## MEMORIAL MEDICAL CENTER

## COMMISSIONERS COURT APPROVAL LIST FOR ---November 4, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

| | |
|---|---|
| TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS | $ 1,014,800.09 |
| TOTAL INTER-GOVERNMENT TRANSFERS | $ - |
| GRAND TOTAL DISBURSEMENTS APPROVED November 4, 2026 | $ 1,014,800.09 |
| TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC | $ 148,467.83 |
| TOTAL MMC TRANSFERS OF NURSING HOME REVENUE | $ 736,774.27 |
| GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED November 4, 2026 | $ 885,242.10 |
| GRAND TOTAL FOR APPROVAL ON November 4, 2026 | $ 1,900,042.19 |

APPROVED

NOV 04 2026

CALHOUN COUNTY
COMMISSIONERS COURT

# MEMORIAL MEDICAL CENTER

## COMMISSIONERS COURT APPROVAL LIST FOR ---November 4, 2026

| | | | |
|---|---|---|---|
| **PAYABLES AND PAYROLL** | | | |
| 10/29/2026 | Weekly Payables | 198,148.10 | |
| 10/29/2026 | Patient Refunds | 3,652.05 | |
| 11/2/2026 | Morris & Dickson - MMC Rx | 33,568.13 | |
| 11/2/2026 | McKesson - 340B Prescription Expense | 30,531.92 | |
| 11/2/2026 | Cencora-340B Prescription Expense | 29.83 | |
| 11/2/2026 | Cencora-340B Prescription Expense | 1,789.81 | |
| 11/2/2026 | Payroll Liabilities - Payroll Taxes | 124,264.03 | |
| 11/2/2026 | Payroll | 393,343.36 | |
| **Prosperity Electronic Bank Payments** | | | |
| 11/2/2026 | HPHG - October healh insurance premium payment | 95,825.11 | |
| 11/2/2026 | 90 Degree Benefits - employee insurance claims | 86,996.78 | |
| 11/2/2026 | 90 Degree Benefits - employee insurance claims | 43,607.10 | |
| 11/2/2026 | Pay Plus - Patient Claims Processing Fee | 1,975.21 | |
| 11/2/2026 | Health Equity - HSA Contributions | 1,068.66 | |
| **TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** | | | **$ 1,014,800.09** |
| **GRAND TOTAL DISBURSEMENTS APPROVED November 4, 2026** | | | **$ 1,014,800.09** |
| **TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES** | | | |
| 10/29/2026 | MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error | 12,775.59 | |
| 10/29/2026 | MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error | 67,692.04 | |
| 10/29/2026 | MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error | 68,000.20 | |
| **TOTAL TRANSFERS BETWEEN FUNDS** | | | **$ 148,467.83** |
| **NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS** | | | |
| 11/2/2026 | Nursing Home UPL - Nexion Transfer | 18,438.71 | |
| 11/2/2026 | Nursing Home UPL - Tuscany Transfer | 219,084.32 | |
| 11/2/2026 | Nursing Home UPL - Lavaca Bay Transfer | 468,611.23 | |
| **TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC** | | | |
| 11/2/2026 | Tuscany to MMC - Humana Recoup on MMC funds | 1,187.60 | |
| 11/2/2026 | Tuscany to MMC - QIPP Y5, 6, 7 Wellpoint/Molina Reconiliation of Overpayments | 29,452.41 | |
| **TOTAL NURSING HOME UPL EXPENSES** | | | **$ 736,774.27** |
| **GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED November 4, 2026** | | | **$ 885,242.10** |

RECEIVED
OCT 29 2026
Calhoun County Auditor

10/29/2026 MEMORIAL MEDICAL CENTER 0
10:50 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/12/2026

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 18268 | AAP IMPLANTS INC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 19015642 | | 10/27/202 | 10/19/202 | 10/27/202 | | | 7,500.00 | 0.00 | 0.00 | 7,500.00 |
| | SURGERY TOOLS / RADIUS FRACTURE IMPLANTS x2 | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 18268 | AAP IMPLANTS INC | 7,500.00 | 0.00 | 0.00 | 7,500.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 19TCC1J49WFJ | | 10/21/202 | 10/13/202 | 11/12/202 | | | 41.28 | 0.00 | 0.00 | 41.28 |
| | THERMAL RECEIPT PAPER / CREDIT CARD RECEIPT PAPER | | | | | | | | | |
| 1RWPGFMW1MCL | | 10/27/202 | 10/07/202 | 11/06/202 | | | 959.96 | 0.00 | 0.00 | 959.96 |
| | ROLLING MEDICAL CART (x4) | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 14028 | AMAZON CAPITAL SERVICES | 1,001.24 | 0.00 | 0.00 | 1,001.24 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 112935687 | | 10/28/202 | 10/13/202 | 11/07/202 | | | 5,016.58 | 0.00 | 0.00 | 5,016.58 |
| | HEMATOLOGY BILLING / HARDWARE BILLING | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | B1220 | BECKMAN COULTER INC | 5,016.58 | 0.00 | 0.00 | 5,016.58 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 909624516 | | 10/27/202 | 10/08/202 | 10/27/202 | | | 1,381.42 | 0.00 | 0.00 | 1,381.42 |
| | LIQUICHECK CARDIAC MARKERS (x6) | | | | | | | | | |
| 909624515 | | 10/27/202 | 10/08/202 | 10/27/202 | | | 2,082.00 | 0.00 | 0.00 | 2,082.00 |
| | LIQUID ASSAYED (x6) | | | | | | | | | |
| 909624514 | | 10/27/202 | 10/08/202 | 10/27/202 | | | 729.30 | 0.00 | 0.00 | 729.30 |
| | LIQUICHECK IMMUNOASSAY (x2) | | | | | | | | | |
| 909628295 | | 10/27/202 | 10/09/202 | 10/27/202 | | | 1,958.00 | 0.00 | 0.00 | 1,958.00 |
| | UNASSAYED QUALITY CONTROL / ViroClear & Virotrol I, II, III | | | | | | | | | |
| 909634657 | | 10/28/202 | 10/13/202 | 10/13/202 | | | 1,454.79 | 0.00 | 0.00 | 1,454.79 |
| | TORCH P UNASSY NEG LIQ 3X3ML (x4) | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11072 | BIO-RAD LABORATORIES, INC | 7,605.51 | 0.00 | 0.00 | 7,605.51 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 14680 | BLAIS MICROSCOPE COMPANY LLC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 96153 | | 10/28/202 | 09/01/202 | 09/01/202 | | | 550.00 | 0.00 | 0.00 | 550.00 |
| | MICROSCOPE / MICROSCOPE BULB | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 14680 | BLAIS MICROSCOPE COMPANY LLC | 550.00 | 0.00 | 0.00 | 550.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| C1048 | CALHOUN COUNTY | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 102426 | | 10/28/202 | 10/24/202 | 10/24/202 | | | 74.35 | 0.00 | 0.00 | 74.35 |
| | FUEL - Voyager | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | C1048 | CALHOUN COUNTY | 74.35 | 0.00 | 0.00 | 74.35 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 8004351334 | | 10/28/202 | 10/15/202 | 11/09/202 | | | 212.00 | 0.00 | 0.00 | 212.00 |
| | NUC MED SUPPLIES | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | C1325 | CARDINAL HEALTH 414, INC. | 212.00 | 0.00 | 0.00 | 212.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 14260 | CAREFUSION SOLUTIONS, LLC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 10028602639 | | 10/28/202 | 10/09/202 | 11/01/202 | | | 1,788.00 | 0.00 | 0.00 | 1,788.00 |
| | PHARMACY SOFTWARE | | | | | | | | | |
| 10028602647 | | 10/28/202 | 11/01/202 | 11/01/202 | | | 2.00 | 0.00 | 0.00 | 2.00 |
| | PHARMACY SOFTWARE- CODONICS WIFI KIT W/SUPPORT | | | | | | | | | |

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

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10541 | CARESFIELD | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 200034188 | | 10/28/202 | 08/19/202 | 09/18/202 | | | 441.31 | 0.00 | 0.00 | 441.31 |
| | (X5) BLOOD COLLECTION SET / BLOOD TRANSFER HOLDER DEVICE | | | | | | | | | |
| 200034673 | | 10/28/202 | 10/14/202 | 11/11/202 | | | 233.34 | 0.00 | 0.00 | 233.34 |
| | BLOOD COLLECTION SET (X3) | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10541 | CARESFIELD | 674.65 | 0.00 | 0.00 | 674.65 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| C1730 | CITY OF PORT LAVACA | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 101626 | | 10/28/202 | 10/16/202 | 10/16/202 | | | 570.79 | 0.00 | 0.00 | 570.79 |
| | UTILITY BILL FOR OCTOBER MMC CLINIC 1016 N VIRGINIA ST | | | | | | | | | |
| 101626A | | 10/28/202 | 10/16/202 | 10/16/202 | | | 131.54 | 0.00 | 0.00 | 131.54 |
| | UTILITY BILL FOR OCT REHAB 701 N VIRGINIA ST | | | | | | | | | |
| 101626B | | 10/28/202 | 10/16/202 | 10/16/202 | | | 4,352.69 | 0.00 | 0.00 | 4,352.69 |
| | UTILITY BILL FOR 815 VIRGINIA | | | | | | | | | |
| 101626C | | 10/28/202 | 10/16/202 | 10/16/202 | | | 111.42 | 0.00 | 0.00 | 111.42 |
| | UTLITY BILL FOR 815 VIRGINIA S | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | C1730 | CITY OF PORT LAVACA | 5,166.44 | 0.00 | 0.00 | 5,166.44 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 9090190788 | | 10/28/202 | 10/19/202 | 10/19/202 | | | 6,482.12 | 0.00 | 0.00 | 6,482.12 |
| | EMD HOSTING SERVICE / STORAGE HOSTING USAGE | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 15116 | COMPUGROUP MEDICAL - EMDS INC. | 6,482.12 | 0.00 | 0.00 | 6,482.12 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 11314533 | | 10/20/202 | 05/06/202 | 11/01/202 | | | 125.00 | 0.00 | 0.00 | 125.00 |
| | ADULT BITE BLOCK | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | C1970 | CONMED CORP | 125.00 | 0.00 | 0.00 | 125.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 14800 | DIRECTV ENTERTAINMENT HOLDINGS | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 261012 | | 10/28/202 | 10/19/202 | 10/19/202 | | | 524.20 | 0.00 | 0.00 | 524.20 |
| | TV/SATELLITE SERVICES | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 14800 | DIRECTV ENTERTAINMENT HOLDINGS | 524.20 | 0.00 | 0.00 | 524.20 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11291 | DOWELL PEST CONTROL | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 85622 | | 10/28/202 | 10/26/202 | 10/26/202 | | | 505.00 | 0.00 | 0.00 | 505.00 |
| | PEST CONTROL/815 N VIRGINIA ST | | | | | | | | | |
| 85649 | | 10/28/202 | 10/26/202 | 10/26/202 | | | 105.00 | 0.00 | 0.00 | 105.00 |
| | PEST CONTROL/ 1016 N VIRGINIA ST | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11291 | DOWELL PEST CONTROL | 610.00 | 0.00 | 0.00 | 610.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 14832 | DR JOHN CLINTON | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 102826 | | 10/28/202 | 10/28/202 | 10/28/202 | | | 2,700.00 | 0.00 | 0.00 | 2,700.00 |
| | OB CALL 9/14, 9/15, 9/16, 9/17, 9/18, 9/20 | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 14832 | DR JOHN CLINTON | 2,700.00 | 0.00 | 0.00 | 2,700.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 14924 | DR. TIMU KWI | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 102826 | | 10/28/202 | 10/28/202 | 10/28/202 | | | 3,300.00 | 0.00 | 0.00 | 3,300.00 |
| | 9/1-9/3, 9/4-9/4, 9/28-9/30 - OB on-call | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 14924 | DR. TIMU KWI | 3,300.00 | 0.00 | 0.00 | 3,300.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 15832 | EVERON | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 161760479 | | 10/28/202 | 10/01/202 | 10/01/202 | | | 63.69 | 0.00 | 0.00 | 63.69 |
| | FIRE MONITORING OCTOBER INVOICE 10/1-10/31 | | | | | | | | | |

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

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10689 | FASTHEALTH CORPORATION | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 11A26MMC | | 10/28/202 | 11/01/202 | 11/01/202 | | | 545.00 | 0.00 | 0.00 | 545.00 |
| | MONTHLY WEBSITE INVOICE - November | | | | | | | | | |

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

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 14336 | FIRETRON, INC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| SFOINV24285 | | 10/28/202 | 09/22/202 | 10/22/202 | | | 2,468.00 | 0.00 | 0.00 | 2,468.00 |
| | TEMPORARY SUPPORT AC UNIT FOR ER - TIED INTO FIRE PANEL | | | | | | | | | |
| SFOINV24916 | | 10/28/202 | 09/28/202 | 10/28/202 | | | 300.00 | 0.00 | 0.00 | 300.00 |
| | FIRE ALARM INSPECTION/COMPLIANCE FEE | | | | | | | | | |
| SFOINV24918 | | 10/28/202 | 09/28/202 | 10/28/202 | | | 300.00 | 0.00 | 0.00 | 300.00 |
| | SPRINKLER INSPECTION/COMPLIANCE FEE | | | | | | | | | |
| SFOINV27242 | | 10/28/202 | 10/19/202 | 10/19/202 | | | 1,291.22 | 0.00 | 0.00 | 1,291.22 |
| | TIED KITCHEN HOOD TO FIRE PANEL | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 14336 | FIRETRON, INC | 4,359.22 | 0.00 | 0.00 | 4,359.22 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1277224 | | 10/21/202 | 09/09/202 | 10/04/202 | | | 8,408.39 | 0.00 | 0.00 | 8,408.39 |
| | SERUM BASED MULTI ANALYTE CONT / LAB SUPPLIES/CHEMISTRY CONTROLS | | | | | | | | | |
| 1922017 | | 10/27/202 | 10/07/202 | 11/01/202 | | | 303.90 | 0.00 | 0.00 | 303.90 |
| | DS ECI B12/FOLATE REAGENT PACK (X2) | | | | | | | | | |
| 1922018 | | 10/27/202 | 10/07/202 | 11/01/202 | | | 1,135.76 | 0.00 | 0.00 | 1,135.76 |
| | PIPETTE X10 MICROSCROPE SLIDES | | | | | | | | | |
| 1956046 | | 10/27/202 | 10/08/202 | 11/02/202 | | | 1,193.04 | 0.00 | 0.00 | 1,193.04 |
| | B-HYDROXYBUTYRATE TEST KIT (X2) | | | | | | | | | |
| 1985503 | | 10/28/202 | 10/09/202 | 11/03/202 | | | 109.65 | 0.00 | 0.00 | 109.65 |
| | TEST TUBE | | | | | | | | | |
| 1985504 | | 10/28/202 | 10/09/202 | 11/03/202 | | | 360.34 | 0.00 | 0.00 | 360.34 |
| | DS ALC AMMONIA MP X4 | | | | | | | | | |
| 2077086 | | 10/28/202 | 10/14/202 | 11/08/202 | | | 1,168.73 | 0.00 | 0.00 | 1,168.73 |
| | REAGENT X4/ CALIBRATOR | | | | | | | | | |
| 2077083 | | 10/28/202 | 10/14/202 | 11/08/202 | | | 404.60 | 0.00 | 0.00 | 404.60 |
| | URINE TEST STRIPS X5 | | | | | | | | | |
| 2077084 | | 10/28/202 | 10/14/202 | 11/08/202 | | | 1,968.78 | 0.00 | 0.00 | 1,968.78 |
| | LAB TESTING SLIDES / REAGENTS FOR LAB | | | | | | | | | |
| 2077085 | | 10/28/202 | 10/14/202 | 11/08/202 | | | 2,416.98 | 0.00 | 0.00 | 2,416.98 |
| | LAB REAGENTS/VITROS CALIBRATOR | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | F1400 | FISHER HEALTHCARE | 17,470.17 | 0.00 | 0.00 | 17,470.17 |

Vendor# 14156 Vendor Name FUJI FILM Class Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 91863827 | | 10/28/202 | 10/15/202 | 10/15/202 | | | 7,916.67 | 0.00 | 0.00 | 7,916.67 |
| | MRI MACHINE 112526-122426 SERVICE CONTRACT SN: M026 | | | | | | | | | |

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

Vendor# 12636 Vendor Name FUSION CONNECT Class Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 1029589418 | | 10/28/202 | 10/16/202 | 11/10/202 | | | 840.84 | 0.00 | 0.00 | 840.84 |
| | POTS LINES - 701 N. Virginia St & 815 N. Virginia St | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12636 | FUSION CONNECT | 840.84 | 0.00 | 0.00 | 840.84 |

Vendor# 11149 Vendor Name GBS ADMINISTRATORS, INC Class Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 399310634899 | | 10/28/202 | 10/20/202 | 10/20/202 | | | 5,010.39 | 0.00 | 0.00 | 5,010.39 |
| | LONG TERM DISABILITY | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11149 | GBS ADMINISTRATORS, INC | 5,010.39 | 0.00 | 0.00 | 5,010.39 |

Vendor# W1300 Vendor Name GRAINGER Class M Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 9115078231 | | 10/27/202 | 10/13/202 | 11/07/202 | | | 114.40 | 0.00 | 0.00 | 114.40 |
| | (X24) CANDELABRA SCREWS/ SAFETY CAPS (X10) | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | W1300 | GRAINGER | 114.40 | 0.00 | 0.00 | 114.40 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 43237820 | | 10/28/202 | 10/10/202 | 11/10/202 | | | 9,754.00 | 0.00 | 0.00 | 9,754.00 |

