
		VITROS CONTROL KIT									
	1798472		10/13/202	10/01/202	10/26/202			222.47	0.00	0.00	222.47
		FIN TIP STERILE PIPETTE TIPS									
	1798473		10/13/202	10/01/202	10/26/202			1,046.35	0.00	0.00	1,046.35
		BACT VAGINOSIS KIT/HCG KIT									
	1798474		10/13/202	10/01/202	10/26/202			1,133.74	0.00	0.00	1,133.74
		DS SALICYLATE SLIDES / VITROS REAGENTS & CALIBRATOR									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE					-643.54	0.00	0.00	-643.54
Vendor#	Vendor Name				Class	Pay Code				
12404	GE PRECISION HEALTHCARE, LLC									

*removed invoice

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6003316676		10/14/202	10/01/202	10/29/202			13,695.01	0.00	0.00	13,695.01
	RAD CONTRACT 100126-103126									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC					13,695.01	0.00	0.00	13,695.01

Vendor#	Vendor Name	Class	Pay Code
10642	GLAXOSMITHKLINE LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8254998846		10/14/202	10/12/202	10/12/202			6,192.02	0.00	0.00	6,192.02
	INFLUENZA VACCINE - 32 units									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE LLC					6,192.02	0.00	0.00	6,192.02

Vendor#	Vendor Name	Class	Pay Code
13148	GRACE FLOORING AND GLASS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3572		10/14/202	10/14/202	10/14/202			2,040.00	0.00	0.00	2,040.00
	OB FLOOR INSTALL/ DOWN PAYMENT (1/2 DOWN)									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13148	GRACE FLOORING AND GLASS					2,040.00	0.00	0.00	2,040.00

Vendor#	Vendor Name	Class	Pay Code
H0032	H + H SYSTEM, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051451		10/13/202	09/28/202	10/13/202			46.50	0.00	0.00	46.50
	SECURTY BAG 2pk									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	H0032	H + H SYSTEM, INC.					46.50	0.00	0.00	46.50

Vendor#	Vendor Name	Class	Pay Code
H0031	HEB CREDIT RECEIVABLES DEPT308		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092826		10/02/202	09/28/202	10/25/202			16.17	0.00	0.00	16.17
	DIETARY SUPPLIES (FRUIT)									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308					16.17	0.00	0.00	16.17

Vendor#	Vendor Name	Class	Pay Code
15208	HOSPITAL CARE CONSULTANTS INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7291		10/14/202	10/01/202	10/11/202			23,663.00	0.00	0.00	23,663.00
	HOSPITAL PHYS SERC 1-15TH OCTOBER									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15208	HOSPITAL CARE CONSULTANTS INC.					23,663.00	0.00	0.00	23,663.00

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7102		09/30/202	09/30/202	10/20/202			14,929.74	0.00	0.00	14,929.74
	PHARMACIST SALARY SEPT INV									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES					14,929.74	0.00	0.00	14,929.74

Vendor#	Vendor Name	Class	Pay Code
18388	IMPERIAL DADE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43350426		10/13/202	09/30/202	10/13/202			487.99	0.00	0.00	487.99
	MOP BUCKET/ FLOOR FINISH/DISINFECTANT/ MOP HANDLE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	18388	IMPERIAL DADE					487.99	0.00	0.00	487.99

Vendor#	Vendor Name	Class	Pay Code
K0530	KCI USA	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
34471388		10/13/202	09/25/202	10/13/202			1,479.13	0.00	0.00	1,479.13
	INFOVAC CANISTER x2									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	K0530	KCI USA					1,479.13	0.00	0.00	1,479.13

Vendor#	Vendor Name	Class	Pay Code
14368	LEE SIMERLY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101226		10/14/202	10/12/202	10/12/202			38.50	0.00	0.00	38.50
	DELIVER LAB SPECIMEN TO DETAR 10/19									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14368	LEE SIMERLY					38.50	0.00	0.00	38.50

Vendor#	Vendor Name	Class	Pay Code
11600	LEGAL SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091626		09/30/202	09/16/202	09/16/202			409.85	0.00	0.00	409.85
	EMPLY PAYROLL DEDUCT SERVICE FOR SEPTEMBER									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD					409.85	0.00	0.00	409.85

Vendor#	Vendor Name	Class	Pay Code
L1640	LOWE'S BUSINESS ACCT/SYNCB	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100226		10/14/202	10/02/202	10/02/202			263.54	0.00	0.00	263.54
	STAINLESS STEELE UTILITY SINK									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	L1640	LOWE'S BUSINESS ACCT/SYNCB					263.54	0.00	0.00	263.54

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
2445235130		09/22/202	09/16/202	10/11/202			1,536.90	0.00	0.00	1,536.90
	COLLECTION TUBE/ SYRINGES/GAUZE/ELASTICNET/BANDAGES/DRESSING WRAP									
2445235122		09/22/202	09/16/202	10/11/202			98.21	0.00	0.00	98.21
	VAGINAL SPECULUM W/ LED NIG									
2446275154		09/22/202	09/23/202	10/18/202			105.06	0.00	0.00	105.06
	IV CATHETER									
2446914011		09/22/202	09/26/202	10/21/202			6,343.59	0.00	0.00	6,343.59
	STREP TEST/CULTURE SWAB/EXAM TABLE PAPER									
2447182592		09/22/202	09/29/202	10/24/202			29.64	0.00	0.00	29.64
	SPONGE/GAUZE									
2447182590		09/22/202	09/29/202	10/24/202			463.43	0.00	0.00	463.43
	RADIAL ARTERIAL KIT INTEGRATED									
2447182593		09/22/202	09/29/202	10/24/202			295.10	0.00	0.00	295.10
	RAPICIDE DISINFECTANT									
2447505857		10/13/202	09/30/202	10/25/202			19.92	0.00	0.00	19.92
	BANDAGES x12									
2447505860		10/13/202	09/30/202	10/25/202			15.81	0.00	0.00	15.81
	BLOOD PRESSURE CUFF									
2447505859		10/13/202	09/30/202	10/25/202			4.05	0.00	0.00	4.05
	CLAVICLE SPLINT									
2447505871		10/13/202	09/30/202	10/25/202			29,716.54	0.00	0.00	29,716.54
	SYRINGES/ NEEDLES/GAUZE/BP CUFF/GLOVES/HUBGUARD/STREP TEST/FLU TEST/WOUND SOLUTION									
2447505858		10/13/202	09/30/202	10/25/202			81.48	0.00	0.00	81.48
	PREGNANCY TEST x10									
2447505875		10/13/202	09/30/202	10/25/202			111.01	0.00	0.00	111.01
	AIRVIEW TEST PACK									
2447505865		10/13/202	09/30/202	10/25/202			3,519.81	0.00	0.00	3,519.81

		ARM SLING/ COTTON BALL/ DEODORANT/LAXATIVE SALINE/WALKER/ NEEDLES/GOWNS							
	2447926216		10/13/202	10/02/202	10/27/202	-50.55	0.00	0.00	-50.55
		MEDICAL HUB GUARD FOAM							
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC			42,290.00	0.00	0.00	42,290.00
Vendor#	Vendor Name				Class	Pay Code			
M2621	MMC AUXILIARY GIFT SHOP				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	101426		10/14/202	10/14/202	10/14/202		552.20	0.00	0.00	552.20
		MMC EMPLYEE GIFT SHOP DEDUCTS								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				552.20	0.00	0.00	552.20
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
	9149		10/14/202	10/13/202	10/23/202		63.28	0.00	0.00	63.28
		TRANSCRIPTION SERVICES 9/27, 9/29, 9/30, 10/1, 10/6								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		13548	NACOGDOCHES TRANSCRIPTION				63.28	0.00	0.00	63.28
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
	06533567		10/14/202	09/28/202	10/28/202		153.32	0.00	0.00	153.32
		RECHARGEABLE BATTERIES X4								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10152	PARTSSOURCE, LLC				153.32	0.00	0.00	153.32
Vendor#	Vendor Name				Class	Pay Code				
11480	PORT LAVACA PLUMBING									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	526728		10/14/202	10/09/202	10/09/202		1,500.00	0.00	0.00	1,500.00
		GREASE TRAP DRAIN MAINTENANCE								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11480	PORT LAVACA PLUMBING				1,500.00	0.00	0.00	1,500.00
Vendor#	Vendor Name				Class	Pay Code				
10372	PRECISION DYNAMICS CORP (PDC)									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9362912804		09/22/202	09/24/202	10/24/202		306.54	0.00	0.00	306.54
		DIRECT THERMAL PAPER LABELS								
	9362946856		10/14/202	09/29/202	10/29/202		26.67	0.00	0.00	26.67
		MEDICAL LABELS								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)				333.21	0.00	0.00	333.21
Vendor#	Vendor Name				Class	Pay Code				
11932	PRESS GANEY ASSOCIATES, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	IN000778899		09/01/202	09/30/202	10/25/202		3,070.56	0.00	0.00	3,070.56
		ANALYTICS/CONSULTING SERVICES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11932	PRESS GANEY ASSOCIATES, INC.				3,070.56	0.00	0.00	3,070.56
Vendor#	Vendor Name				Class	Pay Code				
11251	RAPID PRINTING LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9962023		10/14/202	10/01/202	10/16/202		346.40	0.00	0.00	346.40
		4X6 POSTCARD						*removed		
	9968070		10/14/202	10/02/202	10/17/202		123.00	0.00	0.00	123.00
		FOAM BOARD						*removed		

