MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 28, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 428,139.22
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED October 28, 2026	$ 428,139.22
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	$ 1,859,513.51
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	$ 945,219.13
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED October 28, 2026	$ 2,804,732.64
GRAND TOTAL FOR APPROVAL ON October 28, 2026	$ 3,232,871.86

APPROVED

OCT 28 2026

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 28, 2026

PAYABLES AND PAYROLL			
10/22/2026	Weekly Payables	384,105.24	
10/22/2026	Patient Refunds	265.17	
10/26/2026	Morris & Dickson - MMC Rx	8,670.35	
10/26/2026	McKesson - 340B Prescription Expense	17,975.10	
10/26/2026	Cencora - 340B Prescription Expense	191.96	
10/26/2026	Cencora-340B Prescription Expense	1.55	
Prosperity Electronic Bank Payments			
10/26/2026	90 Degree Benefits - employee insurance claims	10,762.60	
10/26/2026	90 Degree Benefits - employee insurance claims	4,748.14	
10/26/2026	Pay Plus - Patient Claims Processing Fee	1,419.11	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 428,139.22**
GRAND TOTAL DISBURSEMENTS APPROVED October 28, 2026			**$ 428,139.22**
TRANSFERS BETWEEN FUNDS-MMC			
10/27/2026	Transfer from Prosperity Operating to Nexbank Money Market	73,550.00	
10/27/2026	Transfer from Prosperity Lockbox to Prosperity Operating	1,573,550.00	
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
10/22/2026	MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error	43,133.56	
10/22/2026	MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error	5,772.25	
10/22/2026	MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error	163,507.70	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 1,859,513.51**
NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS			
10/26/2026	Nursing Home UPL - Nexion Transfer	280,366.71	
10/26/2026	Nursing Home UPL - Tuscany Transfer	341,446.19	
10/26/2026	Nursing Home UPL - Lavaca Bay Transfer	323,406.23	
TOTAL NURSING HOME UPL EXPENSES			**$ 945,219.13**
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED October 28, 2026			**$ 2,804,732.64**

RECEIVED
OCT 22 2026
Calhoun County Auditor

10/22/2026 MEMORIAL MEDICAL CENTER 0
11:57 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/05/2026

Vendor#	Vendor Name	Class	Pay Code
H1227	ALERAGROUP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7650A		10/22/202	10/14/202	10/14/202			500.00	0.00	0.00	500.00
	RENEWAL OF BOND 12/1/2026									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H1227	ALERAGROUP	500.00	0.00	0.00	500.00

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
1PCMW6LQCKYL		10/13/202	09/30/202	10/30/202			239.95	0.00	0.00	239.95
	STORAGE SHELF (x5)									
1WC3M1J97RJC		10/13/202	10/02/202	11/01/202			226.50	0.00	0.00	226.50
	HOSPITAL GRADE GFCI RECEPTACLE (x6)									
16HM7DQJY3PL		10/13/202	10/02/202	11/01/202			8.99	0.00	0.00	8.99
	MOUSEPAD									
1WC3M1J97W3Y		10/13/202	10/02/202	11/01/202			20.98	0.00	0.00	20.98
	NAME TAG HOLDER W CLIP									
1P9T74VQYQXR		10/13/202	10/02/202	11/01/202			24.94	0.00	0.00	24.94
	FIRE RISE ALUMINUM METAL SIG									
1HRD1CKCVGFJ		10/20/202	10/06/202	11/05/202			72.99	0.00	0.00	72.99
	BT HEADPHONE W/ MIC									
16W3YKH61X7G		10/20/202	10/06/202	11/05/202			84.01	0.00	0.00	84.01
	MAILING ENVELOPES/ADDRESS labels & cleaning duster									
14KFQJ1Y1WLP		10/21/202	10/06/202	11/05/202			196.70	0.00	0.00	196.70
	LED MOUNT LIGHT (x10)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	875.06	0.00	0.00	875.06

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
85978206		10/21/202	09/30/202	10/25/202			306.18	0.00	0.00	306.18
	CONTINU-FLO SOL SET/ANESTHESIA SET									
85982002		10/21/202	10/01/202	10/26/202			139.44	0.00	0.00	139.44
	STERILE WATER/ IRRIGATION BOTTLE									
85988145		10/21/202	10/02/202	10/27/202			631.20	0.00	0.00	631.20
	SPECTRUM IQ SERVICE CONTRACT LEASE#									
85986533		10/21/202	10/02/202	10/27/202			3,071.40	0.00	0.00	3,071.40
	INFUSION PUMP BILLING LEASE# SP43602									
85984597		10/21/202	10/02/202	10/27/202			137.13	0.00	0.00	137.13
	VALVE ADAPTER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	4,285.35	0.00	0.00	4,285.35

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
112916863		10/21/202	10/02/202	10/27/202			1,842.75	0.00	0.00	1,842.75
	DXH HEMATOLOGY ANALYSIS SYSTEM									
112921753		10/21/202	10/05/202	10/30/202			185.66	0.00	0.00	185.66
	S-CAL CALIBRATOR CONTRACT # 6478945									
112920954		10/21/202	10/05/202	10/30/202			1,248.01	0.00	0.00	1,248.01
	6C CELL CONTROL 12X CONTRACT # 6478945									

112926520		10/21/202	10/07/202	11/01/202	5,425.78	0.00	0.00	5,425.78
AU CHEMISTRY/ CONT# 64743US - Information system & hardware billing								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC			8,702.20	0.00	0.00	8,702.20

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
909491407		10/20/202	08/18/202	11/01/202			786.52	0.00	0.00	786.52
	TORCH P UNASSY (x2)									
909491408		10/20/202	08/19/202	11/01/202			1,192.71	0.00	0.00	1,192.71
	ETHANOL/AMMONIA (x4) 1 Liq & Ethanol/Ammonia 3 Liq x4									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC					1,979.23	0.00	0.00	1,979.23

Vendor#	Vendor Name	Class	Pay Code
10541	CARESFIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
200034566		10/13/202	10/01/202	10/31/202			157.23	0.00	0.00	157.23
	BLOOD TRANSFER HOLDER DEV x3									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10541	CARESFIELD					157.23	0.00	0.00	157.23

Vendor#	Vendor Name	Class	Pay Code
10212	CLINICAL PATHOLOGY LABS (x3)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17656083126		10/21/202	08/31/202	08/31/202			27,947.90	0.00	0.00	27,947.90
	August Invoice									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS					27,947.90	0.00	0.00	27,947.90

Vendor#	Vendor Name	Class	Pay Code
C1970	CONMED CORP	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10989936		10/20/202	06/19/202	11/01/202			1,263.12	0.00	0.00	1,263.12
	ELECTROSURGICAL RETURN PAD (x4)									
10996038		10/20/202	06/25/202	11/01/202			243.90	0.00	0.00	243.90
	ELECTROSURGICAL INSTRUMENT									
11028829		10/20/202	07/25/202	11/01/202			651.20	0.00	0.00	651.20
	UTERINE MANIPULATOR									
11253233		10/20/202	03/05/202	11/01/202			651.20	0.00	0.00	651.20
	VCARE D- UTERINE MANIPULATOR									
11252906		10/20/202	03/05/202	11/01/202			303.21	0.00	0.00	303.21
	ELECTROSURGICAL INSTRUMENT									
11340982		10/20/202	06/03/202	11/01/202			700.00	0.00	0.00	700.00
	STERILE GUIDWIRE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1970	CONMED CORP					3,812.63	0.00	0.00	3,812.63