PRINTER LEASE FOR NOVEMBER/ KYOCERA COPIERS&PRINTERS, XMEDIUS & DM CONNECT

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12948 | GREAT AMERICA FINANCIAL SVCS | 9,754.00 | 0.00 | 0.00 | 9,754.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 14976 | INOVALON PROVIDER INC. | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 26M0124069 | | 10/28/202 | 10/21/202 | 10/21/202 | | | 808.48 | 0.00 | 0.00 | 808.48 |
| | SCHEDULER & OSM MODEL | | | | | | | | | |

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

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11285 | ITA RESOURCES INC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| MMC102026 | | 10/28/202 | 10/01/202 | 10/21/202 | | | 43,474.74 | 0.00 | 0.00 | 43,474.74 |
| | OCT INV FOR CARD/RESP SALARY | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11285 | ITA RESOURCES INC | 43,474.74 | 0.00 | 0.00 | 43,474.74 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| W1372 | JOHN B WRIGHT LLC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 102826 | | 10/28/202 | 10/28/202 | 10/28/202 | | | 5,400.00 | 0.00 | 0.00 | 5,400.00 |
| | OB CALL 9/7, 9/8, 9/9, 9/10 9/11-9/13, 9/21-9/24, 9/25-9/27 | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | W1372 | JOHN B WRIGHT LLC | 5,400.00 | 0.00 | 0.00 | 5,400.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 18456 | LISA BLACKETTER | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 102626 | | 10/28/202 | 10/26/202 | 10/26/202 | | | 129.99 | 0.00 | 0.00 | 129.99 |
| | REIMBUR FOR CME NERVE BLOCKS (PROFESSIONAL EXPENSE) | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 18456 | LISA BLACKETTER | 129.99 | 0.00 | 0.00 | 129.99 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 15200 | MANAGED CARE PARTNERS INC. | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 7162 | | 10/28/202 | 11/01/202 | 11/01/202 | | | 530.00 | 0.00 | 0.00 | 530.00 |
| | PROFESSIONAL FEES NOV 26 | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 15200 | MANAGED CARE PARTNERS INC. | 530.00 | 0.00 | 0.00 | 530.00 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 26007642 | | 10/21/202 | 08/05/202 | 08/20/202 | | | 133.77 | 0.00 | 0.00 | 133.77 |
| | HEMATYPE SEGMENT DEVICE | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2178 | MCKESSON MEDICAL SURGICAL INC | 133.77 | 0.00 | 0.00 | 133.77 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 2448662617 | | 10/27/202 | 10/07/202 | 11/01/202 | | | 4.05 | 0.00 | 0.00 | 4.05 |
| | SPLINT CLAVICLE | | | | | | | | | |
| 2448662627 | | 10/27/202 | 10/07/202 | 11/01/202 | | | 124.28 | 0.00 | 0.00 | 124.28 |
| | CHLORAPEP HI-LITE ORANGE | | | | | | | | | |
| 2448662622 | | 10/27/202 | 10/07/202 | 11/01/202 | | | 25.40 | 0.00 | 0.00 | 25.40 |
| | ADHESIVE BANDAGE WRAP | | | | | | | | | |
| 2448662619 | | 10/27/202 | 10/07/202 | 11/01/202 | | | 29.83 | 0.00 | 0.00 | 29.83 |
| | ADHESIVE BANDAGE | | | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 2448662615 | 10/27/202 10/07/202 11/01/202 | | 2.92 | 0.00 | 0.00 | 2.92 |
| | ANTIEMBOLISM KNEE SOCKS | | | | | | |
| 2448662625 | 10/27/202 10/07/202 11/01/202 | | 29.83 | 0.00 | 0.00 | 29.83 |
| | ADHESIVE BANDAGE | | | | | | |
| 2448662614 | 10/27/202 10/07/202 11/01/202 | | 83.91 | 0.00 | 0.00 | 83.91 |
| | (X4) ARM SLING/ WOUND STRIPS | | | | | | |
| 2448662629 | 10/27/202 10/07/202 11/01/202 | | 1,281.52 | 0.00 | 0.00 | 1,281.52 |
| | URINE TUBE/ TISSUE/TOURNIQUET/SPECIMEN CONTAINER/CAVI WIPES/URINE PAN/HAND FOAM(X4) | | | | | | |
| 2448662635 | 10/27/202 10/07/202 11/01/202 | | 3,806.02 | 0.00 | 0.00 | 3,806.02 |
| | (X5) COTTON BALL/GAUZE/GLOVE/HIBICLENS SOAP/ GAUZE/BANDAGES/SPLINT/SCALPEL/SYRINGE/CATHET | | | | | | |
| 2448662623 | 10/27/202 10/07/202 11/01/202 | | 59.66 | 0.00 | 0.00 | 59.66 |
| | ADHESIVE BANDAGE WRAP (X2) | | | | | | |
| 2448662636 | 10/27/202 10/07/202 11/01/202 | | 34.18 | 0.00 | 0.00 | 34.18 |
| | FOAM BLOCKS | | | | | | |
| 2448662621 | 10/27/202 10/07/202 11/01/202 | | 29.83 | 0.00 | 0.00 | 29.83 |
| | ADHESIVE BANDAGE WRAP | | | | | | |
| 2448662637 | 10/27/202 10/07/202 11/01/202 | | 63.17 | 0.00 | 0.00 | 63.17 |
| | FOAM BLOCKS | | | | | | |
| 2448662624 | 10/27/202 10/07/202 11/01/202 | | 29.83 | 0.00 | 0.00 | 29.83 |
| | ADHESIVE BANDAGE | | | | | | |
| 2448662620 | 10/27/202 10/07/202 11/01/202 | | 29.83 | 0.00 | 0.00 | 29.83 |
| | BANDAGE WRAP | | | | | | |
| 2448524323 | 10/28/202 10/06/202 10/31/202 | | 353.12 | 0.00 | 0.00 | 353.12 |
| | DAIZO-CHEK BILIRUBIN URINE TEST (X5) | | | | | | |
| 2448662618 | 10/28/202 10/07/202 11/01/202 | | 29.83 | 0.00 | 0.00 | 29.83 |
| | ADHESIVE BANDAGE | | | | | | |
| 2448662626 | 10/28/202 10/07/202 11/01/202 | | 50.80 | 0.00 | 0.00 | 50.80 |
| | ADHESIVE BANDAGE (X2) | | | | | | |
| 2449003073 | 10/28/202 10/08/202 11/02/202 | | 154.67 | 0.00 | 0.00 | 154.67 |
| | HAND SOAP | | | | | | |
| 1703784187 | 10/28/202 10/24/202 10/24/202 | | 28.38 | 0.00 | 0.00 | 28.38 |
| | INTEREST FEES | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2470 | MEDLINE INDUSTRIES INC | 6,251.06 | 0.00 | 0.00 | 6,251.06 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 8801367078 | | 10/27/202 | 10/06/202 | 11/05/202 | | | 47.87 | 0.00 | 0.00 | 47.87 |
| | LIQUID ORAL BARRIUM | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2659 | MXR IMAGING, INC | 47.87 | 0.00 | 0.00 | 47.87 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 9940333127 | | 10/27/202 | 10/13/202 | 11/07/202 | | | 1,550.02 | 0.00 | 0.00 | 1,550.02 |
| | ENDOSCOPIC HEMOSTASIS CLIP | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | O1500 | OLYMPUS AMERICA INC | 1,550.02 | 0.00 | 0.00 | 1,550.02 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| P2200 | POWER HARDWARE | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| A134887 | | 10/28/202 | 10/22/202 | 11/01/202 | | | 8.58 | 0.00 | 0.00 | 8.58 |
| | PIPE COUPLING x2 | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | P2200 | POWER HARDWARE | 8.58 | 0.00 | 0.00 | 8.58 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|

14536 QUVA PHARMA INC

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| WA0000150921 | | 10/28/202 | 10/27/202 | 10/27/202 | | | 312.00 | 0.00 | 0.00 | 312.00 |
| | R.E.CK. SYRINGE - (5 UNITS) | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 14536 | QUVA PHARMA INC | 312.00 | 0.00 | 0.00 | 312.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11080 | RADSOURCE | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| PSI011714 | | 10/28/202 | 09/12/202 | 10/07/202 | | | 2,050.00 | 0.00 | 0.00 | 2,050.00 |
| | SERV AGMNT SAMSUNG GC80 | | | | | | | | | |
| PSI011715 | | 10/28/202 | 10/12/202 | 11/06/202 | | | 2,050.00 | 0.00 | 0.00 | 2,050.00 |
| | SERV AGMNT SAMSUNG GC80 | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11080 | RADSOURCE | 4,100.00 | 0.00 | 0.00 | 4,100.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| S1405 | SERVICE SUPPLY OF VICTORIA INC | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 701317395 | | 10/28/202 | 10/05/202 | 11/04/202 | | | 48.40 | 0.00 | 0.00 | 48.40 |
| | IRON PLUMBING PIPE | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | S1405 | SERVICE SUPPLY OF VICTORIA INC | 48.40 | 0.00 | 0.00 | 48.40 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 091726 | | 10/28/202 | 09/17/202 | 09/17/202 | | | 127.40 | 0.00 | 0.00 | 127.40 |
| | TRAVEL TO PICK UP REAGENTS IN CORPUS | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10979 | SHAWNA HARTL | 127.40 | 0.00 | 0.00 | 127.40 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| S1800 | SHERWIN WILLIAMS | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 093026 | | 10/28/202 | 09/30/202 | 10/15/202 | | | 1,507.28 | 0.00 | 0.00 | 1,507.28 |
| | PAINT/BONDING/ACETONE | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | S1800 | SHERWIN WILLIAMS | 1,507.28 | 0.00 | 0.00 | 1,507.28 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 15012 | TASHA NORMAN, FNP | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 102326 | | 10/28/202 | 10/23/202 | 10/23/202 | | | 888.00 | 0.00 | 0.00 | 888.00 |
| | DEA RENEWAL REIMBURSMENT | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 15012 | TASHA NORMAN, FNP | 888.00 | 0.00 | 0.00 | 888.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| T0420 | TELEFLEX MEDICAL | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 9511792362 | | 10/28/202 | 06/29/202 | 07/29/202 | | | 12.00 | 0.00 | 0.00 | 12.00 |
| | ENDOTRACHEAL TUBE | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | T0420 | TELEFLEX MEDICAL | 12.00 | 0.00 | 0.00 | 12.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 5511E8DD | | 10/28/202 | 10/21/202 | 10/21/202 | | | 80.00 | 0.00 | 0.00 | 80.00 |
| | MICROWAVE FOR ICU | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 14064 | TREVIPAY- WALMART | | | | 80.00 | 0.00 | 0.00 | 80.00 |
| 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 |
| | INV1797373184 | | 10/28/202 | 10/09/202 | 10/09/202 | | 2,785.88 | 0.00 | 0.00 | 2,785.88 |
| | | KATRINA JOHNSON 9/28-10/1 | | | | | | | | |
| | INV1797377931 | | 10/28/202 | 10/16/202 | 11/10/202 | | 2,760.00 | 0.00 | 0.00 | 2,760.00 |
| | | KATRINA JOHNSON 10/5-10/8 | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 14372 | TRIAGE, LLC | | | | 5,545.88 | 0.00 | 0.00 | 5,545.88 |
| 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 |
| | TRI312993 | | 10/28/202 | 10/21/202 | 11/05/202 | | 98.79 | 0.00 | 0.00 | 98.79 |
| | | FREIGHT | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 13616 | TRIOSE, INC | | | | 98.79 | 0.00 | 0.00 | 98.79 |
| 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 |
| | 2921099275 | | 10/21/202 | 10/08/202 | 11/07/202 | | 833.22 | 0.00 | 0.00 | 833.22 |
| | | SUPPLIES/LINENS FOR HOUSEKEEPING | | | | | | | | |
| | 2921099014 | | 10/28/202 | 10/05/202 | 10/30/202 | | 6,857.27 | 0.00 | 0.00 | 6,857.27 |
| | | SUPPLIES/LINENS FOR MED SURG | | | | | | | | |
| | 2921099253 | | 10/28/202 | 10/08/202 | 11/02/202 | | 7,852.59 | 0.00 | 0.00 | 7,852.59 |
| | | SUPPIES/LINENS FOR MED SURG | | | | | | | | |
| | 2921099268 | | 10/28/202 | 10/08/202 | 11/02/202 | | 360.44 | 0.00 | 0.00 | 360.44 |
| | | UNIFORMS FOR SURGERY | | | | | | | | |
| | 2921099535 | | 10/28/202 | 10/12/202 | 11/06/202 | | 8,003.85 | 0.00 | 0.00 | 8,003.85 |
| | | SUPPLIES/LINENS FOR MED SURG | | | | | | | | |
| | 2921099868 | | 10/28/202 | 10/15/202 | 11/09/202 | | 466.12 | 0.00 | 0.00 | 466.12 |
| | | SUPPLIES/LINENS FOR PT | | | | | | | | |
| | 2921099806 | | 10/28/202 | 10/15/202 | 11/09/202 | | 360.44 | 0.00 | 0.00 | 360.44 |
| | | UNIFORMS FOR SURGERY | | | | | | | | |
| | 2921099835 | | 10/28/202 | 10/15/202 | 11/09/202 | | 389.30 | 0.00 | 0.00 | 389.30 |
| | | SUPPLIES/LINENS FOR CLINIC | | | | | | | | |
| | 2921100354 | | 10/28/202 | 10/22/202 | 11/10/202 | | 401.08 | 0.00 | 0.00 | 401.08 |
| | | SUPPLIES/LINENS FOR CLINIC | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | U1064 | UNIFIRST HOLDINGS INC | | | | 25,524.31 | 0.00 | 0.00 | 25,524.31 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 15616 | UTHEALTH CQHII | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| | 3310 | | 10/28/202 | 10/23/202 | 10/23/202 | | 900.00 | 0.00 | 0.00 | 900.00 |
| | | PROFESSIONAL CONSULTING - July 29th, 2026 - July 28th 2027 | | | | | | | | |
| | 3313 | | 10/28/202 | 10/23/202 | 10/23/202 | | 500.00 | 0.00 | 0.00 | 500.00 |
| | | HOSPITAL SRA CONTRACT RENE | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 15616 | UTHEALTH CQHII | | | | 1,400.00 | 0.00 | 0.00 | 1,400.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 15444 | VANDERBILT HEALTH | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| | CI00162580 | | 10/28/202 | 10/01/202 | 10/01/202 | | 450.00 | 0.00 | 0.00 | 450.00 |
| | | PURCHASING ANNUAL FEE OCT- DECEMBER 2026 | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 15444 | VANDERBILT HEALTH | | | | 450.00 | 0.00 | 0.00 | 450.00 |

| 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 |
| | 9112348557 | | 10/28/202 | 10/07/202 | 11/01/202 | | | 484.06 | 0.00 | 0.00 | 484.06 |
| | | HEMOSIL QFA THROMBINE X2 | | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | | I1110 | WERFEN USA LLC | | | | | 484.06 | 0.00 | 0.00 | 484.06 |

| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 10556 | WOUND CARE SPECIALISTS | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | WCS00008120 | | 10/28/202 | 10/26/202 | 10/26/202 | | | 9,829.00 | 0.00 | 0.00 | 9,829.00 |
| | | WOUND CARE SERVICES FOR SEPTEMBER | | | | | | | | | |
| | Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | | 10556 | WOUND CARE SPECIALISTS | | | | | 9,829.00 | 0.00 | 0.00 | 9,829.00 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 198,148.10 | 0.00 | 0.00 | 198,148.10 |