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	469.40	0.00	0.00	469.40

Vendor#	Vendor Name	Class	Pay Code
14920	REPUBLIC SERVICES, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0847001473573		10/14/202	09/26/202	09/26/202			3,013.11	0.00	0.00	3,013.11
	WASTE CONTAINERS 1016 N VIRGINIA ST/701 N VIRGIMA ST/815 N VIRGINIA ST									
0847001475672		10/14/202	09/30/202	09/30/202			919.41	0.00	0.00	919.41
	WASTE CONTAINERS 815 N VIRGINIA ST									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14920	REPUBLIC SERVICES, INC.	3,932.52	0.00	0.00	3,932.52

Vendor#	Vendor Name	Class	Pay Code
10979	SHAWNA HARTL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100226		10/02/202	10/02/202	10/25/202			126.49	0.00	0.00	126.49
	TRAVEL REIMBURSMENT / DELIVER REAGANTS FOR LAB 9/30									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10979	SHAWNA HARTL	126.49	0.00	0.00	126.49

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
985793129		10/13/202	10/02/202	10/13/202			6,650.00	0.00	0.00	6,650.00
	ORTHOPERDIC IMPLANT FEMORAL SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.	6,650.00	0.00	0.00	6,650.00

Vendor#	Vendor Name	Class	Pay Code
11296	SOUTH TEXAS BLOOD & TISSUE CEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM18764		09/01/202	09/30/202	10/25/202			-2,786.36	0.00	0.00	-2,786.36
	BLOOD BANK CREDIT SEPT									
I07063963		09/01/202	09/30/202	10/25/202			7,607.58	0.00	0.00	7,607.58
	BLOOD BANK SEPT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	4,821.22	0.00	0.00	4,821.22

Vendor#	Vendor Name	Class	Pay Code
C1010	SPARKLIGHT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100426		10/14/202	10/04/202	10/05/202			3,596.00	0.00	0.00	3,596.00
	INTERNET - 815 N. Virginia St.									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT	3,596.00	0.00	0.00	3,596.00

Vendor#	Vendor Name	Class	Pay Code
10845	STAPLES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6075668189		10/13/202	09/30/202	10/13/202			62.12	0.00	0.00	62.12
	BATTERIES - AA & AAA									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10845	STAPLES	62.12	0.00	0.00	62.12

Vendor#	Vendor Name	Class	Pay Code
S3940	STERIS CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17794009		10/13/202	09/28/202	10/23/202			27.29	0.00	0.00	27.29
	PAPER ROLL ASSY (X3)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION	27.29	0.00	0.00	27.29

Vendor#	Vendor Name	Class	Pay Code

10735 STRYKER SALES, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9213748807		10/13/202	09/24/202	10/24/202			249.19	0.00	0.00	249.19
	IRRIGATION/ASPIRATION SYSTEM									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SALES, LLC	249.19	0.00	0.00	249.19

Vendor#	Vendor Name	Class	Pay Code
18480	TERMINAL B		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
275387A		10/14/202	10/03/202	10/03/202			5,458.80	0.00	0.00	5,458.80
	MICROSOFT 365 ANNUAL BILLING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18480	TERMINAL B	5,458.80	0.00	0.00	5,458.80

Vendor#	Vendor Name	Class	Pay Code
15856	TEXAS A&M HEALTH SCIENCE CENTE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
H188392		10/14/202	10/01/202	10/01/202			2,625.00	0.00	0.00	2,625.00
	PHYS PEER REVIEW OCT-DEC 26									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15856	TEXAS A&M HEALTH SCIENCE CENTE	2,625.00	0.00	0.00	2,625.00

Vendor#	Vendor Name	Class	Pay Code
14064	TREVIPAY- WALMART		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
06E04851		10/14/202	10/07/202	10/07/202			93.18	0.00	0.00	93.18
	REMOTE/ SNACK BAGS/MICROWAVE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14064	TREVIPAY- WALMART	93.18	0.00	0.00	93.18

Vendor#	Vendor Name	Class	Pay Code
T3130	TRI-ANIM HEALTH SERVICES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
601442191		10/14/202	09/29/202	10/24/202			226.23	0.00	0.00	226.23
	AIR REGULATOR MEDIC GAS DEVICE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC	226.23	0.00	0.00	226.23

Vendor#	Vendor Name	Class	Pay Code
13616	TRIOSE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TRI310170		10/14/202	09/24/202	10/09/202			156.92	0.00	0.00	156.92
	FREIGHT									
TRI310756		10/14/202	09/30/202	10/15/202			251.24	0.00	0.00	251.24
	FREIGHT									
TRI311396		10/14/202	10/06/202	10/21/202			194.45	0.00	0.00	194.45
	FREIGHT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC	602.61	0.00	0.00	602.61

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
T2610081378		10/14/202	10/08/202	10/08/202			133,319.31	0.00	0.00	133,319.31
	CONSULTING SERVICES-OCT INV									
A2610081378		10/14/202	10/08/202	10/08/202			341.00	0.00	0.00	341.00
	BLOOD BANK SUPPORT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE	133,660.31	0.00	0.00	133,660.31

Vendor#	Vendor Name	Class	Pay Code
18444	TURTLE & HUGHES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
741558900		10/02/202	10/01/202	10/25/202			41.60	0.00	0.00	41.60
	40 AMP 600VOLT CURRENT FUSE x2									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	18444	TURTLE & HUGHES INC					41.60	0.00	0.00	41.60

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
2921098803		10/02/202	10/01/202	10/26/202			65.45	0.00	0.00	65.45
	UNIFORMS									
2921098805		10/02/202	10/01/202	10/26/202			819.13	0.00	0.00	819.13
	SUPPLIES/LINENS									
2921098804		10/02/202	10/01/202	10/26/202			360.44	0.00	0.00	360.44
	UNIFORMS									
2921098480		10/05/202	09/28/202	10/23/202			115.39	0.00	0.00	115.39
	UNIFORMS									
2921098479		10/05/202	09/28/202	10/23/202			6,009.25	0.00	0.00	6,009.25
	SUPPLIES/LINENS									
2921098818		10/05/202	10/01/202	10/26/202			549.17	0.00	0.00	549.17
	SUPPLIES/LINENS									
2921098802		10/05/202	10/01/202	10/26/202			7,440.49	0.00	0.00	7,440.49
	SUPPLIES/LINENS									
2921098809		10/06/202	10/01/202	10/26/202			264.49	0.00	0.00	264.49
	SUPPLIES/LINENS									
2921098226		10/14/202	09/24/202	10/19/202			85.61	0.00	0.00	85.61
	DIETARY UNIFORMS									
2921098222		10/14/202	09/24/202	10/19/202			189.84	0.00	0.00	189.84
	DIETARY LINENS/SUPPLIES									
2921098806		10/14/202	10/01/202	10/26/202			186.83	0.00	0.00	186.83
	SUPPLIES/LINENS									
2921098807		10/14/202	10/01/202	10/26/202			85.61	0.00	0.00	85.61
	DIETARY UNIFORMS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					16,171.70	0.00	0.00	16,171.70

Vendor#	Vendor Name	Class	Pay Code
18448	VECTOR HEALTH AI, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1188		10/14/202	09/30/202	10/29/202			819.14	0.00	0.00	819.14
	COPAY ASSISTANCE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	18448	VECTOR HEALTH AI, INC					819.14	0.00	0.00	819.14

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
9112342868		10/14/202	10/02/202	10/27/202			303.90	0.00	0.00	303.90
	HEMOSIL CLEANING AGENT x16									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC					303.90	0.00	0.00	303.90

Vendor#	Vendor Name	Class	Pay Code
17880	YOUR PHONE GUYS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
23026		10/06/202	10/01/202	10/25/202			1,000.00	0.00	0.00	1,000.00
	ALLWORX MONTHLY SERVICE AGREEMENT - October									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	17880	YOUR PHONE GUYS LLC					1,000.00	0.00	0.00	1,000.00

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
9006733064		10/13/202	10/01/202	10/13/202			726.76	0.00	0.00	726.76
	ORTHOPEDIC SUTURES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	Z1005	ZIMMER US, INC.	726.76	0.00	0.00	726.76

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	457,721.67	0.00	0.00	~~457,721.67~~ 461,525.72

457,721.67
346.40 → removed invoice
125.00 →
125.00 → added invoice
320.00 →
3,830.45 → removed invoice
461,525.72

APPROVED ON
OCT 20 2026
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 214433 - 214499

RECEIVED
OCT 16 2026
Calhoun County Auditor

10/16/2026
15:18

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/29/2026

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11251	RAPID PRINTING LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9968070		10/14/202	10/02/202	10/17/202			123.00	0.00	0.00	123.00
	FOAM BOARD X4									
9962023A		10/16/202	10/01/202	10/16/202			320.00	0.00	0.00	320.00
	4X6 DOUBLE SIDED POSTCARD - 1000									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC					443.00	0.00	0.00	443.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	443.00	0.00	0.00	443.00