Vendor#	Vendor Name	Class	Pay Code
14400	CULINARY CONCESSIONS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV310816		09/01/202	09/30/202	10/31/202			21,245.08	0.00	0.00	21,245.08
	LUBYS CAFE EXPENSES SEPT INVOICE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14400	CULINARY CONCESSIONS LLC					21,245.08	0.00	0.00	21,245.08

Vendor#	Vendor Name	Class	Pay Code
D1200	DETAR HOSPITAL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DTR2609011		10/21/202	10/01/202	10/01/202			111.84	0.00	0.00	111.84
	PATIENT LAB DRAWS FOR SEPT									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	D1200	DETAR HOSPITAL					111.84	0.00	0.00	111.84
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
	8523011		10/14/202	10/05/202	10/30/202		148.32	0.00	0.00	148.32
		PRINTER RIBBON (x2)								
	8537510		10/14/202	10/12/202	11/04/202		667.13	0.00	0.00	667.13
		PAPER/ADHESIVE NOTES/PENS/TAPE								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					815.45	0.00	0.00	815.45
Vendor#	Vendor Name			Class	Pay Code					
11011	DIAMOND HEALTHCARE CORP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	IN20057053		09/01/202	10/01/202	10/31/202		32,315.29	0.00	0.00	32,315.29
		SEPT BEV HEALTH VAN EXPENSE								
	IN20057054		09/01/202	10/01/202	10/31/202		19,166.67	0.00	0.00	19,166.67
		SEPT CPR								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP					51,481.96	0.00	0.00	51,481.96
Vendor#	Vendor Name			Class	Pay Code					
11139	DIANNE ATKINSON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	101626		10/21/202	10/16/202	10/16/202		126.14	0.00	0.00	126.14
		REIMB FOR TRAVEL TO GET REAGIANT								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11139	DIANNE ATKINSON					126.14	0.00	0.00	126.14
Vendor#	Vendor Name			Class	Pay Code					
10789	DISCOVERY MEDICAL NETWORK INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	MMC101526		10/22/202	10/15/202	10/16/202		110,096.78	0.00	0.00	110,096.78
		PHYS SERVICES FOR OCT 1-15								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC					110,096.78	0.00	0.00	110,096.78
Vendor#	Vendor Name			Class	Pay Code					
11284	EMERGENCY STAFFING SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	45938		10/21/202	10/15/202	10/25/202		40,062.50	0.00	0.00	40,062.50
		ER PHYS SERVICES 100126-1015								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS					40,062.50	0.00	0.00	40,062.50
Vendor#	Vendor Name			Class	Pay Code					
T0383	ERIN CLEVENGER			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	101626		10/21/202	10/16/202	10/16/202		614.20	0.00	0.00	614.20
		REIMB FOR TRAVEL TO THA CONFERENCE - Fort Worth								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T0383	ERIN CLEVENGER					614.20	0.00	0.00	614.20
Vendor#	Vendor Name			Class	Pay Code					
17276	FIRST UNITED METHODIST CHURCH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	110126		10/21/202	11/01/202	11/01/202		1,450.00	0.00	0.00	1,450.00
		LAND LEASE FOR CONSTRUCTION								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	17276	FIRST UNITED METHODIST CHURCH					1,450.00	0.00	0.00	1,450.00
Vendor#	Vendor Name			Class	Pay Code					

F1400 FISHER HEALTHCARE M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1888480		10/21/202	10/06/202	10/31/202			516.32	0.00	0.00	516.32
	THERMAL PRINT PAPER/ MICROSCOPE SLIDES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	516.32	0.00	0.00	516.32

Vendor# Vendor Name Class Pay Code

13528 FLEX FINANCIAL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
906432824		10/21/202	09/27/202	10/27/202			2,369.80	0.00	0.00	2,369.80
	SUGR LEASE AGMNT 97582651 3000									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13528	FLEX FINANCIAL	2,369.80	0.00	0.00	2,369.80

Vendor# Vendor Name Class Pay Code

H0416 HOLOGIC INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11950470		10/21/202	10/05/202	10/06/202			506.00	0.00	0.00	506.00
	MAMMOPADS X2									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	506.00	0.00	0.00	506.00

Vendor# Vendor Name Class Pay Code

15208 HOSPITAL CARE CONSULTANTS INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7302		10/21/202	10/31/202	10/31/202			23,663.00	0.00	0.00	23,663.00
	HOSPITAL PHYS SERV 16TH-EOM									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15208	HOSPITAL CARE CONSULTANTS INC.	23,663.00	0.00	0.00	23,663.00

Vendor# Vendor Name Class Pay Code

13876 INQUISEEK, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV2495		10/21/202	10/15/202	10/15/202			450.00	0.00	0.00	450.00
	POLICY AND PROCEDURE MAINTENANCE - Clinic & Hospital campus									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13876	INQUISEEK, LLC	450.00	0.00	0.00	450.00

Vendor# Vendor Name Class Pay Code

L0700 LABCORP OF AMERICA HOLDINGS M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
88324244		10/21/202	09/26/202	10/21/202			34.00	0.00	0.00	34.00
	LAB SAMPLES									
88397759		10/21/202	09/26/202	10/21/202			215.48	0.00	0.00	215.48
	LAB SPECIMEN SAMPLES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	249.48	0.00	0.00	249.48

Vendor# Vendor Name Class Pay Code

10371 LOFTIN EQUIPMENT COMPANY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00098047		10/20/202	10/08/202	11/01/202			910.00	0.00	0.00	910.00
	GENERATOR EQ6107200KW MAINTENANCE									
00098045		10/20/202	10/12/202	11/01/202			1,045.00	0.00	0.00	1,045.00
	GENERATOR MAINTENANCE EQ-7238									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10371	LOFTIN EQUIPMENT COMPANY	1,955.00	0.00	0.00	1,955.00

Vendor# Vendor Name Class Pay Code

10972 M G TRUST

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101926		10/21/202	10/19/202	10/19/202			295.00	0.00	0.00	295.00

EMPLOYEE RETIREMENT

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

Vendor#	Vendor Name	Class	Pay Code
M2178	MCKESSON MEDICAL SURGICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26294613		10/21/202	09/29/202	10/14/202			859.41	0.00	0.00	859.41
	HEMATOLOGY FLUOROCELL REAGENTS (X2)									
26297023		10/21/202	09/30/202	10/15/202			613.59	0.00	0.00	613.59
	SKIN STAPLER/ CELLPACK DILUENT (X2)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	1,473.00	0.00	0.00	1,473.00

Vendor#	Vendor Name	Class	Pay Code
11612	MEDICAL AIR SERVICES ASSOC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2500759		10/21/202	11/01/202	11/01/202			1,632.00	0.00	0.00	1,632.00
	NOV EMPLY DED FOR AIR TRANSPORT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11612	MEDICAL AIR SERVICES ASSOC.	1,632.00	0.00	0.00	1,632.00

Vendor#	Vendor Name	Class	Pay Code
M2470	MEDLINE INDUSTRIES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2448388013		10/13/202	10/06/202	10/31/202			37.37	0.00	0.00	37.37
	FOAM TUBING (X2)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	37.37	0.00	0.00	37.37

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
102126		10/21/202	10/15/202	10/15/202			401.59	0.00	0.00	401.59
	MMC EMPLYEE GIFT SHOP DEDUCTS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	401.59	0.00	0.00	401.59