APPROVED ON

OCT 29 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 214568-
214620

RECEIVED
OCT 29 2026
Calhoun County Auditor

RUN DATE: 10/29/26
TIME: 11:28

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001



| PATIENT NUMBER | PAYEE NAME | | | DATE | AMOUNT | PAY CODE | PAT TYPE | DESCRIPTION | GL NUM |
|---|---|---|---|---|---|---|---|---|---|
| 1625073 | 01 [redacted] | | | 102626 | 100.00 | | 2 | [redacted] | |
| 6000791 | 01 [redacted] | TX | 77978 | 102626 | 22.50 | | 5 | | |
| 6000922 | 01 [redacted] | TX | 77979 | 102626 | 30.08 | | 5 | | |
| 6001273 | 01 [redacted] | TX | 77961 | 102626 | 20.00 | | 5 | | |
| 6002627 | 01 [redacted] | TX | 77388 | 102626 | 42.50 | | 5 | | |
| 6002883 | 01 [redacted] | TX | 77982 | 102626 | 19.00 | | 5 | | |
| 6002943 | 01 [redacted] | TX | 77077 | 102626 | 12.12 | | 5 | | |
| 6004653 | 01 [redacted] | TX | 77982 | 102626 | 19.00 | | 5 | | |
| 6006231 | 01 [redacted] | TX | 77419 | 102626 | 17.14 | | 5 | | |
| 6006999 | 01 [redacted] | TX | 77982 | 102626 | 20.00 | | 5 | | |
| 6008057 | 01 [redacted] | TX | 77465 | 102626 | 42.50 | | 5 | | |
| 6009363 | 01 [redacted] | TX | 77419 | 102626 | 42.50 | | 5 | | |
| 6009564 | 01 [redacted] | TX | 77979 | 102626 | 22.50 | | 5 | | |
| 6009629 | 01 [redacted] | TX | 77979 | 102626 | 56.00 | | 5 | | |
| 6010434 | 01 [redacted] | TX | 77979 | 102626 | 22.50 | | 5 | | |
| | [redacted] | TX | 77901 | | | | | | |

| PATIENT NUMBER | PAYEE NAME | | | DATE | AMOUNT | PAY CODE | PAT TYPE | DESCRIPTION | GL NUM |
|---|---|---|---|---|---|---|---|---|---|
| 6010691 | [redacted] | | | 102626 | 42.50 | | 5 | [redacted] | |
| | | TX | 77904 | | | | | | |
| 6011424 | | | | 102626 | 22.50 | | 5 | | |
| | | TX | 77465 | | | | | | |
| 6011680 | | | | 102626 | 103.00 | | 5 | | |
| | | TX | 77979 | | | | | | |
| 6012050 | | | | 102626 | 42.50 | | 5 | | |
| | | TX | 77979 | | | | | | |
| 6013100 | | | | 102626 | 42.50 | | 5 | | |
| | | TX | 77979 | | | | | | |
| 6013188 | | | | 102626 | 87.30 | | 5 | | |
| | | TX | 77979 | | | | | | |
| 6013397 | | | | 102626 | 20.44 | | 5 | | |
| | | TX | 77904 | | | | | | |
| 6013935 | | | | 102626 | 42.50 | | 5 | | |
| | | TX | 76365 | | | | | | |
| 6015392 | | | | 102626 | 42.50 | | 5 | | |
| | | TX | 77979 | | | | | | |
| 6016534 | | | | 102626 | 22.50 | | 5 | | |
| | | TX | 77969 | | | | | | |
| 6017369 | | | | 102626 | 22.50 | | 5 | | |
| | | TX | 77523 | | | | | | |
| 6018311 | | | | 102626 | 31.88 | | 5 | | |
| | | TX | 77979 | | | | | | |
| 6019092 | | | | 102626 | 22.50 | | 5 | | |
| | | TX | 77979 | | | | | | |
| 6019272 | | | | 102926 | 22.50 | | 5 | | |
| | | TX | 77982 | | | | | | |

| PATIENT NUMBER | PAYEE NAME | | | DATE | AMOUNT | PAY CODE | PAT TYPE | DESCRIPTION | GL NUM |
|---|---|---|---|---|---|---|---|---|---|
| 6019883 | 01 [redacted] | | | 102626 | 27.14 | | 5 | [redacted] | |
| | | TX | 77979 | | | | | | |
| 6020236 | 01 | | | 102626 | 42.50 | | 5 | | |
| | | TX | 77979 | | | | | | |
| 6020881 | 01 | | | 102626 | 19.00 | | 5 | | |
| | | TX | 77983 | | | | | | |
| 6021227 | 01 | | | 102626 | 40.20 | | 5 | | |
| | | TX | 78573 | | | | | | |
| 6021562 | 01 | | | 102626 | 22.50 | | 5 | | |
| | | TX | 77982 | | | | | | |
| 6022601 | 01 | | | 102626 | 22.50 | | 5 | | |
| | | TX | 77979 | | | | | | |
| 6022841 | 01 | | | 102626 | 42.50 | | 5 | | |
| | | TX | 77904 | | | | | | |
| 6022886 | 01 | | | 102626 | 20.00 | | 5 | | |
| | | TX | 77905 | | | | | | |
| 6022962 | 01 | | | 102626 | 22.50 | | 5 | | |
| | | TX | 77979 | | | | | | |
| 6023186 | 01 | | | 102626 | 58.00 | | 5 | | |
| | | TX | 77979 | | | | | | |
| 6023483 | 01 | | | 102626 | 22.00 | | 5 | | |
| | | TX | 77979 | | | | | | |
| 6023780 | 01 | | | 102626 | 33.88 | | 5 | | |
| | | TX | 77979 | | | | | | |
| 6024122 | 01 | | | 102626 | 22.50 | | 5 | | |
| | | TX | 77979 | | | | | | |

| PATIENT NUMBER | | PAYEE NAME | | DATE | AMOUNT | PAY CODE | PAT TYPE | DESCRIPTION | GL NUM |
|---|---|---|---|---|---|---|---|---|---|
| 6024459 | 01 | [redacted] | | 102626 | 509.80 | | 5 | [redacted] | |
| | | | TX 77979 | | | | | | |
| 6025478 | 01 | | | 102626 | 22.50 | | 5 | | |
| | | | TX 77904 | | | | | | |
| 6025544 | 01 | | | 102626 | 12.14 | | 5 | | |
| | | | TX 77465 | | | | | | |
| 6025645 | 01 | | | 102626 | 15.94 | | 5 | | |
| | | | TX 77979 | | | | | | |
| 6025722 | 01 | | | 102626 | 42.50 | | 5 | | |
| | | | TX 77419 | | | | | | |
| 6026566 | 01 | | | 102626 | 24.94 | | 5 | | |
| | | | TX 77979 | | | | | | |
| 6029123 | 01 | | | 102626 | 107.00 | | 5 | | |
| | | | TX 78573 | | | | | | |
| 6029157 | 01 | | | 102626 | 15.59 | | 5 | | |
| | | | TX 77982 | | | | | | |
| 6029244 | 01 | | | 102626 | 22.50 | | 5 | | |
| | | | TX 77465 | | | | | | |
| 6029743 | 01 | | | 102626 | 42.50 | | 5 | | |
| | | | TX 77979 | | | | | | |
| 6029865 | 01 | | | 102626 | 42.50 | | 5 | | |
| | | | TX 77465 | | | | | | |
| 6030270 | 01 | | | 102626 | 42.50 | | 5 | | |
| | | | TX 77419 | | | | | | |
| 6030498 | 01 | | | 102626 | 42.50 | | 5 | | |
| | | | TX 77963 | | | | | | |
| 6031628 | 01 | | | 102626 | 42.50 | | 5 | | |
| | | | TX 77979 | | | | | | |
| 6032261 | 01 | | | 102626 | 84.00 | | 5 | | |
| | | | TX 77979 | | | | | | |
| 6032479 | 01 | | | 102626 | 30.28 | | 5 | | |
| | | | TX 77979 | | | | | | |
| 6032521 | 01 | | | 102626 | 122.20 | | 5 | | |
| | | | TX 77995 | | | | | | |

| PATIENT NUMBER | PAYEE NAME | | | DATE | AMOUNT | PAY CODE | PAT TYPE | DESCRIPTION | GL NUM |
|---|---|---|---|---|---|---|---|---|---|
| 6033483 0 | [redacted] | | | 102626 | 22.50 | | 5 | [redacted] | |
| 6033715 0 | | TX | 77979 | 102626 | 42.50 | | 5 | | |
| 6034072 0 | | TX | 77979 | 102626 | 29.64 | | 5 | | |
| 6034288 0 | | TX | 77982 | 102626 | 42.50 | | 5 | | |
| 6034720 0 | | TX | 77979 | 102626 | 42.50 | | 5 | | |
| 6036205 0 | | TX | 77979 | 102626 | 40.00 | | 5 | | |
| 6036463 0 | | TX | 77979 | 102626 | 22.50 | | 5 | | |
| 6037159 0 | | TX | 77979 | 102626 | 45.00 | | 5 | | |
| 6037300 0 | | TX | 77979 | 102626 | 24.50 | | 5 | | |
| 6037306 0 | | TX | 77979 | 102626 | 20.00 | | 5 | | |
| 6037821 0 | | TX | 77983 | 102626 | 28.60 | | 5 | | |
| 6038196 0 | | TX | 77983 | 102626 | 22.50 | | 5 | | |
| 6039434 0 | | TX | 77465 | 102626 | 22.50 | | 5 | | |
| 6041985 0 | | OH | 43056 | 102626 | 42.50 | | 5 | | |
| 6043707 0 | | TX | 77979 | 102626 | 42.50 | | 5 | | |
| | | TX | 77982 | | | | | | |

| PATIENT NUMBER | PAYEE NAME | | DATE | AMOUNT | PAY CODE | PAT TYPE | DESCRIPTION | GL NUM |
|---|---|---|---|---|---|---|---|---|
| 6043922 01 | [redacted] | | 102626 | 42.50 | | 5 | [redacted] | |
| | | TX | 77901 | | | | | |
| 6045377 01 | | | 102626 | 22.50 | | 5 | | |
| | | TX | 78377 | | | | | |
| 6046563 01 | | | 102626 | 32.50 | | 5 | | |
| | | TX | 77982 | | | | | |
| 6046610 01 | | | 102626 | 22.50 | | 5 | | |
| | | TX | 77983 | | | | | |
| 6046622 01 | | | 102626 | 19.00 | | 5 | | |
| | | | 77995 | | | | | |
| 6050352 01 | | | 102626 | 40.00 | | 5 | | |
| | | TX | 77982 | | | | | |
| 6050810 01 | | | 102926 | 122.50 | | 5 | | |
| | | TX | 78596 | | | | | |
| 6050907 01 | | | 102626 | 39.64 | | 5 | | |
| | | TX | 77979 | | | | | |
| 6052259 01 | | | 102626 | 41.10 | | 5 | | |
| | | TX | 77979 | | | | | |
| 6052492 01 | | | 102626 | 84.00 | | 5 | | |
| | | TX | 77979 | | | | | |
| 6053101 01 | | | 102626 | 22.50 | | 5 | | |
| | | TX | 77320 | | | | | |
| | ARID=0001 TOTAL | | | 3652.05 | | | | |
| TOTAL | | | | 3652.05 | | | | |

APPROVED ON
OCT 29 2026
BY COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

Chk# 214624 - 214708

| BANK--CHECK CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 214568 | 11/04/26 | 7,500.00 | AAP IMPLANTS INC |
| A/P | 214569 | 11/04/26 | 1,001.24 | AMAZON CAPITAL SERVICES |
| A/P | 214570 | 11/04/26 | 5,016.58 | BECKMAN COULTER INC |
| A/P | 214571 | 11/04/26 | 7,605.51 | BIO-RAD LABORATORIES, INC |
| A/P | 214572 | 11/04/26 | 550.00 | BLAIS MICROSCOPE COMPANY LLC |
| A/P | 214573 | 11/04/26 | 74.35 | CALHOUN COUNTY |
| A/P | 214574 | 11/04/26 | 212.00 | CARDINAL HEALTH 414, INC. |
| A/P | 214575 | 11/04/26 | 1,790.00 | CAREFUSION SOLUTIONS, LLC |
| A/P | 214576 | 11/04/26 | 674.65 | CARESFIELD |
| A/P | 214577 | 11/04/26 | 5,166.44 | CITY OF PORT LAVACA |
| A/P | 214578 | 11/04/26 | 6,482.12 | COMPUGROUP MEDICAL - EMDS INC. |
| A/P | 214579 | 11/04/26 | 125.00 | CONMED CORP |
| A/P | 214580 | 11/04/26 | 524.20 | DIRECTV ENTERTAINMENT HOLDINGS |
| A/P | 214581 | 11/04/26 | 610.00 | DOWELL PEST CONTROL |
| A/P | 214582 | 11/04/26 | 2,700.00 | DR JOHN CLINTON |
| A/P | 214583 | 11/04/26 | 3,300.00 | DR. TIMU KWI |
| A/P | 214584 | 11/04/26 | 63.69 | EVERON |
| A/P | 214585 | 11/04/26 | 545.00 | FASTHEALTH CORPORATION |
| A/P | 214586 | 11/04/26 | 4,359.22 | FIRETRON, INC |
| A/P | 214587 | 11/04/26 | .00 | VOIDED |
| A/P | 214588 | 11/04/26 | 17,470.17 | FISHER HEALTHCARE |
| A/P | 214589 | 11/04/26 | 7,916.67 | FUJI FILM |
| A/P | 214590 | 11/04/26 | 840.84 | FUSION CONNECT |
| A/P | 214591 | 11/04/26 | 5,010.39 | GBS ADMINISTRATORS, INC |
| A/P | 214592 | 11/04/26 | 114.40 | GRAINGER |
| A/P | 214593 | 11/04/26 | 9,754.00 | GREAT AMERICA FINANCIAL SVCS |
| A/P | 214594 | 11/04/26 | 808.48 | INOVALON PROVIDER INC. |
| A/P | 214595 | 11/04/26 | 43,474.74 | ITA RESOURCES INC |
| A/P | 214596 | 11/04/26 | 5,400.00 | JOHN B WRIGHT LLC |
| A/P | 214597 | 11/04/26 | 129.99 | LISA BLACKETTER |
| A/P | 214598 | 11/04/26 | 530.00 | MANAGED CARE PARTNERS INC. |
| A/P | 214599 | 11/04/26 | 133.77 | MCKESSON MEDICAL SURGICAL INC |
| A/P | 214600 | 11/04/26 | .00 | VOIDED |
| A/P | 214601 | 11/04/26 | .00 | VOIDED |
| A/P | 214602 | 11/04/26 | 6,251.06 | MEDLINE INDUSTRIES INC |
| A/P | 214603 | 11/04/26 | 47.87 | MXR IMAGING, INC |
| A/P | 214604 | 11/04/26 | 1,550.02 | OLYMPUS AMERICA INC |
| A/P | 214605 | 11/04/26 | 8.58 | POWER HARDWARE |
| A/P | 214606 | 11/04/26 | 312.00 | QUVA PHARMA INC |
| A/P | 214607 | 11/04/26 | 4,100.00 | RADSOURCE |
| A/P | 214608 | 11/04/26 | 48.40 | SERVICE SUPPLY OF VICTORIA INC |
| A/P | 214609 | 11/04/26 | 127.40 | SHAWNA HARTL |
| A/P | 214610 | 11/04/26 | 1,507.28 | SHERWIN WILLIAMS |
| A/P | 214611 | 11/04/26 | 888.00 | TASHA NORMAN, FNP |
| A/P | 214612 | 11/04/26 | 12.00 | TELEFLEX MEDICAL |
| A/P | 214613 | 11/04/26 | 80.00 | TREVIPAY- WALMART |
| A/P | 214614 | 11/04/26 | 5,545.88 | TRIAGE, LLC |
| A/P | 214615 | 11/04/26 | 98.79 | TRIOSE, INC |
| A/P | 214616 | 11/04/26 | 25,524.31 | UNIFIRST HOLDINGS INC |
| A/P | 214617 | 11/04/26 | 1,400.00 | UTHEALTH CQHII |

| BANK | CHECK NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 214618 | 11/04/26 | 450.00 | VANDERBILT HEALTH |
| A/P | 214619 | 11/04/26 | 484.06 | WERFEN USA LLC |
| A/P | 214620 | 11/04/26 | 9,829.00 | WOUND CARE SPECIALISTS |
| A/P | 214621 | 11/04/26 | 67,692.04 | GOLDENCREEK HEALTHCARE |
| A/P | 214622 | 11/04/26 | 12,775.59 | LAVACA BAY NURSING AND REHAB |
| A/P | 214623 | 11/04/26 | 68,000.20 | TUSCANY VILLAGE |
| A/P | 214624 | 11/04/26 | 30.08 | [redacted] |
| A/P | 214625 | 11/04/26 | 12.12 | |
| A/P | 214626 | 11/04/26 | 15.59 | |
| A/P | 214627 | 11/04/26 | 40.00 | |
| A/P | 214628 | 11/04/26 | 42.50 | |
| A/P | 214629 | 11/04/26 | 29.64 | |
| A/P | 214630 | 11/04/26 | 39.64 | |
| A/P | 214631 | 11/04/26 | 17.14 | |
| A/P | 214632 | 11/04/26 | 20.00 | |
| A/P | 214633 | 11/04/26 | 22.50 | |
| A/P | 214634 | 11/04/26 | 22.50 | |
| A/P | 214635 | 11/04/26 | 33.88 | |
| A/P | 214636 | 11/04/26 | 24.94 | |
| A/P | 214637 | 11/04/26 | 22.50 | |
| A/P | 214638 | 11/04/26 | 22.50 | |
| A/P | 214639 | 11/04/26 | 19.00 | |
| A/P | 214640 | 11/04/26 | 42.50 | |
| A/P | 214641 | 11/04/26 | 42.50 | |
| A/P | 214642 | 11/04/26 | 42.50 | |
| A/P | 214643 | 11/04/26 | 42.50 | |
| A/P | 214644 | 11/04/26 | 87.30 | |
| A/P | 214645 | 11/04/26 | 22.50 | |
| A/P | 214646 | 11/04/26 | 42.50 | |
| A/P | 214647 | 11/04/26 | 42.50 | |
| A/P | 214648 | 11/04/26 | 15.94 | |
| A/P | 214649 | 11/04/26 | 20.00 | |
| A/P | 214650 | 11/04/26 | 42.50 | |
| A/P | 214651 | 11/04/26 | 20.00 | |
| A/P | 214652 | 11/04/26 | 32.50 | |
| A/P | 214653 | 11/04/26 | 20.00 | |
| A/P | 214654 | 11/04/26 | 22.50 | |
| A/P | 214655 | 11/04/26 | 12.14 | |
| A/P | 214656 | 11/04/26 | 22.50 | |
| A/P | 214657 | 11/04/26 | 56.00 | |
| A/P | 214658 | 11/04/26 | 22.50 | |
| A/P | 214659 | 11/04/26 | 22.50 | |
| A/P | 214660 | 11/04/26 | 42.50 | |
| A/P | 214661 | 11/04/26 | 42.50 | |
| A/P | 214662 | 11/04/26 | 20.44 | |
| A/P | 214663 | 11/04/26 | 40.00 | |
| A/P | 214664 | 11/04/26 | 22.50 | |
| A/P | 214665 | 11/04/26 | 22.50 | |
| A/P | 214666 | 11/04/26 | 30.28 | |
| A/P | 214667 | 11/04/26 | 103.00 | |
| A/P | 214668 | 11/04/26 | 42.50 | |