APPROVED ON
OCT 16 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	214432	10/20/26	292,133.16	DISCOVERY MEDICAL NETWORK INC REISSUED CHECK
A/P	214433	10/21/26	4,539.33	AIRGAS USA, LLC - CENTRAL DIV
A/P	214434	10/21/26	171.73	ALIMED LLC
A/P	214435	10/21/26	178.99	AMAZON CAPITAL SERVICES
A/P	214436	10/21/26	1,840.00	ARTHREX, INC
A/P	214437	10/21/26	463.65	ASPEN SURGICAL PRODUCTS INC
A/P	214438	10/21/26	11,231.18	AUTHORITYRX, LLC
A/P	214439	10/21/26	850.00	AVENO NETWORKS
A/P	214440	10/21/26	103,470.00	BANESTER SERVICES
A/P	214441	10/21/26	6,500.58	BECKMAN COULTER INC
A/P	214442	10/21/26	1,515.42	BIO-RAD LABORATORIES, INC
A/P	214443	10/21/26	7,480.00	CALHOUN COUNTY EMS
A/P	214444	10/21/26	1,172.57	CARDINAL HEALTH 414, INC.
A/P	214445	10/21/26	544.46	CARESFIELD
A/P	214446	10/21/26	391.40	CHUBB
A/P	214447	10/21/26	321.00	CLARITY ENROLLMENT SOLUTIONS
A/P	214448	10/21/26	830.34	COCA COLA SOUTHWEST BEVERAGES
A/P	214449	10/21/26	12,586.50	COMPUGROUP MEDICAL - EMDS INC.
A/P	214450	10/21/26	144.57	CYRACOM LLC
A/P	214451	10/21/26	525.70	DEWITT POTH & SON
A/P	214452	10/21/26	85.00	DOWELL PEST CONTROL
A/P	214453	10/21/26	258.48	ECOLAB
A/P	214454	10/21/26	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	214455	10/21/26	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	214456	10/21/26	1,691.25	FEDLOGIC LLC
A/P	214457	10/21/26	8,505.09	FILTER TECHNOLOGY CO, INC
A/P	214458	10/21/26	3,186.91	FISHER HEALTHCARE
A/P	214459	10/21/26	13,695.01	GE PRECISION HEALTHCARE, LLC
A/P	214460	10/21/26	6,192.02	GLAXOSMITHKLINE LLC
A/P	214461	10/21/26	2,040.00	GRACE FLOORING AND GLASS
A/P	214462	10/21/26	46.50	H + H SYSTEM, INC.
A/P	214463	10/21/26	16.17	HEB CREDIT RECEIVABLES DEPT308
A/P	214464	10/21/26	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	214465	10/21/26	14,929.74	HUNTER PHARMACY SERVICES
A/P	214466	10/21/26	487.99	IMPERIAL DADE
A/P	214467	10/21/26	1,479.13	KCI USA
A/P	214468	10/21/26	38.50	LEE SIMERLY
A/P	214469	10/21/26	409.85	LEGAL SHIELD
A/P	214470	10/21/26	263.54	LOWE'S BUSINESS ACCT/SYNCB
A/P	214471	10/21/26	.00	VOIDED
A/P	214472	10/21/26	42,290.00	MEDLINE INDUSTRIES INC
A/P	214473	10/21/26	552.20	MMC AUXILIARY GIFT SHOP
A/P	214474	10/21/26	63.28	NACOGDOCHES TRANSCRIPTION
A/P	214475	10/21/26	153.32	PARTSSOURCE, LLC
A/P	214476	10/21/26	1,500.00	PORT LAVACA PLUMBING
A/P	214477	10/21/26	333.21	PRECISION DYNAMICS CORP (PDC)
A/P	214478	10/21/26	3,070.56	PRESS GANEY ASSOCIATES, INC.
A/P	214479	10/21/26	443.00	RAPID PRINTING LLC
A/P	214480	10/21/26	3,932.52	REPUBLIC SERVICES, INC.
A/P	214481	10/21/26	126.49	SHAWNA HARTL

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	214482	10/21/26	6,650.00	SMITH & NEPHEW, INC.
A/P	214483	10/21/26	4,821.22	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	214484	10/21/26	3,596.00	SPARKLIGHT
A/P	214485	10/21/26	62.12	STAPLES
A/P	214486	10/21/26	27.29	STERIS CORPORATION
A/P	214487	10/21/26	249.19	STRYKER SALES, LLC
A/P	214488	10/21/26	5,458.80	TERMINAL B
A/P	214489	10/21/26	2,625.00	TEXAS A&M HEALTH SCIENCE CENTE
A/P	214490	10/21/26	93.18	TREVIPAY- WALMART
A/P	214491	10/21/26	226.23	TRI-ANIM HEALTH SERVICES INC
A/P	214492	10/21/26	602.61	TRIOSE, INC
A/P	214493	10/21/26	133,660.31	TRUBRIDGE
A/P	214494	10/21/26	41.60	TURTLE & HUGHES INC
A/P	214495	10/21/26	16,171.70	UNIFIRST HOLDINGS INC
A/P	214496	10/21/26	819.14	VECTOR HEALTH AI, INC
A/P	214497	10/21/26	303.90	WERFEN USA LLC
A/P	214498	10/21/26	1,000.00	YOUR PHONE GUYS LLC
A/P	214499	10/21/26	726.76	ZIMMER US, INC.
A/P	214500	10/21/26	141,410.41	GOLDENCREEK HEALTHCARE
A/P	214501	10/21/26	8,513.56	LAVACA BAY NURSING AND REHAB
A/P	214502	10/21/26	41,154.65	TUSCANY VILLAGE
A/P	214503	10/21/26	119.59	ORI O EBNER - REISSUED CHECK
TOTALS:			944,857.09	

- 292,133.16 (DISCOVERY CHECKS)

- 119.59 (ORI O EBNER CHECK)

652,604.34

461,525.12 — payables
8,513.56 — lavaca bay
141,410.41 — golden creek
41,154.65 — tuscany
652,604.34 *

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
10/8/2026	10/25/2026	5433875	158.61
10/8/2026	10/25/2026	5433873	60.41
10/8/2026	10/25/2026	5430196	95.11
10/8/2026	10/25/2026	5433874	16.41
10/8/2026	10/25/2026	5434276	41.67
10/11/2026	10/25/2026	5438861	1,321.68
10/12/2026	10/25/2026	5445993	2,548.97
10/12/2026	10/25/2026	5445992	956.88
10/12/2026	10/25/2026	0238183	2,760.09
10/12/2026	10/25/2026	5445991	14.04
10/13/2026	10/25/2026	5452871	403.03
10/13/2026	10/25/2026	5452870	352.31
10/13/2026	10/25/2026	5452640	7.10
10/13/2026	10/25/2026	5452639	12.08
10/13/2026	10/25/2026	5451381	35.25
10/13/2026	10/25/2026	5451382	390.37
10/13/2026	10/25/2026	5456431	95.11
10/13/2026	10/25/2026	5459289	165.85
10/13/2026	10/25/2026	5459288	413.51
			9,848.48

Caitlin Clevenger - Controller

APPROVED ON
OCT 19 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Account Number [redacted]
Unique ID: [redacted]
ERIN CLEVENGER
Statement Date : 10-06-2026

Account Summary

Previous Balance	$0.00
Purchases and Other Charges	$5,144.48
Cash Advances	$0.00
Cash Advance Fees	$0.00
Late Payment Charges	$0.00
Credits	$0.00 CR
Payments	$0.00 PY
Total Activity	**$5,144.48**
Disputed Amount	$0.00

General Information

Total Activity $5,144.48

QUESTIONS OR TO REPORT A LOST OR STOLEN CARD, CALL CUSTOMER SERVICE1-800-344-5696

New Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
09-09	09-08	05134376252600108553482	NPDB NPDB.HRSA.GOV ROCKVILLE MD	2.50
09-11	09-10	05134376254600073365340	CLIA LABORATORY PROGRA BALTIMORE MD	4,222.00
09-24	09-23	5543687626717267577961 1	OMNI FORT WORTH HOTEL FORT WORTH TX 70684200 ARRIVAL:09-20-26	627.48
10-02	10-02	5543286627520826040706 2	AMA*CREDENTIALING CHICAGO IL	176.00
10-05	10-02	05134376276600126112933	NPDB NPDB.HRSA.GOV ROCKVILLE MD	70.00
10-05	10-02	05134376276600126113014	NPDB NPDB.HRSA.GOV ROCKVILLE MD	2.50
10-05	10-03	5543286627620867263302 3	AMA*CREDENTIALING CHICAGO IL	44.00

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

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

Account Number: [redacted]
Unique ID:
Amount Due: $0.00

MEMO STATEMENT ONLY
DO NOT REMIT PAYMENT

106481079526100 S

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

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: US Bank

Date: 10/12/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required | Expense # | Department | Deliver To | Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 1 physician Enroll			2.50
2	—		CLIA Laboratory Program			4222.00
3		2.50 +	Renewal Fees			
4	—	4,222.00 + 627.48 +	OMNI Fort Worth Hotel 9/20-9/23			627.48
5		176.00 + 70.00 +	Erin Clevenger - THA Conference			
6	—	2.50 + 44.00 +	AMA Credentialing - 4 new			176.00
7		5,144.48	physicians - Initial + Cont Mon.			
8	—		NPDB - 28 Renewals			70.00
9	—		NPDB - 1 Enrollment			2.50
10	—		AMA Credentialing - 1 physician cont monitoring + Initial			44.00

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

charges made to Erin's MC

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____

Account Number : [redacted]
Unique ID: [redacted]
MICHELLE CUMBERLAND
Statement Date : 10-06-2026