Vendor#	Vendor Name	Class	Pay Code
12388	NATIONAL FARM LIFE INSURANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4871683		10/21/202	11/01/202	11/01/202			2,457.99	0.00	0.00	2,457.99
	LIFE INSURANCE									

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

Vendor#	Vendor Name	Class	Pay Code
G0425	ODEFEY WITTE WALL & VILLAFRANC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8593		10/21/202	10/16/202	10/26/202			9,215.50	0.00	0.00	9,215.50
	LEGAL SERVICES 7/20 - 9/30									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ODEFEY WITTE WALL & VILLAFRANC	9,215.50	0.00	0.00	9,215.50

Vendor#	Vendor Name	Class	Pay Code
O1500	OLYMPUS AMERICA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9940301588		10/14/202	10/07/202	11/01/202			1,125.00	0.00	0.00	1,125.00
	SURG MAIN CONTRACT# Q01275 849									
9940295969		10/21/202	10/06/202	10/31/202			226.42	0.00	0.00	226.42
	ELECTROSURGICAL SNARE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	1,351.42	0.00	0.00	1,351.42

Vendor#	Vendor Name				Class	Pay Code				
11155	PARAREV									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2040216		10/14/202	10/01/202	10/31/202			3,084.00	0.00	0.00	3,084.00
		DATA MAINTENANCE/MARKET BASE PRICING/REVENUE INTEGRITY									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11155	PARAREV					3,084.00	0.00	0.00	3,084.00
Vendor#	Vendor Name				Class	Pay Code				
12708	POC ELECTRIC, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	4677		10/22/202	10/10/202	11/01/202			6,689.01	0.00	0.00	6,689.01
		VENTHOOD/ OVEN WIRING LABOR									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12708	POC ELECTRIC, LLC					6,689.01	0.00	0.00	6,689.01
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
	9363016288		10/21/202	10/07/202	11/05/202			204.36	0.00	0.00	204.36
		THERMAL PAPER LABELS									
	9363057325		10/21/202	10/13/202	10/13/202			152.19	0.00	0.00	152.19
		MEDICAL WRISTBANDS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)					356.55	0.00	0.00	356.55
Vendor#	Vendor Name				Class	Pay Code				
12480	PRO ENERGY PARTNERS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	R48403		09/01/202	10/16/202	10/31/202			2,289.22	0.00	0.00	2,289.22
		NATURAL GAS SEPT INV									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12480	PRO ENERGY PARTNERS LLC					2,289.22	0.00	0.00	2,289.22
Vendor#	Vendor Name				Class	Pay Code				
15196	PROVATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INVPVM75124		10/20/202	10/20/202	11/01/202			13,814.50	0.00	0.00	13,814.50
		SERVICE CONTRACT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15196	PROVATION					13,814.50	0.00	0.00	13,814.50
Vendor#	Vendor Name				Class	Pay Code				
O1416	QUIDELORTHO SALES COMPANY LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9100641167		10/13/202	10/04/202	11/03/202			270.56	0.00	0.00	270.56
		ORTHO CONFIDENCE MANUAL S									
	9100641596		10/13/202	10/04/202	11/03/202			585.29	0.00	0.00	585.29
		LAB REAGENTS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		O1416	QUIDELORTHO SALES COMPANY LLC					855.85	0.00	0.00	855.85
Vendor#	Vendor Name				Class	Pay Code				
18488	RELEVANTTEC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	12503		10/22/202	10/19/202	11/03/202			823.44	0.00	0.00	823.44
		IT TECHNICIAN RATE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		18488	RELEVANTTEC					823.44	0.00	0.00	823.44
Vendor#	Vendor Name				Class	Pay Code				
10699	SIGN AD, LTD.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

331997		10/21/202	10/16/202	10/26/202		950.00	0.00	0.00	950.00
ADVERTISING LEASE SPACE 102126-111726									
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.				950.00	0.00	0.00	950.00
Vendor#	Vendor Name				Class	Pay Code			
11296	SOUTH TEXAS BLOOD & TISSUE CEN								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM18894		10/21/202	10/15/202	10/15/202			-2,754.12	0.00	0.00	-2,754.12
	BLOOD BANK CREDIT									
I07064400		10/22/202	10/15/202	11/01/202			4,715.56	0.00	0.00	4,715.56
	BLOOD BANK									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					1,961.44	0.00	0.00	1,961.44
Vendor#	Vendor Name				Class	Pay Code				
S2345	SOUTHEAST TEXAS HEALTH SYS				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27141		10/21/202	10/01/202	10/31/202			6,250.00	0.00	0.00	6,250.00
	2026 QTRLY DUES OCT-DEC									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2345	SOUTHEAST TEXAS HEALTH SYS					6,250.00	0.00	0.00	6,250.00
Vendor#	Vendor Name				Class	Pay Code				
10094	ST DAVIDS HEALTHCARE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCPL202608		10/21/202	10/16/202	10/16/202			375.00	0.00	0.00	375.00
	CONNECTIVITY FEE FOR AUG 20									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTHCARE					375.00	0.00	0.00	375.00
Vendor#	Vendor Name				Class	Pay Code				
10950	STATUS HP									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
63		10/21/202	10/20/202	10/30/202			1,400.00	0.00	0.00	1,400.00
	RFID ER PHYS TIME TRACK FEE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10950	STATUS HP					1,400.00	0.00	0.00	1,400.00
Vendor#	Vendor Name				Class	Pay Code				
18472	TAURUS INDUSTRIAL GROUP LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
56602		10/21/202	10/14/202	10/21/202			1,342.00	0.00	0.00	1,342.00
	MMC CABLE PULL									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	18472	TAURUS INDUSTRIAL GROUP LLC					1,342.00	0.00	0.00	1,342.00
Vendor#	Vendor Name				Class	Pay Code				
T1915	TEXAS GLASS & TINTING				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
126417		10/05/202	09/30/202	10/30/202			4,750.00	0.00	0.00	4,750.00
	LABOR/ MISC GLAZING SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T1915	TEXAS GLASS & TINTING					4,750.00	0.00	0.00	4,750.00
Vendor#	Vendor Name				Class	Pay Code				
T2050	TEXAS HOSPITAL INS EXCHANGE				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100826		10/21/202	10/08/202	10/08/202			282.25	0.00	0.00	282.25
	PROFESSIONAL LIABILITY CLAIM # TXH7160									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T2050	TEXAS HOSPITAL INS EXCHANGE					282.25	0.00	0.00	282.25
Vendor#	Vendor Name				Class	Pay Code				

14372 TRIAGE, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1797370329		10/21/202	10/02/202	11/01/202			3,044.63	0.00	0.00	3,044.63
	LAB TRAVEL TECH 092026-092626 Katrina Johnson 9/21, 9/22, 9/23, 9/24									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14372	TRIAGE, LLC	3,044.63	0.00	0.00	3,044.63

Vendor# Vendor Name Class Pay Code

13616 TRIOSE, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TRI312224		10/21/202	10/14/202	10/29/202			286.66	0.00	0.00	286.66
	FREIGHT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC	286.66	0.00	0.00	286.66