RUN DATE:11/03/26 MEMORIAL MEDICAL CENTER PAGE 3
TIME:09:26 CHECK REGISTER GLCKREG
11/04/26 THRU 11/04/26

| BANK--CHECK-- CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 214669 | 11/04/26 | 42.50 | [redacted] |
| A/P | 214670 | 11/04/26 | 22.50 | |
| A/P | 214671 | 11/04/26 | 42.50 | |
| A/P | 214672 | 11/04/26 | 100.00 | |
| A/P | 214673 | 11/04/26 | 42.50 | |
| A/P | 214674 | 11/04/26 | 42.50 | |
| A/P | 214675 | 11/04/26 | 19.00 | |
| A/P | 214676 | 11/04/26 | 42.50 | |
| A/P | 214677 | 11/04/26 | 122.50 | |
| A/P | 214678 | 11/04/26 | 24.50 | |
| A/P | 214679 | 11/04/26 | 31.88 | |
| A/P | 214680 | 11/04/26 | 122.20 | |
| A/P | 214681 | 11/04/26 | 22.50 | |
| A/P | 214682 | 11/04/26 | 22.50 | |
| A/P | 214683 | 11/04/26 | 509.80 | |
| A/P | 214684 | 11/04/26 | 107.00 | |
| A/P | 214685 | 11/04/26 | 42.50 | |
| A/P | 214686 | 11/04/26 | 22.50 | |
| A/P | 214687 | 11/04/26 | 22.50 | |
| A/P | 214688 | 11/04/26 | 41.10 | |
| A/P | 214689 | 11/04/26 | 40.20 | |
| A/P | 214690 | 11/04/26 | 84.00 | |
| A/P | 214691 | 11/04/26 | 22.50 | |
| A/P | 214692 | 11/04/26 | 42.50 | |
| A/P | 214693 | 11/04/26 | 22.00 | |
| A/P | 214694 | 11/04/26 | 19.00 | |
| A/P | 214695 | 11/04/26 | 28.60 | |
| A/P | 214696 | 11/04/26 | 42.50 | |
| A/P | 214697 | 11/04/26 | 22.50 | |
| A/P | 214698 | 11/04/26 | 27.14 | |
| A/P | 214699 | 11/04/26 | 19.00 | |
| A/P | 214700 | 11/04/26 | 84.00 | |
| A/P | 214701 | 11/04/26 | 45.00 | |
| A/P | 214702 | 11/04/26 | 42.50 | |
| A/P | 214703 | 11/04/26 | 42.50 | |
| A/P | 214704 | 11/04/26 | 22.50 | |
| A/P | 214705 | 11/04/26 | 22.50 | |
| A/P | 214706 | 11/04/26 | 22.50 | |
| A/P | 214707 | 11/04/26 | 58.00 | |
| A/P | 214708 | 11/04/26 | 42.50 | |
| TOTALS: | | | 350,267.98 | |

198,148.10 — payables
3,652.05 — pt. refunds
12,775.59 — lava ca bay
67,692.04 — golden creek
68,000.20 — tuscany
350,267.98

# Morris & Dickson Invoices

| Invoice Date | Due Date | Invoice Number | Amount |
|---|---|---|---|
| 10/25/2026 | 11/10/2026 | 5506730 | 19.59 |
| 10/25/2026 | 11/10/2026 | 5505743 | 224.85 |
| 10/25/2026 | 11/10/2026 | 5503849 | 21.19 |
| 10/25/2026 | 11/10/2026 | 5505744 | 4,784.93 |
| 10/25/2026 | 11/10/2026 | 5506731 | 555.29 |
| 10/25/2026 | 11/10/2026 | 0240938 | 8,833.16 |
| 10/26/2026 | 11/10/2026 | 5510877 | 39.87 |
| 10/26/2026 | 11/10/2026 | 5510875 | 52.18 |
| 10/26/2026 | 11/10/2026 | 5510876 | 3,017.71 |
| 10/26/2026 | 11/10/2026 | 5510878 | 846.32 |
| 10/27/2026 | 11/10/2026 | 5517603 | 2.55 |
| 10/27/2026 | 11/10/2026 | 5515027 | 1,418.55 |
| 10/27/2026 | 11/10/2026 | 5515028 | 224.85 |
| 10/27/2026 | 11/10/2026 | 5515030 | 22.24 |
| 10/27/2026 | 11/10/2026 | 5515029 | 183.63 |
| 10/27/2026 | 11/10/2026 | 5517874 | 754.64 |
| 10/27/2026 | 11/10/2026 | 5517875 | 962.81 |
| 10/27/2026 | 11/10/2026 | 5519198 | 57.24 |
| 10/28/2026 | 11/10/2026 | 5520798 | 2,152.59 |
| 10/28/2026 | 11/10/2026 | 5524888 | 1,823.52 |
| 10/28/2026 | 11/10/2026 | 5524887 | 7.99 |
| 10/28/2026 | 11/10/2026 | 5522369 | 426.99 |
| 10/28/2026 | 11/10/2026 | 5524889 | 13.47 |
| 10/29/2026 | 11/10/2026 | 5529729 | 5,285.83 |
| 10/29/2026 | 11/10/2026 | 5529727 | 1,768.73 |
| 10/29/2026 | 11/10/2026 | 5529728 | 67.41 |
| | | | 33,568.13 |

Caitlin Clevenger - Controller

APPROVED ON

NOV 02 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: 10/30/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 10/31/2026

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

As of: 10/30/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 10/31/2026 **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:** 31,155.02 USD

**Future Due:** 0.00

**Past Due:** 0.00

**Last Payment** 2,451.97
08/07/2017

**If Paid By 11/03/2026,**
**Pay This Amount:** 30,531.92 USD

**If Paid After 11/03/2026,**
**Pay this Amount:** 31,155.02 USD

**Due If Paid On Time:**
USD 30,531.92

**Disc lost if paid late:** 623.10

**Due If Paid Late:**
USD 31,155.02

30,514.66
17.26
30,531.92

APPROVED ON
NOV 02 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: 10/30/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/31/2026

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

As of: 10/30/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 10/31/2026 **ITEMS NOT PAID (✓)**

National Account 632536

| Billing Date | Due Date | Receivable Number | Order Reference | Description | Cash Discount | Amount (gross) P F | Amount (net) P F | Receivable Number | |
|---|---|---|---|---|---|---|---|---|---|
| **Customer Number 256342** | **WALMART 1098/MEM MED PHS** | | | | | | | | |
| 10/24/2026 | 11/03/2026 | 7665635248 | 297019364 | 115Invoice | 2.39 | 119.39 | 117.00 | 7665635248 | |
| 10/24/2026 | 11/03/2026 | 7665635249 | 297336604 | 115Invoice | 1.19 | 59.69 | 58.50 | 7665635249 | |
| 10/26/2026 | 11/03/2026 | 7665870442 | 302744182 | 115Invoice | 5.10 | 255.18 | 250.08 | 7665870442 | |
| 10/26/2026 | 11/03/2026 | 7665870443 | 302531526 | 115Invoice | 4.51 | 225.27 | 220.76 | 7665870443 | |
| 10/26/2026 | 11/03/2026 | 7665870444 | 301643550 | 115Invoice | 11.31 | 565.57 | 554.26 | 7665870444 | |
| 10/26/2026 | 11/03/2026 | 7665870445 | 301711072 | 115Invoice | 5.66 | 282.79 | 277.13 | 7665870445 | |
| 10/26/2026 | 11/03/2026 | 7665870446 | 301835024 | 115Invoice | 11.31 | 565.57 | 554.26 | 7665870446 | |
| 10/26/2026 | 11/03/2026 | 7665870447 | 302531526 | 115Invoice | 2.55 | 127.41 | 124.86 | 7665870447 | |
| 10/26/2026 | 11/03/2026 | 7665887184 | 302615402 | 115Invoice | 16.60 | 830.17 | 813.57 | 7665887184 | |
| 10/27/2026 | 11/03/2026 | 7666152585 | 294047415 | 115Invoice | 5.38 | 269.03 | 263.65 | 7666152585 | |
| 10/27/2026 | 11/03/2026 | 7666152586 | 302430623 | 115Invoice | 5.66 | 282.79 | 277.13 | 7666152586 | |
| 10/27/2026 | 11/03/2026 | 7666152587 | 300244049 | 115Invoice | 5.02 | 251.06 | 246.04 | 7666152587 | |
| 10/27/2026 | 11/03/2026 | 7666152588 | 300851806 | 115Invoice | 2.60 | 129.96 | 127.36 | 7666152588 | |
| 10/28/2026 | 11/03/2026 | 7666422520 | 302986888 | 115Invoice | 2.13 | 106.61 | 104.48 | 7666422520 | |
| 10/29/2026 | 11/03/2026 | 7666668900 | 303157524 | 115Invoice | 10.19 | 509.63 | 499.44 | 7666668900 | |
| 10/29/2026 | 11/03/2026 | 7666668901 | 303230519 | 115Invoice | 7.64 | 382.22 | 374.58 | 7666668901 | |
| 10/29/2026 | 11/03/2026 | 7666702987 | 288360207 | 115Invoice | 104.25 | 5,212.47 | 5,108.22 | 7666702987 | |
| 10/29/2026 | 11/03/2026 | 7666702988 | 288427024 | 115Invoice | 104.25 | 5,212.47 | 5,108.22 | 7666702988 | |
| 10/29/2026 | 11/03/2026 | 7666705523 | 284834899 | 115Invoice | 69.50 | 3,474.94 | 3,405.44 | 7666705523 | |
| 10/29/2026 | 11/03/2026 | 7666705524 | 284252645 | 115Invoice | 69.50 | 3,474.94 | 3,405.44 | 7666705524 | |
| 10/29/2026 | 11/03/2026 | 7666705525 | 283000929 | 115Invoice | 69.50 | 3,474.94 | 3,405.44 | 7666705525 | |
| 10/30/2026 | 11/03/2026 | 7666903242 | 302205479 | 115Invoice | 26.12 | 1,305.92 | 1,279.80 | 7666903242 | |
| 10/30/2026 | 11/03/2026 | 7666903243 | 302430623 | 115Invoice | 11.31 | 565.57 | 554.26 | 7666903243 | |
| 10/30/2026 | 11/03/2026 | 7666903244 | 302878130 | 115Invoice | 11.31 | 565.57 | 554.26 | 7666903244 | |
| 10/30/2026 | 11/03/2026 | 7666903245 | 303317404 | 115Invoice | 32.84 | 1,642.02 | 1,609.18 | 7666903245 | |
| 10/30/2026 | 11/03/2026 | 7666903246 | 303317404 | 115Invoice | 0.02 | 0.95 | 0.93 | 7666903246 | |
| 10/30/2026 | 11/03/2026 | 7666903247 | 303317404 | 115Invoice | 24.91 | 1,245.28 | 1,220.37 | 7666903247 | |

APPROVED ON
NOV 02 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

**McKESSON**

Company: 8000

# STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/30/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 10/31/2026

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

As of: 10/30/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 10/31/2026 **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:** 31,137.41 USD

**Future Due:** 0.00

**Past Due:** 0.00

**Last Payment** 17,975.10
10/26/2026

**If Paid By 11/03/2026, Pay This Amount:** 30,514.66 USD

**If Paid After 11/03/2026, Pay this Amount:** 31,137.41 USD

**Due If Paid On Time:** USD 30,514.66

**Disc lost if paid late:** 622.75

**Due If Paid Late:** USD 31,137.41

APPROVED ON
NOV 02 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

**McKESSON**

Company: 8000

# STATEMENT

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: 10/30/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 10/31/2026

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

As of: 10/30/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 10/31/2026 **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** | | | | | | | | | | | |
| 10/29/2026 | 11/03/2026 | 7666495925 | B2610-055-578365 | 115Invoice | 0.35 | 17.61 | | 17.26 | | 7666495925 | |

**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:** 17.61 USD

**Future Due:** 0.00

**Past Due:** 0.00

**Last Payment** 17,975.10
10/26/2026

**If Paid By 11/03/2026,**
**Pay This Amount:** 17.26 USD

**If Paid After 11/03/2026,**
**Pay this Amount:** 17.61 USD

**Due If Paid On Time:**
USD 17.26

**Disc lost if paid late:**
0.35

**Due If Paid Late:**
USD 17.61

APPROVED ON
NOV 02 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

cencora

# STATEMENT

Statement Number: 73152703
Date: 10-30-2026

**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

**Customer Number**
100135284 / 037028186

**Terms**
Sat - Fri Due in 7 days

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

**Summary**

| | |
|---|---|
| Not Yet Due: | 0.00 |
| Current: | 29.83 |
| Past Due: | 0.00 |
| Total Due: | 29.83 |
| Account Balance: | 29.83 |

## Account Activity

| Document Date | Due Date | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance |
|---|---|---|---|---|---|---|---|---|
| 10-26-2026 | 11-06-2026 | 3268049719 | 7012837420 | Invoice | 29.83 | | 0.00 | 29.83 |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|---|---|---|---|---|---|---|
| 29.83 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

## Thank You for Your Payment

| Date | Amount |
|---|---|
| 10-30-2026 | (193.51) |

## Reminders

| Due Date | Amount |
|---|---|
| 11-06-2026 | 29.83 |
| Total Due: | 29.83 |

APPROVED ON
NOV 02 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

cencora

# STATEMENT

Statement Number: 73167118
Date: 10-30-2026

**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: | 1,789.81 |
| Past Due: | 0.00 |
| Total Due: | 1,789.81 |
| Account Balance: | 1,789.81 |

## Account Activity

| Document Date | Due Date | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance |
|---|---|---|---|---|---|---|---|---|
| 10-26-2026 | 11-06-2026 | 3268017158 | 7012837627 | Invoice | 1.92 | | 0.00 | 1.92 |
| 10-26-2026 | 11-06-2026 | 3268089652 | 7012842753 | Invoice | 206.61 | | 0.00 | 206.61 |
| 10-29-2026 | 11-06-2026 | 3268518977 | 7012859625 | Invoice | 1,581.28 | | 0.00 | 1,581.28 |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|---|---|---|---|---|---|---|
| 1,789.81 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

## Reminders

| Due Date | Amount |
|---|---|
| 11-06-2026 | 1,789.81 |
| Total Due: | 1,789.81 |

CC

APPROVED ON
NOV 02 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.

**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" | ★ | $ 124,264.03 | # |
| "1 TO CONFIRM" | | 1 | |
| "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" | 0 | $ 65,731.40 | # |
| "ENTER W/CENTS AMOUNT OF MEDICARE" | | $ 15,372.68 | # |
| "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING" | | $ 43,159.95 | # |
| ☐ "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 | 10/16/2026 | | | | | |
| PAY PERIOD: END | 10/29/2026 | | | | | |
| PAY DATE: | 11/6/2026 | | | | | |
| GROSS PAY: | $ 566,111.59 | | | $ - | | $ 566,111.59 |
| DEDUCTIONS: | | | | | | |
| A/R | $ 390.00 | | | | | $ 390.00 |
| ADVANC | | | | | | $ - |
| BOOTS | | | | | | $ - |
| ~~MUTUAL CRITICAL ILLNESS~~ | | | | | | $ - |
| ~~MUTUAL ACCIDENT~~ | | | | | | $ - |
| IRS TAX | | | | | | $ - |
| ~~MUTUAL SHORT TERM DIS~~ | | | | | | $ - |
| MUTUAL VISION | $ 839.44 | | | | | $ 839.44 |
| CAFÉ-D | $ 1,344.62 | | | | | $ 1,344.62 |
| CAFÉ-H | $ 28,997.76 | | | | | $ 28,997.76 |
| | $ - | | | | | $ - |
| | $ - | | | | | $ - |
| CAFÉ-P | | | | | | $ - |
| CANCER | | | | | | $ - |
| CHILD | $ - | | | | | $ - |
| CLINIC | | | | | | $ - |
| COMBIN | $ 195.70 | | | | | $ 195.70 |
| CREDUN | $ - | | | | | $ - |
| DENTAL | $ - | | | | | $ - |
| DEP-LF | | | | | | $ - |
| MUTUAL TERM LIFE | $ 1,122.90 | | | | | $ 1,122.90 |
| MUTUAL HOSP INDEM | $ 656.50 | | | | | $ 656.50 |
| FED TAX | $ 43,159.95 | | | | | $ 43,159.95 |
| FICA-M | $ 7,686.34 | | | | | $ 7,686.34 |
| FICA-O | $ 32,865.70 | | | | | $ 32,865.70 |
| FICA-M ADDITIONAL | | | | | | $ - |
| FIRST C | | | | | | $ - |
| FLEX S | $ 4,542.39 | | | | | $ 4,542.39 |
| FLX-FE | $ - | | | | | $ - |
| GIFT S | $ 387.95 | | | | | $ 387.95 |
| MUTUAL CRITICAL ILLNESS | $ 823.93 | | | | | $ 823.93 |
| MUTUAL ACCIDENT | $ 636.30 | | | | | $ 636.30 |
| MUTUAL SHORT TERM DIS | $ 1,911.03 | | | | | $ 1,911.03 |
| LEGAL | $ 1,013.98 | | | | | $ 1,013.98 |
| OTHER | $ 6,672.58 | | | | | $ 6,672.58 |
| NATIONAL FARM LIFE | $ 1,159.06 | | | | | $ 1,159.06 |
| MED SURCHARGE | | | | | | $ - |
| Blank | | | | | | $ - |
| RELAY | | | | | | $ - |
| REPAY | | | | | | $ - |
| STONEDF | $ 295.00 | | | | | $ 295.00 |
| STONE | | | | | | $ - |
| STONE 2 | | | | | | $ - |
| STUDEN | | | | | | $ - |
| TSA-R | $ 38,067.10 | | | | | $ 38,067.10 |
| UW/HOS | $ - | | | | | $ - |
| TOTAL DEDUCTIONS: | $ 172,768.23 | $ - | $ - | $ - | $ - | $ 172,768.23 |
| NET PAY: | $ 393,343.36 | $ - | $ - | $ - | $ - | $ 393,343.36 |
| TOTAL CAFÉ 125 PLAN: | $ 36,019.21 | Less Exempt: | | | | |
| TAXABLE PAY: | $ 530,092.38 | $ 530,092.38 | | | | Exempt Amt: |

| | | **CALCULATED** | From MMC Report | Difference |
|---|---|---|---|---|
| FICA - MED (ER) | 1.45% | $ 7,686.34 | | |
| FICA - MED (EE) | 1.45% | $ 7,686.34 | $ 7,686.34 | $ - |
| FICA - SOC SEC (ER) | 6.20% | $ 32,865.73 | | |
| FICA - SOC SEC (EE) | 6.20% | $ 32,865.73 | $ 32,865.70 | $ 0.03 |
| FED WITHHOLDING | | $ 43,159.95 | $ 43,159.95 | |