Account Summary

Previous Balance	$0.00
Purchases and Other Charges	$137.28
Cash Advances	$0.00
Cash Advance Fees	$0.00
Late Payment Charges	$0.00
Credits	$0.00 CR
Payments	$0.00 PY
Total Activity	**$137.28**
Disputed Amount	$0.00

General Information

Total Activity $137.28

QUESTIONS OR TO REPORT A LOST OR STOLEN CARD, CALL CUSTOMER SERVICE1-800-344-5696

New Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
10-02	10-02	5543286627520835693377 3	FAXAGE DENVER CO	137.28

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

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

Account Number: [redacted]
Unique ID:
Amount Due: $0.00

MEMO STATEMENT ONLY
DO NOT REMIT PAYMENT

106481079526152 S

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

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: US Bank

Date: 10/12/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required | Expense # | Department | Deliver To | Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Faxage - Fax Lines - Sept.			137.28
2			service period			
3						
4						
5						
6						
7						
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 137.28

NOTES:

charge made to Michelle's MC

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____

Wire Transfer

DWR-04467144 - COUNTY OF CALHOUN TEXAS (COUNT1923)

PROSPERITY BANK®

Wire Details

Transaction Number [redacted]
Recurring Frequency One-Time Payment
Template Name US BANK STATE PRGRM -MMC CARDS
Amount USD 5,281.76
Debit Account *4357 - DDA (MEMORIAL MEDICAL - OPERATING) - Prosperity Bank (113122655)
Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
Pending Processing: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL
Payment Date 10/21/2026

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

Beneficiary / Payee Information

Name U.S. BANK CORPORATE PAYMENT SY STEM

Beneficiary ID Type Account Number

Beneficiary ID [redacted]

Beneficiary Country US
Beneficiary Address 1 [redacted]
Beneficiary Address 2
Beneficiary Address 3

Contact Name
Phone Number

Beneficiary Bank Information

Name U.S. BANK NATIONAL ASSOCIATION

Beneficiary Bank ID Type [redacted]

Beneficiary Bank ID

Beneficiary Bank Country US
Beneficiary Bank Address 1
Beneficiary Bank Address 2
Beneficiary Bank Address 3
Intl Routing Number

Additional Reference Information

Purpose Of Payment

Additional Information For Beneficiary [redacted]

Status History

Timestamp	Status	Initiator	Description
Oct 21, 2026 2:34:59 PM CDT	Created	COUNT1923 / CalCo9275 (RHONDA S. KOKENA)	Wire Created.

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: 10/16/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 10/16/2026

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

As of: 10/16/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 10/16/2026 **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: 211,161.96 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 10/20/2026,
Pay This Amount: 206,938.71 USD

If Paid After 10/20/2026,
Pay this Amount: 211,161.96 USD

Due If Paid On Time:
USD 206,938.71

Disc lost if paid late:
4,223.25

Due If Paid Late:
USD 211,161.96

206•829•17 +
109•54 +
206•938•71 =

APPROVED ON
OCT 19 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 10/16/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/16/2026

APPROVED ON
OCT 19 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 10/16/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 256342
Date: 10/16/2026

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**										
10/12/2026	10/20/2026	7663208557	297336604	115Invoice	2.74	137.03		134.29		7663208557	✓
10/12/2026	10/20/2026	7663208558	300729646	115Invoice	0.01	0.32		0.31		7663208558	✓
10/12/2026	10/20/2026	7663208559	300661135	115Invoice	2.13	106.61		104.48		7663208559	✓
10/12/2026	10/20/2026	7663208560	300729646	115Invoice	1.95	97.62		95.67		7663208560	✓
10/12/2026	10/20/2026	7663208561	299157852	115Invoice	5.10	254.82		249.72		7663208561	✓
10/12/2026	10/20/2026	7663208562	292809101	115Invoice	1.19	59.69		58.50		7663208562	✓
10/12/2026	10/20/2026	7663208563	292971570	115Invoice	1.19	59.69		58.50		7663208563	✓
10/12/2026	10/20/2026	7663208564	296009816	115Invoice	1.19	59.69		58.50		7663208564	✓
10/13/2026	10/20/2026	7663457014	300851806	115Invoice	2.37	118.66		116.29		7663457014	✓
10/13/2026	10/20/2026	7663457015	300851806	115Invoice	9.55	477.29		467.74		7663457015	✓
10/13/2026	10/20/2026	7663457016	300851806	115Invoice	5.66	282.79		277.13		7663457016	✓
10/13/2026	10/20/2026	7663489718	295441402	115Invoice	8.15	407.26		399.11		7663489718	✓
10/13/2026	10/20/2026	7663489719	295536633	115Invoice	68.65	3,432.65		3,364.00		7663489719	✓
10/13/2026	10/20/2026	7663489720	296216470	115Invoice	68.65	3,432.65		3,364.00		7663489720	✓
10/13/2026	10/20/2026	7663489721	296009816	115Invoice	68.65	3,432.65		3,364.00		7663489721	✓
10/13/2026	10/20/2026	7663491440	293624289	115Invoice	68.65	3,432.65		3,364.00		7663491440	✓
10/13/2026	10/20/2026	7663491441	294047415	115Invoice	111.12	5,556.23		5,445.11		7663491441	✓
10/13/2026	10/20/2026	7663491442	293284703	115Invoice	8.15	407.26		399.11		7663491442	✓
10/13/2026	10/20/2026	7663491443	294216691	115Invoice	68.65	3,432.65		3,364.00		7663491443	✓
10/13/2026	10/20/2026	7663491444	294302482	115Invoice	68.65	3,432.65		3,364.00		7663491444	✓
10/13/2026	10/20/2026	7663491445	293333044	115Invoice	8.15	407.27		399.12		7663491445	✓
10/13/2026	10/20/2026	7663497008	298806937	115Invoice	51.49	2,574.49		2,523.00		7663497008	✓
10/13/2026	10/20/2026	7663497009	298766506	115Invoice	8.15	407.27		399.12		7663497009	✓
10/13/2026	10/20/2026	7663497010	299226345	115Invoice	102.98	5,148.98		5,046.00		7663497010	✓
10/13/2026	10/20/2026	7663497011	299157852	115Invoice	154.47	7,723.47		7,569.00		7663497011	✓
10/13/2026	10/20/2026	7663497012	298626087	115Invoice	51.49	2,574.49		2,523.00		7663497012	✓
10/13/2026	10/20/2026	7663497013	298553912	115Invoice	171.63	8,581.63		8,410.00		7663497013	✓
10/13/2026	10/20/2026	7663497014	299394473	115Invoice	16.29	814.53		798.24		7663497014	✓
10/13/2026	10/20/2026	7663497015	299322658	115Invoice	102.98	5,148.98		5,046.00		7663497015	✓
10/13/2026	10/20/2026	7663499240	298400269	115Invoice	10.18	509.14		498.96		7663499240	✓
10/13/2026	10/20/2026	7663499241	298304516	115Invoice	8.15	407.27		399.12		7663499241	✓

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/16/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/16/2026

APPROVED ON
OCT 19 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 10/16/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 10/16/2026

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	
10/13/2026	10/20/2026	7663499242	298237930	115Invoice	308.94	15,446.94		15,138.00		7663499242	✓
10/13/2026	10/20/2026	7663502239	292225205	115Invoice	68.65	3,432.65		3,364.00		7663502239	✓
10/13/2026	10/20/2026	7663502240	292295198	115Invoice	8.15	407.27		399.12		7663502240	✓
10/13/2026	10/20/2026	7663502241	292876269	115Invoice	68.65	3,432.65		3,364.00		7663502241	✓
10/13/2026	10/20/2026	7663504553	291549179	115Invoice	8.15	407.27		399.12		7663504553	✓
10/13/2026	10/20/2026	7663504554	290576861	115Invoice	17.74	886.79		869.05		7663504554	✓
10/13/2026	10/20/2026	7663504555	290418323	115Invoice	102.98	5,148.98		5,046.00		7663504555	✓
10/13/2026	10/20/2026	7663512390	279527963	115Invoice	34.75	1,737.49		1,702.74		7663512390	✓
10/13/2026	10/20/2026	7663515732	300244049	115Invoice	68.65	3,432.65		3,364.00		7663515732	✓
10/13/2026	10/20/2026	7663515733	300943620	115Invoice	28.91	1,445.39		1,416.48		7663515733	✓
10/13/2026	10/20/2026	7663515734	300661135	115Invoice	246.28	12,314.14		12,067.86		7663515734	✓
10/13/2026	10/20/2026	7663515735	300618983	115Invoice	16.29	814.51		798.22		7663515735	✓
10/13/2026	10/20/2026	7663515736	297891290	115Invoice	205.96	10,297.96		10,092.00		7663515736	✓
10/13/2026	10/20/2026	7663515737	300573057	115Invoice	158.32	7,916.23		7,757.91		7663515737	✓
10/13/2026	10/20/2026	7663515738	301112975	115Invoice	211.10	10,555.10		10,344.00		7663515738	✓
10/13/2026	10/20/2026	7663515739	301042430	115Invoice	404.61	20,230.47		19,825.86		7663515739	✓
10/13/2026	10/20/2026	7663515740	300400460	115Invoice	404.61	20,230.47		19,825.86		7663515740	✓
10/13/2026	10/20/2026	7663515741	300146541	115Invoice	205.96	10,297.96		10,092.00		7663515741	✓
10/13/2026	10/20/2026	7663515742	298139051	115Invoice	8.15	407.27		399.12		7663515742	✓
10/13/2026	10/20/2026	7663523232	296933227	115Invoice	8.15	407.27		399.12		7663523232	✓
10/13/2026	10/20/2026	7663523233	286612746	115Invoice	16.12	805.93		789.81		7663523233	✓
10/13/2026	10/20/2026	7663523234	296615193	115Invoice	8.15	407.26		399.11		7663523234	✓
10/13/2026	10/20/2026	7663523235	281324386	115Invoice	52.12	2,606.20		2,554.08		7663523235	✓
10/13/2026	10/20/2026	7663526243	296442306	115Invoice	102.98	5,148.98		5,046.00		7663526243	✓
10/13/2026	10/20/2026	7663526246	296519755	115Invoice	8.15	407.26		399.11		7663526246	✓
10/13/2026	10/20/2026	7663526250	282931297	115Invoice	9.50	474.78		465.28		7663526250	✓
10/13/2026	10/20/2026	7663526254	281485023	115Invoice	34.75	1,737.49		1,702.74		7663526254	✓
10/13/2026	10/20/2026	7663526256	283093899	115Invoice	34.75	1,737.49		1,702.74		7663526256	✓
10/13/2026	10/20/2026	7663526259	296267276	115Invoice	8.15	407.26		399.11		7663526259	✓
10/14/2026	10/20/2026	7663744268	301042430	115Invoice	12.77	638.72		625.95		7663744268	✓
10/14/2026	10/20/2026	7663744269	296688625	115Invoice	1.19	59.69		58.50		7663744269	✓