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
2921095621		10/20/202	08/20/202	09/14/202			483.92	0.00	0.00	483.92
	SUPPLIES/LINENS FOR PT									
2921095620		10/20/202	09/19/202	10/14/202			364.86	0.00	0.00	364.86
	UNIFORMS FOR SURGERY									
2921095537		10/21/202	08/20/202	09/14/202			68.42	0.00	0.00	68.42
	UNIFORMS FOR MAINTENANCE									
2921095581		10/21/202	08/20/202	09/14/202			186.69	0.00	0.00	186.69
	LINENS/SUPPLIES FOR MMC CLII									
2921095529		10/21/202	08/20/202	09/14/202			5,620.02	0.00	0.00	5,620.02
	SUPPLIES/LINENS FOR MED/SUR									
2921095553		10/21/202	08/20/202	09/14/202			906.50	0.00	0.00	906.50
	SUPPLIES/LINENS FOR HOUSEKI									
2921095562		10/21/202	08/20/202	09/14/202			81.26	0.00	0.00	81.26
	UNIFORMS FOR DIETARY									
2921095557		10/21/202	08/20/202	09/14/202			187.45	0.00	0.00	187.45
	SUPPLIES/LINENS									
2921098942		10/21/202	10/05/202	10/30/202			110.54	0.00	0.00	110.54
	UNIFORMS FOR HOUSEKEEPING									
2921099259		10/21/202	10/08/202	11/02/202			65.45	0.00	0.00	65.45
	UNIFORMS FOR PLANT OPS									
2921099280		10/21/202	10/08/202	11/02/202			187.83	0.00	0.00	187.83
	SUPPLIES/LINENS FOR DIETARY									
2921099297		10/21/202	10/08/202	11/02/202			377.41	0.00	0.00	377.41
	SUPPLIES/LINENS FOR MMC CLII									
2921099283		10/21/202	10/08/202	11/02/202			85.61	0.00	0.00	85.61
	UNIFORMS FOR DIETARY									
2921099339		10/21/202	10/08/202	11/02/202			588.91	0.00	0.00	588.91
	LINENS/SUPPLIES FOR PT									
2921099461		10/21/202	10/12/202	10/12/202			123.76	0.00	0.00	123.76
	SUPPLIES/LINENS FOR HOUSEKI									
2921099466		10/21/202	10/12/202	11/05/202			106.73	0.00	0.00	106.73
	UNIFORMS FOR HOUSEKEEPING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	9,545.36	0.00	0.00	9,545.36

Vendor# Vendor Name Class Pay Code

U2000 US POSTAL SERVICE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102026		10/20/202	10/20/202	10/20/202			2,200.00	0.00	0.00	2,200.00
	POSTAGE FOR MAIL MACHINE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	U2000	US POSTAL SERVICE			2,200.00	0.00	0.00	2,200.00

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
9112341937		10/14/202	10/01/202	10/26/202			1,071.30	0.00	0.00	1,071.30
	HEMOSIL RINSE SOLUTION (X16)									
9112344769		10/20/202	10/05/202	11/01/202			1,772.00	0.00	0.00	1,772.00
	INVITRO DIAG TEST CARTRIDGE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	2,843.30	0.00	0.00	2,843.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	383,980.23	0.00	0.00	~~383,980.23~~ 384,105.24

383,980.23 +
125.01 + -added invoice
384,105.24 = -new total

APPROVED ON
OCT 22 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 214504-214557

RECEIVED
OCT 22 2026
Calhoun County Auditor

10/22/2026
10:49

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/06/2026

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11580	WILLIAM CROWLEY III, DO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101926		10/21/202	10/19/202	11/06/202			125.01	0.00	0.00	125.01
	UHC PMT DEPOSITED IN MMC ACct.									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11580	WILLIAM CROWLEY III, DO					125.01	0.00	0.00	125.01

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	125.01	0.00	0.00	125.01

APPROVED ON
OCT 22 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#214561 -
214567

RECEIVED
OCT 22 2026
Calhoun County Auditor

RUN DATE: 10/22/26 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 10:44 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME		DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
6001677 01	[redacted]		102126	37.00		5	[redacted]	
		TX 77979						
6030698 01			102126	42.50		5		
		TX 77979						
6031610 01			102126	57.03		5		
		TX 77979						
6032684 01			102126	42.50		5		
		TX 77979						
6041467 01			102126	30.50		5		
		TX 77979						
6049713 01			102126	42.50		5		
		TX 77979						
6050355 01			102126	13.14		5		
		TX 77979						

ARID=0001 TOTAL 265.17

TOTAL 265.17

APPROVED ON
OCT 22 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	214504	10/28/26	500.00	ALERAGROUP
A/P	214505	10/28/26	875.06	AMAZON CAPITAL SERVICES
A/P	214506	10/28/26	4,285.35	BAXTER HEALTHCARE
A/P	214507	10/28/26	8,702.20	BECKMAN COULTER INC
A/P	214508	10/28/26	1,979.23	BIO-RAD LABORATORIES, INC
A/P	214509	10/28/26	157.23	CARESFIELD
A/P	214510	10/28/26	27,947.90	CLINICAL PATHOLOGY LABS
A/P	214511	10/28/26	3,812.63	CONMED CORP
A/P	214512	10/28/26	21,245.08	CULINARY CONCESSIONS LLC
A/P	214513	10/28/26	111.84	DETAR HOSPITAL
A/P	214514	10/28/26	815.45	DEWITT POTH & SON
A/P	214515	10/28/26	51,481.96	DIAMOND HEALTHCARE CORP
A/P	214516	10/28/26	126.14	DIANNE ATKINSON
A/P	214517	10/28/26	110,096.78	DISCOVERY MEDICAL NETWORK INC
A/P	214518	10/28/26	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	214519	10/28/26	614.20	ERIN CLEVENGER
A/P	214520	10/28/26	1,450.00	FIRST UNITED METHODIST CHURCH
A/P	214521	10/28/26	516.32	FISHER HEALTHCARE
A/P	214522	10/28/26	2,369.80	FLEX FINANCIAL
A/P	214523	10/28/26	506.00	HOLOGIC INC
A/P	214524	10/28/26	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	214525	10/28/26	450.00	INQUISEEK, LLC
A/P	214526	10/28/26	249.48	LABCORP OF AMERICA HOLDINGS
A/P	214527	10/28/26	1,955.00	LOFTIN EQUIPMENT COMPANY
A/P	214528	10/28/26	295.00	M G TRUST
A/P	214529	10/28/26	1,473.00	MCKESSON MEDICAL SURGICAL INC
A/P	214530	10/28/26	1,632.00	MEDICAL AIR SERVICES ASSOC.
A/P	214531	10/28/26	37.37	MEDLINE INDUSTRIES INC
A/P	214532	10/28/26	401.59	MMC AUXILIARY GIFT SHOP
A/P	214533	10/28/26	2,457.99	NATIONAL FARM LIFE INSURANCE
A/P	214534	10/28/26	9,215.50	ODEFEY WITTE WALL & VILLAFRANC
A/P	214535	10/28/26	1,351.42	OLYMPUS AMERICA INC
A/P	214536	10/28/26	3,084.00	PARAREV
A/P	214537	10/28/26	6,689.01	POC ELECTRIC, LLC
A/P	214538	10/28/26	356.55	PRECISION DYNAMICS CORP (PDC)
A/P	214539	10/28/26	2,289.22	PRO ENERGY PARTNERS LLC
A/P	214540	10/28/26	13,814.50	PROVATION
A/P	214541	10/28/26	855.85	QUIDELORTHO SALES COMPANY LLC
A/P	214542	10/28/26	823.44	RELEVANTTEC
A/P	214543	10/28/26	950.00	SIGN AD, LTD.
A/P	214544	10/28/26	1,961.44	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	214545	10/28/26	6,250.00	SOUTHEAST TEXAS HEALTH SYS
A/P	214546	10/28/26	375.00	ST DAVIDS HEALTHCARE
A/P	214547	10/28/26	1,400.00	STATUS HP
A/P	214548	10/28/26	1,342.00	TAURUS INDUSTRIAL GROUP LLC
A/P	214549	10/28/26	4,750.00	TEXAS GLASS & TINTING
A/P	214550	10/28/26	282.25	TEXAS HOSPITAL INS EXCHANGE
A/P	214551	10/28/26	3,044.63	TRIAGE, LLC
A/P	214552	10/28/26	286.66	TRIOSE, INC
A/P	214553	10/28/26	.00	VOIDED