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL:

| | | | | |
|---|---|---|---|---|
| TAX DEPOSIT: | | $ 124,264.09 | $ 124,264.03 | |
| FICA - MEDICARE | 2.90% | $ 15,372.68 | $15,372.68 | |
| FICA - SOCIAL SECURITY | 12.40% | $ 65,731.46 | $65,731.40 | PREPARED BY: Andrie Flores |
| FED WITHHOLDING | | $ 43,159.95 | $43,159.95 | PREPARED DATE: 10/30/2026 |
| TOTAL TAX: | | $ 124,264.09 | $124,264.03 | $ 0.06 |

Final Summary

**-- PayCode Summary --**

| PayCd | Description | Hrs | OT | SH | WE | HO | CB | Gross |
|---|---|---|---|---|---|---|---|---|
| 1 | REGULAR PAY-S1 | 9095.00 | N | | N | N | | 230685.03 |
| 1 | REGULAR PAY-S1 | 2167.00 | N | | N | N | N | 123159.97 |
| 1 | REGULAR PAY-S1 | 198.00 | Y | | N | N | | 7699.13 |
| 1 | REGULAR PAY-S1 | 11.25 | Y | | N | N | N | 573.64 |
| 2 | REGULAR PAY-S2 | 2231.00 | N | | N | N | | 68020.80 |
| 2 | REGULAR PAY-S2 | 191.25 | Y | | N | N | | 6623.66 |
| 3 | REGULAR PAY-S3 | 1580.75 | N | | N | N | | 57307.69 |
| 3 | REGULAR PAY-S3 | 73.50 | Y | | N | N | | 3728.25 |
| 4 | CALL BACK PAY | 4.00 | N | 1 | N | N | Y | 248.20 |
| 4 | CALL BACK PAY | 4.00 | N | 2 | N | N | Y | 141.12 |
| 4 | CALL BACK PAY | 4.00 | N | 3 | N | N | Y | 145.12 |
| 4 | CALL BACK PAY | 2.00 | Y | 1 | N | N | Y | 166.35 |
| 4 | CALL BACK PAY | 2.00 | Y | 3 | N | N | Y | 102.00 |
| C | CALL PAY | 22.00 | N | | N | N | N | 44.00 |
| C | CALL PAY | 2084.00 | N | 1 | N | N | | 4168.00 |
| E | EXTRA WAGES | | N | 1 | N | N | N | 2805.75 |
| F | FUNERAL LEAVE | 2.00 | N | 1 | N | N | | 27.14 |
| I | INSERVICE | 32.00 | N | 1 | N | N | | 2307.70 |
| K | EXTENDED-ILLNESS-BANK | 378.00 | N | 1 | N | N | | 9692.56 |
| N | CRNA Pay | 80.00 | N | | N | N | N | 10400.00 |
| P | PAID-TIME-OFF | 125.09 | N | | N | N | N | 3032.97 |
| P | PAID-TIME-OFF | 1119.00 | N | 1 | N | N | | 32594.55 |
| X | CALL PAY 2 | 128.00 | N | 1 | N | N | | 256.00 |
| Z | CALL PAY 3 | 128.00 | N | 1 | N | N | | 384.00 |
| p | PAID TIME OFF - PROBATION | 2.00 | N | 1 | N | N | | 42.96 |
| t | PHONE & DATA | | N | | N | N | N | 1755.00 |

**-- Deductions Summary --**

| Code | Amount | | | | | |
|---|---|---|---|---|---|---|
| A/R | 315.00 | A/R2 | 75.00 | A/R3 | | |
| ADVANC | | AWARDS | | BADGE | | |
| BCBSVI | | BOOTS | | CAFE H | | |
| CAFE-1 | | CAFE-2 | | CAFE-3 | | |
| CAFE-4 | | CAFE-5 | | CAFE-C | | |
| CAFE-D | 1344.62 | CAFE-F | | CAFE-H | 28997.76 | |
| CAFE-I | | CAFE-L | | CAFE-P | | |
| CANCER | | CHILD | | CLINIC | | |
| COMBIN | 195.70 | CREDUN | | DD ADV | | |
| DENTAL | | DEP-LF | | DIS-LF | | |
| EAT | | EATCSH | | FEDTAX | 43159.95 | |
| FICA-M | 7686.34 | FICA-O | 32865.70 | IRSTC | | |
| FLEX S | 3973.73 | FLX FE | | FORT D | | |
| FUTA | | GIFT S | 387.95 | GRANT | | |
| GRP-IN | | GTL | | HOSP-I | | |
| HSA | 568.66 | ID TFT | | IRSTAX | | |
| LEAF | | LEGAL | 204.98 | MASA | 809.00 | |
| MEALS | 4466.94 | METVIS | | MISC | | |
| MISC/ | | MMCSHR | | MOOACC | 636.30 | |
| MOOILL | 823.93 | MOOIND | 656.50 | MOOLIF | 1122.90 | |
| MOOSTD | 1911.03 | MOOVIS | 839.44 | 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 | 38067.10 | TUTION | | |
| UNIFOR | 2205.64 | UW/HOS | | | | |

Grand Totals: 19663.84 ------- ( Gross: 566111.59 Deductions: 172768.23 Net: 393343.36

Checks Count:- FT 199 PT 11 Other 36 Female 227 Male 19 Credit OverAmt 21 ZeroNet Term Total: 246

815 N VIRGINIA STREET
PORT LAVACA, TX 77979

| Master Group Totals | | | | | | | Total Due |
|---|---|---|---|---|---|---|---|
| | SPEC AGG | 166 | $83,401.11 | Adjustments | 5 | ($638.70) | $82,762.41 |
| | ADMIN FEES | 166 | $7,636.00 | | | | $7,636.00 |
| | PPO UR | 166 | $3,726.70 | | | | $3,726.70 |
| | CHIC FEE | | $700.00 | | | | $700.00 |
| | ANNUAL SET UP FEE | | $1,000.00 | | | | $1,000.00 |

| | | |
|---|---|---|
| Balance Forward: | | $162,636.40 |
| Payments: | - | $162,636.40 |
| Adjustments: | + | $0.00 |
| Beginning Balance: | | $0.00 |
| Current Amount Due: | + | $96,463.81 |
| Current Adjustments: | + | ($638.70) |
| **Total Amount Due:** | | **$95,825.11** |

| Description | Medical |
|---|---|
| EE | 102 |
| ES | 14 |
| EF | 17 |
| EC | 33 |
| Mst Total | 166 |

Make Check Payable To: Attn: Revenue Department
90 Degree Benefits
PO Box 13246
Birmingham, AL 35202

APPROVED ON
NOV 02 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Please pay premium as billed. Changes received after billing has processed will be reflected on the next months bill.
Premium payment is due by the 10th of the month.

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10178 | 76351 | 3 | 10 | 0 | 2026 | 292000189 | 0 | 10/30/2026 | $923.43 | 1 | HOUSTON CARDIOVASCULAR ASSOCIATES LLC | P | 317 | 0 | [redacted] | OPES | F | 10/2/2026 | 10/2/2026 | 741941710 |
| 10179 | 76351 | 3 | 10 | 0 | 2026 | 292000350 | 0 | 10/30/2026 | $1,210.56 | 1 | HOUSTON METHODIST SUGAR LAND HOSPITAL | P | 186 | 0 | [redacted] | HLAB | F | 10/5/2026 | 10/5/2026 | 760545192 |
| 10180 | 76351 | 3 | 9 | 1 | 2026 | 272000587 | 0 | 10/30/2026 | $2,586.85 | 1 | CITIZENS MEDICAL CENTER | P | 318 | 0 | [redacted] | SPCT | F | 9/14/2026 | 9/14/2026 | 741698143 |
| 10181 | 76360 | 2 | 39 | 1 | 2026 | 289001222 | 0 | 10/30/2026 | $25.00 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 220 | 0 | [redacted] | WLB | F | 9/10/2026 | 9/10/2026 | 471158090 |
| 10182 | 76360 | 2 | 39 | 0 | 2026 | 274001114 | 0 | 10/30/2026 | $60.80 | 1 | CAIA D HOMERSTAD | P | 457 | 0 | [redacted] | OVS | F | 9/2/2026 | 9/2/2026 | 464663733 |
| 10183 | 76360 | 2 | 56 | 0 | 2026 | 280001143 | 0 | 10/30/2026 | $247.81 | 1 | SINGLETON ASSOCIATES PA | P | 172 | 0 | [redacted] | AB | F | 9/16/2026 | 9/16/2026 | 741680498 |
| 10184 | 76360 | 3 | 75 | 0 | 2026 | 288000866 | 0 | 10/30/2026 | $32.47 | 1 | SINGLETON ASSOCIATES PA | P | 189 | 0 | [redacted] | ERD | F | 10/4/2026 | 10/4/2026 | 741680498 |
| 10185 | 76360 | 3 | 94 | 0 | 2026 | 275001024 | 0 | 10/30/2026 | $49.94 | 1 | ADU SPORTS MEDICINE CLINIC | P | 457 | 0 | [redacted] | OVS | F | 9/30/2026 | 9/30/2026 | 273335355 |
| 10186 | 76360 | 3 | 119 | 0 | 2026 | 293001006 | 0 | 10/30/2026 | $55.89 | 1 | NOE R OLVERA MD PA | P | 457 | 0 | [redacted] | OVS | F | 10/5/2026 | 10/5/2026 | 262712038 |
| 10187 | 76360 | 3 | 32 | 5 | 2026 | 288000852 | 0 | 10/30/2026 | $70.00 | 1 | JACKSON MEDICAL CLINIC OF EDNA | P | 177 | 0 | [redacted] | OV | F | 9/24/2026 | 9/24/2026 | 741738475 |
| 10188 | 76360 | 3 | 48 | 2 | 2026 | 289000302 | 0 | 10/30/2026 | $70.28 | 1 | VICTORIA WOMENS CLINIC | P | 603 | 0 | [redacted] | US | F | 10/5/2026 | 10/5/2026 | 741831291 |
| 10189 | 76360 | 3 | 139 | 0 | 2026 | 288001002 | 0 | 10/30/2026 | $75.57 | 1 | PORT LAVACA CLINIC ASSOCIATES | P | 177 | 0 | [redacted] | OV | F | 10/9/2026 | 10/9/2026 | 742605670 |
| 10190 | 76360 | 3 | 68 | 1 | 2026 | 274001140 | 0 | 10/30/2026 | $80.34 | 1 | CITIZENS MEDICAL PROFESSIONAL | P | 457 | 0 | [redacted] | OVS | F | 9/14/2026 | 9/14/2026 | 471158090 |
| 10191 | 76360 | 3 | 41 | 0 | 2026 | 273000990 | 0 | 10/30/2026 | $90.34 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 177 | 0 | [redacted] | OV | F | 9/15/2026 | 9/15/2026 | 471158090 |
| 10192 | 76360 | 3 | 40 | 0 | 2026 | 273000961 | 0 | 10/30/2026 | $91.34 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 177 | 0 | [redacted] | OV | F | 9/15/2026 | 9/15/2026 | 471158090 |
| 10193 | 76360 | 3 | 32 | 7 | 2026 | 296000332 | 0 | 10/30/2026 | $99.76 | 1 | CRESCENT VIEW MEDICAL CLINICS PA | P | 172 | 0 | [redacted] | AB | F | 10/15/2026 | 10/15/2026 | 452547088 |
| 10194 | 76360 | 3 | 105 | 0 | 2026 | 280001202 | 0 | 10/30/2026 | $102.55 | 1 | SINGLETON ASSOCIATES PA | P | 603 | 0 | [redacted] | US | F | 9/18/2026 | 9/18/2026 | 741680498 |
| 10195 | 76360 | 3 | 32 | 1 | 2026 | 279000970 | 0 | 10/30/2026 | $103.25 | 1 | LABORATORY CORPORATION OF AMERICA | P | 172 | 0 | [redacted] | AB | F | 9/28/2026 | 9/28/2026 | 840611484 |
| 10196 | 76360 | 3 | 2 | 0 | 2026 | 274001178 | 0 | 10/30/2026 | $109.67 | 1 | HEALTH AND WELLNESS SOLUTIONS | P | 728 | 0 | [redacted] | TELM | F | 9/28/2026 | 9/28/2026 | 260406833 |
| 10197 | 76360 | 3 | 32 | 5 | 2026 | 296000328 | 0 | 10/30/2026 | $110.92 | 1 | CRESCENT VIEW MEDICAL CLINICS PA | P | 172 | 0 | [redacted] | AB | F | 10/15/2026 | 10/15/2026 | 452547088 |
| 10198 | 76360 | 3 | 32 | 6 | 2026 | 296000330 | 0 | 10/30/2026 | $120.18 | 1 | CRESCENT VIEW MEDICAL CLINICS PA | P | 172 | 0 | [redacted] | AB | F | 10/15/2026 | 10/15/2026 | 452547088 |
| 10199 | 76360 | 3 | 138 | 2 | 2026 | 273001012 | 0 | 10/30/2026 | $122.00 | 1 | COUNSELING4LIFE LLC | P | 360 | 0 | [redacted] | POV | F | 9/25/2026 | 9/25/2026 | 455131564 |
| 10200 | 76360 | 3 | 138 | 2 | 2026 | 280001145 | 0 | 10/30/2026 | $122.00 | 1 | COUNSELING4LIFE LLC | P | 360 | 0 | [redacted] | POV | F | 10/2/2026 | 10/2/2026 | 455131564 |
| 10201 | 76360 | 3 | 107 | 0 | 2026 | 286001201 | 0 | 10/30/2026 | $138.54 | 1 | PORT LAVACA CLINIC ASSOCIATES | P | 177 | 0 | [redacted] | AB | F | 10/8/2026 | 10/8/2026 | 742605670 |
| 10202 | 76360 | 3 | 159 | 0 | 2026 | 287000820 | 0 | 10/30/2026 | $165.40 | 1 | TEXAS ENT SPECIALISTS PA | P | 457 | 0 | [redacted] | OVS | F | 10/7/2026 | 10/7/2026 | 760522391 |
| 10203 | 76360 | 3 | 75 | 0 | 2026 | 294000417 | 0 | 10/30/2026 | $169.18 | 1 | VICTORIA ORTHOPEDIC CENTER, PLLC | P | 457 | 0 | [redacted] | OVS | F | 10/14/2026 | 10/14/2026 | 260151734 |
| 10204 | 76360 | 3 | 54 | 0 | 2026 | 286000239 | 0 | 10/30/2026 | $190.89 | 1 | COMMUNITY PATHOLOGY ASSOCIATES | P | 172 | 0 | [redacted] | AB | F | 10/1/2026 | 10/1/2026 | 760421006 |
| 10205 | 76360 | 3 | 32 | 1 | 2026 | 280001156 | 0 | 10/30/2026 | $225.55 | 1 | LABORATORY CORPORATION OF AMERICA | P | 185 | 0 | [redacted] | LAB | F | 9/28/2026 | 9/28/2026 | 840611484 |
| 10206 | 76360 | 3 | 90 | 1 | 2026 | 273001044 | 0 | 10/30/2026 | $264.36 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 172 | 0 | [redacted] | AB | F | 7/14/2026 | 7/14/2026 | 471158090 |
| 10207 | 76360 | 3 | 80 | 1 | 2026 | 285000039 | 0 | 10/30/2026 | $278.54 | 1 | ORTHOLONESTAR PLLC | P | 431 | 0 | [redacted] | SPS | F | 7/31/2026 | 7/31/2026 | 842136648 |
| 10208 | 76360 | 3 | 83 | 0 | 2026 | 280001189 | 0 | 10/30/2026 | $316.61 | 1 | SINGLETON ASSOCIATES PA | P | 324 | 0 | [redacted] | CAT | F | 9/16/2026 | 9/16/2026 | 741680498 |
| 10209 | 76360 | 3 | 40 | 0 | 2026 | 292000708 | 0 | 10/30/2026 | $330.68 | 1 | SINGLETON ASSOCIATES PA | P | 189 | 0 | [redacted] | ERD | F | 10/5/2026 | 10/5/2026 | 741680498 |
| 10210 | 76360 | 3 | 138 | 1 | 2026 | 280001147 | 0 | 10/30/2026 | $416.61 | 1 | SINGLETON ASSOCIATES PA | P | 321 | 0 | [redacted] | MRIO | F | 9/16/2026 | 9/16/2026 | 741680498 |
| 10211 | 76360 | 3 | 75 | 0 | 2026 | 286000650 | 0 | 10/30/2026 | $4,993.59 | 1 | CHRISTUS SPOHN SHORELINE | P | 418 | 0 | [redacted] | RB | F | 10/4/2026 | 10/6/2026 | 741109836 |
| 10212 | 76370 | 3 | 52 | 0 | 2026 | 272001066 | 0 | 10/30/2026 | $10.40 | 1 | SINUS AND ALLERGY SPECIALISTS OF TEXAS P | P | 438 | 0 | [redacted] | ALIS | F | 9/24/2026 | 9/24/2026 | 460862530 |
| 10213 | 76370 | 3 | 52 | 0 | 2026 | 279000938 | 0 | 10/30/2026 | $10.40 | 1 | SINUS AND ALLERGY SPECIALISTS OF TEXAS P | P | 438 | 0 | [redacted] | ALIS | F | 10/1/2026 | 10/1/2026 | 460862530 |
| 10214 | 76370 | 3 | 52 | 0 | 2026 | 286001188 | 0 | 10/30/2026 | $10.40 | 1 | SINUS AND ALLERGY SPECIALISTS OF TEXAS P | P | 438 | 0 | [redacted] | ALIS | F | 10/8/2026 | 10/8/2026 | 460862530 |
| 10215 | 76370 | 3 | 60 | 0 | 2026 | 289000145 | 0 | 10/30/2026 | $138.99 | 1 | VICTORIA WOMENS CLINIC | P | 172 | 0 | [redacted] | AB | F | 8/11/2026 | 8/11/2026 | 741831291 |
| 10216 | 76370 | 3 | 44 | 0 | 2026 | 288000880 | 0 | 10/30/2026 | $155.46 | 1 | AMIRALI S POPATIA MD | P | 457 | 0 | [redacted] | OVS | F | 9/21/2026 | 9/21/2026 | 760599320 |
| 10217 | 76370 | 3 | 62 | 1 | 2026 | 293001091 | 0 | 10/30/2026 | $253.29 | 1 | SINGLETON ASSOCIATES PA | P | 189 | 0 | [redacted] | ERD | F | 9/25/2026 | 9/25/2026 | 741680498 |
| 10218 | 76370 | 3 | 52 | 0 | 2026 | 278000662 | 0 | 10/30/2026 | $508.87 | 1 | EXACT SCIENCES LABORATORIES, LLC | P | 704 | 0 | [redacted] | AB7 | F | 9/17/2026 | 9/17/2026 | 463095174 |
| 10219 | 76370 | 3 | 62 | 1 | 2026 | 281000452 | 0 | 10/30/2026 | $4,697.37 | 1 | DETAR HEALTHCARE SYSTEM | P | 406 | 0 | [redacted] | ER | F | 10/1/2026 | 10/1/2026 | 621754940 |
| | | | | | | | | | $86,996.78 | | | | | | | | | | | | |