< >

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: 10/16/2026 Page: 003

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/16/2026

APPROVED ON
OCT 19 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 10/16/2026 Page: 003
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 10/16/2026 **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	
10/15/2026	10/20/2026	7663967559	301217330	115Invoice	0.01	0.32		0.31		7663967559	✓
10/15/2026	10/20/2026	7663967560	301217330	115Invoice	17.87	893.35		875.48		7663967560	✓
10/15/2026	10/20/2026	7663967561	294047415	115Invoice	11.74	586.85		575.11		7663967561	✓
10/15/2026	10/20/2026	7663967562	300078094	115Invoice	0.03	1.27		1.24		7663967562	✓
10/15/2026	10/20/2026	7663967563	300618983	115Invoice	0.01	0.63		0.62		7663967563	✓
10/15/2026	10/20/2026	7663967564	301217330	115Invoice	12.77	638.72		625.95		7663967564	✓
10/15/2026	10/20/2026	7663967565	301217330	115Invoice	2.55	127.41		124.86		7663967565	✓
10/15/2026	10/20/2026	7663967566	297019364	115Invoice	1.19	59.69		58.50		7663967566	✓
10/15/2026	10/20/2026	7663967567	301217330	115Invoice	5.66	282.79		277.13		7663967567	✓
10/16/2026	10/20/2026	7664216234	301374841	115Invoice	32.84	1,642.02		1,609.18		7664216234	✓
10/16/2026	10/20/2026	7664216235	299638095	115Invoice	4.36	218.24		213.88		7664216235	✓

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: 211,050.19 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,276.00
10/12/2026

If Paid By 10/20/2026, Pay This Amount: 206,829.17 USD

If Paid After 10/20/2026, Pay this Amount: 211,050.19 USD

Due If Paid On Time:
USD 206,829.17

Disc lost if paid late:
4,221.02

Due If Paid Late:
USD 211,050.19

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 10/16/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 10/16/2026

APPROVED ON
OCT 19 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

As of: 10/16/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 10/16/2026 **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											
10/12/2026	10/20/2026	7662976848	B2610-055-542371	115Invoice	0.10	5.16		5.06		7662976848	✓
10/15/2026	10/20/2026	7663796391	B2610-055-551728	115Invoice	2.13	106.61		104.48		7663796391	✓

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: 111.77 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,276.00
10/12/2026

If Paid By 10/20/2026,
Pay This Amount: 109.54 USD

If Paid After 10/20/2026,
Pay this Amount: 111.77 USD

Due If Paid On Time:
USD 109.54

Disc lost if paid late:
2.23

Due If Paid Late:
USD 111.77

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 73095048
Date: 10-16-2026

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:	131.42
Past Due:	0.00
Total Due:	131.42
Account Balance:	131.42

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-12-2026	10-23-2026	3266527444	7012753822	Invoice	2.41		0.00	2.41
10-12-2026	10-23-2026	3266527445	7012758645	Invoice	7.83		0.00	7.83
10-13-2026	10-23-2026	3266678499	7012766337	Invoice	6.85		0.00	6.85
10-14-2026	10-23-2026	3266827003	7012771060	Invoice	105.83		0.00	105.83
10-15-2026	10-23-2026	3266910282	7012777710	Invoice	8.50		0.00	8.50

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
131.42	0.00	0.00	0 00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
10-16-2026	(936.86)

Reminders

Due Date	Amount
10-23-2026	131.42
Total Due:	131.42

APPROVED ON
OCT 19 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: 000000789212069 3 Document Type: Customer Statement 20261017023019

cencora

STATEMENT

Statement Number: 73109535
Date: 10-16-2026

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:	697.84
Past Due:	0.00
Total Due:	697.84
Account Balance:	697.84

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-12-2026	10-23-2026	3266506427	7012758728	Invoice	313.05		0.00	313.05
10-15-2026	10-23-2026	3267020044	7012784929	Invoice	357.45		0.00	357.45
10-16-2026	10-23-2026	3267165152	7012790597	Invoice	27.34		0.00	27.34

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
697.84	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
10-23-2026	697.84
Total Due:	697.84

APPROVED ON
OCT 19 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 009000786213477B Document Type Customer Statement 20261017023616

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

		####	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	26	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	12	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 134,446.59	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 68,532.98	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 16,027.92	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 49,885.69	#
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

			VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN		10/2/2026					
PAY PERIOD: END		10/15/2026					
PAY DATE:		10/23/2026					
GROSS PAY:		$ 589,223.11			$ -		$ 589,223.11
DEDUCTIONS:							
A/R		$ 577.00					$ 577.00
ADVANC							$ -
BOOTS							$ -
~~MUTUAL CRITICAL ILLNESS~~							$ -
~~MUTUAL ACCIDENT~~							$ -
IRS TAX							$ -
~~MUTUAL SHORT TERM DIS~~							$ -
MUTUAL VISION		$ 830.48					$ 830.48
CAFÉ-D		$ 1,324.10					$ 1,324.10
CAFÉ-H		$ 29,399.90					$ 29,399.90
		$ -					$ -
		$ -					$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD		$ -					$ -
CLINIC							$ -
COMBIN		$ 195.70					$ 195.70
CREDUN		$ -					$ -
DENTAL		$ -					$ -
DEP-LF							$ -
MUTUAL TERM LIFE		$ 1,134.71					$ 1,134.71
MUTUAL HOSP INDEM		$ 669.50					$ 669.50
FED TAX		$ 49,885.69					$ 49,885.69
FICA-M		$ 8,013.96					$ 8,013.96
FICA-O		$ 34,266.49					$ 34,266.49
FICA-M ADDITIONAL							$ -
FIRST C							$ -
FLEX S		$ 4,688.81					$ 4,688.81
FLX-FE		$ -					$ -
GIFT S		$ 392.38					$ 392.38
MUTUAL CRITICAL ILLNESS		$ 864.43					$ 864.43
MUTUAL ACCIDENT		$ 641.68					$ 641.68
MUTUAL SHORT TERM DIS		$ 1,980.29					$ 1,980.29
LEGAL		$ 1,013.98					$ 1,013.98
OTHER		$ 2,275.56					$ 2,275.56
NATIONAL FARM LIFE		$ 1,159.06					$ 1,159.06
MED SURCHARGE							$ -
Blank							$ -
RELAY							$ -
REPAY							$ -
STONEDF		$ 295.00					$ 295.00
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R		$ 39,690.84					$ 39,690.84
UW/HOS		$ -					$ -
TOTAL DEDUCTIONS:		$ 179,299.56	$ -	$ -	$ -	$ -	$ 179,299.56
		SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:		**$ 409,923.55**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 409,923.55**
		SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:		$ 36,538.29	**Less Exempt:**				
TAXABLE PAY:		**$ 552,684.82**	**$ 552,684.82**				**Exempt Amt:**

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 8,013.93		
FICA - MED (EE)	1.45%	$ 8,013.93	$ 8,013.96	$ (0.03)
FICA - SOC SEC (ER)	6.20%	$ 34,266.46		
FICA - SOC SEC (EE)	6.20%	$ 34,266.46	$ 34,266.49	$ (0.03)
FED WITHHOLDING		$ 49,885.69	$ 49,885.69	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL:

TAX DEPOSIT:	$ 134,446.47	$ 134,446.59	
FICA - MEDICARE	2.90% $ 16,027.86	$16,027.92	
FICA - SOCIAL SECURITY	12.40% $ 68,532.92	$68,532.98	**PREPARED BY:** Sariah Rubio
FED WITHHOLDING	$ 49,885.69	$49,885.69	**PREPARED DATE:** 10/19/2026
TOTAL TAX:	**$ 134,446.47**	**$134,446.59**	**$ (0.12)**