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	214554	10/28/26	9,545.36	UNIFIRST HOLDINGS INC
A/P	214555	10/28/26	2,200.00	US POSTAL SERVICE
A/P	214556	10/28/26	2,843.30	WERFEN USA LLC
A/P	214557	10/28/26	125.01	WILLIAM CROWLEY III, DO
A/P	214558	10/28/26	5,772.25	GOLDENCREEK HEALTHCARE
A/P	214559	10/28/26	43,133.56	LAVACA BAY NURSING AND REHAB
A/P	214560	10/28/26	163,507.70	TUSCANY VILLAGE
A/P	214561	10/28/26	57.03	[redacted]
A/P	214562	10/28/26	13.14	
A/P	214563	10/28/26	42.50	
A/P	214564	10/28/26	42.50	
A/P	214565	10/28/26	42.50	
A/P	214566	10/28/26	37.00	
A/P	214567	10/28/26	30.50	
TOTALS:			596,783.92	

384,105.20 — payables
265.17 — pt. refunds
43,133.56 — lavaca bay
5,772.25 — golden creek
163,507.70 — tuscany
596,783.92 =

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
10/15/2026	10/25/2026	5465059	262.14
10/15/2026	10/25/2026	5465060	111.63
10/19/2026	11/10/2026	5478048	211.84
10/19/2026	11/10/2026	5476217	499.75
10/19/2026	11/10/2026	5476215	578.55
10/19/2026	11/10/2026	5476216	170.35
10/19/2026	11/10/2026	5476218	256.03
10/20/2026	11/10/2026	5485290	140.94
10/20/2026	11/10/2026	0239888	495.26
10/20/2026	11/10/2026	5482690	1,100.10
10/21/2026	11/10/2026	5490364	17.08
10/21/2026	11/10/2026	5490365	30.80
10/21/2026	11/10/2026	5491657	3,255.60
10/21/2026	11/10/2026	5488894	48.83
10/21/2026	11/10/2026	5488895	248.68
10/22/2026	11/10/2026	5498151	488.06
10/22/2026	11/10/2026	5498152	656.44
10/22/2026	11/10/2026	5495054	98.27
			8,670.35

Caitlin Clevenger - Controller

APPROVED ON

OCT 26 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/23/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 10/23/2026

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

As of: 10/23/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 10/23/2026 **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: 18,341.96 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 10/27/2026,
Pay This Amount: 17,975.10 USD

If Paid After 10/27/2026,
Pay this Amount: 18,341.96 USD

Due If Paid On Time:
USD 17,975.10

Disc lost if paid late:
366.86

Due If Paid Late:
USD 18,341.96

APPROVED ON
OCT 26 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 10/23/2026

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/23/2026

Page: 001

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

As of: 10/23/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 10/23/2026

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**									
10/17/2026	10/27/2026	7664295083	300244049	115Invoice	15.62	780.83		765.21		7664295083	✓
10/17/2026	10/27/2026	7664295084	296157198	115Invoice	0.02	1.02		1.00		7664295084	✓
10/17/2026	10/27/2026	7664295085	301042430	115Invoice	62.06	3,102.93		3,040.87		7664295085	✓
10/19/2026	10/27/2026	7664540457	300146541	115Invoice	4.36	218.24		213.88		7664540457	✓
10/19/2026	10/27/2026	7664540458	300400460	115Invoice	4.51	225.27		220.76		7664540458	✓
10/19/2026	10/27/2026	7664540459	300244049	115Invoice	24.89	1,244.59		1,219.70		7664540459	✓
10/19/2026	10/27/2026	7664540460	301643550	115Invoice	5.66	282.79		277.13		7664540460	✓
10/19/2026	10/27/2026	7664540461	301643550	115Invoice	7.64	382.22		374.58		7664540461	✓
10/20/2026	10/27/2026	7664796813	299785502	115Invoice	2.74	137.03		134.29		7664796813	✓
10/20/2026	10/27/2026	7664796814	297851986	115Invoice	7.64	382.22		374.58		7664796814	✓
10/20/2026	10/27/2026	7664796815	301643550	115Invoice	5.66	282.79		277.13		7664796815	✓
10/20/2026	10/27/2026	7664837430	289217854	115Invoice	17.74	886.79		869.05		7664837430	✓
10/20/2026	10/27/2026	7664837431	288091811	115Invoice	69.50	3,474.94		3,405.44		7664837431	✓
10/20/2026	10/27/2026	7664837432	289008114	115Invoice	1.50	75.09		73.59		7664837432	✓
10/21/2026	10/27/2026	7665044968	301217330	115Invoice	0.01	0.32		0.31		7665044968	✓
10/21/2026	10/27/2026	7665044969	302027808	115Invoice	53.60	2,680.04		2,626.44		7665044969	✓
10/21/2026	10/27/2026	7665044970	300661135	115Invoice	4.51	225.27		220.76		7665044970	✓
10/21/2026	10/27/2026	7665044971	301112975	115Invoice	4.51	225.27		220.76		7665044971	✓
10/21/2026	10/27/2026	7665044972	301643550	115Invoice	4.51	225.27		220.76		7665044972	✓
10/23/2026	10/27/2026	7665552206	299471884	115Invoice	7.64	382.22		374.58		7665552206	✓
10/23/2026	10/27/2026	7665552207	302358763	115Invoice	0.01	0.32		0.31		7665552207	✓
10/23/2026	10/27/2026	7665552208	302430623	115Invoice	62.06	3,102.93		3,040.87		7665552208	✓

APPROVED ON
OCT 26 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 10/23/2026 Page: 002

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 10/23/2026

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

As of: 10/23/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 10/23/2026 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 18,318.39 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 206,938.71
10/19/2026

If Paid By 10/27/2026,
Pay This Amount: 17,952.00 USD

If Paid After 10/27/2026,
Pay this Amount: 18,318.39 USD

Due If Paid On Time:
USD 17,952.00

Disc lost if paid late:
366.39

Due If Paid Late:
USD 18,318.39

APPROVED ON
OCT 26 2026
BY COUNTY AUDITOR
CATRON COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/23/2026 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 10/23/2026

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

As of: 10/23/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 10/23/2026 **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											
10/22/2026	10/27/2026	7665149021	B2610-055-564781	115Invoice	0.47	23.57		23.10		7665149021	✓

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: 23.57 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 206,938.71
10/19/2026

If Paid By 10/27/2026,
Pay This Amount: 23.10 USD

If Paid After 10/27/2026,
Pay this Amount: 23.57 USD

Due If Paid On Time:
USD 23.10

Disc lost if paid late:
0.47

Due If Paid Late:
USD 23.57

APPROVED ON
OCT 26 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 73123891
Date: 10-23-2026

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:	191.96
Past Due:	0.00
Total Due:	191.96
Account Balance:	191.96

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-19-2026	10-30-2026	3267287050	7012800225	Invoice	51.59		0.00	51.59
10-19-2026	10-30-2026	3267287051	7012801254	Invoice	0.47		0.00	0.47
10-19-2026	10-30-2026	3267287052	7012805515	Invoice	38.44		0.00	38.44
10-22-2026	10-30-2026	3267665613	7012820697	Invoice	101.46		0.00	101.46