APPROVED ON

NOV 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

| CHKNO | GRPNO | LOCNO | EMPNO | DEPNO | CLMPRE | CLMNO | CLMSUF | CHKDT | AMT | CLMT# | PAYEE | PAYTO | CVGCD | CVGTP | FIRSTNAME | LASTNAME | CODE | VOID | PROMDT | THRUDT | PRVNO |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10105 | 76351 | 1 | 1 | 0 | 2026 | 296001553 | 0 | 10/30/2026 | $26,724.84 | 1 | TRUESCRIPTS MANAGEMENT SERVICE LLC | P | 517 | 0 | | | PCS | F | 10/5/2026 | 10/18/2026 | 464334244 |
| 10106 | 76351 | 2 | 5 | 0 | 2026 | 268000479 | 0 | 10/30/2026 | $5,710.75 | 1 | MD ANDERSON CANCER CENT | P | 434 | 0 | | | OHS | F | 9/3/2026 | 9/3/2026 | 746001118 |
| 10107 | 76351 | 2 | 5 | 0 | 2026 | 292000344 | 0 | 10/30/2026 | $11,813.34 | 1 | MD ANDERSON CANCER CENT | P | 186 | 0 | | | HLAB | F | 10/7/2026 | 10/7/2026 | 746001118 |
| 10108 | 76351 | 2 | 58 | 1 | 2026 | 286001221 | 0 | 10/30/2026 | $13.39 | 1 | INTERPATH LABORATORY INC | P | 185 | 0 | | | LAB | F | 10/1/2026 | 10/1/2026 | 930587431 |
| 10109 | 76351 | 2 | 95 | 0 | 2026 | 279000983 | 0 | 10/30/2026 | $49.77 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 177 | 0 | | | OV | F | 9/22/2026 | 9/22/2026 | 471158090 |
| 10110 | 76351 | 2 | 95 | 0 | 2026 | 279000938 | 0 | 10/30/2026 | $80.34 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 457 | 0 | | | OVS | F | 9/29/2026 | 9/29/2026 | 471158090 |
| 10111 | 76351 | 2 | 13 | 0 | 2026 | 282001384 | 0 | 10/30/2026 | $80.34 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 457 | 0 | | | OVS | F | 9/23/2026 | 9/23/2026 | 471158090 |
| 10112 | 76351 | 2 | 98 | 0 | 2026 | 272001038 | 0 | 10/30/2026 | $82.26 | 1 | SHANNON M CROWE MD | P | 180 | 0 | | | XRDR | F | 9/10/2026 | 9/10/2026 | 208507086 |
| 10113 | 76351 | 2 | 86 | 0 | 2026 | 293001067 | 0 | 10/30/2026 | $91.38 | 1 | QUEST DIAGNOSTICS ATLANTA | P | 185 | 0 | | | LAB | F | 5/6/2026 | 5/6/2026 | 382084239 |
| 10114 | 76351 | 2 | 96 | 2 | 2026 | 272001050 | 0 | 10/30/2026 | $95.96 | 1 | HOMETOWN PEDIATRIC CARE | P | 172 | 0 | | | AB | F | 9/24/2026 | 9/24/2026 | 742872709 |
| 10115 | 76351 | 2 | 86 | 0 | 2026 | 293001022 | 0 | 10/30/2026 | $96.81 | 1 | QUEST DIAGNOSTICS ATLANTA | P | 185 | 0 | | | LAB | F | 5/6/2026 | 5/6/2026 | 382084239 |
| 10116 | 76351 | 2 | 98 | 0 | 2026 | 278000682 | 0 | 10/30/2026 | $109.67 | 1 | SHANNON M CROWE MD | P | 177 | 0 | | | OV | F | 9/30/2026 | 9/30/2026 | 208507086 |
| 10117 | 76351 | 2 | 95 | 0 | 2026 | 280001182 | 0 | 10/30/2026 | $124.80 | 1 | SINGLETON ASSOCIATES PA | P | 603 | 0 | | | US | F | 9/14/2026 | 9/14/2026 | 741680498 |
| 10118 | 76351 | 2 | 95 | 1 | 2026 | 268000938 | 0 | 10/30/2026 | $126.42 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 223 | 0 | | | WLBS | F | 9/15/2026 | 9/15/2026 | 471158090 |
| 10119 | 76351 | 2 | 5 | 0 | 2026 | 292000729 | 0 | 10/30/2026 | $136.68 | 1 | PHYSICIANS REFERRAL SERVICE | P | 324 | 0 | | | CAT | F | 10/8/2026 | 10/8/2026 | 760273984 |
| 10120 | 76351 | 2 | 5 | 0 | 2026 | 272001043 | 0 | 10/30/2026 | $165.75 | 1 | PHYSICIANS REFERRAL SERVICE | P | 185 | 0 | | | LAB | F | 9/16/2026 | 9/16/2026 | 760273984 |
| 10121 | 76351 | 2 | 13 | 0 | 2026 | 272001024 | 0 | 10/30/2026 | $179.80 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 457 | 0 | | | OVS | F | 9/16/2026 | 9/16/2026 | 471158090 |
| 10122 | 76351 | 2 | 5 | 0 | 2026 | 292000727 | 0 | 10/30/2026 | $365.93 | 1 | PHYSICIANS REFERRAL SERVICE | P | 324 | 0 | | | CAT | F | 10/8/2026 | 10/8/2026 | 760273984 |
| 10123 | 76351 | 2 | 5 | 0 | 2026 | 272001074 | 0 | 10/30/2026 | $549.10 | 1 | PHYSICIANS REFERRAL SERVICE | P | 177 | 0 | | | OV | F | 9/16/2026 | 9/16/2026 | 760273984 |
| 10124 | 76351 | 2 | 5 | 0 | 2026 | 280001096 | 0 | 10/30/2026 | $549.10 | 1 | PHYSICIANS REFERRAL SERVICE | P | 177 | 0 | | | OV | F | 9/30/2026 | 9/30/2026 | 760273984 |
| 10125 | 76351 | 2 | 5 | 0 | 2026 | 280001100 | 0 | 10/30/2026 | $549.10 | 1 | PHYSICIANS REFERRAL SERVICE | P | 177 | 0 | | | OV | F | 9/23/2026 | 9/23/2026 | 760273984 |
| 10126 | 76351 | 2 | 5 | 0 | 2026 | 280001106 | 0 | 10/30/2026 | $549.10 | 1 | PHYSICIANS REFERRAL SERVICE | P | 177 | 0 | | | OV | F | 9/17/2026 | 9/17/2026 | 760273984 |
| 10127 | 76351 | 2 | 5 | 0 | 2026 | 285000087 | 0 | 10/30/2026 | $549.10 | 1 | PHYSICIANS REFERRAL SERVICE | P | 177 | 0 | | | OV | F | 9/19/2026 | 9/19/2026 | 760273984 |
| 10128 | 76351 | 2 | 5 | 0 | 2026 | 285000088 | 0 | 10/30/2026 | $549.10 | 1 | PHYSICIANS REFERRAL SERVICE | P | 177 | 0 | | | OV | F | 9/18/2026 | 9/18/2026 | 760273984 |
| 10129 | 76351 | 2 | 5 | 0 | 2026 | 292000692 | 0 | 10/30/2026 | $549.10 | 1 | PHYSICIANS REFERRAL SERVICE | P | 177 | 0 | | | OV | F | 10/8/2026 | 10/8/2026 | 760273984 |
| 10130 | 76351 | 2 | 96 | 2 | 2026 | 271000773 | 0 | 10/30/2026 | $669.81 | 1 | PHSYICIAN MANAGEMENT SERVICES OF TEXAS | P | 172 | 0 | | | AB | F | 9/24/2026 | 9/24/2026 | 842167725 |
| 10131 | 76351 | 2 | 5 | 0 | 2026 | 279000552 | 0 | 10/30/2026 | $1,209.84 | 1 | MD ANDERSON CANCER CENT | P | 186 | 0 | | | HLAB | F | 9/23/2026 | 9/23/2026 | 746001118 |
| 10132 | 76351 | 2 | 5 | 0 | 2026 | 286000636 | 0 | 10/30/2026 | $1,314.92 | 1 | MD ANDERSON CANCER CENT | P | 186 | 0 | | | HLAB | F | 9/30/2026 | 9/30/2026 | 746001118 |
| 10133 | 76351 | 2 | 5 | 0 | 2026 | 279000550 | 0 | 10/30/2026 | $1,356.81 | 1 | MD ANDERSON CANCER CENT | P | 186 | 0 | | | HLAB | F | 9/17/2026 | 9/17/2026 | 746001118 |
| 10134 | 76351 | 2 | 5 | 0 | 2026 | 272000589 | 0 | 10/30/2026 | $1,858.55 | 1 | MD ANDERSON CANCER CENT | P | 178 | 0 | | | SO | F | 9/16/2026 | 9/16/2026 | 746001118 |
| 10135 | 76351 | 2 | 5 | 0 | 2026 | 279000541 | 0 | 10/30/2026 | $1,963.63 | 1 | MD ANDERSON CANCER CENT | P | 186 | 0 | | | HLAB | F | 9/18/2026 | 9/18/2026 | 746001118 |
| 10136 | 76351 | 2 | 5 | 0 | 2026 | 279000539 | 0 | 10/30/2026 | $2,036.61 | 1 | MD ANDERSON CANCER CENT | P | 186 | 0 | | | HLAB | F | 9/19/2026 | 9/19/2026 | 746001118 |
| 10137 | 76351 | 3 | 21 | 0 | 2026 | 287000878 | 0 | 10/30/2026 | $19.10 | 1 | NOE R OLVERA MD PA | P | 457 | 0 | | | OVS | F | 8/18/2026 | 8/18/2026 | 262712038 |
| 10138 | 76351 | 1 | 65 | 2 | 2026 | 280001136 | 0 | 10/30/2026 | $27.00 | 1 | TORRES ENRIQUE | P | 360 | 0 | | | POV | F | 10/1/2026 | 10/1/2026 | 61467981 |
| 10139 | 76351 | 3 | 65 | 2 | 2026 | 282001415 | 0 | 10/30/2026 | $27.00 | 1 | TORRES ENRIQUE | P | 360 | 0 | | | POV | F | 10/6/2026 | 10/6/2026 | 61467981 |
| 10140 | 76351 | 3 | 65 | 2 | 2026 | 289001190 | 0 | 10/30/2026 | $27.00 | 1 | TORRES ENRIQUE | P | 360 | 0 | | | POV | F | 10/13/2026 | 10/13/2026 | 61467981 |
| 10141 | 76351 | 3 | 87 | 0 | 2026 | 286000024 | 0 | 10/30/2026 | $29.20 | 1 | DR MELISSA A KAINER ERWIN MD | P | 177 | 0 | | | OV | F | 9/24/2026 | 9/24/2026 | 200802489 |
| 10142 | 76351 | 3 | 64 | 2 | 2026 | 288000935 | 0 | 10/30/2026 | $29.92 | 1 | SINGLETON ASSOCIATES PA | P | 189 | 0 | | | ERD | F | 9/29/2026 | 9/29/2026 | 741680498 |
| 10143 | 76351 | 3 | 64 | 2 | 2026 | 288000892 | 0 | 10/30/2026 | $32.47 | 1 | SINGLETON ASSOCIATES PA | P | 189 | 0 | | | ERD | F | 9/29/2026 | 9/29/2026 | 741680498 |
| 10144 | 76351 | 3 | 79 | 0 | 2026 | 288000132 | 0 | 10/30/2026 | $32.48 | 1 | SINGLETON ASSOCIATES PA | P | 189 | 0 | | | ERD | F | 9/23/2026 | 9/23/2026 | 741680498 |
| 10145 | 76351 | 3 | 27 | 0 | 2026 | 271000788 | 0 | 10/30/2026 | $41.34 | 1 | ADVANCED VISION CARE OF VICTORIA | P | 457 | 0 | | | OVS | F | 9/22/2026 | 9/22/2026 | 262923739 |
| 10146 | 76351 | 3 | 69 | 1 | 2026 | 292000705 | 0 | 10/30/2026 | $50.68 | 1 | WILSON A ALMONTE MD PLLC | P | 431 | 0 | | | SFS | F | 10/14/2026 | 10/14/2026 | 474898361 |
| 10147 | 76351 | 3 | 65 | 2 | 2026 | 288001006 | 0 | 10/30/2026 | $57.23 | 1 | JACKSON MEDICAL CLINIC EDNA | P | 177 | 0 | | | OV | F | 9/22/2026 | 9/22/2026 | 741738475 |
| 10148 | 76351 | 3 | 93 | 0 | 2026 | 279000119 | 0 | 10/30/2026 | $62.43 | 1 | ANGELINA DIAGNOSTIC RADIOLOGY ASSOCIATES | P | 189 | 0 | | | ERD | F | 9/18/2026 | 9/18/2026 | 752336860 |
| 10149 | 76351 | 3 | 93 | 0 | 2026 | 273001011 | 0 | 10/30/2026 | $68.27 | 1 | ANGELINA DIAGNOSTIC RADIOLOGY ASSOCIATES | P | 189 | 0 | | | ERD | F | 9/18/2026 | 9/18/2026 | 752336860 |
| 10150 | 76351 | 3 | 10 | 0 | 2026 | 286001169 | 0 | 10/30/2026 | $74.67 | 1 | HOUSTON METHODIST SPECIALTY PHYSICIANS | P | 177 | 0 | | | OV | F | 10/8/2026 | 10/8/2026 | 332241086 |
| 10151 | 76351 | 3 | 9 | 1 | 2026 | 285000900 | 0 | 10/30/2026 | $80.34 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 457 | 0 | | | OVS | F | 10/5/2026 | 10/5/2026 | 471158090 |
| 10152 | 76351 | 3 | 4 | 0 | 2026 | 288000962 | 0 | 10/30/2026 | $93.33 | 1 | AARON M MCGUIRE OD | P | 457 | 0 | | | OVS | F | 10/7/2026 | 10/7/2026 | 742208337 |
| 10153 | 76351 | 3 | 10 | 0 | 2026 | 280001629 | 0 | 10/30/2026 | $99.62 | 1 | HOUSTON CARDIOVASCULAR ASSOCIATES LLC | P | 177 | 0 | | | OV | F | 7/13/2026 | 7/13/2026 | 741941710 |
| 10154 | 76351 | 3 | 93 | 0 | 2026 | 281001183 | 0 | 10/30/2026 | $109.67 | 1 | CAPITAL INTERNAL MEDICINE ASSOCIATES | P | 177 | 0 | | | OV | F | 10/5/2026 | 10/5/2026 | 274442695 |
| 10155 | 76351 | 3 | 27 | 0 | 2026 | 282001364 | 0 | 10/30/2026 | $116.50 | 1 | MICHELLE M CUMMINS | P | 457 | 0 | | | OVS | F | 8/24/2026 | 8/24/2026 | 742951453 |
| 10156 | 76351 | 3 | 88 | 0 | 2026 | 271000818 | 0 | 10/30/2026 | $124.18 | 1 | SCOTT P. STEIN, D.O., P.A. | P | 457 | 0 | | | OVS | F | 9/24/2026 | 9/24/2026 | 742861393 |
| 10157 | 76351 | 3 | 9 | 1 | 2026 | 278000713 | 0 | 10/30/2026 | $124.18 | 1 | SCOTT P. STEIN, D.O., P.A. | P | 457 | 0 | | | OVS | F | 10/1/2026 | 10/1/2026 | 742861393 |
| 10158 | 76351 | 3 | 83 | 0 | 2026 | 272001067 | 0 | 10/30/2026 | $125.34 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 457 | 0 | | | OVS | F | 9/22/2026 | 9/22/2026 | 471158090 |
| 10159 | 76351 | 3 | 87 | 0 | 2026 | 273001017 | 0 | 10/30/2026 | $126.42 | 1 | CITIZENS MEDICAL PROFESSIONAL | P | 172 | 0 | | | AB | F | 9/23/2026 | 9/23/2026 | 471158090 |
| 10160 | 76351 | 3 | 75 | 0 | 2026 | 273000963 | 0 | 10/30/2026 | $132.01 | 1 | PORT LAVACA CLINIC | P | 172 | 0 | | | AB | F | 9/25/2026 | 9/25/2026 | 742605670 |
| 10161 | 76351 | 3 | 10 | 0 | 2026 | 292000193 | 0 | 10/30/2026 | $136.55 | 1 | HOUSTON CARDIOVASCULAR ASSOCIATES LLC | P | 457 | 0 | | | OVS | F | 10/2/2026 | 10/2/2026 | 741941710 |
| 10162 | 76351 | 3 | 29 | 0 | 2026 | 286001258 | 0 | 10/30/2026 | $148.10 | 1 | REGIONAL EMPLOYEE ASSISTANCE PROGRAM | P | 457 | 0 | | | OVS | F | 5/18/2026 | 5/18/2026 | 760423386 |
| 10163 | 76351 | 3 | 36 | 0 | 2026 | 289001173 | 0 | 10/30/2026 | $156.46 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 177 | 0 | | | OV | F | 10/1/2026 | 10/1/2026 | 471158090 |
| 10164 | 76351 | 3 | 16 | 0 | 2026 | 289001183 | 0 | 10/30/2026 | $176.76 | 1 | CITIZENS MEDICAL PROFESSIONAL | P | 457 | 0 | | | OVS | F | 9/22/2026 | 9/22/2026 | 471158090 |
| 10165 | 76351 | 3 | 83 | 0 | 2026 | 292000680 | 0 | 10/30/2026 | $188.99 | 1 | RICHARD H LEGGETT DO | P | 684 | 0 | | | RPTO | F | 10/13/2026 | 10/13/2026 | 742800212 |
| 10166 | 76351 | 3 | 39 | 0 | 2026 | 281001108 | 0 | 10/30/2026 | $211.74 | 1 | PORT LAVACA CLINIC ASSOCIATES | P | 172 | 0 | | | AB | F | 10/5/2026 | 10/5/2026 | 742605670 |
| 10167 | 76351 | 3 | 93 | 0 | 2026 | 268000970 | 0 | 10/30/2026 | $241.32 | 1 | CAPITAL INTERNAL MEDICINE ASSOCIATES | P | 177 | 0 | | | OV | F | 9/23/2026 | 9/23/2026 | 274442695 |
| 10168 | 76351 | 3 | 42 | 0 | 2026 | 280001108 | 0 | 10/30/2026 | $247.81 | 1 | SINGLETON ASSOCIATES PA | P | 172 | 0 | | | AB | F | 9/15/2026 | 9/15/2026 | 741680498 |
| 10169 | 76351 | 3 | 23 | 0 | 2026 | 280001172 | 0 | 10/30/2026 | $247.81 | 1 | SINGLETON ASSOCIATES PA | P | 172 | 0 | | | AB | F | 9/14/2026 | 9/14/2026 | 741680498 |
| 10170 | 76351 | 3 | 55 | 0 | 2026 | 280001195 | 0 | 10/30/2026 | $247.81 | 1 | SINGLETON ASSOCIATES PA | P | 172 | 0 | | | AB | F | 9/21/2026 | 9/21/2026 | 741680498 |
| 10171 | 76351 | 3 | 10 | 0 | 2026 | 292000192 | 0 | 10/30/2026 | $266.07 | 1 | HOUSTON CARDIOVASCULAR ASSOCIATES LLC | P | 484 | 0 | | | ODXS | F | 10/2/2026 | 10/2/2026 | 741941710 |
| 10172 | 76351 | 3 | 75 | 0 | 2026 | 293000622 | 0 | 10/30/2026 | $323.40 | 1 | CITIZENS MEDICAL CENTER | P | 172 | 0 | | | AB | F | 10/12/2026 | 10/12/2026 | 741698143 |
| 10173 | 76351 | 3 | 69 | 1 | 2026 | 280001125 | 0 | 10/30/2026 | $454.01 | 1 | VICTORIA HEART VASCULAR CENTER | P | 457 | 0 | | | OVS | F | 9/30/2026 | 9/30/2026 | 562284144 |
| 10174 | 76351 | 3 | 27 | 0 | 2026 | 278000712 | 0 | 10/30/2026 | $508.87 | 1 | EXACT SCIENCES LABORATORIES, LLC | P | 704 | 0 | | | AB7 | F | 9/22/2026 | 9/22/2026 | 463095174 |
| 10175 | 76351 | 3 | 69 | 1 | 2026 | 279000948 | 0 | 10/30/2026 | $514.04 | 1 | SINGLETON ASSOCIATES PA | P | 189 | 0 | | | ERD | F | 9/15/2026 | 9/15/2026 | 741680498 |
| 10176 | 76351 | 3 | 82 | 1 | 2026 | 282001424 | 0 | 10/30/2026 | $518.36 | 1 | ANNE VO | P | 172 | 0 | | | AB | F | 9/23/2026 | 9/23/2026 | 462389484 |
| 10177 | 76351 | 3 | 93 | 0 | 2026 | 279000121 | 0 | 10/30/2026 | $560.12 | 1 | INTEGRATIVE EMERGENCEY SERVICES PHYS | P | 189 | 0 | | | ERD | F | 9/18/2026 | 9/18/2026 | 841832545 |