Final Summary

-- PayCode Summary --

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9010.50	N		N	N		226899.81
1	REGULAR PAY-S1	2170.00	N		N	N	N	125306.36
1	REGULAR PAY-S1	215.50	Y		N	N		9330.17
2	REGULAR PAY-S2	2279.50	N		N	N		68724.46
2	REGULAR PAY-S2	135.25	Y		N	N		4972.00
3	REGULAR PAY-S3	1543.50	N		N	N		56170.80
3	REGULAR PAY-S3	102.00	Y		N	N		4841.45
4	CALL BACK PAY	6.00	N	1	N	N	Y	375.88
4	CALL BACK PAY	6.00	N	2	N	N	Y	284.99
4	CALL BACK PAY	4.00	N	3	N	N	Y	211.29
C	CALL PAY	2261.50	N	1	N	N		4523.00
D	DOUBLE TIME	24.50	N		N	N		1874.25
E	EXTRA WAGES		N		N	N	N	31496.62
E	EXTRA WAGES		N	1	N	N	N	2052.50
F	FUNERAL LEAVE	72.00	N	1	N	N		2303.28
K	EXTENDED-ILLNESS-BANK	230.00	N	1	N	N		4128.00
N	CRNA Pay	72.00	N		N	N	N	9360.00
P	PAID-TIME-OFF	1131.00	N	1	N	N		35780.25
X	CALL PAY 2	150.00	N	1	N	N		300.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00

-- Deductions Summary --

Code	Amount	Code	Amount	Code	Amount
A/R	200.00	A/R2	377.00	A/R3	
ADVANC		AWARDS		BADGE	20.00
BCBSVI		BOOTS		CAFE H	
CAFE-1		CAFE-2		CAFE-3	
CAFE-4		CAFE-5		CAFE-C	
CAFE-D	1324.10	CAFE-F		CAFE-H	29399.90
CAFE-I		CAFE-L		CAFE-P	
CANCER		CHILD		CLINIC	
COMBIN	195.76	CREDUN		DD ADV	
DENTAL		DEP-LF		DIS-LF	
EAT		EATCSH		FEDTAX	49885.69
FICA-M	8013.96	FICA-O	34266.49	FIRSTC	
FLEX S	4120.15	FLX FE		FORT D	
FUTA		GIFT S	392.38	GRANT	
GRP-IN		GTL		HOSP-I	
HSA	568.66	ID TFT		IRSTAX	
LEAF		LEGAL	204.98	MASA	809.00
MEALS	2255.56	METVIS		MISC	
MISC/		MMCSHR		MOOACC	641.68
MOOILL	864.42	MOOIND	669.50	MOOLIF	1134.71
MOOSTD	1980.29	MOOVIS	830.48	NATFML	1159.06
OTHER		PHI		PHI***	
PR FIN		RELAY		REPAY	
SAMS		SCRUBS		SIGNON	
ST-TX		STONDF	295.00	STONE	
STONE2		STUDEN		SUNACC	
SUNILL		SUNIND		SUNLIF	
SUNSTD		SUNVIS		SURCHG	
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	39690.84	TUTION	
UNIFOR		UW/HOS			

Grand Totals: 19509.25 ------- (Gross: 589223.11 Deductions: 179299.56 Net: 409923.55

Checks Count:- FT 199 PT 10 Other 39 Female 228 Male 20 Credit OverAmt 20 ZeroNet Term Total: 248

CHKNO	CHKNO	LOCNO	EMPNO	SEQNO	CLAIMYR	CLAIMNO	CLAIMSEQ	CLAIMDT	AMT	SCMTF	PAYEE	PAYTO	SVCCD	CNTY	FIRSTNAME	LASTNAME	CODE	HOLD	SVCDT	THRUDT	PROVID
9998	76351	1	1	0	2026	282001832	0	10/16/2026 0:00	$34,256.47	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	[redacted]		PCS	F	9/21/2026 0:00	10/4/2026 0:00	464334244
9999	76351	2	96	1	2026	265000841	0	10/16/2026 0:00	$92.40	1	MSIWA LLC	P	172	0	[redacted]		AB	F	9/14/2026 0:00	9/14/2026 0:00	202536458
10000	76351	2	5	0	2026	272000228	0	10/16/2026 0:00	$549.10	1	PHYSICIANS REFERRAL SERVICE	P	177	0	[redacted]		OV	F	9/15/2026 0:00	9/15/2026 0:00	760273984
10001	76351	3	65	2	2026	265000907	0	10/16/2026 0:00	$65.89	1	GUELVALDIVIA VERONICA	P	360	0	[redacted]		POV	F	9/15/2026 0:00	9/15/2026 0:00	742640162
10002	76351	3	36	0	2026	266001234	0	10/16/2026 0:00	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	9/18/2026 0:00	9/18/2026 0:00	742605670
10003	76351	3	69	1	2026	273000275	0	10/16/2026 0:00	$75.05	1	HOUSTON METHODIST SPECIALTY PHYSICIANS	P	728	0	[redacted]		TELM	F	9/21/2026 0:00	9/21/2026 0:00	332241086
10004	76351	3	18	0	2026	266001244	0	10/16/2026 0:00	$247.81	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]		AB	F	9/2/2026 0:00	9/2/2026 0:00	741680498
10005	76360	2	55	0	2026	267001065	0	10/16/2026 0:00	$20.37	1	CLINICAL PATHOLOGY LABORATORIES INC	P	172	0	[redacted]		AB	F	9/14/2026 0:00	9/14/2026 0:00	742554159
10007	76360	2	55	0	2026	273000231	0	10/16/2026 0:00	$150.00	1	VICTORIA WOMENS CLINIC	P	172	0	[redacted]		AB	F	9/14/2026 0:00	9/14/2026 0:00	741831291
10008	76360	3	125	0	2026	267001106	0	10/16/2026 0:00	$19.10	1	NOE R OLVERA MD PA	P	457	0	[redacted]		OVS	F	9/21/2026 0:00	9/21/2026 0:00	262712038
10010	76360	3	32	7	2026	267000283	0	10/16/2026 0:00	$32.48	1	SINGLETON ASSOCIATES PA	P	183	0	[redacted]		RAD	F	8/11/2026 0:00	8/11/2026 0:00	741680498
10011	76360	3	10	0	2026	265000880	0	10/16/2026 0:00	$41.42	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	9/8/2026 0:00	9/8/2026 0:00	741680498
10012	76360	3	153	0	2026	268000296	0	10/16/2026 0:00	$41.43	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	9/6/2026 0:00	9/6/2026 0:00	741680498
10013	76360	3	74	0	2026	266001207	0	10/16/2026 0:00	$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0	[redacted]		OVS	F	9/21/2026 0:00	9/21/2026 0:00	273335355
10014	76360	3	74	2	2026	266001228	0	10/16/2026 0:00	$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0	[redacted]		OVS	F	9/21/2026 0:00	9/21/2026 0:00	273335355
10016	76360	3	68	0	2026	266001253	0	10/16/2026 0:00	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]		OV	F	9/18/2026 0:00	9/18/2026 0:00	742605670
10017	76360	3	160	0	2026	267001060	0	10/16/2026 0:00	$70.13	1	MID COAST MEDICAL CLINIC	P	177	0	[redacted]		OV	F	9/10/2026 0:00	9/10/2026 0:00	452750258
10019	76360	3	60	0	2026	267001149	0	10/16/2026 0:00	$100.89	1	FRANK S PARMA MD	P	177	0	[redacted]		OV	F	9/22/2026 0:00	9/22/2026 0:00	742608003
10020	76360	3	138	2	2026	266001201	0	10/16/2026 0:00	$122.00	1	COUNSELING4LIFE LLC	P	360	0	[redacted]		POV	F	9/18/2026 0:00	9/18/2026 0:00	455131564
10025	76360	3	159	0	2026	267000293	0	10/16/2026 0:00	$211.85	1	TEXAS ENT SPECIALISTS PA	P	457	0	[redacted]		OVS	F	9/10/2026 0:00	9/10/2026 0:00	760522391
10026	76360	3	75	0	2026	265000918	0	10/16/2026 0:00	$247.81	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]		AB	F	9/9/2026 0:00	9/9/2026 0:00	741680498
10028	76360	3	32	7	2026	267000276	0	10/16/2026 0:00	$457.55	1	TCPSO	P	188	0	[redacted]		HV	F	8/14/2026 0:00	8/14/2026 0:00	260834681
10030	76370	2	21	0	2026	265000915	0	10/16/2026 0:00	$37.43	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]		XRAY	F	9/8/2026 0:00	9/8/2026 0:00	741680498
10031	76370	3	42	1	2026	266000223	0	10/16/2026 0:00	$120.18	1	CRESCENT VIEW MEDICAL CLINICS PA	P	172	0	[redacted]		AB	F	9/15/2026 0:00	9/15/2026 0:00	452547088
									$37,191.02												

APPROVED ON

OCT 19 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON

OCT 20 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Oct 12, 2026 - Oct 18, 2026