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
191.96	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
10-23-2026	(559.85)

APPROVED ON
OCT 26 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
10-30-2026	191.96
Total Due:	191.96

CC

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

cencora

STATEMENT

Statement Number: 73132293
Date: 10-23-2026

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

DEA: RA0504743
866-451-9655

Customer:
ACCREDO MEMPHIS 340B
MEMORIAL MEDICAL CENTER
1620 CENTURY CENTER PKWY #109
MEMPHIS TN 38134-8849

Customer Number
100302028 / 100302028

Terms
Sat - Fri Due in 7 days

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

Summary

Not Yet Due:	0.00
Current:	1.55
Past Due:	0.00
Total Due:	1.55
Account Balance:	1.55

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-22-2026	10-30-2026	373188983	GROSS RECEIPTS TAX	Invoice	1.55		0.00	1.55

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1.55	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
10-30-2026	1.55
Total Due:	1.55

CC

APPROVED ON
OCT 26 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 0000007878383535 Document Type Customer Statement 2025*024021598

CHKNO	MASTNO	GROUPNAME	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	EMPLOYEE_FIRSTNAME	EMPLOYEE_LASTNAME	PATIENT_FIRSTNAME	PATIENT_LASTNAME	CODE	VOID	FROMDT
9933	76350	MEMORIAL MEDIC	2026-09-29	$28.25	1	TCPSO	P	183	0					RAD	F	2026-01-05
9934	76350	MEMORIAL MEDIC	2026-09-29	$28.25	1	TCPSO	P	183	0					RAD	F	2026-01-28
9935	76350	MEMORIAL MEDIC	2026-09-29	$28.25	1	TCPSO	P	183	0					RAD	F	2026-01-06
9936	76350	MEMORIAL MEDIC	2026-09-29	$28.25	1	TCPSO	P	183	0					RAD	F	2026-01-07
9937	76350	MEMORIAL MEDIC	2026-09-29	$28.25	1	TCPSO	P	183	0					RAD	F	2026-01-21
9938	76350	MEMORIAL MEDIC	2026-09-29	$28.25	1	TCPSO	P	183	0					RAD	F	2026-01-08
9939	76350	MEMORIAL MEDIC	2026-09-29	$28.25	1	TEXAS CHIL	P	183	0					RAD	F	2026-01-16
9940	76350	MEMORIAL MEDIC	2026-09-29	$56.50	1	TCPSO	P	183	0					RAD	F	2026-01-04
9941	76350	MEMORIAL MEDIC	2026-09-29	$56.50	1	TCPSO	P	183	0					RAD	F	2026-01-09
9942	76350	MEMORIAL MEDIC	2026-09-29	$75.43	1	TCPO	P	482	0					DX	F	2026-01-27
9943	76350	MEMORIAL MEDIC	2026-09-29	$98.86	1	TCPSO	P	183	0					RAD	F	2026-01-05
9944	76350	MEMORIAL MEDIC	2026-09-29	$112.55	1	TCPSO	P	188	0					HV	F	2026-01-22
9945	76350	MEMORIAL MEDIC	2026-09-29	$135.13	1	TCPSO	P	482	0					DX	F	2026-01-08
9946	76350	MEMORIAL MEDIC	2026-09-29	$135.13	1	TCPSO	P	482	0					DX	F	2026-01-04
9947	76350	MEMORIAL MEDIC	2026-09-29	$162.25	1	TCPSO	P	188	0					HV	F	2026-01-05
9948	76350	MEMORIAL MEDIC	2026-09-29	$162.25	1	TCPSO	P	188	0					HV	F	2026-01-08
9949	76350	MEMORIAL MEDIC	2026-09-29	$162.25	1	TCPSO	P	188	0					HV	F	2026-01-13
9950	76350	MEMORIAL MEDIC	2026-09-29	$162.25	1	TCPSO	P	188	0					HV	F	2026-01-09
9951	76350	MEMORIAL MEDIC	2026-09-29	$193.17	1	TCPSO	P	188	0					HV	F	2026-01-28
9952	76350	MEMORIAL MEDIC	2026-09-29	$193.17	1	TCPSO	P	188	0					HV	F	2026-01-24
9953	76350	MEMORIAL MEDIC	2026-09-29	$193.17	1	TCPSO	P	188	0					HV	F	2026-01-25
9954	76350	MEMORIAL MEDIC	2026-09-29	$206.71	1	TCPSO	P	188	0					HV	F	2026-01-17
9955	76350	MEMORIAL MEDIC	2026-09-29	$206.71	1	TCPSO	P	188	0					HV	F	2026-01-18
9956	76350	MEMORIAL MEDIC	2026-09-29	$216.05	1	TEXAS CHIL	P	188	0					HV	F	2026-01-09
9957	76350	MEMORIAL MEDIC	2026-09-29	$413.42	1	TCPSO	P	188	0					HV	F	2026-01-15
9958	76350	MEMORIAL MEDIC	2026-09-29	$538.27	1	TCPSO	P	482	0					DX	F	2026-01-06
9959	76350	MEMORIAL MEDIC	2026-09-29	$637.47	1	TCPSO	P	188	0					HV	F	2026-01-10
9960	76350	MEMORIAL MEDIC	2026-09-29	$637.47	1	TCPSO	P	188	0					HV	F	2026-01-09
9961	76350	MEMORIAL MEDIC	2026-09-29	$637.47	1	TCPSO	P	188	0					HV	F	2026-01-11
9962	76350	MEMORIAL MEDIC	2026-09-29	$749.28	1	TCPSO	P	188	0					HV	F	2026-01-26
9963	76350	MEMORIAL MEDIC	2026-09-29	$923.78	1	TCPSO	P	188	0					HV	F	2026-01-05
9964	76350	MEMORIAL MEDIC	2026-09-29	$949.73	1	TCPSO	P	188	0					HV	F	2026-01-19
9965	76350	MEMORIAL MEDIC	2026-09-29	$2,549.88	1	TCPSO	P	188	0					HV	F	2026-01-05
				$10,762.60												