| CHECK | AGENT | LOCATE | ENDING | BENEFIT | CHAPTER | ATTORNEY | CLAIMANT | SERVICE | AMT | CKMTR | PAYEE | PAYTO | EXCEP | STATE | FIRSTNAME | LASTNAME | CODE | VOID | FROMDT | THRUDT | PRVNO |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9749 | 76351 | 3 | 72 | 0 | 2026 | 261001261 | 0 | 9/21/2026 0:00 | $43,607.10 | 1 | HOUSTON METHODIST SUGAR LAND HOSPITAL | P | 459 | 0 | [redacted] | | HCT | F | 3/21/2025 0:00 | 3/21/2025 0:00 | 760545192 |
| | | | | | | | | | $43,607.10 | | | | | | | | | | | | |

APPROVED ON

NOV 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER**
**PROSPERITY BANK**
**ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Oct 26, 2026 - Nov 2, 2026**

| Date | Bank Description | MMC Notes | Amount | CPSI "Handwritten Check" # | GL number |
|---|---|---|---|---|---|
| 10/26/2026 | IRS - USATAXPYMT 270669963168402 | - Payroll Taxes | 134,446.59** | 902806 | FWT:20200000 FICA:20210000 |
| 10/26/2026 | PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#190873731 190442200 | - 3rd Party Payor Fee | 469.29 | 902807 | 40440076 |
| 10/27/2026 | MCKESSON DRUG - AUTO ACH ACH07319631 | - 340B Drug Program Expense | 17,975.10* | 902808 | 60310000 |
| 10/27/2026 | PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#191472307 191206467 | - 3rd Party Payor Fee | 782.32 | 902809 | 40440076 |
| 10/28/2026 | PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#192130379 191964459 | - 3rd Party Payor Fee | 71.35 | 902810 | 40440076 |
| 10/28/2026 | Domestic Wire Withdrawal WIRE OUT MEMORIAL ME DICAL CENTER | - Wire Transfer to NexBank | 1,573,550.00* | 902811 | |
| 10/28/2026 | Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC | - Pharmacy Inventory Invoices | 8,670.35* | 902812 | 10450000 |
| 10/29/2026 | HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 10.23.26 MemMedCtr PtLav | - Health Insurance Claim Payments | 4,748.14* | 902813 | 60320000 |
| 10/29/2026 | HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 9.59.26 SL MemMedCtr PtLav | - Health Insurance Claim Payments | 10,762.60* | 902814 | 60320000 |
| 10/29/2026 | PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#192718729 192418679 | - 3rd Party Payor Fee | 226.43 | 902815 | 40440076 |
| 10/30/2026 | AMERISOURCE BERG - PAYMENTS 100007768 | - 340B Drug Program Expense | 193.51* | 902817 | 60310000 |
| 10/30/2026 | PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#193298110 193031051 | - 3rd Party Payor Fee | 425.82 | 902818 | 40440076 |
| | | | **1,752,321.50** | | |

*approved 10.28.26 cc
**approved 10.21.26 cc

**Caitlin Clevenger, Controller**
Memorial Medical Center

November 2, 2026

469.29 +
782.32 +
71.35 +
226.43 +
425.82 + Pay Plus
1,975.21

**PROSPERITY BANK**
**ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS**

| Date | Description | MMC Notes | Amount |
|---|---|---|---|
| | | | - |

1,752,321.50
134,446.59 -
17,975.10 -
1,573,550.00 -
8,670.35 -
4,748.14 -
10,762.60 -
193.51 -
1,975.21
0.00

**Caitlin Clevenger, Controller**
Memorial Medical Center

November 2, 2026

APPROVED ON
NOV 02 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

APPROVED ON

NOV 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
OCT 29 2026
Calhoun County Auditor

10/29/2026
09:40

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/13/2026

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 102226 | | 10/28/202 | 10/22/202 | 11/13/202 | | | 1,707.39 | 0.00 | 0.00 | 1,707.39 |
| 102326 | ins. pay. dep. into mmc opt. correction | 10/28/202 | 10/23/202 | 11/13/202 | | | 7,928.55 | 0.00 | 0.00 | 7,928.55 |
| 102626 | | 10/28/202 | 10/26/202 | 11/13/202 | | | 651.00 | 0.00 | 0.00 | 651.00 |
| 102626A | | 10/28/202 | 10/26/202 | 11/13/202 | | | 2,488.65 | 0.00 | 0.00 | 2,488.65 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12792 | LAVACA BAY NURSING AND REHAB | 12,775.59 | 0.00 | 0.00 | 12,775.59 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 12,775.59 | 0.00 | 0.00 | 12,775.59 |

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

CNK#214622

RECEIVED
OCT 29 2026
Calhoun County Auditor

10/29/2026
09:40

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/13/2026

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 102126 | | 10/28/202 | 10/21/202 | 11/13/202 | | | 6,183.34 | 0.00 | 0.00 | 6,183.34 |
| 102226 | | 10/28/202 | 10/22/202 | 11/13/202 | | | 22,559.37 | 0.00 | 0.00 | 22,559.37 |
| 102626A | | 10/28/202 | 10/26/202 | 11/13/202 | | | 13,705.97 | 0.00 | 0.00 | 13,705.97 |
| 102626 | | 10/28/202 | 10/26/202 | 11/13/202 | | | 25,243.36 | 0.00 | 0.00 | 25,243.36 |

ins. pay- dep. into mmc opt. correction

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11836 | GOLDENCREEK HEALTHCARE | 67,692.04 | 0.00 | 0.00 | 67,692.04 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 67,692.04 | 0.00 | 0.00 | 67,692.04 |

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

CHK# 214621

RECEIVED
OCT 29 2026
Calhoun County Auditor

10/29/2026
09:43

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/13/2026

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 102126 | | 10/28/202 | 10/21/202 | 11/13/202 | | | 11,520.00 | 0.00 | 0.00 | 11,520.00 |
| 102226A | ins. pay. dep. into mmc. opt. correction | 10/28/202 | 10/22/202 | 11/13/202 | | | 3,420.00 | 0.00 | 0.00 | 3,420.00 |
| 102826 | | 10/28/202 | 10/22/202 | 11/13/202 | | | 0.20 | 0.00 | 0.00 | 0.20 |
| 102326 | chk request was shorted previously | 10/28/202 | 10/23/202 | 11/13/202 | | | 35,910.00 | 0.00 | 0.00 | 35,910.00 |
| 102626 | ins. pay. dep. into mmc opt. correction | 10/28/202 | 10/26/202 | 11/13/202 | | | 17,150.00 | 0.00 | 0.00 | 17,150.00 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 13004 | TUSCANY VILLAGE | 68,000.20 | 0.00 | 0.00 | 68,000.20 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 68,000.20 | 0.00 | 0.00 | 68,000.20 |

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

Chk#214623

APPROVED ON

NOV 0 2 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11.2.26

| 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 | | 280,466.71 | 280,366.71 | 18,438.71 | | - | 18,538.71 | 18,438.71 |
| | | | | | | Bank Balance | 18,538.71 | |
| | | | | | | 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 18,438.71

Approved:
Caitlin Clevenger, Controller 11/2/2026

| Golden Creek | | Transfer-Out | Transfer-In | MMC PORTION | NH PORTION |
|---|---|---|---|---|---|
| 10/30/2026 | Credit Interest | - | 206.18 | | 206.18 |
| 10/30/2026 | GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356 | - | 1,718.00 | | 1,718.00 |
| 10/30/2026 | TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 103026 543684555876917 | - | 110.41 | | 110.41 |
| 10/29/2026 | Deposit | - | 5,772.25 | | 5,772.25 |
| 10/29/2026 | GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356 | - | 1,196.10 | | 1,196.10 |
| 10/28/2026 | Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC | 280,366.71 | - | | - |
| 10/28/2026 | TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 102826 543684555876917 | - | 3,115.26 | | 3,115.26 |
| 10/28/2026 | HNB - ECHO - HCCLAIMPMT TRN*1*1272190965*13 41858379\ 746003411 | - | 1,058.51 | | 1,058.51 |
| 10/26/2026 | TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 102626 543684555876917 | - | 5,262.00 | | 5,262.00 |
| | | **280,366.71** | **18,438.71** | **-** | **18,438.71** |

# Transaction Report

PROSPERITY BANK

## Transaction Report for account *4454

Reported on Mon Nov 02 14:11:00 GMT 2026

**Current Balance** $18,631.20
**Interest Accrued** $0.76
**Available Balance** $18,631.20

| Date | | Description | Credit | Debit | Running Balance |
|---|---|---|---|---|---|
| [redacted] | | [redacted] | [redacted] | | [redacted] |
| 10/30/2026 | | Credit Interest<br>Credit Interest | $206.18 | | $18,538.71 |
| 10/30/2026 | | External Deposit<br>GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP<br>1220356 | $1,718.00 | | $18,332.53 |
| 10/30/2026 | | External Deposit<br>TSYS/TRANSFIRST - CR CD DEP 543684555876917<br>9GOLDEN CREEK HEALTHCARE CR CD DEP 103026 543684555876917 | $110.41 | | $16,614.53 |
| 10/29/2026 | 127053022652308 | Deposit<br>Deposit | $5,772.25 | | $16,504.12 |
| 10/29/2026 | | External Deposit<br>GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP<br>1220356 | $1,196.10 | | $10,731.87 |
| 10/28/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT NEXION HEAL<br>TH d/b/a GOLDEN CREEK HC | | $280,366.71 | $9,535.77 |
| 10/28/2026 | | External Deposit<br>TSYS/TRANSFIRST - CR CD DEP 543684555876917<br>9GOLDEN CREEK HEALTHCARE CR CD DEP 102826 543684555876917 | $3,115.26 | | $289,902.48 |
| 10/28/2026 | | External Deposit<br>HNB - ECHO - HCCLAIMPMT TRN*1*127219096S*13<br>41858379\ 746003411 | $1,058.51 | | $286,787.22 |

APPROVED ON

NOV 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
11.2.26

| 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 | | 341,546.19 | 341,446.19 | 249,724.33 | - | - | - | 249,824.33 | 219,084.32 |
| | | | | | | | Bank Balance | 249,824.33 | |
| | | | | | | | Variance | - | |

| | |
|---|---|
| Leave in Balance | 100.00 |
| QIPP Y5,6,7 Recon | 29,452.41 |
| Funds owed to MMC | 1,187.60 |
| Adjust Balance/Transfer Amt | 219,084.32 |

*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 11/2/2026

| Tuscany Village | | Transfer-Out | Transfer-In | MMC PORTION | NH PORTION |
|---|---|---|---|---|---|
| 10/30/2026 | Credit Interest | - | 419.93 | | 419.93 |
| 10/29/2026 | Deposit | - | 163,507.70 | | 163,507.70 |
| 10/29/2026 | HNB - ECHO - HCCLAIMPMT TRN*1*1272372683*13 41858379\ 746003411 | - | 17,263.37 | | 17,263.37 |
| 10/28/2026 | Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE | 341,446.19 | - | | - |
| 10/28/2026 | HNB - ECHO - HCCLAIMPMT TRN*1*1272638512*13 41858379\ 746003411 | - | 17,670.22 | | 17,670.22 |
| 10/28/2026 | NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7993266*1205296137*000004011~ 676201 | - | 9,570.15 | | 9,570.15 |
| 10/27/2026 | HNB - ECHO - HCCLAIMPMT TRN*1*1272372684*13 41858379\ 746003411 | - | 40,679.56 | | 40,679.56 |
| 10/26/2026 | NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7990554*1205296137*000004011~ 676201 | - | 613.40 | | 613.40 |
| | | **341,446.19** | **249,724.33** | **-** | **249,724.33** |