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
10/13/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332385	- Credit Card Processing Fee	238.15	902778	40440076
10/13/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332393	- Credit Card Processing Fee	3,038.34	902779	40440076
10/13/2026	TSYS/TRANSFIRST - MERCH FEES 41399801332401	- Credit Card Processing Fee	1,180.46	902780	40440076
10/13/2026	TSYS/TRANSFIRST - MERCH FEES 41399801368397	- Credit Card Processing Fee	182.31	902781	40440076
10/13/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#185388330 185134687	- 3rd Party Payor Fee	139.17	902782	40440076
10/13/2026	MCKESSON DRUG - AUTO ACH ACH07294893	- 340B Drug Program Expense	7,276.00	902783	60310000
10/14/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#186015052 185756547	- 3rd Party Payor Fee	43.25	902784	40440076
10/15/2026	TEXAS COUNTY DRS DYNAMICS EFT DEPOSIT - RECEI VABLE 419	- Retirement Funding	188,755.85	902785	20260000
10/15/2026	FDMS 00000000000000008844 - FDMS EQUIP 52-21 00911-000	- Credit Card Machine Lease Fee	45.64	902786	40440076
10/15/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	17,210.90	902787	10450000
10/15/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#186461570 186429276	- 3rd Party Payor Fee	1.31	902788	40440076
10/15/2026	Enhance Analysis Service Charge	- Bank Fees	205.70	902789	40910090
10/16/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 10/02/26 MemMedCtr PtLav	- Health Insurance Claim Payments	34,926.03	902790	60320000
10/16/2026	HPHG LLC - PORT LAVAC 90 DEGREE BENEFITS CL AIMS 10/9/26 MemMedCtr PtLav	- Health Insurance Claim Payments	2,229.40	902791	60320000
10/16/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#187191118 186883915	- 3rd Party Payor Fee	356.23	902792	40440076
10/16/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	936.86	902793	60310000
			256,765.60		

*approved 10.14.26 cc

Caitlin Clevenger, Controller
Memorial Medical Center

October 19, 2026

238.15 +
3,038.34 +
1,180.46 +
182.31 +
4,639.26 processing

139.17 +
43.25 + payplus
1.31 +
356.23 +
539.96

45.64 +
45.64 lease

205.70 +
205.70 Bank fees

256,765.60 -
4,639.26 -
539.96 -
45.64 -
205.70 -
7,276.00 -
188,755.85 -
17,210.90 -
34,926.03 -
2,229.40 -
936.86 -
0.00

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes

Caitlin Clevenger, Controller
Memorial Medical Center

October 19, 2026

Plan	Start Date	EE Per Pay Cost	ER Per Pay Cost
2026 Heath Equity Health Savings Account	1/1/2026	$40.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$25.00	$25.00
2026 Heath Equity Health Savings Account	6/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$30.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$137.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$3.33	$25.00
2026 Heath Equity Health Savings Account	6/1/2026	$10.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$25.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	8/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$25.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$100.00	$25.00
2026 Heath Equity Health Savings Account	2/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$5.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$158.33	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$0.00	$25.00
2026 Heath Equity Health Savings Account	1/1/2026	$10.00	$25.00
		$568.66	$500.00
	Total	$1,068.66	

APPROVED ON
OCT 19 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
OCT 15 2026
Calhoun County Auditor

10/15/2026
11:29

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Thrcugh: 10/30/2026

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12792	LAVACA BAY NURSING AND REHAB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101326		10/14/202	10/13/202	10/30/202			2,654.56	0.00	0.00	2,654.56
101326A	ins. pay. dep. into mmc opt. correction	10/14/202	10/13/202	10/30/202			5,859.00	0.00	0.00	5,859.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	8,513.56	0.00	0.00	8,513.56

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,513.56	0.00	0.00	8,513.56

APPROVED ON
OCT 16 2026
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 214501

RECEIVED
OCT 15 2026
Calhoun County Auditor

10/15/2026
11:29

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/30/2026

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100726		10/14/202	10/07/202	10/30/202			2,721.63	0.00	0.00	2,721.63
100826	ins. pay. dep. into mmc opt. correction	10/14/202	10/08/202	10/30/202			51,973.55	0.00	0.00	51,973.55
100826A	Y8 ADJ 2 QIPP PYMNT NH PORTION	10/14/202	10/08/202	10/30/202			2,300.54	0.00	0.00	2,300.54
100926A		10/14/202	10/09/202	10/30/202			11,490.30	0.00	0.00	11,490.30
100926	ins. pay. dep. into mmc opt. correction	10/14/202	10/09/202	10/30/202			251.83	0.00	0.00	251.83
101326		10/14/202	10/13/202	10/30/202			72,672.56	0.00	0.00	72,672.56

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	141,410.41	0.00	0.00	141,410.41

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	141,410.41	0.00	0.00	141,410.41

APPROVED ON
OCT 16 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 214500

RECEIVED
OCT 15 2026
Calhoun County Auditor

10/15/2026
11:29

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/30/2026

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100726	ins. pay. dep. into mmc opt. correction	10/14/202	10/07/202	10/30/202			217.00	0.00	0.00	217.00
100826B	"	10/14/202	10/08/202	10/30/202			672.00	0.00	0.00	672.00
100826	"	10/14/202	10/08/202	10/30/202			1,519.00	0.00	0.00	1,519.00
100826A	"	10/14/202	10/08/202	10/30/202			217.00	0.00	0.00	217.00
100826D	"	10/14/202	10/08/202	10/30/202			12,440.00	0.00	0.00	12,440.00
100826C	"	10/14/202	10/08/202	10/30/202			2,500.00	0.00	0.00	2,500.00
100926B	"	10/14/202	10/09/202	10/30/202			2,230.00	0.00	0.00	2,230.00
100926A	"	10/14/202	10/09/202	10/30/202			2,450.00	0.00	0.00	2,450.00
100926	"	10/14/202	10/09/202	10/30/202			14,889.07	0.00	0.00	14,889.07
100926C	"	10/14/202	10/09/202	10/30/202			3,890.00	0.00	0.00	3,890.00
101326	"	10/14/202	10/13/202	10/30/202			130.58	0.00	0.00	130.58

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	41,154.65	0.00	0.00	41,154.65

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	41,154.65	0.00	0.00	41,154.65

APPROVED ON
OCT 16 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#214502

APPROVED ON

OCT 19 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10.19.26

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		65,683.53	65,683.53	222,712.24		-	222,812.24	222,712.24
						Bank Balance	222,812.24	
						Variance	-	
						Leave in Balance	100.00	

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

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

Adjust Balance/Transfer Amt 222,712.24

Approved:
Caitlin Clevenger, Controller 10/19/2026

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/14/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 101426 543684555876917	-	2,090.00		2,090.00
10/14/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	5,115.00		5,115.00
10/14/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	8,831.90		8,831.90
10/14/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7976472*1205296137*000004011~ 676097	-	956.88		956.88
10/15/2026 Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	65,429.54	-		-
10/15/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 101526 543684555876917	-	11,813.00		11,813.00
10/15/2026 AETNA AS01 - HCCLAIMPMT TRN*1*8826283010221 43*1066033492\ 1588075964	-	510.96		510.96
10/15/2026 AETNA AS01 - HCCLAIMPMT TRN*1*8826281010387 88*1066033492\ 1588075964	-	1,950.00		1,950.00
10/16/2026 Over Counter Check	153.99	-		-
10/16/2026 Deposit	-	190,567.78		190,567.78
10/16/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1269567182*13 41858379\ 746003411	-	876.72		876.72
	65,583.53	**222,712.24**	**-**	**222,712.24**

Transaction Report

PROSPERITY BANK

Transaction Report for account *4454

Reported on Mon Oct 19 15:13:00 GMT 2026

Current Balance $223,202.48
Interest Accrued $102.63
Available Balance $223,202.48

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
10/16/2026	264	Over Counter Check Over Counter Check		$153.99	$222,812.24
10/16/2026	127052892635368	Deposit Deposit	$190,567.78		$222,966.23
10/16/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1269567182*13 41858379\ 746003411	$876.72		$32,398.45
10/15/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		$65,429.54	$31,521.73
10/15/2026		External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 101526 543684555876917	$11,813.00		$96,951.27
10/15/2026		External Deposit AETNA AS01 - HCCLAIMPMT TRN*1*8826283010221 43*1066033492\ 158807S964	$510.96		$85,138.27
10/15/2026		External Deposit AETNA AS01 - HCCLAIMPMT TRN*1*8826281010387 88*1066033492\ 1588075964	$1,950.00		$84,627.31
10/14/2026		External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 101426 543684555876917	$2,090.00		$82,677.31

APPROVED ON

OCT 20 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
10.19.26

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		216,259.23	70,601.49	290,214.66	-	-		435,872.40	429,866.12
							Bank Balance	435,872.40	
							Variance	-	
							Leave in Balance	100.00	
							QIPP YS Q3 PYMT	4,727.90	
							Funds owed to MMC	95.00	
							Funds owed to MMC	1,083.38	
							Adjust Balance/Transfer Amt	429,866.12	

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: MCC
Michelle Cumberland, CFO 10/19/2026

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/13/2026	Over Counter Check	46,943.42	-		-
10/13/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EFT7974839*1205296137*000004011~676201	-	781.61		781.61
10/14/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1269948078*1341858379\746003411	-	31,976.74		31,976.74
10/14/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1268921610*1341858379\746003411	-	36,665.52		36,665.52
10/16/2026	Over Counter Check	5,399.56	-		-
10/16/2026	Over Counter Check	18,258.51	-		-
10/16/2026	Deposit	-	177,272.27		177,272.27
10/16/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1269948077*1341858379\746003411	-	523.23		523.23
10/16/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1269948076*1341858379\746003411	-	34,765.14		34,765.14
10/16/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EFT7979507*1205296137*000004011~676201	-	8,230.15		8,230.15
		70,601.49	**290,214.66**	**-**	**290,214.66**

Transaction Report

PROSPERITY BANK

Transaction Report for account *3407

Reported on Mon Oct 19 15:37:00 GMT 2026

Current Balance $522,225.78
Interest Accrued $230.06
Available Balance $522,225.78