APPROVED ON

OCT 26 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	CHMO	LOCNO	ENTRYNO	SEQNO	YEAR	CLAIMID	CLMSEQ	CHKDT	AMT	CENTER	PAYEE	PAYTO	PAYNO	SYSTEM	FIRSTNAME	LASTNAME	CODE	VOID	SERVDATE	ENTRYDT	PAYNO
10033	76351	2	33	0	2026	289001778	0	10/23/2026	$155.00	1	HPCMS LLC	P	604	0	[redacted]		CASE	F	9/28/2026	9/28/2026	271837628
10035	76351	2	5	0	2026	289001731	0	10/23/2026	$465.00	1	HPCMS LLC	P	604	0			CASE	F	9/2/2026	9/29/2026	271837628
10036	76351	3	10	0	2026	292001074	0	10/23/2026	$30.71	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0			INVC	F	10/8/2026	10/8/2026	591031071
10041	76351	3	43	0	2026	289001791	0	10/23/2026	$387.50	1	HPCMS LLC	P	604	0			CASE	F	9/10/2026	9/29/2026	271837628
10042	76351	3	79	0	2026	289001740	0	10/23/2026	$658.75	1	HPCMS LLC	P	604	0			CASE	F	9/25/2026	9/30/2026	271837628
10057	76360	3	21	1	2026	289001510	0	10/23/2026	$77.50	1	HPCMS LLC	P	604	0			CASE	F	9/17/2026	9/17/2026	271837628
10078	76360	3	54	0	2026	260001122	0	10/23/2026	$149.26	1	VICTORIA EP PLLC	P	189	0			ERD	F	9/4/2026	9/4/2026	474741110
10084	76360	3	140	0	2026	261000952	0	10/23/2026	$216.48	1	LONE STAR EMERGENCY ASSOCIATES LLC	P	189	0			ERD	F	8/13/2026	8/13/2026	271112877
10085	76360	3	75	0	2026	292001056	0	10/23/2026	$277.24	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0			INVC	F	10/4/2026	10/6/2026	591031071
10090	76360	3	153	0	2026	266001214	0	10/23/2026	$316.61	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	9/6/2026	9/6/2026	741680498
10093	76360	3	54	0	2026	260000526	0	10/23/2026	$378.74	1	VICTORIA ED LLC	P	406	0			ER	F	9/4/2026	9/4/2026	473152225
10095	76360	3	105	0	2026	289001511	0	10/23/2026	$465.00	1	HPCMS LLC	P	604	0			CASE	F	9/21/2026	9/23/2026	271837628
10098	76360	3	26	1	2026	261000895	0	10/23/2026	$744.10	1	WILLIAM J CROWLEY III	P	178	0			SO	I	6/30/2026	6/30/2026	515764512
10104	76370	3	44	0	2026	289001679	0	10/23/2026	$426.25	1	HPCMS LLC	P	604	0			CASE	F	9/9/2026	9/23/2026	271837628
									$4,748.14												

APPROVED ON

OCT 26 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Oct 19, 2026 - Oct 25, 2026

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
10/19/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#188108693 187480376	- 3rd Party Payor Fee	1,049.44	902794	40440076
10/19/2026	WEBFILE TAX PYMT CPA TAX PAYMENTS - DD 902/8 4167313	- Sales Tax	467.90**	902795	BEFORE DISC:20300000 TIMELY
10/20/2026	MCKESSON DRUG - AUTO ACH ACH07302903	- 340B Drug Program Expense	206,938.71*	902796	60310000
10/20/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#188378597 188149986	- 3rd Party Payor Fee	68.83	902797	40440076
10/21/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#189362656 188917642	- 3rd Party Payor Fee	96.29	902798	40440076
10/21/2026	Domestic Wire Withdrawal WIRE OUT U.S. BANK C ORPORATE PAYMENT SYSTEM	-US Bank Credit Card Payment	5,281.76*	902799	20050000
10/22/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#189841282 189524497	- 3rd Party Payor Fee	140.61	902800	40440076
10/22/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	9,848.48*	902801	10450000
10/23/2026	MEMORIAL MEDICAL - PAYROLL		408,114.02*		
10/23/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#190318159 189924607	- 3rd Party Payor Fee	63.94	902802	40440076
10/23/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	559.85*	902803	60310000
10/23/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 10.16.26 MemMedCtr PtLav	- Health Insurance Claim Payments	37,191.02*	902804	60320000
10/23/2026	HEALTHEQUITY INC - HealthEqui	- EmpDeduct/Employer Contribut	1,068.66*	902805	PAYROLL- 20280000
			670,889.51		

*approved on 10.21.26 cc
**approved on 10.14.26 cc

Caitlin Clevenger, Controller
Memorial Medical Center

October 26, 2026

1,0
1,049.44 +
68.83 +
96.29 +
140.61 +
63.94 + Pay Plus
1,419.11

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes

Caitlin Clevenger, Controller
Memorial Medical Center

October 26, 2026

670,889.51 +
1,419.11
467.90 -
206,938.71 -
5,281.76 -
9,848.48 -
408,114.02 -
559.85 -
37,191.02 -
1,068.66 -
0.00 *

APPROVED ON
OCT 26 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Transfer Request

Amount: 73,550.00 Date: 10/28/2026

From Account: Prosperity Lockbox *7168

To Account: Prosperity Operating *4357

APPROVED ON
OCT 27 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

Transfer funds from Prosperity Lockbox to Prosperity Operating

Requested by: Caitlin Clevenger Date: 10/28/2026

Authorized by: Millie Cleveland Date: 10/28/26

Memorial Medical Center
Transfer Request

Amount: 1,573,550.00 Date: 10/28/2026

From Account: Prosperity Operating *4357

To Account: Nexbank Money Market *677

APPROVED ON
OCT 27 2026
BY COUNTY AUDITOR
[illegible] COUNTY, TEXAS

Explanation:

Transfer funds from Prosperity Operating to NexBank Money Market

Requested by: Caitlin Clevenger **Date:** 10/28/2026

Authorized by: [signature] ✓ **Date:** 10/28/26

RECEIVED
OCT 22 2026
Calhoun County Auditor

10/22/2026
10:43

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/06/2026

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
101926		10/21/202	10/19/202	11/06/202			43,133.56	0.00	0.00	43,133.56

ins. pay. dep. into mmc opt. correction

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	43,133.56	0.00	0.00	43,133.56

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	43,133.56	0.00	0.00	43,133.56

APPROVED ON
OCT 22 2026
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk#214559

RECEIVED
OCT 22 2026
Calhoun County Auditor

10/22/2026
10:44

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/06/2026

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
101426	ins. pay dep. into mmc opt. correction	10/21/202	10/14/202	11/06/202			572.36	0.00	0.00	572.36
101526	"	10/21/202	10/15/202	11/06/202			1,429.18	0.00	0.00	1,429.18
101626	"	10/21/202	10/16/202	11/06/202			312.00	0.00	0.00	312.00
101926	"	10/21/202	10/19/202	11/06/202			720.00	0.00	0.00	720.00
101926A	"	10/21/202	10/19/202	11/06/202			2,120.71	0.00	0.00	2,120.71
102026	"	10/21/202	10/20/202	11/06/202			618.00	0.00	0.00	618.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	5,772.25	0.00	0.00	5,772.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,772.25	0.00	0.00	5,772.25

APPROVED ON
OCT 22 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

chk# 214558

RECEIVED
OCT 22 2026
Calhoun County Auditor

10/22/2026
10:43

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/06/2026

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
101426A	ins. pay. dep. into mmc opt. correction	10/21/202	10/14/202	11/06/202			28,357.88	0.00	0.00	28,357.88
101426	"	10/21/202	10/14/202	11/06/202			4,095.00	0.00	0.00	4,095.00
101526C	"	10/21/202	10/15/202	11/06/202			49,145.45	0.00	0.00	49,145.45
101526	"	10/21/202	10/15/202	11/06/202			2,450.00	0.00	0.00	2,450.00
101526A	"	10/21/202	10/15/202	11/06/202			162.75	0.00	0.00	162.75
101526D	"	10/21/202	10/15/202	11/06/202			36,763.22	0.00	0.00	36,763.22
101526B	"	10/21/202	10/15/202	11/06/202			11,128.20	0.00	0.00	11,128.20
101626	"	10/21/202	10/16/202	11/06/202			792.00	0.00	0.00	792.00
101926	"	10/21/202	10/19/202	11/06/202			216.00	0.00	0.00	216.00
101926A	"	10/21/202	10/19/202	11/06/202			6,840.00	0.00	0.00	6,840.00
102026A	"	10/21/202	10/20/202	11/06/202			6,457.20	0.00	0.00	6,457.20
102026	"	10/21/202	10/20/202	11/06/202			17,100.00	0.00	0.00	17,100.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	163,507.70	0.00	0.00	163,507.70