# Transaction Report

PROSPERITY BANK

## Transaction Report for account *3407

Reported on Mon Nov 02 14:37:00 GMT 2026

**Current Balance** $250,373.01
**Interest Accrued** $10.27
**Available Balance** $250,373.01

| Date | | Description | Credit | Debit | Running Balance |
|---|---|---|---|---|---|
| [redacted] | | [redacted] | [redacted] | | [redacted] |
| 10/30/2026 | | Credit Interest<br>Credit Interest | $419.93 | | $249,824.33 |
| 10/29/2026 | 127053022652262 | Deposit<br>Deposit | $163,507.70 | | $249,404.40 |
| 10/29/2026 | | External Deposit<br>HNB - ECHO - HCCLAIMPMT TRN*1*1272372683*13<br>41858379\ 746003411 | $17,263.37 | | $85,896.70 |
| 10/28/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT VILLAGE POS<br>T ACUTE HEALTH SERVICE | | $341,446.19 | $68,633.33 |
| 10/28/2026 | | External Deposit<br>HNB - ECHO - HCCLAIMPMT TRN*1*1272638512*13<br>41858379\ 746003411 | $17,670.22 | | $410,079.52 |
| 10/28/2026 | | External Deposit<br>NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF<br>T7993266*1205296137*000004011~ 676201 | $9,570.15 | | $392,409.30 |
| 10/27/2026 | | External Deposit<br>HNB - ECHO - HCCLAIMPMT TRN*1*1272372684*13<br>41858379\ 746003411 | $40,679.56 | | $382,839.15 |
| 10/26/2026 | | External Deposit<br>NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF<br>T7990554*1205296137*000004011~ 676201 | $613.40 | | $342,159.59 |
| 10/23/2026 | 1207 | Over Counter Check<br>Over Counter Check | | $1,083.38 | $341,545.19 |

Report generated on 11/02/2026 08:40:37 AM CST

APPROVED ON

NOV 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
11.2.26

| 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 | | 323,506.23 | 323,406.23 | 468,611.23 | | | - | 468,711.23 | 468,611.23 |
| | | | | | | | Bank Balance | 468,711.23 | |
| | | | | | | | Variance | - | |
| | | | | | | | Leave in Balance | 100.00 | |

Adjust Balance/Transfer Amt 468,611.23

*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 11/2/2026

| Lavaca Bay Nursing and Rehab | | Transfer-Out | Transfer-In | MMC PORTION | NH PORTION |
|---|---|---|---|---|---|
| 10/30/2026 | Credit Interest | - | 325.33 | | 325.33 |
| 10/30/2026 | NDC SWEEP SWEEP FROM X2983 - FAC 02330 | - | 1,124.85 | | 1,124.85 |
| 10/30/2026 | HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S1476721538719836*1746000156~ 17460034113016 | - | 14,353.39 | | 14,353.39 |
| 10/29/2026 | Deposit | - | 43,133.56 | | 43,133.56 |
| 10/28/2026 | Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC | 323,406.23 | - | | - |
| 10/28/2026 | Deposit | - | 11,682.13 | | 11,682.13 |
| 10/28/2026 | CENTENE CORP - HCCLAIMPMT TRN*1*0913753325* 1742770542\ | - | 283.70 | | 283.70 |
| 10/27/2026 | HNB - ECHO - HCCLAIMPMT TRN*1*1271888682*13 41858379\ 746003411 | - | 1,845.10 | | 1,845.10 |
| 10/27/2026 | HUMANA INS CO 1743596 - HCCLAIMPMT TRN*1*204 181230261023*1391263473\ 10673400 | - | 5,859.00 | | 5,859.00 |
| 10/27/2026 | CENTENE CORP - HCCLAIMPMT TRN*1*0913742230* 1742770542\ | - | 389,749.13 | | 389,749.13 |
| 10/26/2026 | 36 TREAS 310 - MISC PAY ISA*00*00000000 00*00*0000000000*ZZ*US TREASURY 310*ZZ*VENDOR PAYMENTS*261023*070 8*U*0( | - | 255.04 | | 255.04 |
| | | **323,406.23** | **468,611.23** | **-** | **468,611.23** |

# Transaction Report

PROSPERITY BANK

## Transaction Report for account *5506

Reported on Mon Nov 02 14:25:00 GMT 2026

**Current Balance** $468,711.23
**Interest Accrued** $19.26
**Available Balance** $468,711.23

| Date | | Description | Credit | Debit | Running Balance |
|---|---|---|---|---|---|
| 10/30/2026 | | Credit Interest<br>Credit Interest | $325.33 | | $468,711.23 |
| 10/30/2026 | | External Deposit<br>NDC SWEEP SWEEP FROM X2983 - FAC 02330 | $1,124.85 | | $468,385.90 |
| 10/30/2026 | | External Deposit<br>HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT<br>TRN*1*0514767215387198 36*1746000156~ 17450034113016 | $14,353.39 | | $467,261.05 |
| 10/29/2026 | 127053022652199 | Deposit<br>Deposit | $43,133.56 | | $452,907.66 |
| 10/28/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC | | $323,406.23 | $409,774.10 |
| 10/28/2026 | 127053012638318 | Deposit<br>Deposit | $11,682.13 | | $733,180.33 |
| 10/28/2026 | | External Deposit<br>CENTENE CORP - HCCLAIMPMT TRN*1*0913753325*<br>1742770542\ | $283.70 | | $721,498.20 |
| 10/27/2026 | | External Deposit<br>HNB - ECHO - HCCLAIMPMT TRN*1*1271888682*13<br>41858379\ 746003411 | $1,845.10 | | $721,214.50 |
| 10/27/2026 | | External Deposit<br>HUMANA INS CO 1743596 - HCCLAIMPMT TRN*1*204<br>181230261023*1391263473\ 10673400 | $5,859.00 | | $719,369.40 |
| 10/27/2026 | | External Deposit<br>CENTENE CORP - HCCLAIMPMT TRN*1*0913742230*<br>1742770542\ | $389,749.13 | | $713,510.40 |

Tuscany ✓

# MEMORIAL MEDICAL CENTER

## CHECK REQUEST

PAYEE: mmc ✓

Date Requested: 10-27-26

APPROVED ON NOV 02 2026 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

**FOR ACCT. USE ONLY**

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

CHK#001210

AMOUNT $1187.60 ✓ ✓ G/L NUMBER: 20655000

EXPLANATION: Humana recoup on mmc funds for Tuscany patients

EFT trace # No-pay-20260910D010658 9-10-26

REQUESTED BY: K. Pokluda AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

**Check Summary**

**Transaction Date:** September 10, 2026

| | | |
|---|---|---|
| HUMANA INC.<br>P.O. BOX 14601<br>LEXINGTON, KY 405124601<br>ASSETS.HUMANA.COM/IS/CONTENT/HUMANA /INFORMATION%20FOR%20NON%20PARTICIPATING%20PROVIDERSPDF | **Payee Tax ID:** [redacted]<br>**Payee ID:**<br>**Check/EFT Trace Number:**<br>**Payment Amount:** $0.00<br>**Check/EFT Date:** 09/10/2026<br>**Production End Cycle Date:** 09/10/2026 | **Payee Name:** MEMORIAL MEDICAL CENTER<br>**Payee Address:** 815 N VIRGINIA ST<br>PORT LAVACA, TX 779793025 |

Provider Adjustments

| Provider Adjustment Code | Provider Adjustment Identifier | Provider Adjustment Amount |
|---|---|---|
| WO | [redacted] | -$921.09 |
| WO | | -$266.51 |

Tuscany
Tuscany

**Patient Name:** [redacted] **Claim Number:** [redacted] **Claim Date:** 08/17/2026 - 08/17/2026 **Claim Status Code:** 2

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Patient ID:** [redacted] | | **Group / Policy:** [redacted] | | **Facility Type:** | 13 | **Claim Charge:** | [redacted] |
| **Patient Ctrl Nmbr:** [redacted] | | **Contract Hdr:** | MEDICARE SUPPLEMENT | **Claim Frequency:** | 1 | **Claim Payment:** | [redacted] |
| **Rendering Prvd:** | MEMORIAL MEDICAL CENTER, | **Rendering Prv ID:** | [redacted] | **Claim Received Date:** | 09/08/2026 | **Patient Resp:** | $0.00 |
| **Original Ref Nmbr:** | | | | | | | |

**Line Details**

**Results:** 4

| Line Ctrl Nmbr | Dates of Service | Rend Prov ID | Rev | Sub Proc / Modifier / Units | Adjud Proc / Modifier / Units | Remark / Payer Code | Supp Info (AMT) | Charge | Adj (Qty) | Adj Amount | Payment |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 08/17/2026 - 08/17/2026 | | 0636 | | HC:J3111 / JZ / 1 | | $853.80 (B6) | $853.80 | | | $853.80 |
| | 08/17/2026 - 08/17/2026 | | 0636 | | HC:J3111 / JZ / 1 | | | $3,711.91 | CO-45 | $3,711.91 | $0.00 |
| | 08/17/2026 - 08/17/2026 | | 0636 | | HC:J3111 / JZ / 1 | | | $403.29 | OA-23 | $403.29 | $0.00 |
| RCM2066078 | 08/17/2026 - 08/17/2026 | | 0260 | | HC:96372 / / 1 | | $175.00 (B6) | $175.00 | | | $175.00 |

**Patient Name:** [redacted] **Claim Number** [redacted] **Claim Date:** 08/19/2026 - 08/19/2026 **Claim Status Code:** 2

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

**Line Details**

**Results:** 4

Tuscany

# MEMORIAL MEDICAL CENTER

## CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 10/26/2026

APPROVED ON
NOV 02 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#001211

FOR ACCT USE ONLY

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

AMOUNT: $ 29,452.41

G/L NUMBER: 21400016

EXPLANATION: QIPP Y5, 6 and 7 Wellpoint/Molina Recon of overpayments

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSL

Outlook

[Draft] Fw: payment for QIPP Y6 ADJ 3

**From** cclevenger@mmcportlavaca.com
**Draft saved** Mon 10/26/2026 10:34 AM
**To** Tracy Simms (91Cash Mgr) <tsimms@cantexcc.com>; smiller@cantexcc.com <smiller@cantexcc.com>

Good morning,

I received the email shown below regarding past due QIPP funds owed by MMC and Nursing home partners.

I created a worksheet to show the amounts owed by both the Nursing Home and the hospital according to the split for that year.

---

**From:** TXQIPP <TXQIPP@elevancehealth.com>
**Sent:** Thursday, October 1, 2026 12:41 PM
**To:** Caitlin Clevenger <cclevenger@mmcportlavaca.com>
**Subject:** RE: payment for QIPP Y6 ADJ 3

Good afternoon, Caitlin,

Wellpoint still shows the following balances due back from Memorial Medical Center for the QIPP periods noted below. These payments can either be returned as a refund by check or ACH. We are trying to close out older QIPP balances as soon as possible, so we are asking that refunds be sent in within 30 days or we will have to offset from future payments.

| Payment by Check | Payment by ACH |
|---|---|
| Make check payable to Wellpoint and mail to:<br>Elevance Health<br>Attn: Accounts Payable<br>3075 Vandercar Way<br>Mail Drop: OH3403-A263<br>Cincinnati, OH 45209 | ACH Routing Number: 121000358<br>Account# 1257266084 |

| FACILITY ID | FACILITY NAME | BALANCE DUE BACK TO WP | QIPP PERIOD |
|---|---|---|---|
| 4811 | ASHFORD GARDENS | $ (622.46) | Yr 5 AP 3 |
| 4628 | FORT BEND HEALTHCARE CENTER | $ (539.40) | Yr 5 AP 3 |
| 105006 | SOLERA AT WEST HOUSTON | $ (402.63) | Yr 5 AP 3 |
| 103462 | TUSCANY VILLAGE | $ (358.52) | Yr 5 AP 3 |
| 105314 | THE CRESCENT | $ (321.93) | Yr 5 AP 3 |
| 105818 | THE BROADMOOR AT CREEKSIDE PARK | $ (162.90) | Yr 5 AP 3 |
| 105314 | THE CRESCENT | $ (11,356.81) | Yr 5 Final |
| 4811 | ASHFORD GARDENS | $ (502.92) | Yr 7 AP 2 |
| 103462 | TUSCANY VILLAGE | $ (312.01) | Yr 7 AP 2 |
| 105818 | THE BROADMOOR AT CREEKSIDE PARK | $ (279.12) | Yr 7 AP 2 |
| 4628 | FORT BEND HEALTHCARE CENTER | $ (152.07) | Yr 7 AP 2 |
| 105314 | THE CRESCENT | $ (126.85) | Yr 7 AP 2 |
| 105006 | SOLERA AT WEST HOUSTON | $ (124.66) | Yr 7 AP 2 |
| 103462 | TUSCANY VILLAGE | $ (57,039.93) | Yr 7 IAR |
| 4628 | FORT BEND HEALTHCARE CENTER | $ (11,108.50) | Yr 7 IAR |
| 4628 | FORT BEND HEALTH CARE | $ (363.66) | Yr 6 Final |
| 4811 | ASHFORD GARDENS | $ (1,225.01) | Yr 6 Final |
| 103462 | TUSCANY VILLAGE | $ (718.48) | Yr 6 Final |
| 105006 | SOLERA AT WEST HOUSTON | $ (421.73) | Yr 6 Final |
| 105314 | THE CRESCENT | $ (324.61) | Yr 6 Final |
| 105818 | THE BROADMOOR AT CREEKSIDE PARK | $ (449.21) | Yr 6 Final |
| 103462 | TUSCANY VILLAGE | $ (72.42) | Yr 8 AP 2 |
| 105314 | THE CRESCENT | $ (576.33) | Yr 7 AP 3 |
| 105006 | SOLERA AT WEST HOUSTON | $ (597.42) | Yr 7 AP 3 |
| 4628 | FORT BEND HEALTHCARE CENTER | $ (622.76) | Yr 7 AP 3 |
| 105818 | THE BROADMOOR AT CREEKSIDE PARK | $ (738.07) | Yr 7 AP 3 |
| 103462 | TUSCANY VILLAGE | $ (1,073.98) | Yr 7 AP 3 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 103462 | TUSCANY VILLAGE | 358.52 | Yr 5 AP 3 | 179.26 | | 179.26 |
| 103462 | TUSCANY VILLAGE | 312.01 | Yr 7 AP 2 | 156.01 | | 156.01 |
| 103462 | TUSCANY VILLAGE | 57,039.93 | Yr 7 IAR | 28,519.97 | | 28,519.97 |
| 103462 | TUSCANY VILLAGE | 718.48 | Yr 6 Final | 359.24 | | 359.24 |
| 103462 | TUSCANY VILLAGE | 72.42 | Yr 8 AP 2 | 36.21 | | 36.21 |
| 103462 | TUSCANY VILLAGE | 1,073.98 | Yr 7 AP 3 | 536.99 | | 536.99 |
| | | **59,575.34** | **Total Owed from NH** | **29,452.41** | Total Owed from MMC | **29,452.41** |

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

001210

Date 11-4-26 88-2265/1131

PAY
TO THE
ORDER OF mmc Operating $ 1,187.60

One thousand One Hundred and eighty Seven and 60 DOLLARS

PROSPERITY BANK®

MP

FOR Recoup

Security features are included. Details on back.

⑈001210⑈ ⑆113122655⑆ 21784340?⑈

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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

001211

Date 11-4-26 88-2265/1131

PAY
TO THE
ORDER OF mmc Operating $ 29,452.41

Twenty nine thousand four hundred fifty two and 41 DOLLARS

PROSPERITY BANK®

MP

FOR Dipp 45,6,7 Recon

Security features are included. Details on back.

⑈001211⑈ ⑆113122655⑆ 21784340?⑈

| BANK | CHECK NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| TUS | 001210 | 11/04/26 | 1,187.60 | MMC OPERATING |
| TUS | 001211 | 11/04/26 | 29,452.41 | MMC OPERATING |
| TOTALS: | | | 30,640.01 | |

# Transaction Report

PROSPERITY BANK®

## Transaction Report for account *3407

Reported on Wed Nov 04 15:48:00 GMT 2026

**Current Balance** $255,745.68
**Interest Accrued** $31.07
**Available Balance** $255,745.68

| Date | | Description | Credit | Debit | Running Balance |
|---|---|---|---|---|---|
| 11/03/2026 | | External Deposit<br>NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7999727*1205296137*000004011~ 676201 | $5,372.67 | | $255,745.68 |
| 11/02/2026 | | External Deposit<br>NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7998194*1205296137*000004011~ 676201 | $548.68 | | $250,373.01 |
| 10/30/2026 | | Credit Interest<br>Credit Interest | $419.93 | | $249,824.33 |
| 10/29/2026 | 127053022652262 | Deposit<br>Deposit | $163,507.70 | | $249,404.40 |
| 10/29/2026 | | External Deposit<br>HNB - ECHO - HCCLAIMPMT TRN*1*1272372683*1341858379\ 746003411 | $17,263.37 | | $85,896.70 |
| 10/28/2026 | | Domestic Wire Withdrawal<br>Domestic Wire Withdrawal WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE | | $341,446.19 | $68,633.33 |
| 10/28/2026 | | External Deposit<br>HNB - ECHO - HCCLAIMPMT TRN*1*1272638512*1341858379\ 746003411 | $17,670.22 | | $410,079.52 |
| 10/28/2026 | | External Deposit<br>NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7993266*1205296137*000004011~ 676201 | $9,570.15 | | $392,409.30 |
| 10/27/2026 | | External Deposit<br>HNB - ECHO - HCCLAIMPMT TRN*1*1272372684*1341858379\ 746003411 | $40,679.56 | | $382,839.15 |