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
10/16/2026	1208	Over Counter Check Over Counter Check		$5,399.56	$435,872.40
10/16/2026	1205	Over Counter Check Over Counter Check		$18,258.51	$441,271.96
10/16/2026	127052892635332	Deposit Deposit	$177,272.27		$459,530.47
10/16/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1269948077*13 41858379\ 746003411	$523.23		$282,258.20
10/16/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1269948076*13 41858379\ 746003411	$34,765.14		$281,734.97
10/16/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7979507*1205296137*000004011~ 676201	$8,230.15		$246,969.83
10/14/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1269948078*13 41858379\ 746003411	$31,976.74		$238,739.68
10/14/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1268921610*13 41858379\ 746003411	$36,665.52		$206,762.94
10/13/2026	1204	Over Counter Check Over Counter Check		$46,943.42	$170,097.42

APPROVED ON

OCT 19 2026

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
10.19.26

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		61,600.81	-	77,531.95			-	139,132.76	139,032.76
							Bank Balance	139,132.76	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 139,032.76

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 10/19/2026

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/15/2026	Deposit	-	1,985.33		1,985.33
10/15/2026	Deposit	-	13,184.29		13,184.29
10/15/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1269248498*13 41858379\ 746003411	-	6,212.96		6,212.96
10/15/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1269248495*13 41858379\ 746003411	-	3,163.60		3,163.60
10/16/2026	Deposit	-	12,362.24		12,362.24
10/16/2026	Deposit	-	29,437.19		29,437.19
10/16/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1269365135*13 41858379\ 746003411	-	1,945.23		1,945.23
10/16/2026	CURO HEALTH SERV DYNAMICS EFT DEPOSIT - PAYAB LES MEMORI034	-	3,910.80		3,910.80
10/16/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S131037153871983 6*1746000156~ 17460034113016	-	1,945.36		1,945.36
10/16/2026	HUMANA INS CO 1743420 - HCCLAIMPMT TRN*1*203 234634261014*1391263473\ 9679401	-	1,235.63		1,235.63
10/16/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7979961*1205296137*000004011~ 676481	-	2,149.32		2,149.32
		-	77,531.95	-	77,531.95

Transaction Report

PROSPERITY BANK

Transaction Report for account *5506

Reported on Mon Oct 19 15:26:00 GMT 2026

Current Balance $139,711.21
Interest Accrued $131.47
Available Balance $139,711.21

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
10/16/2026	178662892659730	Deposit Deposit	$12,362.24		$139,132.76
10/16/2026	127052892635407	Deposit Deposit	$29,437.19		$126,770.52
10/16/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1269365135*13 41858379\ 746003411	$1,945.23		$97,333.33
10/16/2026		External Deposit CURO HEALTH SERV DYNAMICS EFT DEPOSIT - PAYAB LES MEMORI034	$3,910.80		$95,388.10
10/16/2026		External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S131037153871983 6*1746000156~ 17460034113016	$1,945.36		$91,477.30
10/16/2026		External Deposit HUMANA INS CO 1743420 - HCCLAIMPMT TRN*1*203 234634261014*1391263473\ 9679401	$1,235.63		$89,531.94
10/16/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7979961*1205296137*000004011~ 676481	$2,149.32		$88,296.31
10/15/2026	27312882633210	Deposit Deposit	$1,985.33		$86,146.99
10/15/2026	178662882627858	Deposit Deposit	$13,184.29		$84,161.66

Tuscany ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC OPERATING ✓

Date Requested: 10/19/2026

APPROVED ON
OCT 19 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#001209 ✓

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: CCJ ✓

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: 10-20-26

APPROVED ON
OCT 20 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT: #10833.35 ✓

Chk# 001207

G/L NUMBER: 2065000

EXPLANATION: Wellcare mmc patient payments for Sept 2026 that were deposited into Tuscanys account

REQUESTED BY: K. Valluda

AUTHORIZED BY: C ✓

CAT # 10303 / FM 1600

Tuscany ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: mmc ✓

Date Requested: 10-16-26

APPROVED ON
OCT 19 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

CK#001208

AMOUNT $95.00 ✓

G/L NUMBER: 5078000

EXPLANATION: Wellcare mmc capitation funds that were deposited into Tuscany account for Sept. 2026

REQUESTED BY: K. Pokluda

AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

WELLCARE OF TX, INC.
P.O. Box 31367
Tampa, FL 33631-3367

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

WELLCARE OF TX, INC.
P.O. Box 31367
Tampa, FL 33631-3367

Advice No [redacted]
Date 09/25/2026

AMOUNT
$40.00

NOT VALID AFTER 90 DAYS

Pay **ACH PAYMENT**

TO THE ORDER OF MEMORIAL MEDICAL CLINIC
1016 N VIRGINIA ST
PORT LAVACA, TX 77979-3000

Non Negotiable

Non Negotiable

** VOID ** ** VOID ** ** VOID

WELLCARE OF TX, INC.
P.O. Box 31367
Tampa, FL 33631-3367

Capitation Listing

TXMCR For the month starting **09/01/2026**

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

V#: **607723**

Physician: , ; P#:

TXMCR

Member Name	Subscriber ID	DOB	Capitation Group	Check Number	Age	Cap Month	Amount
				[redacted]		9/1/2026	$40.00
	Total C			**Member Months:**			$0.00
PQQGI PQQGI Corporate PCP Peak25 EOY Incentive Pymnt				[redacted]			$40.00
			Total for this Line of Business:	**Member Months:**	1		$40.00
			Physician Total:	**Member Months:**	1		$40.00
	Total V			**Vendor Total:**			$40.00

WELLCARE OF TX, INC.
P.O. Box 31367
Tampa, FL 33631-3367

MEMORIAL MEDICAL CENTER
1016 N VIRGINIA ST
PORT LAVACA, TX 77979

WELLCARE OF TX, INC.
P.O. Box 31367
Tampa, FL 33631-3367

Advice No [redacted]
Date 09/25/2026

AMOUNT
$55.00

NOT VALID AFTER 90 DAYS

Pay **ACH PAYMENT**

TO THE ORDER OF MEMORIAL MEDICAL CENTER
1016 N VIRGINIA ST
PORT LAVACA, TX 77979

Non Negotiable

Non Negotiable

** VOID ** ** VOID ** ** VOID

WELLCARE OF TX, INC.
P.O. Box 31367
Tampa, FL 33631-3367

Capitation Listing

TXMCR For the month starting **09/01/2026**

Vendor: MEMORIAL MEDICAL CENTER
1016 N VIRGINIA ST
PORT LAVACA, TX 77979

V#: 594553

Physician: , ; P#:

TXMCR

Member Name	Subscriber ID	DOB	Capitation Group	Check Number	Age	Cap Month	Amount
				[redacted]		9/1/2026	$55.00
	Total C			Member Months:			$0.00
PQQGI PQQGI Corporate PCP Peak25 EOY Incentive Pymt				[redacted]			$55.00
			Total for this Line of Business:	Member Months:	1		$55.00
			Physician Total:	Member Months:	1		$55.00
	Total V			Vendor Total:			$55.00

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

MP

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

001208

Date 10-21-26 88-2265/1131

PAY TO THE ORDER OF mmc Operating $ 95.00

ninty five dollars 00/100 DOLLARS

PROSPERITY BANK®

MP

FOR Claims

Security features are included. Details on back.

[redacted]

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MP

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

001209

Date 10-21-26 88-2265/1131

PAY TO THE ORDER OF mmc Operating $ 4,727.90

Fodr thousand Seven hundred twenty Seven and 90/100 DOLLARS

PROSPERITY BANK®

MP

FOR QIPP Y8Q3 Pymt

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.

MP

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

001207

Date 10-21-26 88-2265/1131

PAY TO THE ORDER OF mmc Operating $ 1,083.38

One thousand eighty three 38/100 DOLLARS

PROSPERITY BANK®

MP

FOR Claims

Security features are included. Details on back.

[redacted]

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
TUS	001207	10/21/26	1,083.38	MMC OPERATING
TUS	001208	10/21/26	95.00	MMC OPERATING
TUS	001209	10/21/26	4,727.90	MMC OPERATING
TOTALS:			5,906.28	

Transaction Report

PROSPERITY BANK

Transaction Report for account *3407

Reported on Wed Oct 21 21:40:00 GMT 2026

Current Balance $628,920.94
Interest Accrued $276.98
Available Balance $628,920.94

Date		Description	Credit	Debit	Running Balance
10/21/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1271509999*1341858379\ 746003411	$8,889.29		$628,920.94
10/21/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EFT7984626*1205296137*000004011~ 676201	$682.52		$620,031.65
10/20/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1270756937*13 41858379\ 746003411	$96,215.43		$619,349.13
10/20/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7982695*1205296137*000004011~ 676201	$907.92		$523,133.70
10/19/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7981466*1205296137*000004011~ 676201	$86,353.38		$522,225.78
10/16/2026	1206	Over Counter Check Over Counter Check		$5,399.56	$435,872.40
10/16/2026	1205	Over Counter Check Over Counter Check		$18,258.51	$441,271.96
10/16/2026	127052892635332	Deposit Deposit	$177,272.27		$459,530.47
10/16/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1269948077*13 41858379\ 746003411	$523.23		$282,258.20
10/16/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1269948076*13 41858379\ 746003411	$34,765.14		$281,734.97