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	163,507.70	0.00	0.00	163,507.70

APPROVED ON
OCT 22 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 214560

APPROVED ON

OCT 26 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10.26.26

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		222,812.24	222,712.24	280,366.71		-	280,466.71	280,366.71
						Bank Balance	280,466.71	
						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 280,366.71

Approved:
Caitlin Clevenger, Controller 10/26/2026

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/19/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 101926 543684555876917	-	390.24		390.24
10/20/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1270756938*13 41858379\ 746003411	-	27,152.57		27,152.57
10/20/2026	GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,288.00		1,288.00
10/20/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0513405915880759 64*1746000156~ 17460034113011	-	12,832.15		12,832.15
10/21/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0513560915880759 64*1746000156~ 17460034113011	-	18,269.19		18,269.19
10/21/2026	AETNA AS01 - HCCLAIMPMT TRN*1*8826289010063 38*1066033492\ 1588075964	-	1,735.79		1,735.79
10/22/2026	Deposit	-	141,410.41		141,410.41
10/22/2026	Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	222,712.24	-		-
10/22/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1271216630*13 41858379\ 746003411	-	4,261.01		4,261.01
10/22/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0513712515880759 64*1746000156~ 17460034113011	-	6,744.54		6,744.54
10/22/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7986619*1205296137*000004011~ 676097	-	57,837.68		57,837.68
10/23/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0513910015880759 64*1746000156~ 17460034113011	-	8,445.13		8,445.13
		222,712.24	**280,366.71**	**-**	**280,366.71**

Transaction Report

PROSPERITY BANK

Transaction Report for account *4454

Reported on Mon Oct 26 14:12:00 GMT 2026

Current Balance $285,728.71
Interest Accrued $180.12
Available Balance $285,728.71

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
10/23/2026		External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S139100158807596 4*1746000156~ 17460034113011	$8,445.13		$280,466.71
10/22/2026	27312952655102	Deposit Deposit	$141,410.41		$272,021.58
10/22/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		$222,712.24	$130,611.17
10/22/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1271216630*13 41858379\ 746003411	$4,261.01		$353,323.41
10/22/2026		External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S137125158807596 4*1746000156~ 17460034113011	$6,744.54		$349,062.40
10/22/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7986619*1205296137*000004011~ 675097	$57,837.68		$342,317.86
10/21/2026		External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S135609158807596 4*1746000156~ 17460034113011	$18,269.19		$284,480.18
10/21/2026		External Deposit AETNA AS01 - HCCLAIMPMT TRN*1*8826289010063 38*1066033492\ 1588075964	$1,735.79		$266,210.99

APPROVED ON

OCT 26 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
10.26.26

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		435,872.40	435,772.40	341,446.19	-	-	-	341,546.19	341,446.19
							Bank Balance	341,546.19	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 341,446.19

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:
Michelle Cumberland, CFO 10/26/2026

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/19/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7981466*1205296137*000004011~ 676201	-	86,353.38		86,353.38
10/20/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1270756937*13 41858379\ 746003411	-	96,215.43		96,215.43
10/20/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7982695*1205296137*000004011~ 676201	-	907.92		907.92
10/21/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1271509999*13 41858379\ 746003411	-	8,889.29		8,889.29
10/21/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7984626*1205296137*000004011~ 676201	-	682.52		682.52
10/22/2026	Deposit	-	41,154.65		41,154.65
10/22/2026	Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	429,866.12	-		-
10/22/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7987306*1205296137*000004011~ 676201	-	42,880.72		42,880.72
10/23/2026	Over Counter Check	1,083.38	-		-
10/23/2026	Over Counter Check	4,727.90	-		-
10/23/2026	Over Counter Check	95.00	-		-
10/23/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1271509998*13 41858379\ 746003411	-	5,534.67		5,534.67
10/23/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7989310*1205296137*000004011~ 676201	-	58,827.61		58,827.61
		435,772.40	341,446.19	-	341,446.19

Transaction Report

PROSPERITY BANK

Transaction Report for account *3407

Reported on Mon Oct 26 14:03:00 GMT 2026

Current Balance $342,159.59
Interest Accrued $356.57
Available Balance $342,159.59

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
10/23/2026	1207	Over Counter Check Over Counter Check		$1,083.38	$341,546.19
10/23/2026	1209	Over Counter Check Over Counter Check		$4,727.90	$342,629.57
10/23/2026	1208	Over Counter Check Over Counter Check		$95.00	$347,357.47
10/23/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1271509998*13 41858379\ 746003411	$5,534.67		$347,452.47
10/23/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7989310*1205296137*000004011~ 676201	$58,827.61		$341,917.80
10/22/2026	27312952655072	Deposit Deposit	$41,154.65		$283,090.19
10/22/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		$429,866.12	$241,935.54
10/22/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7987306*1205296137*000004011~ 676201	$42,880.72		$671,801.66
10/21/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1271509999*13 41858379\ 746003411	$8,889.29		$628,920.94

APPROVED ON

OCT 26 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
10.26.26

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		139,132.76	139,032.76	323,406.23			-	323,506.23	323,406.23
							Bank Balance	323,506.23	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 323,406.23

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

Approved:
Caitlin Clevenger, Controller 10/26/2026

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
10/19/2026	Care Hospice - Payment 41008	-	1,190.00		1,190.00
10/19/2026	BCBS ILLINOIS PAYABLE - HCCLAIMPMT TRN*1*M26 288E62321830*1731350270*MA2026101SE623218300-1538719836\ M26288E623	-	578.45		578.45
10/20/2026	NDC SWEEP SWEEP FROM X2983 - FAC 02330	-	257.15		257.15
10/20/2026	Deposit	-	16,246.63		16,246.63
10/20/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7983358*1205296137*000004011~ 676481	-	30,436.28		30,436.28
10/21/2026	CENTENE CORP - HCCLAIMPMT TRN*1*0913725806* 1742770542\	-	164,275.24		164,275.24
10/22/2026	Deposit	-	8,513.56		8,513.56
10/22/2026	Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	139,032.76	-		-
10/23/2026	CENTENE CORP - HCCLAIMPMT TRN*1*0913732974* 1742770542\	-	100,766.75		100,766.75
10/23/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7989392*1205296137*000004011~ 676481	-	1,142.17		1,142.17
		139,032.76	**323,406.23**	**-**	**323,406.23**

Transaction Report

PROSPERITY BANK

Transaction Report for account *5506

Reported on Mon Oct 26 14:57:00 GMT 2026

Current Balance $323,761.27
Interest Accrued $208.44
Available Balance $323,761.27

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
10/23/2026		External Deposit CENTENE CORP - HCCLAIMPMT TRN*1*0913732974*1742770542\	$100,766.75		$323,506.23
10/23/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EFT7989392*1205296137*000004011~ 676481	$1,142.17		$222,739.48
10/22/2026	27312952654964	Deposit Deposit	$8,513.56		$221,597.31
10/22/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		$139,032.76	$213,083.75
10/21/2026		External Deposit CENTENE CORP - HCCLAIMPMT TRN*1*0913725806*1742770542\	$164,275.24		$352,116.51
10/20/2026		External Deposit NDC SWEEP SWEEP FROM X2983 - FAC 02330	$257.15		$187,841.27
10/20/2026	127052932645664	Deposit Deposit	$15,246.63		$187,584.12
10/20/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EFT7983358*1205296137*000004011~ 676481	$30,436.28		$171,337.49
10/19/2026		External Deposit Care Hospice - Payment 41008	$1,190.00		$140,901.21